



Jeffrey A. Meyers  
Commissioner

Lisa M. Morris  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION OF PUBLIC HEALTH SERVICES*

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February 27, 2019

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health, to enter into an agreement with JSI Research & Training dba Community Health Institute, Vendor (#161611-B001), 501 South Street, 2<sup>nd</sup> Floor Bow, NH 03304, to develop and execute a plan to validate Healthcare-Associated Infections (HAI) data reported by hospitals and ambulatory surgery centers in an amount not to exceed \$89,988, effective upon date of Governor and Council approval through June 30, 2020. 100% Federal Funds.

Funds are available in the following account for State Fiscal Year (SFY) 2019, and are anticipated to be available in SFY 2020 upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office without approval from Governor and Executive Council, if needed and justified.

**05-95-90-90183504-18350000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASES, EPIDEMIOLOGY AND LABORTORY CAPACITY GRANT**

State Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
2019	102-500731	Contracts for Prog Svc	90183404	\$44,991
2020	102-500731	Contracts for Prog Svc	90183404	\$44,997
			<b>Total</b>	<b>\$89,988</b>

## EXPLANATION

The purpose of this request is to develop and execute a plan to validate Healthcare-Associated Infections (HAI) data reported by hospitals and ambulatory surgery centers to New Hampshire Department of Health and Human Services, in accordance with the following laws:

- NH RSA 151:32-35 requires hospitals and licensed ambulatory surgical centers (ASCs) to identify, track, and report HAIs to the Department.
- NH RSA 151:33 requires hospitals to report central line-associated blood stream infections (CLABSI), surgical site infections (SSI), and central line insertion practices (CLIP) through the National Healthcare Safety Network (NHSN). Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN). NHSN is a secure web based system used by hospitals and other state, federal, and local agencies to track and report healthcare associated infections.
- NH RSA 151:33 also requires ASCs to report SSIs through NHSN.

HAI is an infection that a patient acquires during the course of receiving treatment for another condition within a healthcare setting. HAIs are among the top 10 leading causes of death in the United States. The most common HAI are pneumonia, gastrointestinal illness, primary bloodstream infections and surgical site infections. Nationwide, approximately 75,000 deaths resulted from the 722,000 HAIs reported to the CDC. It is estimated that between 5% and 10% of hospital admissions are complicated by HAI, resulting in costs to US hospitals in excess of over \$33 billion.

Several processes are used to ensure accurate HAI data reported by hospitals and ambulatory surgical centers are accurate. HAI reporting is complex due to lengthy case definitions and different approaches to case identification. Therefore, data from each hospital and ambulatory surgical centers must be independently validated to assess if infections are under or over-reported.

HAI data are publically reported both nationally and in NH and all populations will benefit from this agreement as healthcare consumers. Patients use this information to guide healthcare decisions and healthcare facilities use the data to improve infection prevention and control practices; both require accurate data. HAI data are internally validated by HAI Program staff on a routine basis and are occasionally validated by Centers for Medicaid and Medicare (CMS). However, internal validation cannot identify underreported infections and the HAI Program has limited capacity to conduct validation while balancing other programmatic work and response activities. [BKL] This proposed contract will focus on identifying the inconsistencies and errors that occur. Education and resources for healthcare facilities that report these infections will be provided to ultimately improve data used for surveillance and quality improvement.

Approximately 1.3 million (state population) individuals will be served by this contract as all residents are healthcare consumers.

JSI Research & Training Institute, Inc. d/b/a Community Health Institute was selected for this project through a competitive bid process. A Request for Proposals/Applications was posted on The Department of Health and Human Services' web site from April 20, 2018 through May 28, 2018. The Department received one (1) proposal. The proposal was reviewed and scored by a team of individuals with program specific knowledge. The Score Summary is attached.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 and SFY 2022-2023 biennia.

Should the Governor and Executive Council not authorize this request, the Department may not have access to validated HAI data to inform the public and future infection prevention initiatives that are critical to reduce HAIs within New Hampshire.

Area served: Statewide

Source of Funds: 100% Federal Funds from Centers for Disease Control and Prevention, Epidemiology and Laboratory Capacity Cooperative Agreement, Catalog for Domestic Assistance 93.521, Federal Award Identification Number U50CK000427.

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'J. Meyers', with a long horizontal flourish extending to the right.

*For* Jeffrey A. Meyers  
Commissioner



**New Hampshire Department of Health and Human Services  
Office of Business Operations  
Contracts & Procurement Unit  
Summary Scoring Sheet**

**Health Care – Associated Infections  
(HAI) Data Validation Services**

**RFP-2018-DPHS-25-HEALT**

**RFP Name**

**RFP Number**

**Reviewer Names**

**Bidder Name**

1. Katrina Hansen, Chief, Infectious  
Disease Surveillance Section, DPHS

2. Amy Berquist, Administrator II

3. Lisa Tibbitts, Public Hlth Prog Mgr,  
Disease Contrl, DPHS

4. \_\_\_\_\_

1. JSI Research and Training Institute, Inc., CHI

2. 0

Pass/Fail	Maximum Points	Actual Points
	315	256
	315	0

Subject: Healthcare - Associated Infections (HAI) Data Validation Services (RFP-2018-DPHS-25-HEALT)

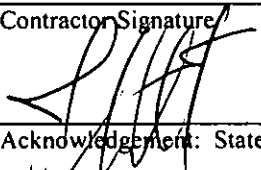
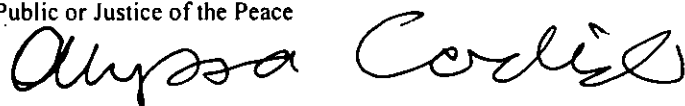

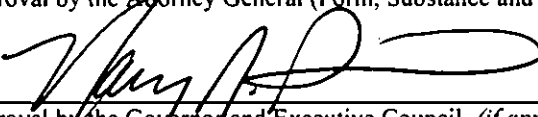
**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

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

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name JSI Research & Training Institute, Inc. d/b/a Community Health Institute		1.4 Contractor Address 501 South Street 2 <sup>nd</sup> Floor Bow, NH 03304	
1.5 Contractor Phone Number 603-573-3300	1.6 Account Number 095-90-90183504-1835	1.7 Completion Date June 30, 2020	1.8 Price Limitation \$89,988
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number 603-271-9631	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Jonathan Stewart, Regional Director	
1.13 Acknowledgment: State of New Hampshire, County of Merrimack On February 20, 2019, 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 ALYSSA M. CARLISLE, Notary Public My Commission Expires November 14, 2023			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory LISA MORRIS, DIRECTOR DPHS	
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) (if applicable) By:  On: 2/27/2019			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			



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 notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and 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 \$1,000,000 per occurrence and \$2,000,000 aggregate ; and

14.1.2 special cause of loss coverage form 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 thirty (30) 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 provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) 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 unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

**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.





## Scope of Services

### 1. Provisions Applicable to All Services

- 1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 biennia.

### 2. Scope of Services

- 2.1. The Contractor shall develop and execute a plan to validate Healthcare Associated Infections (HAI) data reported by hospitals and ambulatory surgery centers to the Department in order to:
  - 2.1.1. Improve the accuracy of data reported to the National Healthcare Safety Network (NHSN).
  - 2.1.2. Ensure hospitals and Ambulatory Surgery Centers (ASCs) apply NHSN definitions consistently.
  - 2.1.3. Increase understanding of the NHSN protocols and definitions.
  - 2.1.4. Improve HAI surveillance.
- 2.2. The Contractor shall meet with Department staff, in person or by phone, to review HAI activities in New Hampshire and share project logistics and information.
- 2.3. The Contractor shall review current HAI reporting requirements; NH RSA 151:33-36 and HeP 301 and regulations regarding validation activities; and NH's existing data validation plans to determine if modifications to the data validation plan may be necessary.
- 2.4. The Contractor shall engage Department staff to assist with data validation activities when developing the data validation plan.
- 2.5. The Contractor shall assist the Department with reviewing records of infections and non-infections in order to determine:
  - 2.5.1. Data years to be validated.



**New Hampshire Department of Health and Human Services  
Healthcare Associated Infections (HAI) Data Validation Services  
Exhibit A**

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- 2.5.2. The number of hospitals and ASCs needing validation, with a minimum of twenty-two (22) facilities receiving validation.
- 2.5.3. Sample size of records to be reviewed at each facility for each year of the contract.
- 2.6. The Contractor shall develop and submit a project plan and timeline to the Department for approval no later than thirty (30) days after the contract effective date and submit for Department approval.
- 2.7. The Contractor shall review HAI data related to infections and subsets of non-infections for hospitals, ensuring that HAI measures to be validated for acute care settings include, but are not limited to:
  - 2.7.1. COLO SSI.
  - 2.7.2. HYST SSI.
  - 2.7.3. CAUTI adult ICU.
  - 2.7.4. CAUTI pediatric ICU.
- 2.8. The Contractor shall review reported infections for ASCs, ensuring HAI measures to be validated for ASCs include:
  - 2.8.1. BRST SSI
  - 2.8.2. HER SSI
  - 2.8.3. FX SSI.
- 2.9. The Contractor shall communicate any changes in the data validation project plans and/or the schedule to Department staff on an on-going basis.
- 2.10. The Contractor shall validate HAI data reported by hospitals and ASCs.
- 2.11. The Contractor shall conduct a minimum of one (1) training, either remotely or in-person as approved by the Department, on the use of data validation materials and tools for Department staff attending validation site visits prior to the first validation site visit.
- 2.12. The Contractor shall provide training materials that include, but are not limited to:
  - 2.12.1. Detailed current HAI data validation information, including but not limited to:
    - 2.12.1.1. The necessary clinical content.
    - 2.12.1.2. Surveillance definition discussion.
    - 2.12.1.3. Guidance about the types and locations of information necessary to evaluate a potential case during medical record review.
  - 2.12.2. Interesting case examples in order to promote discussions for the purpose of reviewing exemplary cases and common misunderstandings encountered in previous validation projects.
- 2.13. The Contractor shall provide logistics, including but not limited to, training space or online options if training remotely.



**New Hampshire Department of Health and Human Services  
Healthcare Associated Infections (HAI) Data Validation Services  
Exhibit A**

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- 2.14. The Contractor shall solicit input from the Department regarding participant background and previous training on HAIs.
- 2.15. The Contractor shall conduct data validation site visits at acute care hospitals and applicable ASCs, statewide. The Contractor shall ensure data validation visit activities include, but are not limited to:
  - 2.15.1. Gathering Nation Health Safety Network (NHSN) data necessary for the site visits based on the data validation project plan developed in Section 2.6.
  - 2.15.2. Determining the NH hospitals and ASCs to validate based on data validation project plan developed in Section 2.6.
  - 2.15.3. Communicating with hospitals and ASCs directly to schedule site visits at a mutually agreeable time and providing site visit dates to the Department so that the Department can elect to participate in site visits.
  - 2.15.4. Reviewing HAI data related to infections and subsets of non-infection records at each hospital that is validated (approximately 40-50 records per infection type, as applicable based on hospital size and number of records available). For ASCs, reviewing each infection reported from 2017. Review records in accordance with the data validation project plan developed in Subsection 2.6.
  - 2.15.5. Documenting the review of records using a Department-approved data validation form.
  - 2.15.6. Recording validation findings in a secure electronic database.
  - 2.15.7. Providing a list of errors and responses to each hospital and ASC for correction in NHSN.
  - 2.15.8. Working with the Department to determine when hospitals and ASCs can make corrections in NHSN.
  - 2.15.9. Maintaining all collected data from the hospital, ASC and the Department using strict confidentiality procedures, as well as destroying data that is no longer needed.
- 2.16. The Contractor shall train hospitals and ASCs to identify and correctly report HAIs consistently. The Contractor shall:
  - 2.16.1. Review medical records of all reported HAI events to confirm they fully meet the case definitions.
  - 2.16.2. Verify the accuracy of HAI data that is reported.
  - 2.16.3. Conduct individualized training to personnel at each facility that is designed to address the errors identified during the medical records review and includes reinforcement of critical concepts. The Contractor shall:
    - 2.16.3.1. Focus on information gaps and points of confusion that resulted in reporting errors.
    - 2.16.3.2. Be available for phone consultations, as needed, throughout the project period.



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Exhibit A**

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- 2.16.4. Tabulate results of chart reviews on a facility level to determine the number of discrepancies between hospital reporting and validation findings.
- 2.17. The Contractor shall improve HAI surveillance by:
  - 2.17.1. Meeting with Department staff to discern current capacity to conduct HAI data validation activities.
  - 2.17.2. Identifying training needs for the operational aspects of the validation process.
  - 2.17.3. Providing instruction on surgical and intensive care settings and processes, as necessary.
  - 2.17.4. Providing one-on-one training for Department staff during in-person or remote visits.
  - 2.17.5. Providing training materials, including training slides, that address common errors and misunderstandings that are discovered by the validations, for Department use in their future trainings.
  - 2.17.6. Consulting with Department staff during the contract period, as needed, to assist with increasing capacity for conducting HAI data validation studies.

**3. Reporting**

- 3.1. The Vendor must provide monthly progress reports that include, but are not limited to:
  - 3.1.1. Updates on each task detailed in the project work plan.
  - 3.1.2. A detailed list of facilities with status of the contact, including:
    - 3.1.2.1. Validation method assigned per the validation plan.
    - 3.1.2.2. Dates data requested.
    - 3.1.2.3. Dates data was received.
    - 3.1.2.4. Dates that instructions and medical record requests were sent.
    - 3.1.2.5. Site visits scheduled.
  - 3.1.3. Site visits that were completed.
  - 3.1.4. Site staff that were trained.
  - 3.1.5. Notes or comments on the process.
- 3.2. The Contractor shall provide final reports on each of the site visits conducted, which shall include an analysis of the data validation results. The Contractor shall ensure activities for reporting results and presenting findings include, but are not limited to:
  - 3.2.1. Providing the Department with a copy of the electronic database that contains information from paper data validation forms used for record review at hospitals and ASCs.
  - 3.2.2. Providing hospitals and ASCs individual brief summary of data validation findings at each respective facility. Provide copies to the Department.



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

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- 3.2.3. Providing the Department with a written summary of data validation findings for overall for hospitals and ASCs.
- 3.2.4. Meeting with Department staff to discuss the validation results and recommend corrective training plans for hospitals and ASCs.

**4. Deliverables**

- 4.1. The Contractor shall provide a finalized data validation plan, as referenced in Section 2.6, to the Department no later than thirty (30) days after the contract effective date.
- 4.2. The Contractor shall implement the data validation plan in Section 2.6 no later than sixty (30) days after receiving Department approval.
- 4.3. The Contractor shall complete all trainings and site visit or remote audits no later than eighteen (18) months from the contract effective date, which shall include a minimum of:
  - 4.3.1. No more than 2 ASC site visits, statewide.
  - 4.3.2. Twenty (20) hospital site visits, statewide.
- 4.4. The Contractor shall analyze HAI data reported to the Department and create an electronic database in Paragraph 3.2.1, above, for the Department no later than June 30, 2020.
- 4.5. The Contractor shall present the final report described in Section 3.2 to the Department no later than five (5) days prior to the contract completion date.

**5. Staffing**

- 5.1. The Contractor shall maintain sufficient staff necessary to perform and complete all of the functions, requirements, roles, and duties as specified in this Exhibit A.
- 5.2. The Contractor shall ensure all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold.
- 5.3. The Contractor shall verify and document the requirements in Section 5.1. by keeping current records and documentation of all individuals requiring licenses and/or certifications.
- 5.4. The Contractor shall ensure all records in Section 5.3 are available for Department inspection upon request.



**New Hampshire Department of Health and Human Services  
Healthcare – Associated Infections (HAI) Data Validation Services  
Exhibit B**

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**Method and Conditions Precedent to Payment**

1. The State shall pay the Contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided pursuant to Exhibit A, Scope of Services.
2. This Agreement is funded with general funds and federal funds as follows: 100% Federal Funds from Centers for Disease Control & Prevention, Centers for Disease Control and Prevention, Epidemiology and Laboratory Capacity Grant, CFDA #93.521, Federal Award Identification Number (FAIN), U50CK000427.
3. Failure to meet the scope of services may jeopardize the funded Contractor's current and/or future funding.
4. Payment for said services shall be made monthly as follows:
  - 4.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibits B-1, Budget through Exhibit B-4, Budget..
  - 4.2. The Contractor shall submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
  - 4.3. The Contractor shall ensure the invoice is completed, signed, dated and returned to the Department in order to initiate payment.
  - 4.4. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
5. The Contractor shall keep detailed records of their activities related to Department-funded programs and services and have records available for Department review, as requested.
6. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
7. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to [DPHScontractbilling@dhhs.nh.gov](mailto:DPHScontractbilling@dhhs.nh.gov), or invoices may be mailed to:

Financial Administrator  
Department of Health and Human Services  
Division of Public Health Services  
29 Hazen Drive  
Concord, NH 03301



**New Hampshire Department of Health and Human Services  
Healthcare – Associated Infections (HAI) Data Validation Services  
Exhibit B**

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8. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
9. 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.
10. Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD											
Bidder/Program Name: JSI Research & Training Institute, Inc. dba Community Health Institute											
Budget Request for: Healthcare-associated Infections (HAI) Data Validation Services/RFP-2018-OPHS-26-HEAL T											
Budget Period: SFY 2019											
Line Item	Total Program Cost			Contractor Share / Match			Funded by DPH's contract share				
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total		
1. Total Salary/Wages	\$ 22,432.80	-	\$ 22,432.80	-	-	-	\$ 22,432.80	-	\$ 22,432.80		
2. Employee Benefits	\$ 8,524.48	-	\$ 8,524.48	-	-	-	\$ 8,524.48	-	\$ 8,524.48		
3. Comptines	\$ 800.00	-	\$ 800.00	-	-	-	\$ 800.00	-	\$ 800.00		
4. Equipment	\$ 785.15	-	\$ 785.15	-	-	-	\$ 785.15	-	\$ 785.15		
Rental	-	-	-	-	-	-	-	-	-		
Repair and Maintenance	-	-	-	-	-	-	-	-	-		
Purchase/Depreciation	-	-	-	-	-	-	-	-	-		
5. Supplies	\$ 1,345.97	-	\$ 1,345.97	-	-	-	\$ 1,345.97	-	\$ 1,345.97		
Educational	-	-	-	-	-	-	-	-	-		
Lab	-	-	-	-	-	-	-	-	-		
Pharmacy	-	-	-	-	-	-	-	-	-		
Medical	-	-	-	-	-	-	-	-	-		
Office	-	-	-	-	-	-	-	-	-		
6. Travel	\$ 2,500.00	-	\$ 2,500.00	-	-	-	\$ 2,500.00	-	\$ 2,500.00		
7. Occupancy	\$ 2,243.29	-	\$ 2,243.29	-	-	-	\$ 2,243.29	-	\$ 2,243.29		
8. Current Expenses	\$ 190.00	-	\$ 190.00	-	-	-	\$ 190.00	-	\$ 190.00		
Telephone	-	-	-	-	-	-	-	-	-		
Postage	-	-	-	-	-	-	-	-	-		
Subscriptions	-	-	-	-	-	-	-	-	-		
Audit and Legal	\$ 785.15	-	\$ 785.15	-	-	-	\$ 785.15	-	\$ 785.15		
Insurance	\$ 785.15	-	\$ 785.15	-	-	-	\$ 785.15	-	\$ 785.15		
Board Expenses	-	-	-	-	-	-	-	-	-		
9. Supplies	-	-	-	-	-	-	-	-	-		
10. Marketing/Communications	-	-	-	-	-	-	-	-	-		
11. Rent & Occupancy and Travel	\$ 785.15	-	\$ 785.15	-	-	-	\$ 785.15	-	\$ 785.15		
12. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-		
13. Other (specify details mandatory):	-	-	-	-	-	-	-	-	-		
Indirect	-	\$ 3,813.58	\$ 3,813.58	-	-	-	-	\$ 3,813.58	\$ 3,813.58		
TOTAL	\$ 41,177.90	\$ 3,813.58	\$ 44,991.48	-	-	-	\$ 41,177.90	\$ 3,813.58	\$ 44,991.48		
Indirect As A Percent of Direct			9.3%								



Exhibit B-2 Budget

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD										
Bidder/Program Name: JBI Research & Training Institute, Inc. dba Community Health Institute										
Budget Request for: Healthcare-associated Infections (HAI) Data Validation Services										
Budget Period: SFY 2020										
Line Item	Total Program Cost			Contractor Share / Match			Funded by DHRB contract share			
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total	
1 Total Salary/Wages	22,455.48	-	22,455.48	-	-	-	22,455.48	-	22,455.48	
2 Employee Benefits	6,531.88	-	6,531.88	-	-	-	6,531.88	-	6,531.88	
3 Contingents	800.00	-	800.00	-	-	-	800.00	-	800.00	
4 Equipment	784.69	-	784.69	-	-	-	784.69	-	784.69	
Rental	-	-	-	-	-	-	-	-	-	
Repair and Maintenance	-	-	-	-	-	-	-	-	-	
Purchase/Deprecation	-	-	-	-	-	-	-	-	-	
5 Supplies	1,349.53	-	1,349.53	-	-	-	1,349.53	-	1,349.53	
Educational	-	-	-	-	-	-	-	-	-	
LPI	-	-	-	-	-	-	-	-	-	
Pharmacy	-	-	-	-	-	-	-	-	-	
Medical	-	-	-	-	-	-	-	-	-	
Office	-	-	-	-	-	-	-	-	-	
6 Travel	2,500.00	-	2,500.00	-	-	-	2,500.00	-	2,500.00	
7 Occupancy	2,242.55	-	2,242.55	-	-	-	2,242.55	-	2,242.55	
8 Current Expenses	-	-	-	-	-	-	-	-	-	
Telephone	210.00	-	210.00	-	-	-	210.00	-	210.00	
Printing	-	-	-	-	-	-	-	-	-	
Subscriptions	-	-	-	-	-	-	-	-	-	
Audit and Legal	784.69	-	784.69	-	-	-	784.69	-	784.69	
Insurance	784.69	-	784.69	-	-	-	784.69	-	784.69	
Board Expenses	-	-	-	-	-	-	-	-	-	
9 Software	-	-	-	-	-	-	-	-	-	
10 Meetings/Communications	-	-	-	-	-	-	-	-	-	
11 Staff Education and Training	784.69	-	784.69	-	-	-	784.69	-	784.69	
12 Subcontracts/Agreements	-	-	-	-	-	-	-	-	-	
13 Other (software, delete maintenance)	-	-	-	-	-	-	-	-	-	
Indirect	-	3,812.33	3,812.33	-	-	-	-	3,812.33	3,812.33	
<b>TOTAL</b>	<b>41,884.81</b>	<b>3,812.33</b>	<b>44,897.14</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>41,884.81</b>	<b>3,812.33</b>	<b>44,897.14</b>	
Indirect As A Percent of Direct 9.3%										

Contractor Initials 

Date 02/20/2019



**SPECIAL PROVISIONS**

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:

1. **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.
2. **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.
3. **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.
4. **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.
5. **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.
6. **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.
7. **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 Contractors 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:
  - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
  - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

A handwritten signature in black ink, appearing to be "JG", written over a horizontal line.



