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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HUMAN SERVICES
BUREAU OF ELDERLY & ADULT SERVICES

Jeffrey A. Meyers
 Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-9203 1-800-351-1888

Maureen U. Ryan
 Director of Human
 Services

Fax: 603-271-4643 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

August 25, 2016

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Human Services, Bureau of Elderly and Adult Services to exercise a renewal option with the vendors listed below, for the continuation of the ServiceLink Resource Center programs, by increasing the price limitation by \$780,177 from \$9,803,054 to an amount not to exceed \$10,583,231, and extending the completion date from September 30, 2016 to December 31, 2016, effective upon Governor and Executive Council approval. 61% Federal funds and 39% General funds.

Summary of contracted amounts by vendor:

Vendor Name	Vendor Number	Location	Current Budget	Increase/ (Decrease)	Revised Budget Amount
Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners of Strafford County	177278	Rochester, NH	\$824,925	\$60,317	\$885,242
Community Action Program Belknap and Merrimack Counties, Inc.	177203	Concord, NH	\$991,757	\$77,067	\$1,068,824
Crotched Mountain Community Care, Inc.	177293	Portsmouth and Atkinson, NH	\$1,563,598	\$142,823	\$1,706,421
Easter Seals New Hampshire, Inc.	177204	Manchester and Nashua, NH	\$2,015,800	\$109,828	\$2,125,628
Grafton County Senior Citizens Council, Inc.	177675	Lebanon and Littleton, NH	\$894,472	\$78,001	\$972,473
Lakes Region Partnership for Public Health, Inc.	165635	Laconia and Tamworth, NH	\$1,303,458	\$115,321	\$1,418,779
Monadnock Collaborative	159303	Keene and Claremont, NH	\$1,657,971	\$149,142	\$1,807,113
Tri-County Community Action Program, Inc.	177195	Berlin, NH	\$551,073	\$47,678	\$598,751
		Grand Total	\$9,803,054	\$780,177	\$10,583,231

The original contracts were approved by Governor and Executive Council on December 20, 2013 (Item #62). The contracts were subsequently amended February 28, 2014 (Item #35), June 4, 2014 (Item #59), October 1, 2014 (Item #14), May 6, 2015 (Item 23), October 7, 2015 (Item #10), and January 27, 2016 (Item #9).

Funds are available in State Fiscal Year 2017 with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Please see attachment for fiscal details.

EXPLANATION

This request seeks approval of extend the contract end date and increase the price limitation for all eight vendors. These amendments exercise three of the remaining nine months of available renewal language within the contracts. This extension will provide for continuity of service, as the Department completes a new procurement for these services.

Approval of this request will allow the Contractors to continue providing the ServiceLink programs. These Contractors serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and also serve as a single point of entry for Medicaid long-term support programs and benefits. The ServiceLink Program includes: Information, Referral and Assistance, Options Counseling and Person Centered Transition Support, Family Caregiver Supports and Services, Counseling for Medicare Beneficiaries, Senior Medicare Patrol, Medicare Improvements for Patients and Providers Act program, Veterans Directed and Community Based Program, Medicare Comparison, Medicare Training.

The aforementioned services are collectively provided by ServiceLink Contractors that utilize the No Wrong Door and Option Counseling models. ServiceLink Contractors operate as full service access points for individuals in New Hampshire so they can experience a streamlined process for eligibility determination, options counseling and program enrollment. The Contractors follow standardized processes established by the Department for providing information, referrals and eligibility determinations so that individuals accessing the system at different locations experience a similar process.

The Contractors were selected through a competitive bid process.

A scanned copy of the contract Amendments, including the Governor and Executive Council letters and accompanying documentation from the original agreement and subsequent amendments will be available on-line, once posted to the meeting agenda for the Governor and Executive Council, at <http://sos.nh.gov/GC2.aspx>.

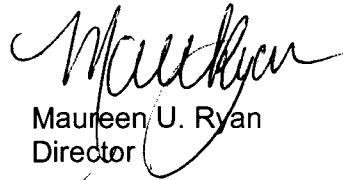
Should Governor and Executive Council decide not to authorize this request, the Department would have to design and implement an alternative method of complying with RSA 151-E:5, which mandates that it establish a system of community based information and referral services for elderly and chronically ill adults. The Department may be vulnerable to losing federal discretionary funds through the Balancing Incentive Program which relies on the ServiceLink program as the platform for implementing the No Wrong Door model and Options Counseling Model. It is likely that admissions to nursing homes and hospitals may increase because there would be no statewide mechanism in the community to advise people of home and community based options and assist them to access these options. The unintended consequences could increase the State's Medicaid expenditures.

Area Served: Statewide.

Source of Funds: 39% General Funds and 61% Federal Funds from United States Department of Health and Humans Services, Centers for Medicare and Medicaid, Administration for Children and Families, and Administration for Community Living.

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

Respectfully submitted,



Maureen U. Ryan
Director

Approved by:



Jeffrey A. Meyers
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
SFY14-SFY17 amend to add Q2 (with 16 Carryover to 17)

05-95-48-481010-9565 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SERVICELINK (100% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$38,925.69	0.00	\$38,925.69
102-500734	Contracts for Program Services	2015	\$78,745.44	0.00	\$78,745.44
102-500734	Contracts for Program Services	2016	\$76,192.39	0.00	\$76,192.39
102-500734	Contracts for Program Services	2017	\$18,604.32	18,604.32	\$37,208.64
		Subtotal	\$212,467.84	18,604.32	\$231,072.16

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$26,543.55	0.00	\$26,543.55
102-500734	Contracts for Program Services	2015	\$50,596.11	0.00	\$50,596.11
102-500734	Contracts for Program Services	2016	\$42,694.93	0.00	\$42,694.93
102-500734	Contracts for Program Services	2017	\$18,256.68	12,740.00	\$30,996.68
		Subtotal	\$138,091.27	12,740.00	\$150,831.27