- 7.3. 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:**

8. **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:
- 8.1. **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.
- 8.2. **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.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency 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.
- 9.1. **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.
- 9.2. **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.
10. **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.

11. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.
  - 11.1. **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.
  - 11.2. **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.
  
12. **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.
  
13. **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:
  - 13.1. 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.
  
14. **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.
  
15. **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.
  
16. **Equal Employment Opportunity Plan (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



more employees, it will maintain a current EEOP on file and submit an EEOP Certification Form to the OCR, certifying that its EEOP is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEOP Certification Form to the OCR certifying it is not required to submit or maintain an EEOP. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. EEOP Certification Forms are available at: <http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf>.

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

19. **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:

- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 19.2. 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
- 19.3. Monitor the subcontractor's performance on an ongoing basis



- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

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

#### 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.

**FINANCIAL MANAGEMENT GUIDELINES:** Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

**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.

**CONTRACTOR MANUAL:** Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

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



**REVISIONS TO GENERAL PROVISIONS**

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
  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, 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(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.
2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
  - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
  - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
  - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
  - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
  - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.
3. **Renewal:**  
The Department reserves the right to extend this Agreement for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.



**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 GRANTEES OTHER THAN INDIVIDUALS**

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

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

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

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



New Hampshire Department of Health and Human Services  
Exhibit D



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


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

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

Contractor Name:

February 20, 2019

Date

  
Name: Jonathan Stewart  
Title: Regional Director





**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

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 Name:

Name: Jonathan Stewart  
Title: Regional Director

February 20, 2019

Date



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

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

**INSTRUCTIONS FOR CERTIFICATION**

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



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

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

**PRIMARY COVERED TRANSACTIONS**

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

**LOWER TIER COVERED TRANSACTIONS**

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

Contractor Name:

February 20, 2019  
Date

  
Name: Jonathan Stewart  
Title: Regional Director



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

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

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

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

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

Exhibit G

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

Contractor Initials

A handwritten signature in black ink, appearing to be a stylized name or set of initials.

New Hampshire Department of Health and Human Services  
Exhibit G



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

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

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

Contractor Name:

February 20, 2019  
Date

  
Name: Jonathan Stewart  
Title: Regional Director

Exhibit G

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

Contractor Initials





**CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

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

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

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

Contractor Name:

February 20, 2019  
Date

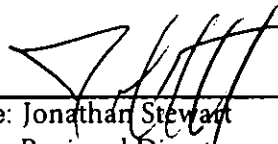
  
\_\_\_\_\_  
Name: Jonathan Stewart  
Title: Regional Director



Exhibit I

**HEALTH INSURANCE PORTABILITY ACT**  
**BUSINESS ASSOCIATE AGREEMENT**

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

(1) **Definitions.**

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





Exhibit I

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

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

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



Exhibit I

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

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

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

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

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

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



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

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

3/2014

Contractor Initials

Date 02/20/2019



Exhibit I

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

**(4) Obligations of Covered Entity**

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

**(5) Termination for Cause**

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

**(6) Miscellaneous**

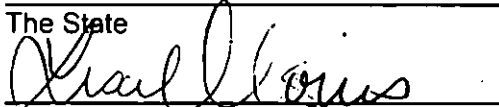
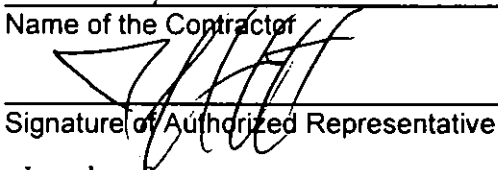
- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security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



Exhibit I

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

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

<p>Department of Health and Human Services  <u>The State</u>    Signature of Authorized Representative  <u>LISA MORRIS</u>  Name of Authorized Representative  <u>DIRECTOR, DPMS</u>  Title of Authorized Representative  <u>2/26/19</u>  Date</p>	<p>JSI Research &amp; Training Institute, Inc. d/b/a  Community Health Institute  <u>Name of the Contractor</u>    Signature of Authorized Representative  <u>Jonathan Stewart</u>  Name of Authorized Representative  Regional Director  <u>Title of Authorized Representative</u>  February 20, 2019  Date</p>
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**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE**

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

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

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

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

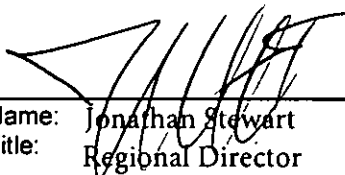
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees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


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

Contractor Name:

February 20, 2019

Date

  
Name: Jonathan Stewart  
Title: Regional Director

Contractor Initials 



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: 14-5729117
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                        X   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                        X   YES

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

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

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

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____



A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

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

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mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

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

## I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

### A. Business Use and Disclosure of Confidential Information.

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

DHHS Information Security Requirements



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

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

**II. METHODS OF SECURE TRANSMISSION OF DATA**

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

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

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

### III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

#### A. Retention

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



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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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



Exhibit K

DHHS Information Security Requirements

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

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

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer, and additional email addresses provided in this section, of any security breach within two (2) hours of the time that the Contractor learns of its occurrence. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
  - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
  - b. safeguard this information at all times.
  - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
  - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

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Exhibit K

DHHS Information Security Requirements

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

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

**V. LOSS REPORTING**

The Contractor must notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches within two (2) hours of the time that the Contractor learns of their occurrence.

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

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and



5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

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

**VI. PERSONS TO CONTACT**

- A. DHHS contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov

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# State of New Hampshire

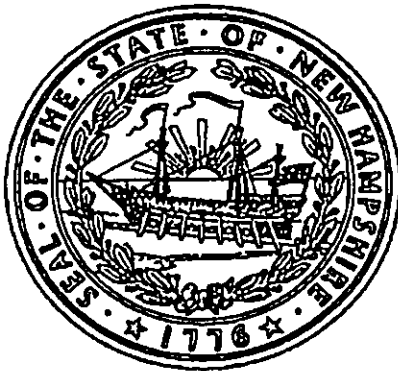
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that JSI RESEARCH & TRAINING INSTITUTE, INC. is a Massachusetts Nonprofit Corporation registered to transact business in New Hampshire on February 17, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 739507

Certificate Number : 0004197337



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 15th day of October A.D. 2018.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

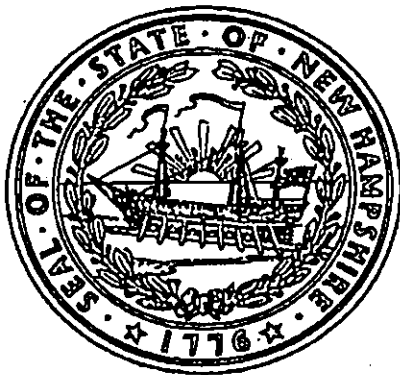
**State of New Hampshire**  
**Department of State**

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COMMUNITY HEALTH INSTITUTE is a New Hampshire Trade Name registered to transact business in New Hampshire on April 12, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 742096

Certificate Number : 0004197336



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 15th day of October A.D. 2018.

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

William M. Gardner  
Secretary of State

**CERTIFICATE OF VOTE/AUTHORITY**

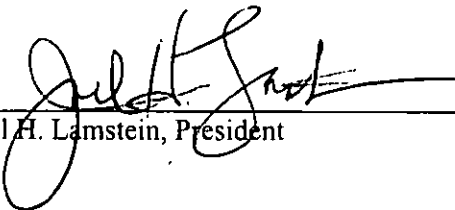
I, Joel H. Lamstein, of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, do hereby certify that:

1. I am the duly elected President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute;
2. By Unanimous Consent in Writing of the Board of Directors in Lieu of the 2008 Annual Meeting, the following is true copy of one resolution duly adopted by the Board of Directors of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, duly dated October 24, 2008;

RESOLVED: Appointment of Jonathan Stewart as Director of the Community Health Institute with the authority to enter into contracts and agreements binding the Corporation.

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of February 20, 2019.

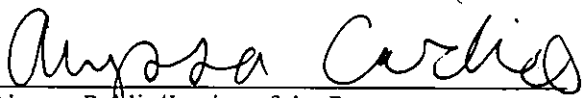
IN WITNESS WHEREOF, I have hereunto set my hand as the President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute this 20th day of February, 2019.

  
\_\_\_\_\_  
Joel H. Lamstein, President

STATE OF New Hampshire

COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 20th day of February, 2019 by Joel H. Lamstein.

  
\_\_\_\_\_  
Notary Public/Justice of the Peace  
My Commission Expires: 11/14/23

**ALYSSA M. CARLISLE, Notary Public**  
**My Commission Expires November 14, 2023**



JSI Research & Training Institute, Inc.

501 South Street  
Second Floor  
Bow · New Hampshire  
03304 · 3416

603 573 · 3300 Voice  
603 573 · 3301 Fax  
jsinfo@jsi.com Email  
www.jsi.com Website



**JSI's mission** is to improve the health of underserved people and communities and to provide a place where people of passion and commitment can pursue this cause. For over 35 years, Boston-based JSI and our affiliates have provided high-quality technical and managerial assistance to public health programs worldwide.

**JSI RESEARCH AND TRAINING INSTITUTE, INC.  
AND  
AFFILIATE**

**Audited Consolidated Financial Statements and Reports  
Required by Government Auditing Standards and the Uniform Guidance**

**September 30, 2017**

**JSI Research and Training Institute, Inc. and Affiliate  
September 30, 2017**

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NORMAN R. FOUGERE, JR. CPA  
99 HERITAGE LANE  
DUXBURY, MA 02332-4334



PHONE: 781-934-0460  
FAX: 781-934-0606

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
JSI Research and Training Institute, Inc. and Affiliate

### **Report on the Consolidated Financial Statements**

We have audited the accompanying consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate (both non-profit organizations), which comprise the consolidated statement of financial position as of September 30, 2017, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

### **Management's Responsibility for the Consolidated Financial Statements**

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

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk



assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

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

### **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of JSI Research and Training Institute, Inc. and Affiliate as of September 30, 2017, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### **Other Matters**

#### *Other Information*

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole.

#### *Report on Summarized Comparative Information*

We have previously audited the JSI Research and Training Institute, Inc. and Affiliate consolidated financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated April 26, 2017. In our opinion, the summarized consolidated comparative information presented herein as of and for the year ended September 30, 2016 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

**Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued a report dated April 23, 2018, on our consideration of JSI Research and Training Institute, Inc. and Affiliate's internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of JSI Research and Training Institute, Inc. and Affiliate's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering JSI Research and Training Institute, Inc. and Affiliate's internal control over financial reporting and compliance.

A handwritten signature in black ink, appearing to read "Norman R. Jorgensen CPA". The signature is written in a cursive style with a large initial "N".

Duxbury, Massachusetts  
April 23, 2018

**JSI Research and Training Institute, Inc. and Affiliate**  
**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**  
September 30, 2017  
(With Comparative Totals for 2016)

	<b>2017</b>	<b>2016</b>
<b>ASSETS</b>		
Current Assets:		
Cash and cash equivalents	\$ 74,642,976	\$ 68,620,315
Receivables for program work	19,782,268	18,498,218
Loans receivable - related party	-	-
Field advances - program	1,697,407	1,670,752
Employee advances	190,500	276,013
Prepaid expenses	67,950	-
Total Current Assets	96,381,101	89,065,298
Property and Equipment:		
Furniture and equipment	679,098	636,492
Leasehold improvements	30,355	30,355
	709,453	666,847
Less: Accumulated depreciation	(651,423)	(634,621)
Net Property and Equipment	58,030	32,226
Other Assets		
	119,888	109,058
<b>TOTAL ASSETS</b>	<b>\$ 96,559,019</b>	<b>\$ 89,206,582</b>
 <b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities:		
Accounts payable and payroll withholdings	\$ 11,678,687	\$ 10,873,875
Accrued vacation	1,920,964	1,824,437
Advances for program work	35,095,465	30,642,424
Loans payable - related party	196,828	1,001,492
Notes payable	-	-
Contingencies	-	-
Total Current Liabilities	48,891,944	44,342,228
Net Assets:		
Unrestricted	47,467,027	44,706,560
Temporarily restricted	200,048	157,794
Total Net Assets	47,667,075	44,864,354
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 96,559,019</b>	<b>\$ 89,206,582</b>

See notes to consolidated financial statements.

**JSI Research and Training Institute, Inc. and Affiliate**  
**CONSOLIDATED STATEMENT OF ACTIVITIES**  
Year Ended September 30, 2017  
(With Comparative Totals for 2016)

	<b>2017</b>	<b>2016</b>
<b>UNRESTRICTED NET ASSETS:</b>		
Public Support and Revenue		
Public Support:		
Government grants and contracts:		
U.S. Government	\$ 271,426,627	\$ 243,054,246
Commonwealth of Massachusetts	5,258,877	6,069,315
Other grants and contracts	57,926,891	53,310,784
Program income	99,859	186,344
Contributions	332,613	11,700,204
In-kind project contributions	14,444,516	6,852,099
Interest income	121,168	41,432
Total Unrestricted Support and Revenue	349,610,551	321,214,424
Expenses		
Program Services:		
International programs	293,709,946	256,624,631
Domestic programs	19,653,591	18,826,817
Total Program Services	313,363,537	275,451,448
Supporting Services:		
Management and General	33,327,219	31,053,862
Fundraising	149,914	171,766
Total Supporting Services	33,477,133	31,225,628
Total Expenses	346,840,670	306,677,076
Increase (Decrease) in Unrestricted Net Assets	2,769,881	14,537,348
<b>TEMPORARILY RESTRICTED NET ASSETS</b>		
Program restricted net assets	32,840	152,794
Increase (decrease) in temporarily restricted net assets	32,840	152,794
<b>Increase (decrease) in net assets</b>	2,802,721	14,690,142
<b>Net Assets at Beginning of Year</b>	44,864,354	30,174,212
<b>Net Assets at End of Year</b>	<b>\$ 47,667,075</b>	<b>\$ 44,864,354</b>

See notes to consolidated financial statements.

**JSI Research and Training Institute, Inc. and Affiliate**  
**CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES**  
Year Ended September 30, 2017  
(With Comparative Totals for 2016)

	<u>PROGRAM SERVICES</u>			<u>SUPPORTING SERVICES</u>			<u>TOTAL EXPENSES</u>	
	<u>International Programs</u>	<u>Domestic Programs</u>	<u>Total</u>	<u>Management And General</u>	<u>Fundraising</u>	<u>Total</u>	<u>2017</u>	<u>2016</u>
Salaries	\$ 26,154,724	\$ 7,921,065	\$ 34,075,789	\$ 6,731,319	\$ 64,270	\$ 6,795,589	\$ 40,871,378	\$ 38,731,616
Consultants	15,636,684	4,431,853	20,068,537	2,279,342	16,362	2,295,704	22,364,241	22,656,189
Cooperating National								
Salaries	36,099,944	-	36,099,944	511,039	-	511,039	36,610,983	38,733,286
Travel	12,597,149	853,619	13,450,768	643,136	326	643,462	14,094,230	16,170,730
Allowance & Training	9,929,257	61,671	9,990,928	431,836	-	431,836	10,422,764	10,163,306
Sub-contracts	123,068,419	4,715,999	127,784,418	58,140	8,897	67,037	127,851,455	93,526,758
Equipment, Material and								
Supplies	13,897,759	84,541	13,982,300	443,184	-	443,184	14,425,484	6,969,920
Other Costs	41,881,494	1,584,843	43,466,337	22,212,421	60,059	22,272,480	65,738,817	72,857,717
In-kind project expenses	14,444,516	-	14,444,516	-	-	-	14,444,516	6,852,135
Depreciation	-	-	-	16,802	-	16,802	16,802	15,419
<b>TOTAL EXPENSE</b>	<b>\$ 293,709,946</b>	<b>\$ 19,653,591</b>	<b>\$ 313,363,537</b>	<b>\$ 33,327,219</b>	<b>\$ 149,914</b>	<b>\$ 33,477,133</b>	<b>\$ 346,840,670</b>	<b>\$ 306,677,076</b>

See notes to consolidated financial statements.

**JSI Research and Training Institute, Inc. and Affiliate**  
**CONSOLIDATED STATEMENT OF CASH FLOWS**  
Year Ended September 30, 2017  
(With Comparative Totals for 2016)

	<b>2017</b>	<b>2016</b>
<b>Cash Flows From Operating Activities:</b>		
Increase (Decrease) in net assets	\$ 2,802,721	\$ 14,690,142
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	16,802	15,419
(Increase) Decrease in receivables for program work	(1,284,050)	(118,116)
(Increase) Decrease in field advances - program	(26,655)	2,160,324
(Increase) Decrease in employee advances	85,513	(7,586)
(Increase) Decrease in prepaid expenses	(67,950)	3,700
(Increase) Decrease in other assets	(10,830)	(25,722)
Increase (Decrease) in accounts payable and payroll withholdings	804,812	4,702,652
Increase (Decrease) in accrued vacation	96,527	242,541
Increase (Decrease) in advances for program work	4,453,041	13,111,616
Net Cash Provided (Used) By Operating Activities	6,869,931	34,774,970
<b>Cash Flows From Investing Activities:</b>		
Loans made	(1,001,492)	-
Loans repaid	196,828	1,132,362
Acquisition of property and equipment	(42,606)	(10,579)
Net Cash Provided (Used) By Investing Activities	(847,270)	1,121,783
Net Increase (Decrease) in Cash and Cash Equivalents	6,022,661	35,896,753
Cash and Cash Equivalents at Beginning of Year	68,620,315	32,723,562
Cash and Cash Equivalents at End of Year	<b>\$ 74,642,976</b>	<b>\$ 68,620,315</b>

See notes to consolidated financial statements.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**September 30, 2017**

**NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES**

JSI Research and Training Institute, Inc. was incorporated in the Commonwealth of Massachusetts on April 11, 1979. JSI Research and Training Institute, Inc. provides education and research primarily to non-profit health and human service agencies both in the United States and abroad. Current funding is principally from the United States Agency for International Development and the United States Department of Health and Human Services (HHS).

JSI Research and Training Institute, Inc. is the sole member of World Education, Inc. (Affiliate) with such powers as are typically accorded to a sole member including the power of appointment and removal of the World Education, Inc. board of trustees, the right to approve amendments to the bylaws and certificate of incorporation of World Education, Inc., and the right to approve any merger, consolidation, dissolution or transfer of substantial assets of World Education, Inc.

World Education, Inc. (Affiliate) was founded in 1951 and incorporated in the state of New Jersey. Working in partnership with community, national, and international agencies in Asia, Africa, and the United States, it provides professional assistance in the design and implementation of non-formal adult education programs. These programs integrate functional education with relevant problem-solving aspects of individual growth and national development such as health, nutrition, family planning, childcare, refugee education, agricultural practices, literacy, and income generation.

JSI Research and Training Institute, Inc. and its affiliate are tax exempt organizations under 501 (c) (3) of the Internal Revenue Code and file separate unconsolidated tax returns.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Principles of Consolidation**

The consolidated financial statements include the accounts of JSI Research and Training Institute, Inc. and World Education, Inc., its affiliate, (collectively referred to as the Organization). Significant intra-entity accounts and transactions have been eliminated in consolidation.

**Basis of Accounting**

The consolidated financial statements of the Organization have been prepared utilizing the accrual basis of accounting and include the accounts of JSI Research and Training Institute, Inc. and its affiliate in conformity with accounting principles generally accepted in the United States of America.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2017**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued**

**Use of Estimates**

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Fair Value**

The Organization values its qualifying assets and liabilities under a fair value hierarchy that prioritizes the inputs and assumptions used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and liabilities and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Organization uses appropriate valuation techniques based on the available inputs to measure the fair value of its assets and liabilities. When available, the Organization measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

**Cash and Cash Equivalents**

The Organization considers all monies in banks and highly liquid investments with maturity dates of three months or less to be cash equivalents. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

**Investments**

Investments in marketable securities with readily determinable fair values and all investments in debt securities (marketable investments) are measured at fair values based on quoted market prices in the consolidated statement of financial position. Unrealized gains and losses are included in the statement of activities.

**Property and Equipment**

Property and equipment is reported on the basis of cost less accumulated depreciation. Acquisitions of property and equipment in excess of \$5,000 are capitalized. Depreciation is computed using the straight-line method calculated to extinguish the book value of the respective assets over their estimated useful lives (5 - 7 years) of the related assets.

**Revenue Recognition**

The majority of the Organization's revenues are derived from contracts, cooperative agreements, and grants with U.S. government agencies, primarily the United States Agency for International Development and the United States Department of Health and Human Services. Revenues are recognized when the Organization incurs qualifying expenditures that are reimbursable under the terms of the contracts, agreements or grants, or in accordance with the grantor's restrictions.



**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2017**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued**

**Revenue Recognition - continued**

Unrestricted and restricted contributions are recognized as revenue at the date the pledge is made or the gift is received, whichever is earlier.

**Contributions**

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. Contributions are reported as temporarily restricted support and are then reclassified to unrestricted net assets upon expiration of the time restriction. Temporarily restricted support, whose restrictions are met in the same reporting period, is shown as unrestricted support.

**Donated Materials and Services**

Donated materials and services are recorded as in kind project contributions at their estimated fair market value as of the date of receipt and as an expense in the accompanying consolidated statement of activities. Donated services are recognized if the services received create or enhance non-financial assets or require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation.

**Income Taxes**

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and is not a private foundation as described in Section 509. Accordingly, no provision for income taxes is included in the accompanying consolidated financial statements.

The Organization has evaluated its tax positions and believes that there would be no material changes to the results of its operations or financial position as a result of an audit by the applicable taxing authorities, federal or state. The Organization has filed all of its known and required returns in a timely manner including as permitted allowed extensions. Following administrative practice of the taxing authorities, the tax years 2014, 2015, 2016 and 2017, remain open years subject to examination and review.

JSI Research and Training Institute, Inc. and World Education, Inc. (Affiliate) file separate unconsolidated tax returns. JSI Research and Training Institute, Inc. files tax returns based on a September 30<sup>th</sup> year end and its affiliate files tax returns based on a June 30<sup>th</sup> year end.

**Functional Allocation of Expenses**

The costs of providing the various programs and other activities have been summarized on a functional basis in the consolidated statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2017**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued**

**Financial Statement Presentation**

In accordance with accounting principles generally accepted in the United States of America, the Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets based upon the existence or absence of donor imposed restrictions. For the year ended September 30, 2017 there was no activity in permanently restricted net assets.

**Prior Year Comparative Totals**

The financial statements include prior-year summarized comparative information in total. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Company's financial statements for the year ended September 30, 2016, from which the summarized information was derived.

**Reclassification**

Certain amounts for 2016 have been reclassified to conform to current year presentation.

**NOTE 3 – CONCENTRATION OF CREDIT RISK**

The Organization maintains demand deposits and money market funds at financial institutions. At times, certain balances held in these accounts may not be fully guaranteed by the United States Government. The uninsured portions of cash and money market accounts are backed solely by the assets of the financial institution. Therefore, the failure of a financial institution could result in a financial loss to the Organization. However, the Organization has not experienced losses on these accounts in the past and management believes the risk of loss, if any, to be minimal.

**NOTE 4 – INVESTMENTS**

**Fair Value**

In accordance with accounting principles generally accepted in the United States of America, the Organization values its qualifying assets and liabilities under a fair value hierarchy that prioritizes the inputs and assumptions used to measure fair value. The three levels of the fair value hierarchy are as follows:

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2017**

**NOTE 4 – INVESTMENTS - continued**

**Fair Value - continued**

- *Level 1* – Observable inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities at the measurement date.
- *Level 2* – Inputs other than quoted prices in active markets that are observable for the asset either directly or indirectly, including inputs from markets that are not considered to be active.
- *Level 3* – Unobservable inputs which reflect the Organization's assessment of the assumptions that market participants would use in pricing the asset or liability including assumptions about risk.

A qualifying asset or liability's level within the framework is based upon the lowest level of any input that is significant to the fair value measurement.

The following is a summary of fair values of investments which are measured on a recurring basis using Level 1 inputs as recorded in the Consolidated Statement of Financial Position at September 30, 2017:

Current assets:	
Cash and cash equivalents (invested)	<u>\$ 61,271,603</u>
	<u>\$ 61,271,603</u>

No assets or liabilities were measured at Level 2 or Level 3.

The following schedule summarizes the investment return and its classification in the Consolidated Statement of Activities for the year ended September 30, 2017:

	<u>Unrestricted</u>
Interest income	<u>\$ 121,168</u>
Total investment return	<u>\$ 121,168</u>

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2017**

**NOTE 5 – RECEIVABLES FOR PROGRAM WORK**

Receivables for program work are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectable amounts through a provision for bad debt expense and an adjustment to a 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 accounts receivable. The allowance for doubtful accounts at September 30, 2017 was \$0.

Receivables for program work consist of the following at September 30, 2017:

U.S. Agency for International Development	\$ 11,921,024
U.S. Department of Health and Human Services	814,712
U.S. Department of State	1,306,716
U.S. Department of Labor	111,857
Commonwealth of Massachusetts	584,391
Other - non-governmental	<u>5,043,568</u>
	<u>\$ 19,782,268</u>

**NOTE 6 – LOANS RECEIVABLE – RELATED PARTY**

Loans receivable – related party consist of various unsecured short-term loans, due on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans receivable balance at September 30, 2017 is \$0.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2017**

**NOTE 7 – PROPERTY AND EQUIPMENT AND ACCUMULATED DEPRECIATION**

Property and equipment and accumulated depreciation account balances are as follows:

	<b>Cost</b>	<b>Accumulated Depreciation</b>	<b>Net</b>
Furniture and equipment	\$ 679,098	\$ (621,068)	\$ 58,030
Leasehold improvements	30,355	(30,355)	-
	<b>\$ 709,453</b>	<b>\$ (651,423)</b>	<b>\$ 58,030</b>

Depreciation expense was \$16,802 for the year ended September 30, 2017.

**NOTE 8 – OTHER ASSETS**

Other assets consist of the following at September 30, 2017:

Deposits	\$ 82,943
Artwork - donated	36,945
	<b>\$ 119,888</b>

Donated artwork is recorded at a discounted appraised value at the date of gift.

**NOTE 9 – ACCRUED VACATION**

In accordance with formal policies, vacation was accrued at September 30, 2017 as follows:

JSI Research and Training Institute, Inc.	\$ 1,628,028
World Education, Inc. (Affiliate)	292,936
	<b>\$ 1,920,964</b>

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2017**

**NOTE 10 – ADVANCES FOR PROGRAM WORK**

Advances for program work consist of the following at September 30, 2017:

Other - non-governmental	
Partnership for Supply Chain Management, Inc. (related party)	\$ 91,723
Bill & Melinda Gates Foundation	25,082,446
Other	<u>9,921,296</u>
	<u>\$ 35,095,465</u>

**NOTE 11 – LOANS PAYABLE – RELATED PARTY**

Loans payable – related party consist of various unsecured short-term loans, payable on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans payable balance at September 30, 2017 is \$196,828.

**NOTE 12 – NOTES PAYABLE**

Citizens Bank

World Education, Inc. (Affiliate) has a revolving line of credit established February 3, 2004 with Citizens Bank of Massachusetts with a borrowing limit of up to \$500,000. The revolving line of credit was renewed on July 11, 2017. The loan is payable on demand. Interest is charged by utilizing a fluctuating rate based on the LIBOR (Advantage) rate plus 2.50%. The line of credit remains in effect until May 31, 2018 and annually thereafter contingent upon performance. The loan is collateralized by a first priority interest in all the assets of World Education, Inc. No funds were borrowed during the year and as a result, as of September 30, 2017, the outstanding balance is \$0 and no interest was incurred on this loan during the year ended September 30, 2017.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2017**

**NOTE 12 – NOTES PAYABLE - continued**

John Snow, Inc.

World Education, Inc. (Affiliate) has an unsecured revolving line of credit established September 1, 2007 with John Snow, Inc. (a related party) with a borrowing limit of up to \$1,000,000. The loan was renewed on July 1, 2016. Interest is charged by utilizing a fluctuating rate based on the current prime rate plus 0.25%. The loan is payable on demand and, in any event, on or prior to June 30, 2017. The loan is not collateralized. No funds were borrowed during the year and as a result, as of September 30, 2017, the outstanding balance is \$0. No interest was incurred on this loan during the year ended September 30, 2017. (See NOTE 17)

**NOTE 13 – CONTINGENCIES**

In accordance with the terms of its federal and state grants and contracts, the records of the Organization are subject to audit. The Organization is, therefore, contingently liable for any disallowed costs. Management believes that any adjustment, which might result from such an audit, would be immaterial.

JSI Research and Training Institute, Inc. is a co-borrower (with a related party) of a demand loan with no balance due at September 30, 2017. Management believes that the co-borrower is current on the loan and that its collateral exceeds the balance due. (See NOTE 17)

Provisional indirect cost rates are negotiated with the United States Agency for International Development (AID) on an annual basis. As of September 30, 2017, actual indirect cost rates have been approved by AID for JSI Research and Training Institute, Inc. through December 31, 2010 and World Education, Inc. through June 30, 2015. Based on favorable past experience, management believes the effects of changes to the overhead rates, if any, would not be material to the financial statements.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2017**

**NOTE 14 – TEMPORARILY RESTRICTED NET ASSETS**

Temporarily restricted net assets are restricted by donors as follows at September 30, 2017:

Program Services	\$ 195,048
Time Restrictions	<u>5,000</u>
	<u>\$ 200,048</u>

No assets were released from donor restriction by occurrence of events specified by the donor during the year ended September 30, 2017:

**NOTE 15 – SURPLUS REVENUE RETENTION**

In accordance with the Massachusetts Division of Bureau Services, Regulation 808 CMR 1.03(7), "if, through cost savings initiatives implemented consistent with programmatic and contractual obligations, a non-profit Contractor accrues an annual net surplus from the revenues and expenses associated with services provided to Departments which are subject to 808 CMR 1.00, the Contractor may retain, for future use, a portion of that annual surplus not to exceed 20% of said revenues. Surpluses may be used by the Contractor for any of its established charitable purposes, provided that no portion of the surplus may be used for any non-reimbursable cost set forth in 808 CMR 1.05, the free care prohibition excepted. Operational Services Division shall be responsible for determining the amount of surplus that may be retained by each Contractor in any given year and may determine whether any excess surplus shall be used to reduce future prices or be recouped."

For the year ended September 30, 2017, the organization did not have an annual net surplus that exceeded 20% of relevant Massachusetts revenues.



**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2017**

**NOTE 16 – COMMONWEALTH OF MASSACHUSETTS**

The following is a schedule of expenditures with the Commonwealth of Massachusetts:

Receivables from program work at October 1, 2016	\$ 549,882
Receipts	(5,224,368)
Disbursements/expenditures	<u>5,258,877</u>
Receivables from program work at September 30, 2017	<u>\$ 584,391</u>

**NOTE 17 – RELATED PARTY TRANSACTIONS**

**John Snow, Inc.**

JSI Research and Training Institute, Inc. (an exempt organization) and John Snow, Inc. (a non-exempt corporation) purchase consulting services from each other. Mr. Joel Lamstein is President and Director of both organizations, and is the sole stockholder of John Snow, Inc. The two companies bill each other at the same rates that they bill the federal and state governments.

During the year ended September 30, 2017, John Snow, Inc. billed JSI Research and Training Institute, Inc. \$24,641,616 for consulting services (technical support). This amount is reflected under the program services - consulting line item (\$16,086,359) and program services - other costs line item (\$8,555,257) on the statement of functional expenses. In addition, JSI Research and Training Institute, Inc. performed consulting services (technical support) for John Snow, Inc. totaling \$7,459,675.

The two companies also share facilities and pool various overhead expenses. For the year ended September 30, 2017, JSI Research and Training Institute, Inc. incurred \$25,994,433 of overhead expenses (supporting services), of which \$9,314,712 was its share of John Snow, Inc. incurred costs.

JSI Research and Training Institute, Inc. is a co-borrower with John Snow, Inc. on a commercial demand loan-revolving line of credit with an expiration date of May 31, 2018, which allows for borrowings up to \$6,500,000. The loan is collateralized by a security agreement with a first position lien on all corporate assets of JSI Research and Training Institute, Inc. and John Snow, Inc. including assignment of promissory notes and security documents between the two companies. Interest is charged by utilizing a fluctuating rate based on LIBOR (Advantage) plus two percent (2.00%) payable monthly in arrears, which at September 30, 2017 was 3.235%. At September 30, 2017, a balance of \$0 was outstanding on the loan. Management believes the loan payable will be extended, when due, under similar terms and conditions.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2017**

**NOTE 17 – RELATED PARTY TRANSACTIONS - continued**  
**John Snow, Inc. – continued**

During the year, the Company had various loans receivable due from, and various loans payable due to John Snow, Inc. At September 30, 2017, the loan receivable balance is \$0 and the loan payable balance is \$196,828.

World Education, Inc. (Affiliate) has an agreement with John Snow, Inc. whereby John Snow, Inc. will provide administrative and technical support as deemed necessary by World Education, Inc.'s Board of Trustees. Transactions with John Snow, Inc. for the year ended September 30, 2017 are summarized as follows:

Administrative and technical support	\$ 1,481,286
Other direct charges (including rent of \$884,924)	<u>1,297,647</u>
	<u>\$ 2,778,933</u>

The agreement is on a year-to-year basis and can be terminated by either party upon ninety days written notice to the other.

World Education, Inc. provided services to John Snow, Inc. during the year ended September 30, 2017 totaling \$88,760 and was recorded as revenue in the consolidated statement of activities.

World Education, Inc. has an unsecured line of credit with John Snow, Inc. with a borrowing limit of up to \$1,000,000. (See NOTE 12)

**Partnership for Supply Chain Management, Inc.**

Partnership for Supply Chain Management, Inc. (PSCM) (an exempt organization) was incorporated on February 14, 2005 by JSI Research and Training Institute, Inc. and Management Sciences for Health, Inc. Each organization has 50% control.

PSCM has been awarded a U.S. government contract to procure and deliver life-saving medicines and medical supplies to treat HIV/AIDS patients worldwide. The contract for the Supply Chain Management System project was awarded through the U.S. Agency for the International Development as part of the U.S. government's \$15 billion President's Emergency Plan for AIDS Relief.

Mr. Joel Lamstein, President and Director of JSI Research and Training Institute, Inc., is President and Director of PSCM.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2017**

**NOTE 17 – RELATED PARTY TRANSACTIONS - continued**  
**Partnership for Supply Chain Management, Inc. – continued**

During the year ended September 30, 2017, JSI Research and Training Institute, Inc. billed PSCM \$11,771,551 for services performed with a cost of \$9,926,355 and a fee of \$1,845,196. At September 30, 2017, PSCM advanced the Organization \$91,723 for program work.

**Other**

The Organization has an agreement with a certain related company to purchase services. Transactions with this company were charged to sub-contracts expense and are as follows:

The Manoff Group, Inc. (a non-exempt corporation; 40% owned by John Snow, Inc.)	<u>\$ 1,061,497</u>
	<u>\$ 1,061,497</u>

**NOTE 18 – RETIREMENT PLANS**

JSI Research and Training Institute, Inc. has a defined contribution profit sharing/401(K) plan covering substantially all its employees. Employee contributions are voluntary. Employer contributions are based on a percentage (10% - 15% depending on length of service) of salary. The Plan was effective April 11, 1979. Pension expense was \$3,612,409 for the year ended September 30, 2017.

World Education, Inc. (Affiliate) provides retirement benefits to substantially all employees under a plan. World Education, Inc.'s contributions of 7 percent of employee salaries are used to purchase individual annuities. Additional voluntary contributions may be made by the employees. Participants of the plan are fully and immediately vested when contributions are made. Pension costs incurred by World Education, Inc. were \$334,310 for the year ended September 30, 2017.

**NOTE 19 – COMMITMENTS**

**Operating Leases**

The JSI Research and Training Institute, Inc. leases space for general offices under operating leases expiring from 2017 through 2019. The leases contain renewal options for periods of up to 5 years.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2017**

**NOTE 19 – COMMITMENTS – continued**

During the year ended September 30, 2017, rentals under long-term lease obligations were \$518,335. Future obligations over the primary terms of the Company's long-term leases as of September 30, 2017 are:

<u>Year Ended September 30,</u>	
2018	\$ 386,434
2019	<u>127,139</u>
	<u>\$ 513,573</u>

World Education, Inc. (Affiliate) leases space for general offices on a year-to-year basis. Rent expense for the year ended September 30, 2017 was \$884,924.

**NOTE 20 – CONCENTRATION OF FUNDING**

The Organization receives a majority of its funding through contracts and grants with various departments and agencies of the Federal government.

The Organization received 10% or more of its revenues and support from the following sources for the year ended September 30, 2017:

	<u>Income Received</u>	<u>% of Total Income</u>
U.S. Agency for International Development	\$ 209,646,197	59.97%

**NOTE 21 – IN KIND PROJECT CONTRIBUTIONS**

The Organization receives donated materials and services consisting of commodities, facilities and equipment, and services for use in its programs from overseas collaborative private voluntary organizations and from foundations providing grants directly to a project. Donated materials and services totaled \$14,444,516 for the year ended September 30, 2017, and are reflected as In Kind Project Contributions on the Consolidated Statement of Activities and In Kind Project Expenses on the Consolidated Statement of Functional Expenses.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2017**

**NOTE 21 – IN KIND PROJECT CONTRIBUTIONS - continued**

These contributions satisfy part of the matching requirements needed to obtain full funding on certain U.S. Agency for International Development grants. During the year ended September 30, 2017, the following donated materials and services received by the Organization have been used to fulfill matching requirements on active grants:

36532	Turkmenistan YC	\$ 39,146
36697	SPRING	3,702,019
36895	Mozambique M-SIP	21,755
36991	AIDS FREE	8,507,628
37024	Tanzania CHSS	982,199
37134	Timor Leste RBHS	208,708
37162	Ghana HIV/AIDS	54,044
37186	Madagascar CCH	229,806
37244	Russia P2P	21,234
63101	Senegal/Journalism	90,738
63114	Uganda	75,264
63139	Benin FFE	13,330
64024	Tanzania	21,702
64057	Zimbabwe	61,029
64062	Uganda	192,537
64071	OUTCOMES	136,459
64074	Mozambique	76,471
		<u>\$ 14,434,069</u>

**NOTE 22 – SUBSEQUENT EVENTS**

The Organization has evaluated subsequent events through April 23, 2018, the date on which the consolidated financial statements were available to be issued. During this period, there were no subsequent events that require adjustment to the consolidated financial statements.

**Supplementary Information**

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2017**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Passed Through to Subrecipients	Federal Expenditures
<b>U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT:</b>				
<b>Direct Grants:</b>				
36521 - Uganda HIV/AIDS/TB	617-A-00-09-00007-00	98.001	\$ 35,943	\$ 478,356
36532 - Turkmenistan YC	120-A-00-09-00029-00	98.001	-	276,323
36662 - Madagascar CBIHP	687-A-00-11-00013-00	98.001	(10,469)	(10,469)
36697 - SPRING	AID-OAA-A-11-00031	98.001	7,483,566	27,002,657
36702 - Nepal CHX Cord Care	AID-OAA-A-11-00073	98.001	-	1,015,986
36747 - Ukraine HWUP	AID-121-A-11-00003	98.001	-	7,656
36800 - Advancing Partners	AID-OAA-A-12-00047	98.001	38,170,434	60,045,239
36845 - Pakistan HSSP	AID-391-A-13-00002	98.001	1,694,570	6,061,436
36895 - Mozambique M-SIP	AID-656-A-13-00006	98.001	-	1,213,872
36932 - Senegal LLP	AID-685-A-14-00001	98.001	12,252	127,675
36991 - AIDSFREE	AID-OAA-A-14-00046	98.001	27,033,705	46,523,456
37024 - Tanzania CHSS	AID-621-A-14-00004	98.001	1,545,547	9,323,796
37129 - Zambia Discover Health	AID-611-A-16-00004	98.001	1,197,619	19,810,322
37134 - Timor Leste RBHS	AID-472-A-16-00001	98.001	-	1,498,645
37162 - Ghana HIV/AIDS	AID-641-A-16-00007	98.001	1,567,945	4,907,365
37186 - Madagascar CCH	AID-687-A-16-00001	98.001	471,524	6,992,770
<b>Total Direct Grants - CFDA #98.001</b>			<b>79,202,636</b>	<b>185,275,085</b>
<b>Pass-through Grants:</b>				
Passed through Partnership for Supply Chain Management, Inc. (PSCM):				
36344/36519/36524/37034/37053/37150 - Supply Chain Management System	GPO-1-00-05-00032-00	98.001	-	9,926,355
Passed through Johns Hopkins University:				
37099 - Ethiopia SBCC	AID-663-A-15-000011	98.001	-	(1,076)
Passed through Pathfinder International:				
37265 - Ethiopia TRANSFORM	AID663A1700002	98.001	-	887,909
Passed through Program for Appropriate Technology in Health:				
37301 - Open LMIS - Phase I	AID.2134-01555716-CR	98.001	-	44,269
Passed through Management Science for Health, Inc.:				
37305 - MSH Guinea eLMIS TA	SIAPS-Guinea-17-01	98.001	-	35,186
<b>Total Pass-through Grants - CFDA #98.001</b>			<b>-</b>	<b>10,892,643</b>
<b>Total - CFDA #98.001 - USAID Foreign Assistance for Programs Overseas</b>			<b>79,202,636</b>	<b>196,167,728</b>
<b>TOTAL - U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT</b>			<b>\$ 79,202,636</b>	<b>\$ 196,167,728</b>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2017**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Passed Through to Subrecipients	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES:</b>				
<b>Pass-through Grant:</b>				
Passed through NACCHO:				
36689 - NH MRC Conferences	2011-041218	93.008	\$ -	\$ 75
<b>Total CFDA #93.008 - Medical Reserve Corps Small Grant Program</b>			<u>-</u>	<u>75</u>
<b>Direct Grant:</b>				
37087 - Adolescent HIV/AIDS Prevention	MAIAH000001	93.057	55,510	342,523
<b>Total CFDA #93.057 - National Resource Center for HIV Prevention Among Adolescents</b>			<u>55,510</u>	<u>342,523</u>
<b>Direct Grant:</b>				
37128 - Competitive Abstinence Education	Agreement @09/30/15	93.060	-	9,391
<b>Total CFDA #93.060 - Competitive Abstinence Education (CAE)</b>			<u>-</u>	<u>9,391</u>
<b>Direct Grant:</b>				
36901 - CDC - Strategic Assessments for Strategic Action in India	IU2GGH001132-01	93.067	-	24,360
<b>Total CFDA #93.067 - Global AIDS</b>			<u>-</u>	<u>24,360</u>
<b>Pass-through Grants:</b>				
Passed through State of Vermont:				
37096 - Asthma Control Program	29370	93.070	-	4,048
37206 - VT Climate Change Eval.	31578	93.070	-	10,591
37212 - VT HPDP Evaluation	Contract #31786	93.070	-	29,867
<b>Total CFDA #93.070 - Environmental Public Health and Emergency Response</b>			<u>-</u>	<u>44,506</u>
<b>Pass-through Grants:</b>				
Passed through the State of New Hampshire:				
37132 - NH Ebola Readiness	Agreement @ 11/18/15	93.074	-	877
37222 - South Central CHIP	Agreement @ 04/01/16	93.074	-	1,064
<b>Total CFDA #93.074 - Hospital Preparedness Program</b>			<u>-</u>	<u>1,941</u>



**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2017**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Passed Through to Subrecipients	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED:</b>				
<b>Direct Grant:</b>				
37103 - HITEQ	U30CS29366	93.129	1,308,648	2,116,274
<b>Pass-through Grants:</b>				
Passed through Community Health Assoc. of Mountain/Plain States:				
37225 - CHAMPS Planning 2016	APW/CHAMPS/9.1.16	93.129	-	4,847
Passed through Community Health Center:				
37241 - CHCACT UDS Training	APW/11.10.16/CHACT	93.129	-	3,578
Passed through National Assoc. of Community Health Centers, Inc.:				
37256 - NACHC Pop Health Web	APW/NACH/10.12.16	93.129	-	676
37266 - NACHC Payment Reform	Agreement, 01-30-2017	93.129	-	13,801
37319 - NACHC PR Webinar	U30CS16089	93.129	-	1,283
<b>Total CFDA #93.129 - Technical and Non-Financial Assistance to Health Centers</b>			<b>1,308,648</b>	<b>2,140,459</b>
<b>Pass-through Grant:</b>				
Passed through Dartmouth Toxic Metals:				
37297 - Dartmouth Arsenic Site	APW/DTMSRP/4.17.17	93.143	-	1,421
<b>Total CFDA #93.143 - NIEHS Superfund Hazardous Substances-Basic Research and Education</b>			<b>-</b>	<b>1,421</b>
<b>Direct Grant:</b>				
36904 - Ryan White ACE	UF2HA26520	93.145	3,333	4,667
<b>Pass-through Grant:</b>				
Passed through Health Research, Inc.:				
37221 - National Quality Center Evaluation Project	Agreement @ 7-01-16	93.145	-	86,326
<b>Total CFDA #93.145 - AIDS Education and Training Centers</b>			<b>3,333</b>	<b>90,993</b>
<b>Pass-through Grant:</b>				
Passed through the State of Vermont.:				
37212 - VT HPDP Evaluation	Contract #31786	93.184	-	14,171
<b>Total CFDA #93.184 - Disabilities Prevention</b>			<b>-</b>	<b>14,171</b>
<b>Pass-through Grants:</b>				
37163 - FamPlan Data Systems		93.217	-	116,399
37281 - FamPlan Data Systems		93.217	-	68,774
<b>Total CFDA #93.217 - Family Planning Services</b>			<b>-</b>	<b>185,173</b>