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$39,614.45	0.00	\$39,614.45
102-500734	Contracts for Program Services	2015	\$113,457.57	0.00	\$113,457.57
102-500734	Contracts for Program Services	2016	\$123,269.55	(9,904.86)	\$113,364.69
102-500734	Contracts for Program Services	2017	\$28,673.48	38,577.86	\$67,251.34
		Subtotal	\$305,015.05	28,673.00	\$333,688.05

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$43,102.83	0.00	\$43,102.83
102-500734	Contracts for Program Services	2015	\$74,831.46	0.00	\$74,831.46
102-500734	Contracts for Program Services	2016	\$97,000.23	(960.40)	\$96,039.83
102-500734	Contracts for Program Services	2017	\$21,462.00	22,422.40	\$43,884.40
		Subtotal	\$236,396.52	21,462.00	\$257,858.52

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$4,444.42	0.00	\$4,444.42
102-500734	Contracts for Program Services	2015	\$8,350.97	0.00	\$8,350.97
102-500734	Contracts for Program Services	2016	\$8,632.71	(356.72)	\$8,275.99
102-500734	Contracts for Program Services	2017	\$2,128.56	2,485.28	\$4,613.84
		Subtotal	\$23,556.66	2,128.56	\$25,685.22

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$29,361.06	0.00	\$29,361.06
102-500734	Contracts for Program Services	2015	\$66,448.98	0.00	\$66,448.98
102-500734	Contracts for Program Services	2016	\$70,552.43	(1,471.47)	\$69,080.96
102-500734	Contracts for Program Services	2017	\$17,179.89	18,651.36	\$35,831.25
		Subtotal	\$183,542.36	17,179.89	\$200,722.25

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$26,176.33	0.00	\$26,176.33
102-500734	Contracts for Program Services	2015	\$87,661.19	0.00	\$87,661.19
102-500734	Contracts for Program Services	2016	\$77,579.25	(1,054.48)	\$76,524.77
102-500734	Contracts for Program Services	2017	\$19,394.69	20,449.17	\$39,843.86
		Subtotal	\$210,811.46	19,394.69	\$230,206.15

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$16,289.82	0.00	\$16,289.82
102-500734	Contracts for Program Services	2015	\$30,277.78	0.00	\$30,277.78
102-500734	Contracts for Program Services	2016	\$29,624.13	(3,837.68)	\$25,786.45
102-500734	Contracts for Program Services	2017	\$7,227.01	11,064.69	\$18,291.70
		Subtotal	\$83,418.74	7,227.01	\$90,645.75

Total 9565	\$1,393,299.90	127,409.47	\$1,520,709.37
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05-95-48-481510-6180 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, MEDICAL SERVICES, LTC ASSESSMENT AND COUNSELING (50% Federal Funds; 50% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$45,861.03	0.00	\$45,861.03
550-500398	Assessment & Counseling	2015	\$92,880.09	0.00	\$92,880.09
550-500398	Assessment & Counseling	2016	\$117,601.30	(600.00)	\$117,001.30
550-500398	Assessment & Counseling	2017	\$25,470.56	27,628.16	\$53,098.72
		Subtotal	\$281,812.98	27,028.16	\$308,841.14

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$43,781.78	0.00	\$43,781.78
550-500398	Assessment & Counseling	2015	\$96,117.28	0.00	\$96,117.28
550-500398	Assessment & Counseling	2016	\$91,749.81	0.00	\$91,749.81
550-500398	Assessment & Counseling	2017	\$28,085.66	25,870.00	\$53,955.66
		Subtotal	\$259,734.53	25,870.00	\$285,604.53

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$85,971.81	0.00	\$85,971.81
550-500398	Assessment & Counseling	2015	\$288,122.96	0.00	\$288,122.96
550-500398	Assessment & Counseling	2016	\$315,897.97	(37,124.18)	\$278,773.79
550-500398	Assessment & Counseling	2017	\$73,146.63	117,293.65	\$190,440.28
		Subtotal	\$763,139.37	80,169.47	\$843,308.84

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$93,542.32	0.00	\$93,542.32
550-500398	Assessment & Counseling	2015	\$212,054.53	0.00	\$212,054.53
550-500398	Assessment & Counseling	2016	\$228,394.96	(23,279.20)	\$205,115.76
550-500398	Assessment & Counseling	2017	\$54,750.00	83,285.20	\$138,035.20
		Subtotal	\$588,741.81	60,006.00	\$648,747.81

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$60,644.47	0.00	\$60,644.47
550-500398	Assessment & Counseling	2015	\$178,740.10	0.00	\$178,740.10
550-500398	Assessment & Counseling	2016	\$204,789.80	(269.36)	\$204,520.44
550-500398	Assessment & Counseling	2017	\$46,583.20	52,985.64	\$99,568.84
		Subtotal	\$490,757.57	52,716.28	\$543,473.85

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$72,396.82	0.00	\$72,396.82
550-500398	Assessment & Counseling	2015	\$117,182.10	0.00	\$117,182.10
550-500398	Assessment & Counseling	2016	\$117,731.06	(1,111.11)	\$116,619.95
550-500398	Assessment & Counseling	2017	\$29,297.45	48,966.68	\$78,264.13
		Subtotal	\$336,607.43	47,855.57	\$384,463.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$68,909.31	0.00	\$68,909.31
550-500398	Assessment & Counseling	2015	\$169,573.55	0.00	\$169,573.55
550-500398	Assessment & Counseling	2016	\$158,731.29	(2,624.24)	\$156,107.05
550-500398	Assessment & Counseling	2017	\$39,682.73	74,277.21	\$113,959.94
		Subtotal	\$436,896.88	71,652.97	\$508,549.85

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$33,889.30	0.00	\$33,889.30
550-500398	Assessment & Counseling	2015	\$83,248.22	0.00	\$83,248.22
550-500398	Assessment & Counseling	2016	\$95,044.27	(6,487.84)	\$88,556.43
550-500398	Assessment & Counseling	2017	\$21,568.17	30,252.97	\$51,821.14
		Subtotal	\$233,749.96	23,765.13	\$257,515.09