**JSI Research and Training Institute, Inc.**  
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**Year Ended September 30, 2017**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Passed Through to Subrecipients	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED:</b>				
<b>Direct Grant:</b>				
37103 - HITEQ	U30CS29366-03	93.224	16,477	96,580
<b>Total CFDA #93.224 - Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)</b>			<b>16,477</b>	<b>96,580</b>
<b>Pass-through Grants:</b>				
Passed through Buildings Bright Futures State Advisory Council, Inc.:				
36850 - Vermont L.A.U.N.C.H. Project	13/7	93.243	1,540	52,268
Passed through Community Health Institute and Harbor Homes, Inc.:				
37042 - Harbor Homes Inc.		93.243	-	4,612
Passed through State of Rhode Island:				
37107 - PFS II	342688t	93.243	10,000	60,705
Passed through State of New Hampshire:				
37133 - HCDC Evaluation	Agreement @ 10/01/15	93.243	-	44,358
37151 - NH DMH Client Survey	Agreement @ 01/13/16	93.243	14,413	66,857
Passed through State of Vermont:				
37212 - VT LOL Survey	Contract #31786	93.243	3,083	31,531
Passed through Prism Health North Texas:				
37286 - HS Atlanta Consulting	Emails 4/24-7/7/2017	93.243	-	7,313
Passed through Savannah State University:				
37286 - HS Atlanta Consulting	Email 7/28/17	93.243	-	4,367
Passed through Substance Abuse Center:				
37300 - RI Healthy Trans		93.243	-	13,249
<b>Total CFDA #93.243 - Substance Abuse and Mental Health Services Projects of Regional and National Significance</b>			<b>29,036</b>	<b>285,260</b>
<b>Pass-through Grant:</b>				
Passed through Boston University:				
37243 - Dartmouth Training		93.249	-	5,415
<b>Total CFDA #93.249 - Public Health Training Centers Program</b>			<b>-</b>	<b>5,415</b>

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2017**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Passed Through to Subrecipients	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED:</b>				
<b>Direct Grants:</b>				
36777 - National Training Center - Quality Assurance, Quality Improvement, Evaluation	FPTPA006025	93.260	-	4
36787 - Reproductive Health Prevention Training and Technical Assistance	FPTPA006015	93.260	-	143
36792 - National Training Center for Management and Systems Improvement	FPTPA006023	93.260	-	(3,481)
37223 - Family Planning National Training Center for Service Delivery Improvement	FPTPA006028	93.260	<u>1,247,914</u>	<u>3,447,396</u>
<b>Total - CFDA #93.260 - Family Planning - Personnel Training</b>			<u>1,247,914</u>	<u>3,444,062</u>
<b>Direct Grant:</b>				
37321 - HRSA RRHO	UH5HA30789	93.266	-	<u>131,343</u>
<b>Total CFDA #93.266 - Health Systems Strengthening and HIV/AIDS Prevention, Care and Treatment under the President's Emergency Plan for AIDS Relief</b>			-	<u>131,343</u>
<b>Pass-through Grants:</b>				
Passed through United Way/Greater Nashua:				
36937 - Nashua DFC Eval FY14	Agreement @ 9-30-16	93.276	-	4,075
Passed through Narragansett Prevention Partnership:				
37148 - NPP Evaluation	Agreement @ 1-01-16	93.276	-	11,282
Passed through Monadnock Alcohol and Drug Abuse Coalition:				
37184 - Monadnock TAP	Agreement @ 2-01-16	93.276	-	217
Passed through City of Franklin, NH:				
37290 - FMDTF DFC Eval	APW/COF/1.5.17	93.276	-	9,008
Passed through Mary Hitchcock Memorial Hospital:				
37324 - Upper Valley DFC Eval	Agreement @ 3-29-17	93.276	-	<u>2,005</u>
<b>Total CFDA #93.276 - Drug-free Communities Support Program Grants</b>			-	<u>26,587</u>

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2017**

<u>Federal Grantor/Pass-through Grantor Program Title</u>	<u>Agency or Pass-through Number</u>	<u>Federal CFDA Number</u>	<u>Passed Through to Subrecipients</u>	<u>Federal Expenditures</u>
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED:</b>				
<b>Pass-through Grants:</b>				
Passed through Commonwealth of Massachusetts				
Department of Health:				
HIV/AIDS Research, Training and Support	INTF-4111M04500824036	93.283	-	169,912
Passed through Catholic Medical Center Community				
Services:				
37315 - CMC Focus Group	APW/CMC/6.14.17	93.283	-	986
Passed through State of Vermont:				
37125 - VOHC Planning	30445	93.283	-	443
37212 - VT HPDP Evaluation	Contract #31786	93.283	-	9,457
<b>Total - CFDA #93.283 - Centers for Disease Control and Prevention - Investigations and Technical Assistance</b>			-	<b>180,798</b>
<b>Direct Grant:</b>				
36891 - PPHF 2013 - OSTLTS Partnerships	IU38OT000188	93.292	49,000	98,131
<b>Total - CFDA #93.292 - National Public Health Improvement Initiative</b>			49,000	98,131
<b>Pass-through Grants:</b>				
Passed through New Hampshire Dept. of Health and Human Services:				
37214 - NH Tobacco Helpline FY17	Agreement @ 07-01-16	93.305	-	122,169
Passed through Vermont Department of Health:				
37212 - Vermont Health Evaluation	Contract #31786	93.305	3,083	165,256
<b>Total - CFDA #93.305 - Nat. State Based Tobacco Control Program</b>			3,083	287,425
<b>Pass-through Grants:</b>				
Passed through the Association of State and Territorial Health Officials:				
37149 - ASTHO Adult Immunization	Agreement @ 1-01-16	93.524	-	488
37273 - ASTHO Toolkit	63-12913	93.524	-	4,879
<b>Total - CFDA #93.524 - Building Capacity of the Public Health System to Improve Population Health through Nat'l. NPOs</b>			-	5,367

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2017**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Passed Through to Subrecipients	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED:</b>				
<b>Pass-through Grant:</b>				
Passed through the University of Colorado:				
37270 - TCPI	PSC-00584	93.638	-	38,452
<b>Total - CFDA #93.638 - ACA Transforming Clinical Practice Initiative: Practice Transformation Networks (PTNs)</b>			-	38,452
<b>Direct Grant:</b>				
37015 - Tobacco Use Prevention	NU58DP005338	93.735	-	63,449
<b>Total - CFDA #93.735 - State Public Health Approaches for Ensuring Quitline Capacity</b>			-	63,449
<b>Pass-through Grants:</b>				
Passed through State of New Hampshire:				
37048 - National Diabetes Prevention Program	1042855	93.757	-	142,265
37068 - Technical Assistance Network for Rural Health Clinics	1043188	93.757	28,320	74,676
37200 - Public Health Program Services Support	PO# 1031592	93.757	128,006	667,349
<b>Total - CFDA #93.757 - State Public Health Actions to Prevent Diabetes, Heart Disease, Obesity and Assoc. Risk Factors</b>			156,326	884,290
<b>Pass-through Grants:</b>				
Passed through Missouri Department of Health and Senior Services:				
37130 - MO HEAL	C315199001	93.758	-	26,257
Passed through Rhode Island Department of Health:				
37140 - RI Epidemiological Support	7549784	93.758	-	132,454
<b>Total - CFDA #93.758 - Preventive Health and Health Services Block Grant Funded Soley with Prevention and Public Health Funds (PPHF)</b>			-	158,711
<b>Pass-through Grant:</b>				
Passed through Lakes Region Partnership:				
37245 - NH DSRIP Region 5	APW/LRP/10.20.16	93.779	-	42,614
<b>Total - CFDA #93.779 - Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations</b>			-	42,614

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2017**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Passed Through to Subrecipients	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED:</b>				
<b>Pass-through Grant:</b>				
Passed through Commonwealth of Massachusetts				
Department of Public Health:				
HIV Care	INTF5264M04500824007	93.815	-	274,385
<b>Total - CFDA #93.815 - Domestic Ebola Supplement to the ELC</b>			-	274,385
<b>Pass-through Grant:</b>				
Passed through Commonwealth of Massachusetts				
Department of Public Health:				
37152 - Ebola CONOPS	PRF61	93.817	-	75,166
<b>Total - CFDA #93.817 - Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities</b>			-	75,166
<b>Pass-through Grant:</b>				
Passed through State of New Hampshire:				
37068 - Technical Assistance Network for Rural Health Clinics	PO# 1043188	93.913	-	34,468
<b>Total - CFDA #93.913 - Grants to States for Operation of Offices of Rural Health</b>			-	34,468
<b>Direct Grants:</b>				
37191 - HIV Integrated Planning	U69HA30144	93.914	28,320	499,114
37194 - RWHAP ACE Health Training	U69HA30143	93.914	30,000	396,859
37327 - CHATT Planning TA	U69HA30795	93.914	-	65,604
<b>Pass-through Grant:</b>				
Passed through Boston Public Health Commission:				
37170 - Quality Assurance	Agreement @ 3-01-16	93.914	-	102,435
<b>Total - CFDA #93.914 - HIV Emergency Relief Project Grants</b>			58,320	1,064,012
<b>Pass-through Grant:</b>				
Passed through Commonwealth of Massachusetts				
Department of Public Health:				
HIV Care	INTF-4971-M04500824092	93.917	-	285,562
<b>Total - CFDA #93.917 - HIV Care Formula Grants</b>			-	285,562

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2017**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Passed Through to Subrecipients	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>				
<b>Pass-through Grant:</b>				
Passed through the State of Vermont:				
37212 - VT LOL Survey	Contract #31786	93.919	-	13,830
<b>Total - CFDA #93.919 - Cooperative Agreements for State-Based Comprehensive Breast and Cervical Cancer Early Detection Programs</b>				<b>13,830</b>
<b>Direct Grant:</b>				
36967 - Healthy Start Performance Project	UF5MC26845	93.926	-	2,138,551
<b>Total - CFDA #93.926 - Healthy Start Initiative</b>				<b>2,138,551</b>
<b>Direct Grant:</b>				
36945 - CDC CBA FY15 - FY19	U65PS004406	93.939	-	878,721
<b>Total - CFDA #93.939 - HIV Prevention Activities - NGO Based</b>				<b>878,721</b>
<b>Pass-through Grant:</b>				
Passed through the State of Massachusetts:				
37153 - CoRECT Study	PRF61	93.943	-	64,927
<b>Total - CFDA #93.943 - Epidemiologic Research Studies of Acquired Immunodeficiency System (AIDS) and Human Immunodeficiency Virus (HIV) Infection in Selected Groups</b>				<b>64,927</b>
<b>Pass-through Grants:</b>				
Passed through South County Hospital Healthcare System:				
37091 - South County Health Equity Zone	Agreement @ 5-1-15	93.945	-	17,099
Passed through Vermont Department of Health				
37212 - Vermont Health Evaluation	Contract #31786	93.945	-	26,412
<b>Total - CFDA #93.945 - Assistance Programs for Chronic Disease Prevention and Control</b>				<b>43,511</b>
<b>Pass-through Grants:</b>				
Passed through State of Rhode Island:				
36801 - Prevention Resource Center	3316844	93.959	-	184,156
Passed through New Hamp. Prevention Certification Board of New Hampshire:				
37168 - NHPCB Workforce		93.959	-	24,243
<b>Total - CFDA #93.959 - Block Grants for Prevention and Treatment of Substance Abuse</b>				<b>208,399</b>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2017**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Passed Through to Subrecipients	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>				
<b>Pass-through Grant:</b>				
Passed through Arizona Family Health Partnership:				
37328 - AFHP CT Screening	17-JS11	93.977	-	826
<b>Total - CFDA #93.977 - Sexually Transmitted Diseases (STD) Prevention and Control Grants</b>			-	826
<b>Pass-through Grants:</b>				
Passed through Tri-County Health Department:				
37106 - Tri-County Health Programming	Agreement @ 9-25-15	93.994	-	40
Passed through Global Evaluation & Applied Research Solutions, Inc.:				
37236 - MCH/SMS Retreat TA	APW/GEARS/10.7.16	93.994	-	2,546
<b>Total - CFDA #93.994 - Maternal &amp; Child Health Services Block Grant to the States</b>			-	2,586
<b>TOTAL - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>			<b>\$ -</b>	<b>\$ 13,688,441</b>

**U.S. DEPARTMENT OF HOMELAND SECURITY:**

**Direct Grants:**

United States Coast Guard -

37076 - Nat'l. Life Jacket Wear Rate	3315FANI502.05	97.012	\$ -	\$ (28,695)
37196 - Nat'l. Estimate of Life Jacket Wear Rate	3316FANI60206	97.012	8,474	104,533
37302 - Nat'l. Estimate of Life Jacket Wear Rate	3317FANI70210	97.012	8,237	161,946
<b>Total CFDA #97.012 - Boating Safety Financial Assistance</b>			16,711	237,784

**TOTAL - U.S. DEPARTMENT OF HOMELAND  
SECURITY**

**\$ 16,711      \$ 237,784**



**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2017**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Passed Through to Subrecipients	Federal Expenditures
<b>U.S. DEPARTMENT OF JUSTICE:</b>				
<b>Pass-through Grants:</b>				
Passed through State of New Hampshire:				
37205 - NH Juvenile Court Video	Agreement @ 9-01-15	16.540	-	13,376
37250 - Juvenile Diversion Evaluation		16.540	-	30,454
<b>Total - CFDA #16.540 - Juvenile Justice and Delinquency Prevention - Allocation to States</b>			-	<b>43,830</b>
<b>TOTAL U.S. DEPARTMENT OF JUSTICE</b>			-	<b>\$ 43,830</b>
<b>U.S. DEPARTMENT OF AGRICULTURE:</b>				
<b>Pass-through Grant:</b>				
Passed through Food Insecurity Nutrition Incentive (FINI):				
37257 - FINI Evaluation	PRF61	10.331	\$ -	\$ 36,504
<b>Total CFDA #10.331 - Food Insecurity Nutrition Incentive Grants Program</b>			\$ -	<b>\$ 36,504</b>
<b>Pass-through Grant:</b>				
Passed through Massachusetts Dept. of Elementary and Secondary Education:				
37167 - ESE Allergies Manual	Agreement @ 3-25-16	10.560	\$ -	\$ 99
<b>Total CFDA #10.560 - State Administrative Expenses for Child Nutrition</b>			-	<b>99</b>
<b>Pass-through Grant:</b>				
Passed through State of Vermont:				
37155 - VT SNAP Education Evaluation	30754	10.561	-	31,923
<b>Total CFDA #10.561 - State Administrative Matching Grants for the Supplemental Nutrition Assistance Program</b>			-	<b>31,923</b>
<b>TOTAL - U.S. DEPARTMENT OF AGRICULTURE</b>			\$ -	<b>\$ 68,526</b>

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2017**

<u>Federal Grantor/Pass-through Grantor Program Title</u>	<u>Agency or Pass-through Number</u>	<u>Federal CFDA Number</u>	<u>Passed Through to Subrecipients</u>	<u>Federal Expenditures</u>
<b>U.S. DEPARTMENT OF STATE:</b>				
<b>Pass-through Grant:</b>				
Passed through Dreams Innovation Challenge:				
37188 - DREAMS	S-LMAQM-16-CA-1103	19.029	\$ 25,325,653	\$ 30,290,777
<b>Total CFDA #19.029 - The U.S. President's Emergency Plan for AIDS Relief Programs</b>			<u>25,325,653</u>	<u>30,290,777</u>
<b>Direct Grant:</b>				
37244 - Russia P2P	S-RS500-16-CA-179	19.900	-	96,530
<b>Total CFDA #19.900 - AEECA/ESF PD Programs</b>			<u>-</u>	<u>96,530</u>
<b>TOTAL - U.S. DEPARTMENT OF STATE</b>			<u>\$ 25,325,653</u>	<u>\$ 30,387,307</u>
 <b>U.S. DEPARTMENT OF COMMERCE:</b>				
<b>Pass-through Grant:</b>				
Passed through Regents of the University of Michigan:				
37303 - Cape Cod Coastal		11.419	\$ -	\$ 2,259
<b>Total CFDA #11.419 - Coastal Zone Management Administration Awards</b>			<u>-</u>	<u>2,259</u>
<b>TOTAL U.S. DEPARTMENT OF COMMERCE</b>			<u>\$ -</u>	<u>\$ 2,259</u>
 <b>TOTAL FEDERAL AWARDS</b>			 <u>\$ 104,545,000</u>	 <u>\$ 240,595,875</u>

**JSI Research and Training Institute, Inc.**  
**NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
September 30, 2017

**NOTE 1 – BASIS OF PRESENTATION**

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of JSI Research and Training Institute, Inc. under programs of the federal government for the year ended September 30, 2017. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of JSI Research and Training Institute, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of JSI Research and Training Institute, Inc.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

- (1) Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.
- (2) Catalog of Federal Domestic Assistance (CFDA) numbers and pass-through entity identifying numbers are presented when available.

**NOTE 3 – INDIRECT COST RATE**

JSI Research and Training Institute, Inc. has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

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DUXBURY, MA 02332-4334



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**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER  
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS  
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED  
IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

To the Board of Directors  
JSI Research and Training Institute, Inc. and Affiliate

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate ("Organization"), which comprise the consolidated statement of financial position as of September 30, 2017, and the related consolidated statements of activities, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated April 23, 2018.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the consolidated financial statements, we considered JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of JSI Research and Training Institute, Inc. and Affiliates' s internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

#### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether JSI Research and Training Institute, Inc. and Affiliate's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

#### **Purpose of this Report**

This purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink, reading "Alan R. Foye CPA". The signature is written in a cursive style.

Duxbury, Massachusetts  
April 23, 2018



**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR  
PROGRAM AND ON INTERNAL CONTROL  
OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

To the Board of Directors  
JSI Research and Training Institute, Inc. and Affiliate

**Report on Compliance for Each Major Federal Program**

We have audited JSI Research and Training Institute, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of JSI Research and Training Institute, Inc.'s major federal programs for the year ended September 30, 2017. JSI Research and Training Institute, Inc.'s major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

***Management's Responsibility***

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

***Auditor's Responsibility***

Our responsibility is to express an opinion on compliance for each of JSI Research and Training Institute, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about JSI Research and Training Institute, Inc.'s compliance

with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of JSI Research and Training Institute, Inc.'s compliance.

### ***Opinion on Each Major Federal Program***

In our opinion, JSI Research and Training Institute, Inc. complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2017.

### **Report on Internal Control Over Compliance**

Management of JSI Research and Training Institute, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered JSI Research and Training Institute, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of JSI Research and Training Institute, Inc.'s internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

World Education, Inc. (Affiliate) maintains a different fiscal year (June 30) and has its own stand alone audit performed in accordance with the Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). However, the consolidated financial statements contain the combined activity of JSI Research and Training, Institute and World Education, Inc.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

A handwritten signature in black ink that reads "Norman R. Foye, CPA". The signature is written in a cursive style with a large, stylized "N" and "F".

Duxbury, Massachusetts  
April 23, 2018



**JSI Research and Training Institute, Inc. and Affiliate**  
**SCHEDULE OF FINDINGS AND QUESTIONED COSTS**  
September 30, 2017

**SECTION I - Summary of Auditors' Results:**

***Financial Statements***

The type of report issued on the financial statements: Unmodified opinion

Internal control over financial reporting:

- Material weaknesses identified? No
- Significant deficiencies identified that are not considered to be material weaknesses? None reported

Noncompliance material to the financial statements noted? No

***Federal Awards***

Internal control over major programs:

- Material weaknesses identified? No
- Significant deficiencies identified that are not considered to be material weaknesses? No

Type of auditors' report issued on compliance for major programs: Unmodified opinion

Any audit findings which are required to be reported under 2 CFR section 200.516(a): No

- Identification of major programs: USAID Foreign Assistance for for Programs Overseas CFDA #98.001  
  
The U.S. President's Emergency Plan for AIDS Relief Programs CFDA #19.029

Dollar threshold used to distinguish between Type A and Type B programs: \$3,000,000

Auditee qualified as low risk auditee under 2 CFR Section 200.520 Yes

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### **STATUS OF PRIOR YEAR'S FINDINGS AND QUESTIONED COSTS**

There were no reportable findings or questioned costs for the year ended September 30, 2016.



**JSI Research & Training Institute, Inc.**  
**Board of Trustees**

**Alexander K. Baker, MBA**  
Chief Operating Officer  
John Snow, Inc.

**David E. Bloom, M.A., Ph.D.**  
Clarence James Gamble Professor of Economics and Demography  
Harvard School of Public Health

**Patricia Fairchild, M.A.**  
Vice President  
John Snow, Inc.

**Sandro Galea, MD, MPH, DrPH**  
Dean and Robert A. Knox Professor  
Boston University School of Public Health

**Leland B. Goldberg**  
Resolution Capital

**Carolyn Hart, MSPH**  
Director, JSI/Washington  
John Snow, Inc.

**Louis Kaplow, J.D., Ph.D.**  
Finn M.W. Caspersen & Household Professor of Law and Economics  
Harvard Law School

**Joel H. Lamstein, MS**  
President and CEO  
John Snow, Inc. and World Education, Inc.

**Ken Olivola, M.C.P., M-Arch**  
Director, JSI/Boston International Group  
John Snow, Inc.

**Paul Osterman, Ph.D.**  
Nanyang Technological University (NTU) Professor of Human Resources and Management  
Sloan School of Management at M.I.T.

**Mike Useem, M.A., Ph.D.**  
William and Jacalyn Egan Professor of Management  
Wharton School at University of Pennsylvania

# PATRICIA GRAY DI PADOVA

JSI, 501 South Street 2nd floor, Bow, New Hampshire 03304 (603)573-3300

[pdipadova@jsi.com](mailto:pdipadova@jsi.com)

## EDUCATION

WHITTEMORE SCHOOL OF BUSINESS AND ECONOMICS, UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NEW HAMPSHIRE  
M.B.A., 1996

DARTMOUTH COLLEGE, HANOVER, NEW HAMPSHIRE  
B.A., Psychology, 1984

NATIONAL COMMITTEE FOR QUALITY ASSURANCE  
Patient Centered Medical Home Certified Content Expert (PCMH CCE)

## EXPERIENCE

### **JSI Research and Training/d.b.a. Community Health Institute, Bow, New Hampshire**

*Senior Consultant, June 1997 to present*

Responsibilities include providing consultation to health care, social service, government and community-based organizations in the areas of operations, data analysis, community needs assessment, systems integration and network development. A selective sample of projects follows:

#### **New Hampshire Health-Care Associated Infections Validation**

Project Coordinator for the second statewide validation of Health-Care Associated Infections (HAI) National Healthcare Safety Network (NHSN) data for New Hampshire's 26 hospitals. Served as Project Coordinator for the NH HAI first validation. Participated in the development of the NH HAI Validation Plan and validation implementation through hospital site visits, data validation and mentoring of DHHS staff participating in site visits.

#### **Maine Health-Care Associated Infections Validation**

Served as reviewer for the validation of Health-Care Associated Infections (HAI) National Healthcare Safety Network (NHSN) data for Maine hospitals.

#### **Maine Quality Counts**

Worked with Maine Quality Counts (QC) to provide project development and project management services to support the development and implementation of a quality improvement (QI) initiative in which QC staff will provide technical support and QI assistance to primary care practices and provider groups to improve population health outcomes for patients with hypertension HTN and diabetes. The main components of the project include 1) developing a database and map (Primary Care Practice Environment Map) of the current primary care practice environment that will include a catalog of practices, practice organization, and the state of current practice QI efforts and resources in order to better understand the current organization of primary care practices in the state, and to identify the practices most likely to be interested in accessing QI/technical support to improve population health outcomes for hypertension and diabetes; 2) creating an implementation plan that includes data collection from participating practices and recognizes current EHR reporting capacity; 3) developing a change package for primary care practices that outlines the key changes needed to achieve the desired outcomes for HTN and diabetes; and 4) developing recruitment plan and package to recruit practices to participate in the pilot QI initiative.

#### **National Committee for Quality Assurance (NCQA)**

Serves as a Recognition Program Reviewer for Patient Centered Medical Home (PCMH) submissions to NCQA for PCMH recognition.

#### **MyCare Health Center, Center Line, Michigan**

Contracted with this Federally Qualified Health Center to provide a community needs assessment of the health center's catchment area. The needs assessment will serve to inform the strategic planning process. Participate in strategic planning facilitation and report creation.

**New Hampshire Rural Health Clinic Technical Assistance Network**

Project Director to develop and support a Rural Health Clinic (RHC) Technical Assistance Network to 1) provide technical assistance on practice management, RHC recertification, financial reporting, billing, data collection and reporting, and quality improvement; 2) Collect baseline information on each Clinic's electronic health record and its use; and 3) introduce a learning collaborative focused on improving hypertension clinical processes and outcomes.

**Ohio Rural Health Clinic (RHC) Quality Network**

Working closely with the Ohio State Office of Rural Health, service as Project Director on a project to develop a Rural Health Clinic Quality Network. JSI is providing support to the Ohio SORH through the 1) development of a new Ohio RHC helpline to assist RHCs with practice management and RHC certification; 2) environmental scan of the Ohio landscape relative to clinical quality indicators, including document review, key informant interviews and a survey targeted at EHR/EMR capability and current quality indicator collection and reporting status in RHCs and practices working toward RHC status; and 3) development and implementation of educational seminars whose purpose is to move RHCs toward a common set of quality indicators for clinical practice improvement.

**Central New York Delivery System Reform Incentive Payment (DSRIP) Program Needs Assessment**

Served as a lead consultant for collecting qualitative data and developing a qualitative and quantitative needs assessment report for Herkimer and Oneida counties in Central New York. The needs assessment was a requirement for the Delivery System Reform Incentive Payment Program funding for the Central New York Performing Provider System. The main purpose of DSRIP program is to encourage regional innovation to reduce unnecessary Medicaid hospital admissions by 25%. The needs assessment including interviews, focus groups, and data analysis and interpretation. Recommendations were developed to areas in need of improvement to assist in decreasing hospital admission rates.

**Central New York Delivery System Reform Incentive Payment (DSRIP) Program Implementation Planning**

Serve as a lead consultant for developing implementation plans for two Central New York Performing Provider System (PPS) projects: 1) Emergency Care Triage for At-Risk populations, and 2) Care Transitions Intervention Model to Reduce 30-day Readmissions for Chronic Health Conditions for the Central New York Delivery System Reform Incentive Payment (DSRIP) Program.

**NH Center for Excellence: State Epidemiology Outcomes Workgroup (SEOW)**

Served as co-project manager for the NH State Epidemiology Outcomes Workgroup (SEOW). The SEOW is a multidisciplinary working group of epidemiologists and analysts with a mission to promote analytical thinking and methods in support of improved behavioral health in NH. The SEOW is tasked with increasing access to data and data products that address substance use and behavioral health issues to inform prevention and treatment efforts and broader policy in the state. The SEOW project management staff produced the *NH Epidemiological Profile of Mental, Emotional and Behavioral Health for 2011 and also for 2012; and directed the Report on Mental Illness and Substance Use Hospitalizations in NH, 2000-2009; Rising Rates & Rising Questions*. The SEOW conducted an inventory of health indicator data and advised the Bureau of Drug and Alcohol services regarding health indicators for the new WISDOM data system.

**Behavioral Health Parity Legislative Review**

For the New England Rural Health Round Table researched and reviewed current and pending legislation in the six New England states relevant to behavioral health insurance parity with medical coverage. Analyzed the expected impact of the various legislative initiatives on rural communities. Provided a literature search of behavioral health parity issues pertinent to rural areas and background on a national scale and from other states.

**Bureau of Developmental Services, Division of Community Based Care Services, NH DHHS**

Support the Granite State Employment Project to implement and effectively use a common interagency reporting tool (Employment Indicator Data Support System – EIDSS) for the purposes of measuring employment outcomes consistently across area agency, vocational rehabilitation, and community mental health center systems. Serve as the intermediary between the project managers, Oversight Committee and more than 80 agencies participating in the electronic database project. Train participating agencies, assign users and role authorizations, troubleshoot issues, develop and produce periodic reports, recommend improvements to the system.

**Special Populations Emergency Preparedness Assessment**

Contracted with the New Hampshire Department of Safety to complete an assessment of the emergency preparedness needs of New Hampshire's special populations. The assessment includes collaboration with agencies working with special populations and in disaster response, an emergency management director survey and focus group data collection

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to detail emergency preparedness needs of these populations, identify gaps in organized emergency planning related to special populations, and develop recommendations to improve the capacity of emergency response system to meet these needs.

#### **Behavioral Health Crisis Response Literature Review**

Research and evaluate behavioral health models for best practice to incorporate in training criterion for crisis responders for the Massachusetts Departments of Public Health and Mental Health.

#### **HRSA Recruitment and Retention Technical Assistance Center**

Subcontracted with the Association of Clinicians for the Underserved (ACU) to develop and support a technical assistance (TA) center targeting provider recruitment and retention for publicly funded health centers. Conducted literature review on best practices in provider recruitment and retention, developed technical assistance library, developed TA tracking database and self-assessment survey tool.

#### **NH Coordinated Chronic Disease Strategic Planning Initiative**

Served as project manager to provide enhanced services for the development, implementation and evaluation of a coordinated chronic disease strategic plan, including providing services to enhance partnerships for a healthy communities' coalition. Conducted five community input sessions to gather community input into the priorities for the strategic plan. Currently conducting a partnership assessment which will provide information about 1) existing linkage points and collaboration across programs within the Bureau, 2) existing connections between identified partner organizations and state programs, 3) levels of collaborative activities between partner organizations, and 4) measurement over time for evaluation of partnership initiatives that occur through the implementation of this strategic plan. The team will also conduct an assessment of current NH policies related to primary and secondary prevention of chronic disease, develop a policy action plan including identified gaps, identified data sources that currently exist, and recommendations for additional qualitative and quantitative data sources to assess the effectiveness of current policies. Team will conduct four to six trainings, plus on-going technical assistance to NH Division of Public Health Services (DPHS) staff and partners to implement the policy action plan, including best practices for data interpretation for policy assessment and evaluation.

#### **Care Alliance, Cleveland, Ohio**

Assessed the internal capacity and operations of Care Alliance's existing service locations, including their ability to meet patient-centered medical home designation criteria as laid out by the National Committee for Quality Assurance (NCQA). Facilitated a process with Care Alliance's Board of Directors, staff, and Consumer Advisory Boards to update its 5-Year Strategic Plan, including clear recommendations as to the steps that Care Alliance should take to 1) maximize the impact of its existing and proposed service locations, and 2) provide the highest quality, patient-centered care per PCMH guidelines.

#### **Suffolk County NY Health Center Network Assessment and Strategy Development**

Developed a cost effective model to provide primary care services to the medically-indigent and -underserved residents of Suffolk County, New York. The primary goal of the project was to determine the best strategic option for the ongoing operation of the Division's ten Health Centers, referred to as the Health Center Network. Strategy options will be based on the results of practice assessments (operational and financial) for each of the Health Centers, analysis of current users, and a demographic analysis of the Suffolk County population. Responsible for operational practice assessments, including efficiency and quality improvement recommendations, and space planning to accommodate recommendation implementation. Conducted follow-on work to assist in preparing the application for FQHC status.

#### **NH Multi-Stakeholder Medical Home Project, Citizens Health Initiative**

Planned and facilitated Pilot Site and Steering Committee meetings for collaborative project of the NH health insurance payors and representatives of NH clinical provider community led by the NH Citizens Health Initiative. Coordinated provider lists for reimbursement, strategic planning and technical assistance. Assisted partners in the development of two videos explaining the Patient-Centered Medical Home pilots in NH.

#### **Mobilizing Action Toward Community Health (MATCH) 2013**

Working in partnership with DHHS, planned and implemented a statewide Alliance of Healthy Community Coalitions Summit. Raised necessary funds through MATCH, NH Endowment for Health, NH Public Health Association and technical assistance funds from the US DHHS Department of Maternal and Child Health. The final products of the Summit served to inform the NH State Health Improvement Plan (NH SHIP) Action Plan and also the NH State Public Health System Performance Assessment.

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**United States Public Health Service**

Provide evaluation of the Commissioned Corps transformation process. Serve as Team Lead for the Career Assignment Manager (CAM) business process evaluation component. The evaluation will include mapping the business processes relative to management of personnel actions including the role of the CAMs as envisioned, existing and recommended including inputs, activities and outputs.

**Tobacco and Obesity Prevention Program (TOPP)**

Worked collaboratively with the NH Obesity Prevention Program (OPP) and Tobacco Prevention and Control Program (TPCP) to cover three domains of work: 1) conducted a statewide assessment of New Hampshire school district wellness policies and individual school wellness policy implementation as compared with the requirements of the Child Nutrition and WIC Reauthorization Act of 2004, 2) developed a toolkit to help school administrators, food service directors, food service workers, teachers, students, and families comply with the December 2011 updates to the NH Administrative Rules for Education regarding food and nutrition services, 3) developed a three-part training series for staff in early child care and education organizations on physical activity and screen time, nutrition, and tobacco exposure through "third-hand" smoke. Other products of this project included training curriculum, presentation on Pre-emption in States, and presentation on Federal and State nutrition laws and regulations.

**Massachusetts Tobacco Resource Center, QuitWorks**

Provided contract development and support for partnership with the Massachusetts Department of Public Health, Massachusetts health plans and JSI for a newly developed Massachusetts Tobacco Resource Center (MTRC). The MTRC provides telephone counseling services for tobacco cessation, a web site and the Massachusetts Tobacco Clearinghouse for tobacco cessation materials. Worked with a team representing public health and health plans to develop a universal referral form for all health plans and operations development for the center. Developed the criteria for feedback reports to the health plans. Provided HIPAA expertise.

**Mobilizing Action Toward Community Health (MATCH) 2010**

The Community Health Institute serves as the public health institute for the state of New Hampshire. The MATCH project strives to support each public health institute in a strategic activity to improve dissemination of the County Health Rankings in its state. CHI focused on coordinating follow-up action activities in collaboration with the rollout team and partners. CHI assisted the lowest ranking county in providing information to the local public through public forums and developing a call to action. CHI worked with community partners to develop several presentations aimed at various community audiences, such as economic development committees, schools, and providers. CHI conducted presentations with partners and also trained partners to conduct the presentations.

**Mobilizing Action Toward Community Health (MATCH) 2011**

CHI is working in a partnership with DHHS and the North Country Health Consortium to develop videos to introduce the County Health Rankings Report, the New Hampshire State Health Report and to inform about the role of public health in the state. CHI will work with the state in identifying local or statewide "success stories" to highlight. CHI staff will assist in drafting scripts and work with videographers to complete the video projects.

**Mobilizing Action Toward Community Health (MATCH) 2012**

In partnership with DHHS to enact actions relative to the County Health Ranking Report, identified evidence-base and best practices for prioritizing strategic initiatives with public input. Planned statewide and regional community forums to provide public input into root cause analysis of prioritized initiatives and deliberative methods towards community-level and statewide solutions.

**Massachusetts Institute of Technology, Medical Department****OB/GYN and Pediatrics Services**

Conducted two focused practice reviews of operations including: staff ratios, staff/service mix, efficiency review, customer service assessment and training, review of the current provider staffing arrangement, efficiency review including workload assessment, and a particular focus on staff turnover rates.

**Dental Service**

Provided strategic planning and tactical and operational assistance to the MIT Medical Department's dental service. The final product will be an action plan with both short and long-term goals and implementation strategies.

**Specialties**

Provided practice management support and supervision to a surgical specialties department, including general surgery, orthopedics, pulmonology, radiology, occupational health and health screening services. Implemented a light call system for patient arrival. Reorganized support staff functions for more efficiency within the department.

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## Finance

Assisted Finance Director in negotiating dental payor contract.

### **Huggins Hospital**

Compiled a data report as a part of a critical access hospital's Community Needs Assessment in support of the Huggins Hospital Community Benefits report.

### **Ossipee Tamworth Family Medicine**

Conducted a practice management review of Ossipee Tamworth Family Medicine. The review included an assessment of staffing levels, provider productivity, financial management, revenue generation, and expenses, and recommendations for improving efficiency and effectiveness of general operations.

### **Try-To-Stop Tobacco Resource Center of New Hampshire, QuitWorks-NH**

Assist in expanding the Massachusetts QuitWorks program to New Hampshire through collaboration with New Hampshire and Massachusetts –based health plans. Provide contract development, negotiation and support for the expansion process.

### **Vermont State Asthma Program Strategic Evaluation Plan**

Develop and write the Vermont State Asthma Program five-year evaluation plan. Plan and coordinate evaluation activities required to achieve the stated tasks and objectives in the evaluation plan.

### **Alliance for Health Care Improvement**

Provided executive direction and logistical support. The Alliance for Health Care Improvement is a collaborative of Massachusetts's not-for-profit HMO Medical Directors that exists to promote cost-effective, population-wide strategies designed to improve the health status of all enrolled members.

### **Continuity of Operations Planning (COOP) for Community Health Centers**

JSI worked with the Bistate Primary Care Association to assist Community Health Centers to increase their organizational preparedness to both maintain operations in an emergency and to assist with response. In phase 1 of the project, JSI developed a training program to assist CHCs to develop Continuity of Operations Plans (COOPs). In phase 2 of the project, JSI trained CHC staff in how to implement a tabletop exercise to evaluate the strength of the COOP plan.

### **Bureau of Clinician Recruitment and Service, National Health Service Corps**

Project Manager – responsible for operational aspects of the UDS data collection process. Coordinate internal staff resources and communication with NHSC staff and external contractors for items such as the site lists, training logistics, materials development, and resolution of questions regarding report status of sites. Prepare status reports to the Project Officer. Developed the NHSC/FQHC Section 330 data integration process and report.

### **Manchester Sustainable Access Project (MSAP)**

Provided operational planning and support for a proposed new Federally Qualified Health Center-Look Alike, guided by a consortium of Manchester, NH health providers, including Catholic Medical Center, Elliot Health Systems, Dartmouth-Hitchcock Medical Center, Manchester Health Department, Mental Health Center of Greater Manchester and the Manchester Community Health Center.

### **York County Healthy Maine Partnerships**

Conducted a Community Health Status Assessment based upon the Maine DHHS York District Health Profile and the Healthy Maine Partnership (HMP) Mapping Points used to inform health planning at both the county and the HMP level.

### **Southern New Hampshire Specialists IPA**

Manage the business aspects of a specialist Independent Physician Association representing 50 physicians in Southern New Hampshire. Negotiate managed care agreements and promote relationships with hospitals and primary care networks in the area. Developed work plan for formation and implementation of an Independent Physician Association (IPA) in Derry/Londonderry area. Provided HIPAA training to all physicians, their staffs and invited business associates.

### **Organizational Assessment of the Nashua Division of Public Health and Community Services**

Conducted operational and infrastructural needs assessment of the Nashua, NH Division of Public Health and Community Services, utilizing the 10 Essential Services of Public Health framework developed by the United States Centers for Disease Control and Prevention. Identified gaps in services and infrastructure and opportunities to develop programs to meet those needs. Identified opportunities to improve efficiency of service delivery and programs and to improve the Division's

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preparedness to respond to public health emergencies. Led a participatory process to begin internal strategic planning and mission statement development.

**New Hampshire Environmental Public Health Tracking Program**

Conducted a policy review of state statutes and applicable administrative rules related to reporting and surveillance of environmental health issues in New Hampshire in order to identify those policies that support or limit the tracking of environmental health information.

**New Hampshire March of Dimes, Concord, NH**

Conducted perinatal community needs assessment to identify existing and potential problems of perinatal health in New Hampshire. Specific results focused on smoking in teenage mothers.

**Catholic Medical Center, Mobile Health Unit**

Performed a cost/benefit analysis for a program that serves the Manchester, NH homeless population. Assisted the program in developing a system to bill Medicaid and Medicare for services. Developed a sliding fee scale, billing encounter form and CPT analysis for the program.

**Health Resources and Services Administration (HRSA) Managed Care Technical Assistance Center**

Technical Advisor for operational, financial, marketing and networking related issues. The HRSA Managed Care Technical Assistance Center is a federally funded program established to provide support to enable HRSA programs, and other safety net providers, to compete in a managed care market while continuing to meet the needs of the populations they serve.

**Memorial Foundation, North Conway, NH**

Performed a needs/demand assessment to quantify the existing supply of health care services in The Memorial Hospital service area and to estimate the unmet demand for health services.

**Region I Office of Population Affairs, Boston, MA**

Conducted comprehensive assessment of Region I Title X program's participation in managed care and recommend strategies for assisting family planning agencies to better position themselves in the managed care marketplace.

**New Hampshire Department of Health and Human Services, Office of Planning and Research, Concord, NH.**

Compiled and reviewed inventory/matrix of health benefits packages mandated by states for the  
a) individual/small group, b) high risk pool, and c) uninsured populations or markets.

**Adolescent Health Plan Development**

Developed a Needs Assessment and Gap Analysis, in conjunction with the State of NH Division of Community and Public Health Adolescent Program staff, to identify needs in New Hampshire and potential gaps in services by population and geographic location whenever possible.

**HealthLink**

Contracted to collaborate with Lakes Region General Hospital, Franklin Hospital and Huggins Hospital to expand and modify the HealthLink model for implementation in the Franklin and Wolfeboro, New Hampshire areas. HealthLink is an innovative service delivery model for improving access to quality health care for low income, uninsured residents in New Hampshire.

**Care Alliance**

Worked with this multi-site Federally Qualified Health Center in Cleveland, Ohio to develop billing and collection policies and procedures. Reviewed internal controls and registration processes for the primary site and all additional ancillary sites.

**New Hampshire Cancer Control Planning Collaboration**

Analyzed the baseline incidence, mortality, stage of diagnosis and BRFSS data for breast, lung, colorectal, prostate and skin by state and by county. Prepared Fact Sheets for each cancer type to assist the collaboration in determining future focus efforts for the statewide Comprehensive Cancer Control Plan.

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### **New Hampshire Asthma Action Planning, Indoor and Outdoor Environments**

Worked with the NH Asthma Control Program, DHHS, and the Northern NH Area Health Education Center (AHEC) to conduct a planning process that results in recommendations for implementing selected Indoor and Outdoor Environments actions steps consistent with the NH Asthma Action Plan.

### **Valley Regional Healthcare, Claremont, New Hampshire**

*Director of Professional Services and Network Development, 1992–1997*

Responsible for managed care and direct contracting for physicians (employed and also those in the community), hospital, home care company, pharmacies and mental health unit. Part of a contract negotiation team for 15-hospital Rural Health Coalition. Responsible for the oversight of all services relating to medical staff, including: clinic operations, recruitment, practice management, credentialing, Management Services Organization (MSO), and medical staff relations. Provide practice management consulting and support to area practices. Assisted in development of a new community-based managed care organization, including provider network development. Responsible for development and negotiation of contracts for hospitals, physicians, mid-level providers and alternative medicine providers. Developed provider credentialing criteria and provided oversight to the credentialing process.

### **Dartmouth-Hitchcock Community Health Center, Hanover, New Hampshire**

*Practice/Business Manager, 1990–1992*

Responsible for the administration and the clinical and clerical support functions of a newly developed multi-disciplinary primary care group practice. Responsible for program planning, development, organization and marketing. Managed quality assurance using Total Quality Management techniques. Organized and implemented occupational medicine programs in local businesses and schools.

### **Harvard Community Health Plan Nashua Medical Group, Nashua, New Hampshire**

*Clinical Site Coordinator, 1984–1990*

Managed daily operations of a primary care site including Pediatrics, Internal Medicine, Mental Health, laboratory, radiology and other ancillary services. Responsible for oversight of the major business functions of the practice including planning for a \$4.3 million budget and financial reporting; HMO claims and payment, benefit interpretation; utilization and review, and fee-for-service billing. Assured contractual compliance with referral physicians. Developed, implemented and monitored policies and procedures contributing to State Clinic Licensure.

*Administrative Services Specialist, 1987–1988*

Responsible for all major business functions for medical practice servicing about 6000 enrolled members including HMO claims and payments, health benefits advisors, Pediatrics, Internal Medicine, and Obstetrics and Gynecology, clinical and secretarial support staff and medical records staff. Implemented the computer conversion for medical billing; set up new fee-for-service billing system; hired and trained staff. Processed approximately \$500,000 in overdue claims payments left from MultiGroup merger. Assisted in long-term financial, budget, staffing, and systems planning.

## **PUBLICATIONS**

### **ACU STAR<sup>2</sup> Center**

- Health Center Provider Retention and Recruitment Plan Tools
- Health Center Retention and Recruitment Self-Assessment Tool
- Health Center Retention and Recruitment Financial Impact Tools

## **OTHER ACTIVITIES**

Newport Opera House Association Board, 2017 - present

Newport Education Foundation, 2008–present

*President, 2011 - present*

New Hampshire Governor's Council, Cancer and Chronic Disease, 1995–2009

*Vice Chair, 2004–2006*

Elected Member of the Newport School District School Board, 2003–2008

Swift Water Girl Scout Council Girl Scout Leader: Group #22567, 2002–2009

New Hampshire Women's Health Network, 1993–1997

*President, American Cancer Society, Sullivan Unit, Claremont/Newport, NH, 1993–1994*

*Board Member, Chairperson, Public Education Committee, 1991–1999*

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# NANCY E. REINHALTER, RN, CCRC

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## EDUCATION

BOSTON CITY HOSPITAL SCHOOL OF NURSING, BOSTON, MASSACHUSETTS  
R.N., 1975

## EXPERIENCE

JSI, Boston, Massachusetts  
Senior Research Coordinator, 1999 to present

### *Selected projects:*

#### **Maine Department of Health and Human Services and Maine CDC**

*Healthcare Associated Infection Prevention and Control Program Site Monitor* for data validation of central line associated blood stream infection (CLABSI 2012 & 2014) data, catheter associated urinary tract infections (CAUTI) and procedure related surgical site infections (SSI 2014 data) in (12) Maine hospitals as part of the Maine's HAI data validation plan. Performs site visits with medical record reviews for data validity and completeness of case data reported to the NHSN.

#### **New Hampshire Department of Health and Human Services Division of Public Health Services**

*Healthcare Associated Infection Prevention and Control Program Site Monitor* for data validation of central line associated blood stream infection (CLABSI 2009, 2010 & 2015) data, catheter associated urinary tract infections (CAUTI 2015 data) and procedure related surgical site infections (SSI 2009, 2010, 2015).in (25) New Hampshire hospitals as part of the New Hampshire's HAI data validation plan. Performs site visits with medical record reviews for data validity and completeness of case data reported to the NHSN.