Total 6180	\$3,391,440.53	389,063.58	\$3,780,504.11
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05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICE BLOCK GRANT (46% Federal Funds; 54% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$12,423.10	0.00	\$12,423.10
545-500387	I & R Contracts	2015	\$22,659.29	0.00	\$22,659.29
545-500387	I & R Contracts	2016	\$22,312.10	0.00	\$22,312.10
545-500387	I & R Contracts	2017	\$5,315.52	5,315.52	\$10,631.04
		Subtotal	\$62,710.01	5,315.52	\$68,025.53

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$8,506.63	0.00	\$8,506.63
545-500387	I & R Contracts	2015	\$14,744.37	0.00	\$14,744.37
545-500387	I & R Contracts	2016	\$12,198.55	0.00	\$12,198.55
545-500387	I & R Contracts	2017	\$5,216.20	3,640.00	\$8,856.20
		Subtotal	\$40,665.75	3,640.00	\$44,305.75

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$12,643.23	0.00	\$12,643.23
545-500387	I & R Contracts	2015	\$32,416.35	0.00	\$32,416.35
545-500387	I & R Contracts	2016	\$36,204.91	(2,829.96)	\$33,374.95
545-500387	I & R Contracts	2017	\$8,192.38	11,021.96	\$19,214.34
		Subtotal	\$89,456.87	8,192.00	\$97,648.87

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$13,756.24	0.00	\$13,756.24
545-500387	I & R Contracts	2015	\$21,380.42	0.00	\$21,380.42
545-500387	I & R Contracts	2016	\$28,283.37	(274.40)	\$28,008.97
545-500387	I & R Contracts	2017	\$6,132.00	6,406.40	\$12,538.40
		Subtotal	\$69,552.03	6,132.00	\$75,684.03

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$1,419.48	0.00	\$1,419.48
545-500387	I & R Contracts	2015	\$2,385.98	0.00	\$2,385.98
545-500387	I & R Contracts	2016	\$2,520.12	(101.92)	\$2,418.20
545-500387	I & R Contracts	2017	\$608.16	710.08	\$1,318.24
		Subtotal	\$6,933.74	608.16	\$7,541.90

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$9,373.32	0.00	\$9,373.32
545-500387	I & R Contracts	2015	\$19,367.88	0.00	\$19,367.88
545-500387	I & R Contracts	2016	\$20,202.27	(420.42)	\$19,781.85
545-500387	I & R Contracts	2017	\$4,908.54	5,328.96	\$10,237.50
		Subtotal	\$53,852.01	4,908.54	\$58,760.55

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$8,364.02	0.00	\$8,364.02
545-500387	I & R Contracts	2015	\$25,879.67	0.00	\$25,879.67
545-500387	I & R Contracts	2016	\$22,165.50	(301.28)	\$21,864.22
545-500387	I & R Contracts	2017	\$5,541.34	5,842.62	\$11,383.96
		Subtotal	\$61,950.53	5,541.34	\$67,491.87

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$5,202.97	0.00	\$5,202.97
545-500387	I & R Contracts	2015	\$8,650.80	0.00	\$8,650.80
545-500387	I & R Contracts	2016	\$8,724.91	(1,096.48)	\$7,628.43
545-500387	I & R Contracts	2017	\$2,064.86	3,161.34	\$5,226.20
		Subtotal	\$24,643.54	2,064.86	\$26,708.40

Total 9255	\$409,764.48	36,402.42	\$446,166.90
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05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS (86% Federal Funds; 14% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$8,093.93	0.00	\$8,093.93
570-500928	Family Caregiver	2014	\$20,713.86	0.00	\$20,713.86
072-500575	Grants - Federal	2015	\$17,724.75	0.00	\$17,724.75
570-500928	Family Caregiver	2015	\$40,177.14	0.00	\$40,177.14
072-500575	Grants - Federal	2016	\$13,110.09	0.00	\$13,110.09
570-500928	Family Caregiver	2016	\$44,196.86	0.00	\$44,196.86
072-500575	Grants - Federal	2017	\$1,557.60	0.00	\$1,557.60
570-500928	Family Caregiver	2017	\$10,305.00	10,305.00	\$20,610.00
		Subtotal	\$155,879.23	10,305.00	\$166,184.23

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$12,668.04	0.00	\$12,668.04
570-500928	Family Caregiver	2014	\$8,750.00	0.00	\$8,750.00
072-500575	Grants - Federal	2015	\$22,542.24	0.00	\$22,542.24
570-500928	Family Caregiver	2015	\$16,500.00	0.00	\$16,500.00
072-500575	Grants - Federal	2016	\$8,115.11	0.00	\$8,115.11
570-500928	Family Caregiver	2016	\$24,417.11	0.00	\$24,417.11
072-500575	Grants - Federal	2017	\$1,950.00	0.00	\$1,950.00
570-500928	Family Caregiver	2017	\$6,000.00	6,000.00	\$12,000.00
		Subtotal	\$100,942.50	6,000.00	\$106,942.50

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$30,342.98	0.00	\$30,342.98
570-500928	Family Caregiver	2014	\$11,090.25	0.00	\$11,090.25
072-500575	Grants - Federal	2015	\$55,642.24	0.00	\$55,642.24
570-500928	Family Caregiver	2015	\$38,786.10	0.00	\$38,786.10
072-500575	Grants - Federal	2016	\$34,333.04	0.00	\$34,333.04
570-500928	Family Caregiver	2016	\$45,427.90	(4,422.00)	\$41,005.90
072-500575	Grants - Federal	2017	\$7,022.04	0.00	\$7,022.04
570-500928	Family Caregiver	2017	\$10,241.00	14,663.00	\$24,904.00
		Subtotal	\$232,885.55	10,241.00	\$243,126.55

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$33,014.92	0.00	\$33,014.92
570-500928	Family Caregiver	2014	\$19,587.04	0.00	\$19,587.04
072-500575	Grants - Federal	2015	\$35,204.21	\$0.00	\$35,204.21
570-500928	Family Caregiver	2015	\$38,621.06	\$0.00	\$38,621.06
072-500575	Grants - Federal	2016	\$32,918.07	\$0.00	\$32,918.07
570-500928	Family Caregiver	2016	\$38,621.00	(\$2,745.00)	\$35,876.00
072-500575	Grants - Federal	2017	\$5,256.00	\$0.00	\$5,256.00
570-500928	Family Caregiver	2017	\$9,655.00	\$12,400.00	\$22,055.00
		Subtotal	\$212,877.30	\$9,655.00	\$222,532.30

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$44,260.81	0.00	\$44,260.81
570-500928	Family Caregiver	2014	\$20,240.52	0.00	\$20,240.52
072-500575	Grants - Federal	2015	\$30,511.00	0.00	\$30,511.00
570-500928	Family Caregiver	2015	\$46,010.64	0.00	\$46,010.64
072-500575	Grants - Federal	2016	\$32,368.74	0.00	\$32,368.74
570-500928	Family Caregiver	2016	\$51,262.18	(1,538.00)	\$49,724.18
072-500575	Grants - Federal	2017	\$6,133.08	0.00	\$6,133.08
570-500928	Family Caregiver	2017	\$11,883.00	13,421.00	\$25,304.00
		Subtotal	\$242,669.97	11,883.00	\$254,552.97

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$46,413.11	0.00	\$46,413.11
570-500928	Family Caregiver	2014	\$38,665.23	0.00	\$38,665.23
072-500575	Grants - Federal	2015	\$87,024.69	0.00	\$87,024.69
570-500928	Family Caregiver	2015	\$76,398.02	0.00	\$76,398.02
072-500575	Grants - Federal	2016	\$75,178.28	(1,104.00)	\$74,074.28
570-500928	Family Caregiver	2016	\$80,644.75	0.00	\$80,644.75
072-500575	Grants - Federal	2017	\$18,558.12	1,104.00	\$19,662.12
570-500928	Family Caregiver	2017	\$19,590.00	19,590.00	\$39,180.00
		Subtotal	\$442,472.20	19,590.00	\$462,062.20

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$32,108.91	0.00	\$32,108.91
570-500928	Family Caregiver	2014	\$18,718.17	0.00	\$18,718.17
072-500575	Grants - Federal	2015	\$157,909.73	0.00	\$157,909.73
570-500928	Family Caregiver	2015	\$86,074.26	0.00	\$86,074.26
072-500575	Grants - Federal	2016	\$136,942.66	0.00	\$136,942.66
570-500928	Family Caregiver	2016	\$70,339.00	(458.00)	\$69,881.00
072-500575	Grants - Federal	2017	\$31,970.24	0.00	\$31,970.24
570-500928	Family Caregiver	2017	\$17,585.00	18,043.00	\$35,628.00
		Subtotal	\$551,647.97	17,585.00	\$569,232.97

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$14,554.35	0.00	\$14,554.35
570-500928	Family Caregiver	2014	\$10,738.11	0.00	\$10,738.11
072-500575	Grants - Federal	2015	\$13,786.34	0.00	\$13,786.34
570-500928	Family Caregiver	2015	\$20,965.05	0.00	\$20,965.05
072-500575	Grants - Federal	2016	\$8,787.84	0.00	\$8,787.84
570-500928	Family Caregiver	2016	\$27,018.84	(679.00)	\$26,339.84
072-500575	Grants - Federal	2017	\$2,196.96	0.00	\$2,196.96
570-500928	Family Caregiver	2017	\$5,853.00	6,532.00	\$12,385.00
		Subtotal	\$103,900.49	5,853.00	\$109,753.49

Total 7872	\$2,043,275.21	91,112.00	\$2,134,387.21
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05-95-48-481010-8925 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, MEDICAL SERVICE GRANTS (100% Federal Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$13,938.26	0.00	\$13,938.26
102-500731	Contracts for Program Services	2015	\$21,238.65	0.00	\$21,238.65
102-500731	Contracts for Program Services	2016	\$31,789.03	(1,285.00)	\$30,504.03
102-500731	Contracts for Program Services	2017	\$6,572.00	6,610.00	\$13,182.00
		Subtotal	\$73,537.94	5,325.00	\$78,862.94

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$10,913.00	0.00	\$10,913.00
102-500731	Contracts for Program Services	2015	\$17,986.00	0.00	\$17,986.00
102-500731	Contracts for Program Services	2016	\$22,902.33	0.00	\$22,902.33
102-500731	Contracts for Program Services	2017	\$4,497.00	4,497.00	\$8,994.00
		Subtotal	\$56,298.33	4,497.00	\$60,795.33

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$6,850.23	0.00	\$6,850.23
102-500731	Contracts for Program Services	2015	\$19,324.91	0.00	\$19,324.91
102-500731	Contracts for Program Services	2016	\$21,817.61	(3,388.00)	\$18,429.61
102-500731	Contracts for Program Services	2017	\$4,965.00	8,353.00	\$13,318.00
		Subtotal	\$52,957.75	4,965.00	\$57,922.75

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$14,911.91	0.00	\$14,911.91
102-500731	Contracts for Program Services	2015	\$25,948.65	0.00	\$25,948.65
102-500731	Contracts for Program Services	2016	\$25,949.00	0.00	\$25,949.00
102-500731	Contracts for Program Services	2017	\$6,487.00	6,487.00	\$12,974.00
		Subtotal	\$73,296.56	6,487.00	\$79,783.56

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$10,552.67	0.00	\$10,552.67
102-500731	Contracts for Program Services	2015	\$18,316.48	0.00	\$18,316.48
102-500731	Contracts for Program Services	2016	\$25,223.37	(260.00)	\$24,963.37
102-500731	Contracts for Program Services	2017	\$5,380.00	5,640.00	\$11,020.00
		Subtotal	\$59,472.52	5,380.00	\$64,852.52