#### **Massachusetts Department of Public Health Division of Healthcare Quality**

##### *Healthcare Associated Infection Prevention and Control Program*

*Trainer and Site Monitor* for Massachusetts Department of Public Health's healthcare-associated infection (HAI) data validation plan. Trained epidemiologists to conduct catheter associated urinary tract infections (CAUTI) validation in 2017. Previously performed site visits with medical record reviews for central line associated blood stream infection (CLABSI2009-2010) data validity and completeness of case data reported to the National Healthcare Safety Network (NHSN) from the 73 hospitals in Massachusetts

#### **Massachusetts Department of Public Health Division of Health Care Quality**

*Site Evaluator* currently conducting up to 150 site assessments and healthcare observations for long term care facilities in Massachusetts for infection prevention preparedness. Providing assistance as needed to long term care facilities for additional resources for quality improvement and best practices for infection prevention.

#### **Massachusetts Department of Public Health Division of Health Care Quality**

*Lead Site Evaluator* for Massachusetts Department of Public Health Infection Prevention Program conducted 80 site assessments and healthcare observations for dialysis facilities in Massachusetts for infection prevention preparedness. Provided technical assistance, and additional resources f as needed to dialysis facilities for quality improvement and best practices for infection prevention.

#### **Massachusetts Department of Public Health Heart Disease and Stroke Prevention and Control Program**

*Lead Site Monitor* since 2007 has completed data abstraction for the evaluation of the validity and completeness of case data reported to the Paul Coverdell Stroke Registry from the 54 hospitals in Massachusetts designated as primary stroke centers. Performed data analysis and annually reported on discrepant findings from the chart audit. in the stroke registry. Providing technical assistance and training for new data abstractors.

#### **Massachusetts Department of Public Health Office of HIV/AIDS, and Hepatitis Programs**

*Site Coordinator* since 2000 of clinical outcomes research/quality improvement projects for clinical HIV care in Massachusetts Ryan White HIV/AIDS (RWHAP) funded sites. Annually coordinates and performs site visits, medical

record reviews with chart abstraction sites and site surveys to establish best practices. Additionally, provides technical assistance to participating sites to implement quality improvement activities.

**Boston Public Health Commission HIV/AIDS Program**

*Site Coordinator* since 2001 of clinical outcomes research/quality improvement project for clinical HIV care in Boston Ryan White HIV/AIDS (RWHAP) funded sites. Coordinates and performs site visits, medical record reviews with chart abstraction, and site surveys to establish best practices. Additionally, provides technical assistance to participating sites to implement quality improvement activities.

**Massachusetts Department of Public Health HIV/AIDS, and Hepatitis Surveillance Programs**

*Consultant* – Since 1999 has provided technical assistance to Massachusetts HIV/AIDS Surveillance Program, performing medical record reviews, and data collection for both state and CDC projects.

**Evaluation of Yield and Cost Effectiveness Associated with 4<sup>th</sup> Generation HIV Testing**

*Data Manager Specialist* for data collection activities for three public health program and clinical labs, that are currently performing HIV testing using a 4<sup>th</sup> generation HIV Testing assay.

**Rhode Island Department of Health (RIDH) Title II Program**

*Lead Site Monitor* for validation of HIV Primary Care and Case Management standards and quality measures in RIDH participating sites. Coordinates and performs site visits, medical record and case management record reviews, and provides technical assistance to implement quality improvement activities, particularly with linkages to care.

**City of New Haven Connecticut, New Haven, Connecticut**

*Site Visit Specialist* for Continuous Quality Improvement (CQI) initiative across New Haven and Fairfield Counties HIV/AIDS health system. Conducted clinical site visits with record reviews, data abstraction, and technical assistance to implement quality improvement activities in establishing standards of care for mental health, substance abuse, transportation, and outreach services.

**Whittier Street Health Center, Roxbury, MA**

*Site Monitor and Evaluator* for the Whittier Street Health Center's HIV/AIDS Oral Health Program. Development of data collection tools with site visits for medical record reviews and data abstraction for Program evaluation.

**Mailman School of Public Health, Columbia University**

*Quality Assurance Specialist* for the Data Management Center of the MTCT-Plus Initiative, a groundbreaking family-centered program providing comprehensive HIV primary care and antiretroviral therapy for HIV-infected mothers, infants, and other household members in resource-poor settings. Responsibilities include development of data collection forms, assessing data quality, identifying site needs, and providing technical assistance to 11 African and 1 Asian site.

**Bristol-Myers Squibb Pharmaceutical Research Institute**

*Research Coordinator* of a JSI-sponsored trial comparing tolerability of Videx EC® capsules to Videx® tablets in adults with HIV infection. Duties included recruitment, enrollment, follow up, data management, drug accountability, regulatory compliance, and monitoring of two sub-investigator sites.

**Center Clinical Research Practice, Boston Medical Center, Boston, Massachusetts**

*Research Coordinator, 1989–1999*

Research coordinator of Phase I/II, II/III, IV antiretroviral industry trials, and the Adult AIDS Clinical Trials Group (ACTG) protocols. Managed all aspects of greater than twenty clinical trials including patient recruitment, enrollment, follow up, data management, regulatory compliance and study sponsor correspondence.

**Tufts University, Lemuel Shattuck Hospital, Boston, Massachusetts**

*Charge Nurse, Hemodialysis Unit, 1987–1990*

**Dialytic Resources Inc., Needham, Massachusetts**

*Independent Nurse Contractor, 1981–1987*

**Boston V. A. Medical Center, Boston, Massachusetts**

*Staff Nurse - Medical, Hemodialysis, and Neurological Units, 1975–1981*

**LICENSURE | CERTIFICATION**

Massachusetts # 128323 Registered Nurse

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ACRP Certified Clinical Research Coordinator

### SELECTED PUBLICATIONS | REPORTS

Kunches LM, **Reinhalter NE**, Hirschhorn LM, O'Brien J: Validation of Central Line Associated Blood Stream Infection (CLABSI) Data in Maine Hospitals in 2012, for the Maine Quality Forum and the Maine Infection Prevention Collaborative September 2013.

Chow W, Day J, **Reinhalter N**, Obrien J, Musolino J, Hirschhorn L Multivariate Analysis of Factors Associated with Selected Performance Measures in Massachusetts Clinics, 2010 to 2011 for the Massachusetts Department of Public Health office of HIV and AIDS and Boston Public Health HIV Services Division October 2013.

**Reinhalter NE**, O'Brien J: Assessment of Coverdell Stroke Registry Data Reporting: *Findings from Remote Validations 2013* JSI Research and Training Institute, Inc. for the Massachusetts Department of Public Health, Heart Disease and Stroke Prevention and Control Program; July 2013

Kunches LM, **Reinhalter NE**, O'Brien J: Assessment of Coverdell Stroke Registry Data Reporting: *Findings from Onsite Validations 2011* JSI Research and Training Institute, Inc. for the Massachusetts Department of Public Health, Heart Disease and Stroke Prevention and Control Program; 2012.



# LAUREEN M. KUNCHES

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## EDUCATION

BRANDEIS UNIVERSITY, HELLER SCHOOL FOR SOCIAL POLICY AND MANAGEMENT, WALTHAM, MASSACHUSETTS  
*Ph.D., Social Policy, 2005*

SIMMONS COLLEGE, BOSTON, MASSACHUSETTS  
*M.S.N., Adult Primary Care Nursing, 1993*

BOSTON UNIVERSITY, BOSTON, MASSACHUSETTS  
*M.P.H., Epidemiology and Biostatistics, 1983*

BOSTON COLLEGE, CHESTNUT HILL, MASSACHUSETTS  
*B.S.N., Nursing, Magna cum laude, 1976*

## EXPERIENCE

JSI, Boston, Massachusetts

*Senior Clinical Consultant/ Director of Clinical Research, 1989 to present*

Responsibilities include research design, protocol development, supervision of study operations, management of research staff, data analysis, presenting findings, providing technical assistance to programs and writing reports and manuscripts.

*IRB Chairperson, Lead Human Subjects Protection Specialist and Research Ethicist, 2005 to present*

Directs corporate human subjects protection program and provides guidance to colleagues regarding IRB requirements for projects; determines whether activities may be exempt from human subjects oversight according to federal regulations; responsible for organizations' FWA for research.

*Selected recent projects:*

**Health Resources and Services Administration: *Evaluation Technical Assistance for the Primary Care Training and Enhancement (PCTE) Programs***

Project Director for task order to provide 30 grantees with assistance to enhance their evaluation activities. Activities include literature review/environmental scan of workforce development outcome measures, tools and methods; development of TA plan and toolkit; review and feedback to grantees.

**Maine and New Hampshire Departments of Health and Human Services, Healthcare Associated Infection Programs: *Validation of NHSN Event Reports in Acute Care Hospitals***

Conducting comprehensive validation process in 40 hospitals in 2015 and 2016, through novel case-identification process and in-depth chart reviews. Developing new validation plan for ambulatory surgery centers in NH. Initial validation efforts (2011 and 2013) identified numerous errors in application of definitions and under-reporting issues. Providing technical assistance to hospital teams and state officials for improving accuracy and completeness of reporting.

**Health Resources and Services Administration: *Case Studies of 1115 Waivers: Impact on Ryan White HIV/AIDS Program and Its Clients and Providers***

Technical lead for selection of states for case studies, design of evaluation approach and collaboration with National Association of State and Territorial AIDS Directors. Conducted five state site visits with key informant interviews and secondary data analyses, and was primary writer for case study findings; presented results to HRSA/HAB leadership.

**Health Resources and Services Administration: *Multidisciplinary Models of HIV/AIDS Care***

Lead writer for literature review synthesis in study of novel approaches to HIV/AIDS integrated care delivery in US. Contributed to study design and served as clinical team member for site visits to selected clinical programs.

**Massachusetts Department of Public Health, Division of Healthcare Quality: *Healthcare Associated Infection Prevention and Control Program***

Directed policy research project to determine evidence-based practices for improving patient safety, assesses benefits and feasibility of making hospital-specific performance data public, and identifies appropriate surveillance methods and quality measures. Managed Expert Panel process and workgroups performing evidence review, rating, recommendation

development across vast topic area in 9-month period; lead writer for report containing more than 300 recommendations, statewide hospital survey, and related formative research activities. Directed JSI team in chart abstraction and hospital trainings and analysis of secondary data to further MA HAI plan measures; developed statewide data validation plan for NHSN reported data and directs analysis of results. Member of state's Technical Advisory Group.

**Massachusetts Board of Registration in Medicine: *Approaches to Measuring Hospital Mortality and Use in Quality Improvement***

Evaluation and analysis of confidential MA hospital survey data addressing use of mortality data for quality improvement. Lead role in literature review and key informant interviews to define issues and best practices.

**Massachusetts Department of Public Health and Centers for Disease Control and Prevention: *Heart Disease/Stroke Prevention Program***

Designed detailed protocol for evaluating clinical quality of care data across Massachusetts acute care hospitals. Conducted formative research and directed evaluation of the validity and completeness of case data reported to the Paul Coverdell Stroke Registry. Lead writer of reports of findings for MDPH and CDC. Participated in statewide quality improvement activities as technical advisor.

**Health Resources and Services Administration: *Prevention for Positives Evaluation***

Evaluator in the OPTIONS Intervention Evaluation across 15 SPNS-funded clinics; designed cross-site evaluation, carried out site visits, specified process and outcome measures appropriate to the diverse grantees, contributed to analytic approach and report writing. Consulted to several HRSA-sponsored projects including program evaluation and technical assistance (HIV clinic comparison, community health centers' HIV services, HIV home care).

**Health Resources and Services Administration: *Measures Alignment of HRSA Clinical Core Measures and Quality Improvement Initiatives***

Clinical consultant on a contract with the Center for Quality at HRSA to assist in developing a broad strategy to address agency wide-implementation of clinical quality measures alignment and to develop quality messages across HRSA.

**Boston Public Health Commission: *Quality Management and Outcomes Measurement in Ryan White Part A Programs***

Designed and manages study of HIV/AIDS care (performance measures and outcomes) for Boston EMA; leads data collection, aggregation, evaluation, analysis and reporting. Directs multivariate analyses to assess potential health disparities in subpopulations and explore impact of support services on health and quality of life outcomes.

**Massachusetts Department of Public Health, HIV/AIDS Bureau: *Quality of Care Evaluation for Ryan White Clinics***

Designed and managed a study of HIV/AIDS care (performance measures and outcomes) in 24 clinical sites; led data collection, aggregation, evaluation, analysis and reporting of this unique longitudinal study involving over 5000 patients. Hierarchical analyses to measure health disparities in subpopulations and identify risk factors for late presentation for care. Conducted consumer survey for individuals with concurrent diagnosis of HIV and AIDS. Prepared annual reports and presentations of findings, with provision of technical assistance to clinics for improvement of care quality routines.

**Massachusetts Department of Public Health HIV/AIDS Bureau**

Led evaluation of trends in enrollment into the HIV Drug Assistance Program. Designed, coordinated and analyzed statewide Quality Management survey of HIV care providers prescribing medications to ADAP clients. Coordinated seroepidemiologic studies of HIV in selected populations and community based Phase I/II study of therapeutic HIV vaccine. Consulted on statewide surveys and needs assessments including HIV Post-Exposure Prophylaxis in Hospital Emergency Departments and Statewide HIV Service Demands (MDPH).

## **PRIOR EXPERIENCE**

Research | Administrative | Care Provider

**Simmons College, Boston, Massachusetts**

*Adjunct Clinical Instructor May, 1993 to June 1999*

Co-developer and teacher of an elective course on Primary Care of HIV-infected clients for nurse practitioners.

**Primary Care Associates, Brighton, Massachusetts**

*Nurse practitioner/primary care provider, July 1996 to January 1999*

Part-time clinician in an Addiction Medicine practice, out-patient detox, counseling, and health maintenance activities.

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**Harvard Community Health Plan, Boston, Massachusetts**

*Nurse practitioner, September 1995 to July 1997*

On HIV Resource Team for large HMO, setting up and coordinating clinical research protocols. Also part-time coverage of Urgent Care and Internal Medicine practices, providing primary medical care to adults.

**Norwood Medical Associates, Norwood, Massachusetts**

*Nurse Practitioner, July 1993 to September 1995*

Part-time provider in a collaborative Primary Care/Endocrinology practice, managing adults with complex chronic diseases.

**Community Research Initiative/New England, Brookline, Massachusetts**

*Clinical Director, May 1990 to July 1992*

**Boston City Hospital AIDS Clinic, Boston, Massachusetts**

*Research Nurse, November 1988 to June 1990*

**Massachusetts Department of Public Health, Boston, Massachusetts**

*Director, AIDS Program, June 1987 to November 1988*

*AIDS Surveillance Nurse Epidemiologist, May 1985 to May 1987*

**Boston City Hospital, Boston, Massachusetts**

*Staff Nurse, Emergency Department 1978 to 1982*

**RECENT COMMITTEE ACTIVITIES**

Member, HIV Reporting Implementation Team, Massachusetts Department of Public Health: *April 1998 to present.*

Member, Harvard Pilgrim Health Care Human Studies Committee (IRB): *August 1999 to September 2001.*

Chair, Harvard Pilgrim Health Care Human Studies Committee (IRB): *September 2001 to present.*

Vice-Chair, Massachusetts Technical Advisory Group on Healthcare-associated Infections: *March 2008 to present.*

Chair, Massachusetts Department of Public Health IRB: *October 2012 to October 2013.*

**Selected Publications**

- Cooley TP, **Kunches LM**, Saunders CA, Ritter JK, Perkins CJ, McCaffrey RP, McLaren C, Liebman HA: Once-daily administration of 2', 3'-dideoxyinosine (ddI) in patients with the acquired immunodeficiency syndrome or AIDS-related complex: Results of a phase I trial. *NEJM* 322: 1340-1344, 1990.
  - Cooley TP, **Kunches LM**, Saunders CA, Perkins CJ, Kelly S, McCaffrey RP, Liebman HA: Treatment of the acquired immune deficiency syndrome (AIDS) and AIDS-related complex with 2', 3'-dideoxyinosine (ddI) given once daily. *J Inf Dis* 12:S552-60, 1990.
  - Hsu HW, Moye J, **Kunches L**, et al: Perinatally acquired HIV infection: Extent of recognition in a population-based cohort. *Pedi Infect Dis J* 11: 941-5, 1992.
  - Panlilio AL, Shapiro CN, Schable CA, Mendelson MH, Montecalvo MA, **Kunches LM** et al: Serosurvey of Human Immunodeficiency Virus, Hepatitis B Virus, and Hepatitis C Virus infection among hospital-based surgeons. *J Am Coll Surgeons* 180: 16-24, 1995.
  - Hirschhorn L, **Kunches L**, Mayer K: Nonoccupational Postexposure Prophylaxis: Evolving clinical practice. *AIDS Clinical Care* 12: 6-12, January 2000.
  - DeMaria A, **Kunches LM**, Mayer K, Cohen C, Epstein P, Werner B et al: Immunogenicity of recombinant HIV-1 gp160 vaccine (VaxSyn) in adults with HIV infection. *J Human Retrovirology* 4: 182-192, 2000.
  - Meehan T, Boutwell R, **Kunches L**, McGuire J: Survey of nonoccupational HIV postexposure prophylaxis in hospital emergency departments. *JAIDS* 26: 263-265, 2001.
  - **Kunches L**, Reinhalter N, Marquis A, Coakley E, Cohen C, Morris A and Mazzullo J: Tolerability of enteric coated didanosine capsules compared to didanosine tablets in adults with HIV infection. *JAIDS* 28: 150-153, 2001.
  - Stone PW, Pogorzelska M, **Kunches L** and Hirschhorn L: Hospital staffing and healthcare-associated infections: A systematic review of the literature. *Clinical Infectious Diseases* 47:937-944, 2008.
  - Stone PW, **Kunches L** and Hirschhorn L: Cost analysis of HAI and reporting in Massachusetts. *American Journal of Infection Control*. 2009 Apr;37(3):210-4. Epub 2008 Dec 25.
  - Mazor K, Dodd K, **Kunches L**: Communicating hospital infection data to the public: A study of consumer reactions and
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preferences. *American Journal of Medical Quality* Mar-Apr; 24(2):108-15. Epub 2009 Feb 23.

- Ojikutu B, Holman J, Kunches L et al: Interdisciplinary HIV care in a changing healthcare environment in the USA. *AIDS Care*, Epub 2013 Nov 6.

#### Selected Reports

- Kunches LM, Reinhalter NE, Musolino J and Hirschhorn LR. Assessment of Potential Disparities in HIV Care Quality and Clinical Outcomes in Boston EMA Sites Providing Primary Medical Care (1999–2002). JSI Research and Training Institute, Inc. for the Boston Public Health Commission; 2005.
- Kunches LM, Holman JT, Hirschhorn LR. Statewide Survey of Massachusetts HIV Drug Assistance Program (HDAP) Clinical Providers. JSI Research and Training Institute, Inc. for the HIV/AIDS Bureau, Massachusetts DPH, 2005.
- Kunches LM, Reinhalter NE, Decristofaro J, Ban J, Musolino J and Hirschhorn LR. HIV Care Quality and Clinical Outcomes in Boston EMA Sites Providing Primary Medical Care: Findings from Phase 3 (2003–2004). JSI Research and Training Institute, Inc. for the Boston Public Health Commission; March 2006.
- Kunches LM, Reinhalter NE, Robert L, Coakley E: Assessment of Coverdell Stroke Registry Data Reporting; *Findings from Pilot Study 2006*. JSI Research and Training Institute, Inc. for the Massachusetts Department of Public Health, Heart Disease and Stroke Prevention and Control Program; June 2006.
- Kunches LM, Reinhalter, NE., Chow, W., Steiner, J., Musolino, J., Hirschhorn, L. Demographics and Clinical Care & Outcomes in 2006 Among Recently Diagnosed HIV Positive Patients In BPHC Sites Funded Through Ryan White Part A Program. JSI Research and Training Institute, Inc. for the Boston Public Health Commission; June 2008
- JSI Research and Training Institute and MA Dept. of Public Health: *Prevention and Control of Healthcare-Associated Infections in Massachusetts*, Final Recommendations of the Expert Panel and Findings from Complementary Research Activities, January 2008. [http://www.mass.gov/Eoohhs2/docs/dph/patient\\_safety/haipcp\\_final\\_report\\_pt1.pdf](http://www.mass.gov/Eoohhs2/docs/dph/patient_safety/haipcp_final_report_pt1.pdf)
- JSI Research and Training Institute and MA Dept. of Public Health: The Massachusetts HIV/AIDS Clinical Engagement Study: *Insights on the Significance of Concurrent Diagnosis Rates*, September 2013.
- John Snow, Inc. (L Kunches and J Holman): *Assessing the Experiences of Section 1115 Medicaid Waivers among Ryan White HIV/AIDS Program Providers and Clients* --- summary of findings from eight case studies. HRSA HIV/AIDS Bureau, May 2014.

#### SELECTED ABSTRACTS

- Kunches L, Day JM, DeCristofaro JB, Fallas G, Landers S, Stevens R. Evaluating the impact of highly active antiretroviral therapy (HAART) on the HIV/IDS service delivery system of Metropolitan Boston. 12th World AIDS Conference, Geneva, June 1998 [43525].
  - Kunches L, Robert L, Cox B, Komp L, Smith D. Use of the Internet for nationwide data collection in the Nonoccupational HIV Postexposure Prophylaxis Registry. 13th World AIDS Conference, Durban, July 2000 [WePeC4308].
  - Kunches L, Neill K, DeCristofaro J, Mazzullo J et al. Providing adherence support via active telephone follow-up: results of a pilot study. 13th World AIDS Conference, Durban, July 2000 [ThPeB5014].
  - Meehan T, Kunches L, McGuire J, Boutwell R, Yob D. Survey of nonoccupational HIV postexposure prophylaxis in hospital emergency rooms. 13th World AIDS Conference, Durban, July 2000 [WePeC4320].
  - Kunches L, Reinhalter N, Coakley E, Cohen C, Morris A, Mazzullo M. A pilot, open-label crossover trial comparing tolerability of Videx enteric coated capsules to Videx tablets in adults with HIV infection. 13th National HIV/AIDS Update Conference, San Francisco, CA. March 2001 [Abstract 264].
  - Kunches LM, Coakley E, Neill K, Marquis D, Dean D, DeCristofaro J, Ruhlmann L, Musolino J. HIV medication adherence assessment: a novel low literacy self-report tool compared to electronic Medication Event Monitoring System (MEMS) data. XIV International AIDS Conference, Barcelona, July 7–12, 2002 [Abstract WePeB5742].
  - Kunches LM, Hirschhorn LR, Reinhalter NE, DeCristofaro JB, Musolino J, Lawrence PB, McGuire JF. MA ACTNow Working Group. Mental health diagnoses and medications in HIV patients receiving care in publicly-funded clinics. XIV International AIDS Conference, Barcelona, July 7–12, 2002 [Abstract MoPeB3153].
  - Grohskopf LM, Smith DK, Kunches LM, Robert LM, McGowan L, Paxton LA, Greenberg AE. Surveillance of Post-Exposure Prophylaxis for Non-Occupational HIV Exposures Through the U.S. National Registry. XIV International AIDS Conference, Barcelona, July 7–12, 2002 [Abstract MoOrD1107].
  - Hirschhorn LR, Kunches LM, Reinhalter N, DeCristofaro JB, Musolino J, McGuire JF. HIV in the aging individual: Patterns of care for people 50 and older living with HIV (PLWHOF) in Massachusetts. 130th American Public Health Association Annual Meeting and Exposition, Philadelphia, PA November 9–13, 2002 [Abstract 45060].
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- **Kunches LM**, Reinhalter NE, Hirschhorn LR, Musolino J, MDPH and BPHC Clinical Quality Management Group. Patterns and results of TB skin testing in HIV/AIDS clinics. XVI International AIDS Conference, Toronto, Canada, *August 13–18, 2006* [Abstract MoPe0194].
  - Hirschhorn LR, **Kunches LM**, Reinhalter NE, Musolino J, MDPH and BPHC Clinical Quality Management Group. “Prevention for positives” in clinical practice: quality management and improvement in provider practices. XVI International AIDS Conference, Toronto, Canada, *August 13–18, 2006* [Abstract MoPe0234].
  - **Kunches LM**, Hirschhorn LR, Reinhalter NE, Coakley E, Musolino J, Ban J, MDPH and BPHC Clinical Quality Management Group. Risk factors for presenting with advanced HIV infection: results from Massachusetts statewide chart reviews 2002-03. XVI International AIDS Conference, Toronto, Canada, *August 13–18, 2006* [Abstract WePe0225].
  - Hirschhorn LR, **Kunches LM**, Reinhalter NE, Musolino J, MDPH and BPHC Clinical Quality Management Group. How good is the care? Results of a longitudinal quality of care program in publicly funded clinics in Massachusetts. XVI International AIDS Conference, Toronto, Canada, *August 13–18, 2006* [Abstract WePe0239].
  - Cranston K, Fukuda HD, Goldrosen M, **Kunches L**, Holman J. Controlling the Massachusetts HIV Epidemic: Triangulated Measures of Care Access and HIV Incidence. XIX International AIDS Conference, Washington DC, *July 22–28, 2012*.
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# PRISCILLA R. DAVIS

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## EDUCATION

ST. JOSEPH'S COLLEGE, STANDISH, MAINE  
*Master of Health Administration 2018*

GRANITE STATE COLLEGE, CONCORD, NEW HAMPSHIRE  
*Bachelor of Science, Business Management 2008*

## EXPERIENCE

Community Health Institute/JSI Bow, New Hampshire

*Project Manager - September 1999 to present*

### Selected Project Work includes:

#### **Health Resource and Services Administration (HRSA), Bureau of Primary Health Care (BPHC UDS) Uniform Data System**

Trainer, reviewer and data coordinator for the BPHC Uniform Data System (UDS) federal reporting requirement for Federally Qualified Health Centers (FQHC's). As trainer, conducted trainings for health centers across multiple states to ensure accurate reporting of demographic, clinical, cost and revenue data. Responsibilities as reviewer include analysis of data through individual review process with health center representatives and providing technical assistance and recommendations for improvement. Also provide technical assistance to grantees and reviewers, test internal audit flags, writing the executive summary, compile comparison, and other management reports as a result of the annual national data collection.

#### **NH Hospital Associated Infections (HAI) Validations**

Auditor on team tasked with conducting in-depth hospital audits throughout NH for validation process to assess and improve the quality of National Healthcare Safety Network (NHSN) Hospital Associated Infection (HAI) data reported by the 26 acute care hospitals in New Hampshire. Using a comprehensive method for HAI case finding and data verification to identify possible missed cases of surgical site infections (SSI) and central line associated bloodstream infections (CLASBI). The audit team applied the complex NHSN definitions to each case and compared determinations to those of the hospital infection prevention team.

#### **Maine Hospital Associated Infections (HAI) Validations**

Conducted in-depth hospital audits at hospitals in Maine to validate reported (and unreported) healthcare associated infections according to criteria established by the National Healthcare Safety Network (NHSN). As an auditor, utilized a comprehensive method for HAI case finding and data verification to identify possible missed cases of surgical site infections (SSI) and central line associated bloodstream infections (CLASBI). The audit team applied the complex NHSN definitions to each case and compared determinations to those of the hospital infection prevention team.

#### **Bureau of Health Workforce Uniform Data System**

Project Manager and reviewer for the Bureau of Health Workforce (BHW) grantees for their annual Uniform Data System (UDS) requirement. Responsibilities include analysis of data through individual review process with health center representatives and providing technical assistance and recommendations for improvement. Also provide technical assistance to BHW grantees and reviewers and conduct analysis of reported data, develop and conduct webinars for BHW staff, draft executive summary, compile comparison, and other related management reports

#### **NH Rural Health Clinic (RHC) Technical Assistance Network**

Communications and Support Specialist for NH RHC Technical Assistance Network funded by the NH State Office of Rural Health (SORH). Tasks include providing technical assistance to certified Rural Health Centers in New Hampshire. Assisted in development of webinars on issues relevant to RHCs based on information gathered during comprehensive needs assessment and interview process with each RHC in the state. Needs assessment covered areas related to RHC

staffing levels, patients, electronic records capabilities, and technical assistance priorities. The NH RHC TA Network also supports an Action Learning Collaborative to improve quality related to diabetes and hypertension.

#### **NH Prevention Certification Board Administration**

Provide administrative support to the NH Prevention Certification Board to assist individuals in the process of gaining and maintaining certification as Prevention Specialists in NH. Also provide administrative support to organizations seeking board approval for trainings to provide CEUs for Prevention Specialist based on a standard approved by the International Certification & Reciprocity Consortium (IC&RC).

#### **Maine Quality Counts**

Working with Maine Quality Counts (QC) conducted environmental scan of relevant sources to identify and map all primary care practices in the state. Established a database to track and catalog selected practice characteristics to inform Maine QC's quality improvement efforts and resources in order to better understand the status of primary care practices in the state, related to QI for hypertension and diabetes.

#### **Ohio Rural Health Clinic (RHC) Quality Network**

Communications and Support Specialist for the Ohio Rural Health Clinics (RHC) Quality Network through the Ohio State Office of Rural Health (SORH). Tasks include providing technical assistance to certified RHC's, those seeking certification and clinics interested in certification. Support is provided through the Ohio RHC helpline, established through this project to assist RHCs with practice management and RHC certification; participated in development and implementation of webinars and face-to-face meetings to assist Ohio's RHCs in selection and tracking clinical quality indicators.

#### **Indian Health Service Urban Indian Health Program Uniform Data System (UIHP UDS)**

Project Manager, Trainer and reviewer for the Urban Indian Health Program's Uniform Data System (UIHP UDS), a federal reporting requirement for the IHS Urban Indian Health Programs. Responsibilities included conducting national training for Urban Indian Health Programs, providing technical assistance related to reporting requirement; Reviewer for Health Center and Program reports, analysis of data and trends on the state, program and national levels and production of key reports with performance indicators as a result; Testing and oversight of software programming to define reporting needs including functionality, formula and edit checks; perform review and finalization of aggregated rollup, comparison and key management reports and written final executive summary for Indian Health Service.

#### **NH Strategic Prevention Framework (SPF) Regional Evaluation.**

Conducted multiple interviews in "Region J" for the Strategic Prevention Framework (SPF) Regional Evaluation. Conducted over thirty one-on-one interviews with key informants in each town/city in Region J that included representatives from local businesses, education, safety, health and local government sectors to assess the region's youth substance abuse prevention efforts. Results were used to inform the overall multi-regional evaluation.

#### **Bureau of Health Professions (BHP) National Health Service Corp (NHSC) Uniform Data System**

Project Manager and reviewer for an initiative to collect health center data for the NHSC through the NHSC Uniform Data System (UDS). As a reviewer provided 1:1 technical assistance to sites related to all aspects of reporting requirements including demographic, clinical and financial indicators. Performed statistical survey analysis for NHSC UDS respondents; provided assistance to sites, reviewers, regional and central NHSC staff related to the UDS; coordinated and tested reporting software and internal edit flags; tested and reviewed site level, regional and national reports; produced performance comparison and other key management reports as a result of the UDS collection process.

#### **NH Conference on Aging**

Project Manager and fiscal agent for the New Hampshire Bureau of Elderly and Adult's (BEAS) Conference on Aging event whose goal was to provide information, education and training for older adults, caregivers and providers to promote awareness, self-determination, advocacy, collaboration and independence. The annual conference reached a statewide audience of over 800 participants with more than 80 sponsors and exhibitors. Worked with planning committee representatives from state and community agencies. Handled all aspects of fiscal management, fundraising through sponsorship and exhibitors, coordination of logistics specific to the needs of the older adult population, and made recommendations to BEAS. Built the first COA website with an interactive online registration form; provided tracking, querying and reporting; conducted analysis and summary of evaluations, and oversight of marketing and outreach materials.

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**HONORS AND AWARDS**

*Graduated summa cum laude, 2008, Granite State College;*  
*ALA Merit Scholarship Recipient, 2008*

**WORKSHOPS**

*Grant Writing Workshop, Grant Training Center, 2009*

**COMPUTER SKILLS**

MS Office Applications: Access, Word, Excel, PowerPoint and Publisher; Adobe Photoshop;  
Web/Survey Tools: Constant Contact, LogiForms, GoDaddy, Prezi, Survey Monkey  
Statistical Software: SPSS

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# AMY LEE CULLUM

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## DEGREES

UNIVERSITY OF NEW HAMPSHIRE, COLLEGE OF HEALTH AND HUMAN SERVICES  
*M.S.N., C.N.L., 2017*

HARVARD SCHOOL OF PUBLIC HEALTH, BOSTON, MASSACHUSETTS  
*M.P.H., Population and International Health, 2000*

AMERICAN UNIVERSITY, SCHOOL OF INTERNATIONAL SERVICE, WASHINGTON, D.C.  
*M.A., International Development, 1995*

BROWN UNIVERSITY, PROVIDENCE, RHODE ISLAND  
*B.A., International Relations, 1990*

## ADDITIONAL EDUCATION

HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM, BOW, NEW HAMPSHIRE AND BURLINGTON, VERMONT  
*Evaluator Certification, January 2008*  
*Exercise Evaluation and Improvement Training Course, June 2006*

NEW HAMPSHIRE DEPARTMENT OF SAFETY, DIVISION OF FIRE STANDARDS AND TRAINING, CONCORD, NEW HAMPSHIRE  
*IS-701: NIMS Multi-Agency Coordination System, September 2008*  
*IS-700: NIMS an Introduction, March 2007*  
*ICS-100: Introduction to ICS, March 2007*  
*ICS-200: ICS for Single Resources and Initial Action Incidents, March 2007*  
*ICS-300: Incident Management/Unified Command for Complex and Expanding Incidents, July 2012*  
*ICS 400: Advanced ICS for Command and General Staff, Complex Incidents, July 2015*

## EXPERIENCE

JSI, Bow, New Hampshire

*Senior Consultant, JSI, Health Services Division, June 2002 to present*

Provide technical assistance to local, state and national and international public health organizations and programs in the areas of planning, assessment, and evaluation to support the development of effective public health delivery systems. Topical expertise in local public health infrastructure development and public health emergency preparedness.

*Selected projects:*

**New Hampshire Public Health Emergency Planning Technical Assistance and Training**, New Hampshire Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health. Lead project to assist regional planning groups to develop emergency plans and procedures for medical surge, medical countermeasure dispensing, emergency public information and warning, and emergency operations coordination. Implemented and evaluated Homeland Security Exercise Evaluation Program (HSEEP)-compliant exercises to test regional plans. Developed and implemented multi-modality training programs targeting regional public health emergency response professionals and volunteers on such topics as continuity of operations planning (COOP); disease case investigation; social media in emergency response; working with the media in emergencies; family emergency preparedness, and health information privacy in emergencies. Developed templates and materials to support the NH's Influenza A (H1N1) and Hepatitis C responses. Authored NH's H1N1, Hepatitis C, and Ebola After Action Reports; worked included conducting an analysis of multiple data sets including JSI-developed surveys, and conduct of multiple focus groups. Spearheaded planning group with DPHS and NH Homeland Security and Emergency Management to design and implement an annual one-day statewide emergency preparedness conference targeted to professional and volunteer emergency responders.

**New Hampshire Ebola and High Threat Infectious Disease Readiness**. New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control. Senior Technical Advisor

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on a project working to improve the health care system preparedness to identify, isolate, and manage high threat infectious disease cases. Conducted an assessment of current infectious disease readiness capacity of hospitals, based on the US Centers for Disease Control and Prevention's (CDC's) Infection Control Assessment and Response (ICAR) Program's methodology. Planned and implemented two Homeland Security Exercise Evaluation Program (HSEEP)-compliant tabletops focused 1) on isolation of an infectious disease patient; and 2) on testing NH's Ebola Concept of Operations (CONOPS).

**Concept of Operations Planning for Ebola Virus Disease and Other Pathogens**, Massachusetts Department of Public Health. Technical Advisor on project working to refine and expand Massachusetts' existing state plan and to develop a comprehensive, regional Ebola Virus or Special Pathogens Disease response plan for the US HHS Region 1 (New England). Role included review of existing state and HHS Regional plans and designing processes to gather key stakeholder input for plan development, and assisting with the drafting and finalization of the plans to address the unique challenges associated with responding to a patient with Ebola or other high threat pathogens.

**Massachusetts Jurisdictional Risk Assessment Project**, Massachusetts Department of Public Health, Office of Preparedness and Emergency Management. Serve as technical advisor in a project to design and implement a participatory, multi-sectoral risk assessment project for Massachusetts' six Health and Medical Coordinating Coalitions. Project entailed developing an online survey for coalition members to prioritize risks from a set of nine hazards, and assess regional preparedness using a JSI-developed instrument derived from the CDC's 2011 Public Health Emergency Preparedness Capabilities and the 2016 Health Care Capabilities. Facilitated in person meetings to review survey results and select and plan appropriate mitigation strategies to reduce risk. Provided HMCCs with JSI-developed toolkit for mitigation strategy development.

**New Hampshire Public Health Exercises**, New Hampshire Department of Health and Human Services, Division of Public Health Services, Emergency Services Unit. Technical Advisor on project working to design and implement a series of Homeland Security Exercise Evaluation Program (HSEEP)-compliant tabletops (TTX), functional, and full-scale exercises (FSEs) to strengthen New Hampshire's readiness to respond to public health emergencies such as naturally occurring disease outbreaks and terrorist attacks using chemical or biological agents. These exercises targeted evaluation of state capability to execute of a variety of public health emergency preparedness and response plans including State Strategic National Stockpile, State Receipt Stage, and Store, Mass Casualty, Chemical Package (CHEMPACK), and Mass Care and Sheltering Plans. Role included designing exercise materials and evaluation frameworks, facilitating and controlling exercises, evaluating exercises, and developing After-Action Reports.

**Massachusetts Ebola Monitoring Project**, Massachusetts Department of Public Health. Consultant epidemiologist and team manager to actively monitor incoming travelers from Ebola-affected West Africa with low risk of exposure for 21 day incubation period. Role includes receiving and processing information from CDC's Epi-X web-based secure communication system, entering traveler information into MDPH Bureau of Infectious Disease web-based secure surveillance system (MAVEN), working with local health departments and travelers to assure continuous monitoring, daily reporting on traveler monitoring efforts to MDPH.

**Public Health and Health Care Hazard Vulnerability Assessments (HVAs)**, Massachusetts Department of Public Health, New Hampshire Department of Health and Human Services. Technical Lead for an assessment of the public health, behavioral health and health care system impacts of natural and manmade hazards for public health planning regions of Massachusetts and New Hampshire, including the Boston Metropolitan Statistical Area. Researched and adapted HVA tools for assessing hazard impacts for this data-driven HVA, including spearheading an indicator selection process, researching likely impacts from historical data and models; and designing and leading a participatory process involving a wide variety of stakeholders to assess impacts and identify risk mitigation strategies for regional health care, public health and behavioral health systems.

**Supplemental Oxygen in Alternate Care Sites Exercises**, New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control. Project Director on project to develop regional capacity to provide low-flow supplemental oxygen in Alternate Care Sites in public health emergencies. Worked with Division of Public Health Services Staff to finalize the NH State Guidance on Supplemental Oxygen in Alternate Care Sites. Developed and implemented regional HSEEP-compliant workshops to develop regional plans, and HSEEP-compliant functional exercises to test plan assumptions regarding low-flow oxygen operationalization.

**Poison Control Center Innovation and Transformation**, American Association of Poison Control Centers. Team Lead for the market research component of a project to develop a three-year plan to increase the relevance of poison centers (PCs). Oversaw development, implementation and analysis of a PC survey to assess PC use and inclination to use new

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communications modalities to reach consumers of PC services, conduct of an environmental scan of organizations with characteristics similar to PCs, and conduct of focus groups and key informant interviews. Produced market research report focusing on identification of opportunities for PCs to expand their role and visibility through the use of new partnerships and communications modalities while maintaining quality in the assessment triage and management of poison exposures.

**Maternal and Child Health Bureau Discretionary Grant Performance Measures Update**, Office of Policy Coordination, Maternal and Child Health Bureau, Health Resources and Services Administration. Directed project to assist the Divisions within the Maternal and Child Health Bureau to update the Discretionary Grant Performance Measures (used by over 900 grantees) for submission to Office of Management and the Budget approval. Developed logic models, conducted key informant interviews to inform the revision of performance measures to reduce burden on grantees, promote alignment across program core elements and MCH (Title V) Block Grant, and improve accountability. Oversaw development of detail sheets to supplement the clearance package for submission to OMB.

**Supporting Regional Community Health Improvement – County Health Rankings**. Robert Wood Johnson Foundation. Technical Lead on projects working to assist regional planners to assess and prioritize community health improvement needs, develop Community Health Improvement Plans, workplans and evaluation plans, and to design and implement "rapid cycle improvements using the Plan, Do, Study, Act (PDSA) model. Responsible for designing and implementing training programs and providing technical assistance to community planners.

**Upper Valley, NH/VT Community Health Assessment**, Dartmouth-Hitchcock, Alice Peck Day Memorial, New London Hospital, Valley Regional Hospital and Mt. Ascutney Hospital Systems. Analyst on project to develop a regional community health assessment for five hospital systems. Responsibilities included accessing and analyzing health-related data from a variety of sources, and integrating data into Community Health Assessment reports.

**NH Maternal Child Health Program Needs Assessment**, NH Maternal Child Health and Special Medical Services Programs, New Hampshire Department of Health and Human Services. Co-lead a needs assessment for NH's Maternal Child Health Section and Special Medical Services Program to identify new strategies for the Title V Program. Work entailed development and administration of a survey of the general public and health care providers and facilitation of a Capacity Assessment for State Title V (CAST V) process.

**Public Health and Health Care Hazard Vulnerability Assessments (HVAs)**, Massachusetts Department of Public Health, New Hampshire Department of Health and Human Services. Technical Lead for an assessment of the public health, behavioral health and health care system impacts of natural and manmade hazards for public health planning regions of Massachusetts and New Hampshire, including the Boston Metropolitan Statistical Area. Researched and adapted HVA tools for assessing hazard impacts for this data-driven HVA, including spearheading an indicator selection process, researching likely impacts from historical data and models; and designing and leading a participatory process involving a wide variety of stakeholders to assess impacts and identify risk mitigation strategies for regional health care, public health and behavioral health systems.

**NH Center for Excellence**, New Hampshire Department of Health and Human Services, Bureau of Alcohol and Drug Services. Program Manager for the NH State Epidemiological Outcome Workgroup (SEOW) for mental, emotional and behavioral data analysis, whose mission is to increase access to data and data products that address substance use and behavioral health issues to inform state prevention and treatment. As Program Manager, facilitate the SEOW's work to identify data product needs and recommend priorities for NH's substance abuse treatment and prevention programs. Develop data products related to substance abuse prevention and treatment using multiple data sets.

**Public Health Emergency Preparedness (PHEP) Data Collection and Reporting Training**, Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response /Division of State and Local Readiness (OPHPR /DSLRL). Provide training and technical assistance to 62 CDC-funded state, territorial, and municipal PHEP awardees on the collection, reporting, and use of public health emergency preparedness data for program evaluation and monitoring. Training program incorporates on-line, downloadable training modules, quick reference guides and data collection forms, 1:1 technical assistance and presentations. Activities included conduct of a needs assessment to inform training program development, development and implementation of a comprehensive training program using state of the art technologies. Serve as the Emergency Preparedness Performance Improvement Advisor, providing technical content for training program.

**Public Health Emergency Preparedness (PHEP) Training and Implementation Services**, Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response /Division of State and Local

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Readiness (OPHPR /DSLRL). Develop web-based training programs for CDC awardees and subawardees to support implementation of the new Public Health Emergency Preparedness (PHEP) program. Serve as PHEP Technical Advisor to develop scenario-based training content to illustrate concepts contained in the Public Health Preparedness Capabilities: National Standards for Public Health Preparedness. Conducted training needs assessment to determine training needs as well identify preferred training modes.

**Social Distancing Legal Assessment**, New Hampshire Department of Health and Human Services, Division of Public Health Services; Association of State and Territorial Health Officials (ASTHO). Work with NH Attorney General's office and to inventory NH legal authorities available to support social distancing measures against an influenza pandemic or a similar, highly virulent infectious disease. Design and conduct tabletop exercise to identifying potential gaps, ambiguities, or opportunities for improving NH social distancing law.

**Community Health Center Preparedness Technical Assistance**, New Hampshire Department of Health and Human Services, Division of Public Health Services; Bi-State Primary Health Care Association. Researched and developed template emergency operations plan for New Hampshire's Community Health Centers and provided training in the completion of the template; developed HSEEP-compliant tabletop exercise materials and a train-the-trainer program to enable Community Health Centers to test the adequacy of their Emergency Operations Plans.

**New Hampshire Public Health Network**, New Hampshire Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health. Provided technical assistance in public health infrastructure assessment and planning to local public health coalitions throughout New Hampshire utilizing the 10 Essential Services of Public Health framework developed by the United States Centers for Disease Control and Prevention. Recent work has focused on assisting coalitions in the development of public health all hazards emergency preparedness and response plans, including assisting in organizing and participating in working groups addressing point of dispensing plans, volunteer recruitment, and special populations planning.

**New Hampshire Diabetes System Assessment**, New Hampshire Department of Health and Human Services, Diabetes Education Program. Facilitated a statewide assessment of the diabetes prevention and control system in New Hampshire as part of a comprehensive strategic planning process. Produced New Hampshire Diabetes State Plan to improve diabetes prevention and care.

**Public Health Performance Assessment of the Greater Nashua**, City of Nashua, NH Division of Public Health and Community Services. Facilitated a comprehensive assessment of the public health infrastructure and health status of the Greater Nashua Area to identify priorities for health improvement and develop action steps. The final deliverable was a Public Health Improvement Plan for the region. The project was guided by an Advisory Group which elected to use the Mobilizing for Action through Planning and Partnerships (MAPP) model developed by CDC and NACCHO.

**Organizational Assessment of the Nashua Division of Public Health and Community Services**, City of Nashua, NH, Division of Public Health and Community Services. Conducted operational and infrastructural needs assessment of the Nashua, NH Division of Public Health and Community Services, utilizing the 10 Essential Services of Public Health framework developed by the United States Centers for Disease Control and Prevention. Conducted key informant interviews, literature reviews and site visits to identify unmet City health needs, gaps in services and infrastructure, and opportunities to develop Division health services and programs to meet those needs. Identified opportunities to improve the efficiency of delivery of services and programs currently offered by the Division, and to improve the Division's preparedness to respond to public health emergencies. Led a participatory process to present assessment findings, develop a shared understanding of the Division's role among staff, and define a mission statement for the Division. Facilitated a strategic planning process to address the findings of the assessment.