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$20,941.44	0.00	\$20,941.44
102-500731	Contracts for Program Services	2015	\$47,198.56	0.00	\$47,198.56
102-500731	Contracts for Program Services	2016	\$46,976.00	0.00	\$46,976.00
102-500731	Contracts for Program Services	2017	\$11,744.00	11,744.00	\$23,488.00
		Subtotal	\$126,860.00	11,744.00	\$138,604.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$39,327.38	0.00	\$39,327.38
102-500731	Contracts for Program Services	2015	\$66,805.78	0.00	\$66,805.78
102-500731	Contracts for Program Services	2016	\$94,020.00	(12,901.00)	\$81,119.00
102-500731	Contracts for Program Services	2017	\$19,755.00	32,656.00	\$52,411.00
		Subtotal	\$219,908.16	19,755.00	\$239,663.16

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$4,196.87	0.00	\$4,196.87
102-500731	Contracts for Program Services	2015	\$12,707.19	0.00	\$12,707.19
102-500731	Contracts for Program Services	2016	\$11,641.29	(1,888.00)	\$9,753.29
102-500731	Contracts for Program Services	2017	\$2,772.00	4,660.00	\$7,432.00
		Subtotal	\$31,317.35	2,772.00	\$34,089.35

Total 8925	\$693,648.61	60,925.00	\$754,573.61
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05-95-48-481010-3317 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - SMPP (75% Federal Funds; 25% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$16,546.00	0.00	\$16,546.00
102-500731	Contracts for Program Services	2015	\$27,385.46	0.00	\$27,385.46
102-500731	Contracts for Program Services	2016	\$85,608.54	(3,634.00)	\$81,974.54
102-500731	Contracts for Program Services	2017	\$26,824.00	11,134.00	\$37,958.00
		Subtotal	\$156,364.00	7,500.00	\$163,864.00

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$10,813.00	0.00	\$10,813.00
102-500731	Contracts for Program Services	2015	\$22,310.00	0.00	\$22,310.00
102-500731	Contracts for Program Services	2016	\$22,959.62	0.00	\$22,959.62
102-500731	Contracts for Program Services	2017	\$5,578.00	5,578.00	\$11,156.00
		Subtotal	\$61,660.62	5,578.00	\$67,238.62

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$9,653.49	0.00	\$9,653.49
102-500731	Contracts for Program Services	2015	\$27,007.99	0.00	\$27,007.99
102-500731	Contracts for Program Services	2016	\$31,674.46	(4,660.00)	\$27,014.46
102-500731	Contracts for Program Services	2017	\$7,095.00	11,755.00	\$18,850.00
		Subtotal	\$75,430.94	7,095.00	\$82,525.94

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$8,499.81	0.00	\$8,499.81
102-500731	Contracts for Program Services	2015	\$10,396.97	0.00	\$10,396.97
102-500731	Contracts for Program Services	2016	\$10,397.00	0.00	\$10,397.00
102-500731	Contracts for Program Services	2017	\$2,599.00	2,599.00	\$5,198.00
		Subtotal	\$31,892.78	2,599.00	\$34,491.78

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$8,903.82	0.00	\$8,903.82
102-500731	Contracts for Program Services	2015	\$12,729.72	0.00	\$12,729.72
102-500731	Contracts for Program Services	2016	\$12,174.00	(73.00)	\$12,101.00
102-500731	Contracts for Program Services	2017	\$3,044.00	3,117.00	\$6,161.00
		Subtotal	\$36,851.54	3,044.00	\$39,895.54

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$16,734.90	0.00	\$16,734.90
102-500731	Contracts for Program Services	2015	\$42,358.10	0.00	\$42,358.10
102-500731	Contracts for Program Services	2016	\$42,224.00	(105.00)	\$42,119.00
102-500731	Contracts for Program Services	2017	\$10,556.00	10,661.00	\$21,217.00
		Subtotal	\$111,873.00	10,556.00	\$122,429.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$15,182.21	0.00	\$15,182.21
102-500731	Contracts for Program Services	2015	\$50,265.38	0.00	\$50,265.38
102-500731	Contracts for Program Services	2016	\$44,184.41	0.00	\$44,184.41
102-500731	Contracts for Program Services	2017	\$10,979.00	10,979.00	\$21,958.00
		Subtotal	\$120,611.00	10,979.00	\$131,590.00

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$7,354.41	0.00	\$7,354.41
102-500731	Contracts for Program Services	2015	\$12,256.80	0.00	\$12,256.80
102-500731	Contracts for Program Services	2016	\$14,129.71	(1,486.00)	\$12,643.71
102-500731	Contracts for Program Services	2017	\$3,007.00	4,493.00	\$7,500.00
		Subtotal	\$36,747.92	3,007.00	\$39,754.92

Total 3317	\$631,431.80	50,358.00	\$681,789.80
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05-95-48-481010-8888 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - MIPPA (100% Federal Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$16,012.09	0.00	\$16,012.09
102-500731	Contracts for Program Services	2016	\$29,983.91	(545.00)	\$29,438.91
102-500731	Contracts for Program Services	2017	\$2,989.00	3,534.00	\$6,523.00
		Subtotal	\$48,985.00	2,989.00	\$51,974.00

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$515.00	0.00	\$515.00
102-500731	Contracts for Program Services	2015	\$11,028.00	0.00	\$11,028.00
102-500731	Contracts for Program Services	2016	\$7,969.00	0.00	\$7,969.00
102-500731	Contracts for Program Services	2017	\$1,992.00	1,992.00	\$3,984.00
		Subtotal	\$21,504.00	1,992.00	\$23,496.00

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$3,151.48	0.00	\$3,151.48
102-500731	Contracts for Program Services	2015	\$9,043.72	0.00	\$9,043.72
102-500731	Contracts for Program Services	2016	\$29,030.80	(9,741.00)	\$19,289.80
102-500731	Contracts for Program Services	2017	\$3,487.00	13,228.00	\$16,715.00
		Subtotal	\$44,713.00	3,487.00	\$48,200.00