**Public Health Quality Improvement through Performance Assessment and Accreditation**, National Network of Public Health Institutes. Participated in the Robert Wood Johnson Foundation-funded Multistate Learning Collaborative, a national collaborative effort to explore quality improvement strategies in public health. Goals of the project were to articulate specific measures and approaches to ongoing measurement and improvement of New Hampshire's performance on strategic public health system priorities; develop automated data collection, storage and reporting processes; and to improve the quality of public health practice by articulating public health workforce competencies.

**Evaluation of the Umbrella Project**, HNHfoundation. Conducted a summary evaluation of the *Umbrella Project*, a three-year project designed to increase enrollment in NH Healthy Kids Insurance in Carroll County, NH, funded by HNHfoundation. The purpose of the evaluation was to document the lessons learned and ongoing successes and

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challenges to recruiting and retaining eligible clients for the NH Healthy Kids Insurance program. Qualitative research methods included 12 structured key informant interviews and one focus group.

**Greater Nashua Pandemic Influenza Planning**, Nashua Division of Public Health and Community Services. Worked with health and safety officials from the 13 municipalities of the Greater Nashua region to develop a regional pandemic influenza plan including protocols for isolation and quarantine, community medical surge, mass vaccination, and risk communication.

**New Hampshire Pandemic Influenza Planning Technical Assistance**, New Hampshire Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health. Developed templates and materials to support pandemic influenza planning in New Hampshire's 19 all hazards planning regions. Developed regional and sub-regional trainings to build planning and evaluation capacity and strengthen regional plans. Assisted the Office of Community and Public Health to monitor performance of these regions through development of a web-based reporting system. Designed and evaluated regional pandemic influenza tabletop exercise.

**Assessment of Barriers to Accessing Family Planning Services in New Hampshire**, New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Maternal and Child Health, Family Planning Program. Conducted 30 structured interviews and 2 focus groups with referral sources of the NH Title X family planning clinical services, in order to inform the NH Family Planning Program's Title X grant application. Wrote report highlighting major themes and recommendations.

**Community Health Profile Development**, Greater Portsmouth Public Health Network, Northern Strafford Public Health Network. Worked with two local public health networks to analyze regional health status data, determine public health priorities, and design materials to communicate these priorities to the general public.

**Special Populations Emergency Preparedness Needs Assessment**, New Hampshire Department of Safety, Bureau of Emergency Management. Conducted assessment to determine the emergency preparedness needs of vulnerable populations and emergency response system capacity to meet these needs. Key tasks included 1) design and implementation of a survey of New Hampshire's Emergency Management Directors and 2) design and conduct of focus groups with vulnerable populations likely to need special assistance in the event of a large-scale emergency. Goals of the assessment were to detail emergency preparedness needs of these populations, to identify gaps in organized emergency planning related to special populations, and to develop recommendations to improve the capacity of emergency response system to meet these needs.

**Behavioral Health Mitigation Strategies in Disaster Situations**, New Hampshire Department of Safety, Bureau of Emergency Management. Conducted literature review and assessment of studies relating to behavioral health mitigation strategies and to conduct a survey to three groups of responders in New Hampshire: first responders, behavioral health professionals, and emergency medical providers.

**TANF Teen Pregnancy Prevention Curriculum Implementation Evaluation**, New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Maternal and Child Health, Family Planning Program. Conducted an evaluation of the impact of three teen pregnancy prevention curricula on knowledge and behavioral intent of adolescents aged 10–18 years in school and non-school settings. Assessed the degree to which these programs could be implemented with fidelity in New Hampshire. Responsible for overall project management, and management and analysis of pre and post survey data in SPSS, presentation of results, and development of final report.

**TANF Integrated Teen Pregnancy Prevention Project Feasibility Study**, New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Maternal and Child Health, Family Planning Program. Conducted key informant interviews with youth and health services delivery organization directors in Nashua and Manchester to determine the feasibility of implementing a teen pregnancy prevention project using an integrated youth development model. Findings documented the degree to which these organizations were capable of accessing a cohort of "at-promise" youth, subscribed to the youth development philosophy, and had the potential to provide a home for the program. Responsible for overall project management and development of final report.

**Healthy Child Care America Program Evaluation**, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health & Human Services. Conducted a national evaluation of the Healthy Child Care America program to document the extent to which the program is making a difference in improving the health and well-being of children participating in out-of-home child care. The evaluation incorporated three survey instruments targeted at HCCA grantees, child care providers that are beneficiaries of the HCCA program support services, and

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parents whose children attend child care settings that are beneficiaries of the HCCA program. Responsible for data analysis, and for identification of implementation best practices through review of materials and key informant interviews.

**Evaluation of the MANY Options After-school Program**, MANY Options, Keene, NH. Conducted an evaluation of an after-school program offering safe and healthy after-school opportunities for middle and high school age youth. The impact of the program was assessed through a series of survey instruments completed by youth participating in the program over a one year period; parents of participating youth; and school counselors. Findings documented the extent to which the program improved students' academic achievement and decreased risky behaviors. Responsible for management and analysis of pre and post survey data in SPSS, and development of final report.

**New Hampshire State Incentive Program Evaluation**, New Hampshire Department of Health and Human Services, Division of Public Health Services, Office of Alcohol and Drug Policy. Conducted evaluations of the impact of New Hampshire State Incentive Program community-based grantee programs aiming to decrease alcohol, tobacco and other drug use rates among youth and increase community and family connections. Coalitions implement a variety of interventions that range from school-based programs such as Life Skills Training to customized programs for priority populations. Program impacts are assessed through use of a variety of quantitative and qualitative methods, depending on program.

**Community Benefits Legislation Best Practices Review**, New Hampshire State Office of Planning and Medicaid. Conducted key informant interviews with hospital administrators and community service organization heads to identify best practices and lessons learned through the FY 2000 Community Benefits process.

**JSI, International Division**, Boston Massachusetts and Washington, DC  
*Consultant, April 1995 to June 2002*

*Selected projects:*

**Urban Family Health Partnership (UFHP)**, US Agency for International Development, Dhaka, Bangladesh. Served as Team Leader, Program Development. Responsible for leading the design and evaluation of new service initiatives, including a safe delivery pilot program, based on community-level needs assessments using both qualitative and quantitative methods. Held lead responsibility for the conduct of internal reviews of program activities, and for ensuring that findings were fed back into the program. Managed the technical assistance activities of the Behavior Change Communications (BCC) Team, leading the development and review of health BCC materials and BCC and counseling-related curricula for the project, and overseeing technical staff. The UFHP contracts with 25 non-governmental organizations (NGOs) to provide high quality and high impact family health services (*Essential Service Package*) to residents of urban communities, especially low income, vulnerable populations. UFHP has created a network of over 250 clinics and 2000 satellite locations, serving 85 Bangladeshi municipalities (1997–2002).

**Empowerment of Women Research Program**, Managed and analyzed quantitative and qualitative data on women's empowerment and family planning use, and family planning service delivery. Conducted situation analyses and informant interviews in rural Bangladesh. Co-authored journal articles and presented findings. Managed finances for \$1.7 million research program funded by USAID and a variety of private foundations. Extensive use of SPSS and EpiInfo (1995–1997).

**Opportunities for Micronutrient Interventions Project**, Ministry of Health, Sub-secretary of Population Risks, Honduras. Analyzed survey data for the 1996 Honduran National Survey on Micronutrients.

**Provide International**, Nairobi, Kenya  
*Consultant*

Evaluated, refined and redesigned aspects of a integrated development project in Nairobi's slums. Provided managerial support. Designed and implemented a small-scale family planning knowledge, attitudes, and practices survey of slum residents to inform program implementation.

## **OTHER ACTIVITIES**

**NH Medical Reserve Corps**, Concord, New Hampshire  
*Member, January 2010 to present*

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**Citizens' Emergency Response Team, New Ipswich, New Hampshire**  
*Member, September 2003 to present*

**Boston University School of Public Health, Boston, Massachusetts**  
*Guest Professor, Spring 2005, Spring 2006*  
Instructed Master's level course entitled, "Management of Reproductive Health Programs In Developing Countries".

**New Hampshire Reproductive Health Association, Concord, New Hampshire**  
*Board Member, March 2004 to January 2006*

## SELECTED PUBLICATIONS | PRESENTATIONS

*Let Your Imagination Run Wild: Using Discussion-Based Exercises to Improve Emergency Preparedness.* NH Integrated Emergency Volunteer Training Conference. Lebanon and Durham, NH, April 16, 2011 and May 14, 2011, October 18, 2014.

*Assessing and Mitigating Risks to the Health, Behavioral Health, and Public Health Systems: A new focus and approach.* NH Emergency Preparedness Conference, Manchester, NH. June 27, 2013.

*Help Your Community Prepare! Family Emergency Preparedness Train-the-Trainer.* NH Integrated Emergency Volunteer Training Conference. Manchester, NH. June 9, 2012.

*Strategic Planning: Setting a Course for Your Unit.* NH Medical Reserve Corps Leadership Summit. Concord, NH, June 11, 2011.

*Family Emergency Preparedness Train-the-Trainer Program.* NH MRC Training Conference. Plymouth, NH, June 5, 2010.

*Let Your Imagination Run Wild: Using Discussion-Based Exercises to Improve Emergency Preparedness.* JSI All Staff Meeting. Washington, DC, May 6, 2010.

*Emergencies Happen...even in Home Care. Tales from the Field Panel Discussion.* Home Care Association of New Hampshire Conference. Concord, NH, September 19, 2007.

*Use of Computer Modeling for Emergency Preparedness Functions by Local and State Health Officials: A Needs Assessment.* With Rosenfeld, Lisa A. MPH; Fox, Claude Earl MD, MPH; Kerr, Debora MA; Marziale, Erin MPH; Lota, Kanchan MPH; Stewart, Jonathan MA, MHA; Thompson, Mary Zack MBA. *Journal of Public Health Management & Practice.* Issue 2 (March/April 2009), Volume 15, p 96-104.

*Locating and Reaching Special Populations.* Local Emergency Preparedness Conference. Concord, NH, June 12, 2006

*Accountability and Public Health: Strategies to enhance good management and prevent corruption.* Boston University School of Public Health, April, 2003 and April 2004. Guest Lecturer.

*Establishing an Effective Routine Health Information System: Experience of the Bangladesh Urban Family Health Partnership.* Presented at the American Public Health Association meeting, Nov. 2002.

*Reorienting Community-based Family Planning Services in Bangladesh: Problems and Prospects,* with Sidney Ruth Schuler and Sharif Shamshir, JSI Working Paper No. 11. Arlington. VA: JSI. June 1997.

*The Advent of Family Planning as a Social Norm in Bangladesh: Women's Experiences,* with Sidney Ruth Schuler, Syed M. Hashemi, and Mirza Hassan. *Reproductive Health Matters* No. 7 (May 1996), pp. 66-78.

*Japan: Searching for Recognition and Status,* with Masaru Tamamoto in Wolfgang Danspeckgruber et. al., eds., *The Iraqi Aggression Against Kuwait: Strategic Lessons and Implications for Europe.* Boulder. Co: Westview Press, 1996.

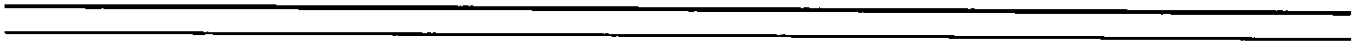
*Exploratory Research on Reproductive Tract Infections in Six Bangladeshi Villages.* Presented at the 1997 Psychosocial Workshop, March 1997.

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*Improving Access for Vulnerable Populations: Matching Women's Needs with Private Health Services.* Presented at the American Public Health Association Annual Meeting, November 1996.

*Integrating Empowerment of Women into Health Projects: Are we doing enough?* Presented at the National Council for International Health 23<sup>rd</sup> Annual Conference on Global Health, June 1996.

*The Limits of Women's Empowerment through Family Planning: The Case of Bangladesh.* Presented at the annual meetings of the Society for Applied Ant



# **CATHY F. BOKOZANSKA, R.N., M.P.H., C.I.C**

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## **CURRICULUM VITAE**

### **MAILING ADDRESS**

Boston Medical Center  
Infection Prevention  
Soloman Carter Building- Room 401  
85 East Newton Street  
Boston, MA 02118

### **EDUCATION**

Southeastern Massachusetts University, North Dartmouth, MA- Bachelor of Science in Nursing, June 1978,  
Cum Laude.

Boston University School of Public Health, Masters in Public Health, Epidemiology and Biostatistics, May 1984.

Kaplan University, Legal Nurse Consultant Program, October 2010

### **EMPLOYMENT**

Staff Nurse                      November 1978 to September 1980  
Boston University Medical Center Hospital, Boston, MA

Infection Preventionist      September 1980 to Present  
Boston Medical Center Boston, MA

JSI Consultant                  March 2010 – Present  
JSI Research & Training Institute, Boston, MA

### **CERTIFICATION**

Certification in Infection Control - Earned through examination prepared by Certification Board of Infection Control, December 1988. Recertified 1993, 1998, 2003, 2008, 2013

Nosocomial Infection, Surveillance and Control Training Certificate University of Virginia Medical Center, Charlottesville, VA. December 1981.

### **MEMBERSHIPS**

Association for Practitioners in Infection Control

Massachusetts Nurse's Association.

American Association of Legal Nurse Consultants (AALNC)

### **ABSTRACTS & PUBLICATIONS**

Goularte, T.A., Korn, C.F., Lyon, R.C., and Craven, D.E. Contamination of wall nebulizers: Recommendations for change. Assoc. Pract. Inf. Control. 11th Annual Educational Conference, Washington, DC, June 1984.

Korn, C., McLaughlin, T, Regan, A.M., Garvin, G., Lichtenberg, D., Yeston, N.,Dennis, D., Farber, H.; Grindlinger, G., Heard, S.,Crowe, H., Craven, D., A randomized study of colonization rates with two types of arterial line catheters. 27th ICAAC, New York, N.Y., October 1987.

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Korn, C., Burke, R., O'Donnell, C., Smail, E., An outbreak of *Stenotrophomonas (Xanthomonas) Maltophilia* associated with reusable in-line ventilator temperature probes. 6th Annual Meeting of the Society for Healthcare Epidemiology of America, Washington, DC April 1996

Burke R, Garvin G, Korn C, Sulis C, Reuse of Single Use Devices Assoc. Pract. Inf. Control. 29th Annual Educational Conference, Nashville, Tennessee May, 2002

Korn, C, E. Lones, R. Burke, G. Garvin, C. Sulis, Reduction of Percutaneous Exposures in Operating Room Nursing Personnel: A Multi-Faceted Approach: Assoc. Pract. Inf. Control. 31st Annual Educational Conference, San Antonio, Texas, June 2004.

Burke, R, Garvin, G, Korn, C, Sulis, C. Preventing Construction-Related Infections Assoc. Pract. Inf. Control. 32nd Annual Educational Conference, Baltimore, Maryland , June 2005

Korn C, Burke B, Garvin G, Sulis C. Healthcare Worker-Related Tuberculosis Exposure Assoc. Pract. Inf. Control. 33rd Annual Educational Conference, Tampa, Florida, June 2006.

McAneny, D. Korn, C, Health and Safety, Essentials of Surgery, Philadelphia, Saunders & Elsevier , 2006 pp 9-12.

Cathy Korn, RN, MPH, CIC, Carol Sulis, MD, Gail Garvin, RN, MEd, CIC, Bob Burke, RN, MA, CIC, Jerome Sobieraj, MD, Matthew Ellis. Surgical Site Surveillance- Manual vs. Electronic - Are The Results Comparable? Annual Meeting of the Society for Healthcare Epidemiology of America, Atlanta, Georgia, March 2009

Robert Burke, RN, MA, CIC, Tamar Barlam, MD, MSC, Dale Ford, RN, MPH, CIC, Gail Garvin, RN, MEd, CIC, Cathy Korn, RN, MPH, CIC, Lisa O'Connor, RN, MS, NEA-BC and Carol Sulis, MD, Significantly Improved Hand Hygiene , Annual Meeting of the Society for Healthcare Epidemiology of America, Atlanta, Georgia March 2010

Cathy Korn, RN, MPH, CIC, Carol Sulis, MD, Gail Garvin, RN, MEd, CIC, Bob Burke, RN, MA, CIC, Tamar Barlam, MD, Dale Ford, BSN, MPH, CIC, Charlie O'Donnell, MS, RRT, Julie Silva, RRT, Chris Buckus, RRT, Reduction of Ventilator Associated Pneumonia - Steps To Success, Annual Meeting of the Society for Healthcare Epidemiology of America, Atlanta, Georgia March 2010

Dorothy Bird, MD; Amanda Zambuto, NP; Charles O'Donnell, MS, RRT; Julie Silva, RRT; Cathy Korn, MPH, RN; Robert Burke, MA; Peter Burke, MD; Suresh Agarwal, MD, Adherence to Ventilator-Associated Pneumonia Bundle and Incidence of Ventilator-Associated Pneumonia in the Surgical Intensive Care Unit, *Arch Surg.* 2010;145(5):465-470.

The role of tissue plasminogen activator use and systemic hypercoagulability in central line-associated bloodstream infections Kinna Thakarar DO, MPH, Matthew Collins MD, PhD , Lana Kwong MPH, Carol Sulis MD, Cathy Korn RN, MPH, Nahid Bhadelia MD, MA, *American Journal of Infection Control* 42 (2014) 417-20

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# MARY E CONNOLLY, RN

143 Minot Street Boston, Massachusetts 02122

[penny1152@comcast.net](mailto:penny1152@comcast.net)

## EDUCATION

ENROLLED IN CONTINUING EDUCATION COURSES AT UNIVERSITY OF MASSACHUSETTS, BOSTON AND CURRY COLLEGE, MILTON, MA

BOSTON CITY HOSPITAL SCHOOL OF NURSING, BOSTON, MASSACHUSETTS DIPLOMA R.N., 1975

BOSTON STATE COLLEGE 1970-1971

## EXPERIENCE

JSI, Boston, Massachusetts  
Consultant, 2015 to present

### *Selected projects:*

#### **Massachusetts Department of Public Health Division of Health Care Quality**

*Site Evaluator* currently conducting up to 150 site assessments and healthcare observations for long term care facilities in Massachusetts for infection prevention preparedness. Providing assistance as needed to long term care facilities for additional resources for quality improvement and best practices for infection prevention.

#### **Massachusetts Department of Public Health Division of Health Care Quality**

*Site Evaluator* for Massachusetts Department of Public Health Infection Prevention Program conducted 80 site assessments and healthcare observations for dialysis facilities in Massachusetts for infection prevention preparedness. Provided technical assistance, and additional resources as needed to dialysis facilities for quality improvement and best practices for infection prevention.

**Carney Hospital** Boston, Massachusetts 1976-2012

*Resource and staff nurse* providing patient care for complex patients Resource nurse responsibilities included assessing Patient care needs with available staff coordinating of care between the emergency room, recovery room and the intensive care unit.

*Staff Nurse, intensive Care unit.* 2011- 2012

*Clinical Resource Nurse* Emergency Room 2001- 2011

*Staff Nurse* intensive Care unit 1988- 2001

*Staff Nurse* Neuro-surgical unit 1976-1988

**Hospice of Boston,** Boston, Massachusetts 1991-1997

*Staff nurse* delivering home care to terminally ill patients

**Veterans Administration** Dialysis Unit Boston, Massachusetts 1978-1983

*Surrogate home Dialysis RN*

## PROFESSIONAL AFFILIATIONS

Massachusetts Nursing Association

## LICENSURE | CERTIFICATION

Massachusetts Registered Nurse



# FAITH BOUCHARD

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JSI Research & Training Institute, Inc. d/b/a Community Health Institute  
501 South Street, 2<sup>nd</sup> Floor, Bow, NH 03304

[faith\\_bouchard@jsi.com](mailto:faith_bouchard@jsi.com)

## EDUCATION

COLBY-SAWYER COLLEGE

*Bachelor of Fine Arts in Graphic Design, Minor in Psychology, 2015*

## EXPERIENCE

**JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, New Hampshire**

*Graphic Designer & Staff Associate, September 2015 to present*

Supports a variety of on-going public health projects in regards to design, formatting and layout of reports and literature, as well as administrative assistance. JSI is a health care consulting firm working with clients in the public and private sectors. Since 1978, JSI has provided consulting, research and training services for agencies and organizations seeking to improve the health of individuals, communities and nations.

### *Current Projects:*

#### **New Hampshire Maternal and Child Health – Healthy Families America Marketing Campaign**

Serve as Graphic Designer to launch a statewide recruitment campaign targeting low-income and at-risk women of childbearing age who may become pregnant. This research will utilize online survey software to determine knowledge, attitudes and beliefs around the visiting nurse program Healthy Families America in order to increase participation in the program through social media engagement, as well as in-depth Key Informant Interviews with providers.

#### **NH Young Adult Binge Drinking Prevention Messaging Campaign**

Serve as Graphic Designer to help develop and implement communication and outreach strategies to increase awareness among the young adult population (ages 18–25 years) of the risks of underage, high risk alcohol use (i.e., binge drinking) and to prevent and reduce the misuse of prescription drugs such as illicit opioids.

#### **NH Healthy Home and Lead Poisoning Prevention Program**

Graphic Designer and general administrative support for the CDC's Healthy Homes and Lead Poisoning Prevention Program (HHLPPP). Support the efforts to reduce lead poisoning in NH, by creating educational materials both digital and print geared toward health providers, parents, lead professionals, and contractors.

#### **Diabetes Prevention Program and Prediabetes Media Development**

Graphic Designer for a statewide media campaign aimed at adults at high risk of developing prediabetes to encourage individuals to enroll in a National Diabetes Prevention Program. Supply digital and print design services for educational outreach and provide general administrative assistance to support the operational functions of the program.

#### **NH Immunization Program**

Graphic Designer for the NH Immunization Program to support the development of a creative health marketing campaign that identifies priority audiences, best-practice outreach strategies, and effective educational outreach materials to advance the understanding of the health benefits of vaccines and immunizations and increase NH immunization rates. Prepare various design materials including updating existing state and national materials, as well as create graphics and logos geared towards providers and patients.

#### **New Hampshire Tobacco Helpline Media, Marketing & Health Communications**

Serve as Graphic Designer for the NH Tobacco Use Cessation and Counter Marketing Projects. Primary role includes preparing various design materials for effective educational outreach and updating existing logos and documents. This contract serves as communication hub for the NH Tobacco Helpline and its social media, web ([www.QuitNowNH.org](http://www.QuitNowNH.org)) and text counterparts and QuitWorks-NH a resource for NH clinicians ([www.quitworksnh.org](http://www.quitworksnh.org)).

## COMPUTER SKILLS

Adobe InDesign

Adobe Illustrator

Adobe Photoshop

Adobe Premiere

Constant Contact (Email Marketing Platform)

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CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Patricia DiPadova	Project Director	\$116,000.00	9%	\$10,053.33
Nancy Reinhalter	Clinical Manager	\$113,164.08	3%	\$3,017.71
Laureen Kunches	Content Expert	\$162,445.00	1%	\$902.47
Priscilla Davis	Data Coordinator/Auditor	\$ 65,500.00	9%	\$5,822.22
Amy Cullum	Nurse Reviewer	\$ 98,890.00	3%	\$2,637.07