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$6,232.12	0.00	\$6,232.12
102-500731	Contracts for Program Services	2015	\$29,377.88	0.00	\$29,377.88
102-500731	Contracts for Program Services	2016	\$13,946.00	0.00	\$13,946.00
102-500731	Contracts for Program Services	2017	\$3,487.00	3,487.00	\$6,974.00
		Subtotal	\$53,043.00	3,487.00	\$56,530.00

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$7,851.64	0.00	\$7,851.64
102-500731	Contracts for Program Services	2015	\$12,277.06	0.00	\$12,277.06
102-500731	Contracts for Program Services	2016	\$11,860.30	(321.00)	\$11,539.30
102-500731	Contracts for Program Services	2017	\$2,241.00	2,562.00	\$4,803.00
		Subtotal	\$34,230.00	2,241.00	\$36,471.00

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$6,565.93	0.00	\$6,565.93
102-500731	Contracts for Program Services	2015	\$21,936.28	0.00	\$21,936.28
102-500731	Contracts for Program Services	2016	\$16,261.79	0.00	\$16,261.79
102-500731	Contracts for Program Services	2017	\$3,487.00	3,487.00	\$6,974.00
		Subtotal	\$48,251.00	3,487.00	\$51,738.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$29,055.00	0.00	\$29,055.00
102-500731	Contracts for Program Services	2016	\$22,856.00	(33.00)	\$22,823.00
102-500731	Contracts for Program Services	2017	\$4,234.00	4,267.00	\$8,501.00
		Subtotal	\$56,145.00	4,234.00	\$60,379.00

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$2,818.31	0.00	\$2,818.31
102-500731	Contracts for Program Services	2015	\$5,290.80	0.00	\$5,290.80
102-500731	Contracts for Program Services	2016	\$26,196.89	(397.00)	\$25,799.89
102-500731	Contracts for Program Services	2017	\$2,989.00	3,386.00	\$6,375.00
		Subtotal	\$37,295.00	2,989.00	\$40,284.00

Total 8888	\$344,166.00	24,906.00	\$369,072.00
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05-95-49-490510-29850000-102-500731 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIV OF COMM BASED SVS, COMMUNITY BASED CARE SERVICES, BALANCE INCENTIVE PROGRAM BIP, (100% FEDERAL FUNDS)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2016	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$0.00	0.00	\$0.00
		Subtotal	\$0.00	0.00	\$0.00

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$3,877.46	0.00	\$3,877.46
102-500731	Contracts for Program Services	2016	\$142,150.54	0.00	\$142,150.54
102-500731	Contracts for Program Services	2017	\$0.00	0.00	\$0.00
		Subtotal	\$146,028.00	0.00	\$146,028.00

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2016	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$0.00	0.00	\$0.00
		Subtotal	\$0.00	0.00	\$0.00

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$500,000.00	0.00	\$500,000.00
102-500731	Contracts for Program Services	2016	\$187,503.00	0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$62,497.00	0.00	\$0.00
		Subtotal	\$750,000.00	0.00	\$500,000.00

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2016	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$0.00	0.00	\$0.00
		Subtotal	\$0.00	0.00	\$0.00

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2016	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$0.00	0.00	\$0.00
		Subtotal	\$0.00	0.00	\$0.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2016	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$0.00	0.00	\$0.00
		Subtotal	\$0.00	0.00	\$0.00

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2016	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$0.00	0.00	\$0.00
		Subtotal	\$0.00	0.00	\$0.00

Total 2985	\$896,028.00	\$0.00	\$646,028.00
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**State of New Hampshire
Department of Health and Human Services
Amendment #4 to the New Hampshire
Service Link Resource Centers Program**

This 4th Amendment to the New Hampshire Service Link Resource Centers Program contract (hereinafter referred to as "Amendment #4") dated this, 16th day of August 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Behavioral Health and Developmental Services of Strafford County, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 113 Crosby Road, Dover, NH 03820.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (item #62) and amended by an agreement (Amendment #1) approved by Governor and Executive Council on June 4, 2014 (item #59), (Amendment #2) approved by Governor and Executive Council on May 6, 2015 (item #23), and (Amendment #3) approved by the Department on June 17, 2016, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract;

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties;

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional three (3) months and increase the price limitation; and

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

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: December 31, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$885,242.
3. Delete Exhibit B-19 and replace with Exhibit B-19 Amendment #1.
4. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 12/31/16.
5. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 12/31/16.

New Hampshire Department of Health and Human Services
New Hampshire Service Link Resource Centers Program



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

8/29/16
Date

Maurgan Ryan
NAME Maurgan Ryan
TITLE Director, Office of Human Services

Behavioral Health & Development Services
of Strafford County, Inc.
d/b/a Community Partners of Strafford County

8/23/16
Date

Christopher Roundy
NAME Christopher Roundy
TITLE President, Board of Directors

Acknowledgement:

State of New Hampshire, County of Strafford on August 23, 2016 before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Darlene E. Moore
Name and Title of Notary or Justice of the Peace

New Hampshire Department of Health and Human Services
New Hampshire Service Link Resource Centers Program



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 9/4/14

Name: Megan A. J. [unclear]
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____

int COX
date 8/23/16

Exhibit B-19 Amendment #1

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

Contractor Name: Behavioral Health and Developmental Services of Strafford County, Inc.
Program Name ServiceLink Resource Center

Budget Period: 7/1/16 - 12/31/16

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 83,059.00	\$ -	\$ 83,059.00	\$ 4,600.00	\$ -	\$ 4,600.00	\$ -	\$ -	\$ -
2. Employee Benefits	\$ 37,292.00	\$ -	\$ 37,292.00	\$ 2,000.00	\$ -	\$ 2,000.00	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ 930.00	\$ 930.00	\$ -	\$ 30.00	\$ 30.00	\$ -	\$ 900.00	\$ 900.00
6. Travel	\$ 650.00	\$ -	\$ 650.00	\$ 50.00	\$ -	\$ 50.00	\$ -	\$ 50.00	\$ 50.00
7. Occupancy	\$ -	\$ 8,700.00	\$ 8,700.00	\$ -	\$ 600.00	\$ 600.00	\$ -	\$ 8,100.00	\$ 8,100.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 6,151.00	\$ -	\$ 6,151.00	\$ 309.00	\$ -	\$ 309.00	\$ -	\$ 5,842.00	\$ 5,842.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ 2,500.00	\$ -	\$ 2,500.00	\$ -	\$ -	\$ -	\$ 2,500.00	\$ -	\$ 2,500.00
9. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 200.00	\$ -	\$ 200.00	\$ -	\$ -	\$ -	\$ 200.00	\$ -	\$ 200.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Advertising	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 129,852.00	\$ 9,630.00	\$ 139,482.00	\$ 6,955.00	\$ 630.00	\$ 7,585.00	\$ 122,893.00	\$ 9,000.00	\$ 131,893.00

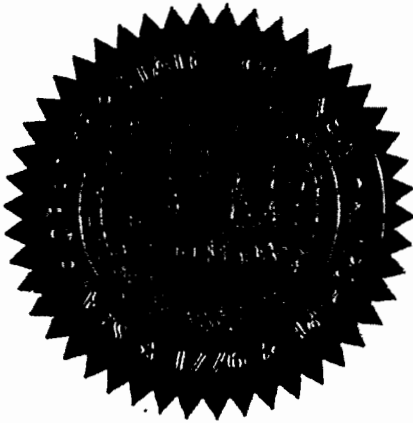
Indirect As A Percent of Direct 7.4% 9.1% 7.3%

Contractor Initials: *CB*
Date: *8/22/16*

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 BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. is a New Hampshire nonprofit corporation formed September 24, 1982. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of April A.D. 2016

A handwritten signature in cursive script, 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 PARTNERS OF STRAFFORD COUNTY is a New Hampshire trade name registered on October 27, 2003 and that BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 5th day of April, A.D. 2016

William M. Gardner

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Ann Landry, Secretary, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners.
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on August 23, 2016:
(Date)

RESOLVED: That the President
(Title of Contract Signatory)

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

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 23rd day of August, 2016.
(Date Contract Signed)

4. Christopher Roundy is the duly elected President
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Ann Landry
(Signature of the Elected Officer) Ann Landry

STATE OF New Hampshire

County of Strafford

The forgoing instrument was acknowledged before me this 23rd day of August, 2016.

By Ann Landry
(Name of Elected Officer of the Agency)

Darlene E Moore
(Notary Public) Justice of the Peace

(NOTARY SEAL)

Commission Expires: April 8, 2020

Client#: 950869

BEHAVHEAT

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/30/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

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

PRODUCER: USI Insurance Services LLC, 12 Gill Street Suite 5500, Woburn, MA 01801, 855 874-0123
CONTACT NAME:
PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): 781-376-5035
E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE: INSURER A: Philadelphia Indemnity Insuranc NAIC #: 18058
INSURED: Behavioral Health & Developmental Services dba Community Partners, 113 Crosby Road Suite 1, Dover, NH 03820
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, Employee Theft, Professional, and Director & Officer.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Auto Deductibles: \$600 Comp/\$500 Coll
Uninsured/Underinsured Motorist: \$1,000,000

CERTIFICATE HOLDER: NH DHHS, 129 Pleasant Street, Concord, NH 03301
CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]

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113 Crosby Road
Suite 1
Dover, NH 03820
(603) 516-9300
Fax: (603) 743-3244

50 Chestnut Street
Dover, NH 03820
(603) 516-9300
Fax: (603) 743-1850

25 Old Dover Road
Rochester, NH 03867
(603) 516-9300
Fax: (603) 335-9278

A United Way
Partner Agency



Mission: Community Partners connects our clients and their families to the opportunities and possibilities for full participation in their communities.

Vision: We serve those who experience emotional distress, mental illnesses, substance use disorders, developmental disabilities, chronic health needs, acquired brain disorder, as well as those who are in need of information and referral to access long-term supports and services.

We strive to be an organization that consistently delivers outstanding services and supports that are person-focused and dedicated to full participation in communities.

We will take leadership roles in educating our community network, families, and the public to reduce stigma and to increase self-determination and personal empowerment.

We are committed to evidence-based and outcome-driven practices.

We will invest in our staff to further professional development and foster an environment of innovation.

Community Partners

Behavioral Health & Developmental Services of Strafford County, Inc.



INDEPENDENT AUDITOR'S REPORT

Board of Directors
Behavioral Health & Developmental Services of Strafford County, Inc.
d/b/a Community Partners and Subsidiaries

We have audited the accompanying consolidated financial statements of Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners and Subsidiaries (the Organization), which comprise the consolidated statements of financial position as of June 30, 2015 and 2014, and the related consolidated statements of activities, functional revenue and expenses and cash flows for the years 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 U.S. generally accepted accounting principles; 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 audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from 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 consolidated financial position of the Organization, as of June 30, 2015 and 2014, and the changes in their net assets and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Other Matter

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statements of financial position and consolidating statements of activities are presented for purposes of additional analysis, rather than to present the financial position and changes in net assets of the individual entities, and are 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 audits 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 U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Berry Dawn McNeil & Parker, LLC

Manchester, New Hampshire
November 4, 2015

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Consolidated Statements of Financial Position

June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ASSETS		
Cash and cash equivalents	\$ 1,086,881	\$ 1,688,233
Restricted cash	120,640	161,186
Accounts receivable, net of allowance for doubtful accounts	2,061,351	2,994,797
Grants receivable	99,915	106,509
Prepaid expenses	142,263	233,647
Property and equipment, net	<u>2,179,021</u>	<u>2,441,022</u>
 Total assets	 <u>\$ 5,690,071</u>	 <u>\$ 7,625,394</u>
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts payable and accrued expenses	\$ 1,989,421	\$ 2,160,347
Refundable advances	249,517	787,904
Loan fund	89,115	88,996
Notes payable	<u>1,240,491</u>	<u>842,784</u>
 Total liabilities	 <u>3,568,544</u>	 <u>3,880,031</u>
Net assets		
Unrestricted	2,103,636	3,701,263
Temporarily restricted	<u>17,891</u>	<u>44,100</u>
 Total net assets	 <u>2,121,527</u>	 <u>3,745,363</u>
 Total liabilities and net assets	 <u>\$ 5,690,071</u>	 <u>\$ 7,625,394</u>

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

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Consolidated Statements of Activities

Years Ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Changes in unrestricted net assets		
Public support and revenue		
Medicaid revenue	\$ 23,479,303	\$ 23,304,027
Medicare revenue	196,145	229,854
Client resources	1,481,753	1,490,712
Contract revenue	1,077,744	1,182,715
Grant income	674,320	465,425
Interest income	49	522
Other program revenue	105,846	62,145
Public support	67,734	73,291
Other revenue	<u>490,728</u>	<u>489,791</u>
Total public support and revenue	27,573,622	27,298,482
Net assets released from restrictions	<u>31,573</u>	<u>27,933</u>
Total public support, revenue, and releases	<u>27,605,195</u>	<u>27,326,415</u>
Expenses		
Program services		
Case management	943,225	869,742
Day programs and community support	4,405,287	4,170,441
Early support services and youth and family	3,412,749	4,968,019
Family support	579,621	600,208
Residential services	5,023,498	4,737,494
Combined residential, day and consolidated services	6,972,601	6,150,215
Adult services	3,716,191	2,430,111
Emergency services	620,806	597,080
Other	<u>842,840</u>	<u>689,634</u>
Total program expenses	26,516,818	25,212,944
Supporting services		
General management	<u>2,686,004</u>	<u>2,078,921</u>
Total expenses	<u>29,202,822</u>	<u>27,291,865</u>
Total change in unrestricted net assets	<u>(1,597,627)</u>	<u>34,550</u>
Changes in temporarily restricted net assets		
United Way allocation	5,364	1,724
Net assets released from restrictions	<u>(31,573)</u>	<u>(27,933)</u>
Total change in temporarily restricted net assets	<u>(26,209)</u>	<u>(26,209)</u>
Total change in net assets	(1,623,836)	8,341
Net assets, beginning of year	<u>3,745,363</u>	<u>3,737,022</u>
Net assets, end of year	<u>\$ 2,121,527</u>	<u>\$ 3,745,363</u>

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

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC., DBIA COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statement of Functional Revenue and Expenses

Year Ended June 30, 2016

	Case Management	Day Programs and Community Support	Early Support Services and Youth and Family	Family Support	Residential Services	Residential Day and Consolidated Services	Adult Services	Emergency Services	Other	Total Program	General Management	Total
Revenue												
Medicaid revenue	\$ 794,817	\$ 3,181,487	\$ 3,578,306	\$ 211,810	\$ 5,338,378	\$ 6,510,476	\$ 3,333,600	\$ 66,352	\$ 32,687	\$ 23,478,303	\$ -	\$ 23,478,303
Medicare revenue	-	10,336	5,228	-	-	-	190,778	(10,193)	-	186,145	-	186,145
Client resources	30,614	42,595	268,679	8,845	674,490	331,841	56,066	68,354	(131)	1,481,753	-	1,481,753
Grant revenue	-	297,874	56,080	-	116,877	-	121,600	98,265	113,988	804,784	272,900	1,077,744
Grant income	35	12,772	118,700	27,152	77	4,405	46,983	-	405,180	613,304	81,016	674,320
Interest income	-	-	-	-	-	-	-	-	-	49	-	49
Other program revenue	-	63,780	4,938	-	-	31,216	-	-	-	99,848	6,000	105,848
Public support	13,782	11,038	3,742	8,485	-	1,000	1,000	-	25,181	63,266	4,448	87,734
Other revenue	623	18,802	61,680	1,500	10,377	45,980	35,221	-	117,897	281,840	199,848	480,728
Total functional public support and revenue	619,671	3,648,492	4,095,731	373,658	6,222,323	6,924,020	3,987,716	243,778	684,612	27,030,391	543,321	27,573,622
Net assets released from restrictions	5,384	-	-	-	-	-	-	-	26,208	31,573	-	31,573
Total public support, revenue and releases	645,035	3,648,492	4,095,731	373,658	6,222,323	6,924,020	3,987,716	243,778	720,821	27,061,874	543,321	27,605,195
Expenses												
Salaries and wages	540,987	2,341,290	2,131,188	185,630	620,773	1,565,706	2,236,944	450,437	441,460	10,574,405	1,494,728	12,069,134
Employee benefits	154,098	571,258	489,570	52,532	186,896	342,794	560,078	88,770	154,475	2,803,400	356,268	2,659,666
Payroll taxes	39,380	171,674	154,797	13,562	45,278	116,227	176,378	31,821	38,268	787,403	68,097	873,500
Contracted substance staff	45	6,754	1,327	15	55	100	1,366	35	10	9,797	52,227	61,934
Client treatment services	5,300	11,214	2,647	184,715	3,165,284	1,430,430	16,120	-	30,416	4,786,106	499	4,786,605
Client therapies	28,598	2,118	37,819	3,331	21,098	19,372	48,127	-	-	102,663	1,059	103,721
Professional fees and consultants	78,842	55,195	181,413	11,942	34,140	38,396	141,280	20,804	10,297	571,508	148,113	719,622
Subcontractors	-	489,947	-	-	616,504	3,020,420	1,587	-	-	4,317,318	-	4,317,318
Staff development/training	1,818	50,510	2,976	1,816	10,105	10,105	22,303	2,407	2,412	144,877	28,023	173,760
Rent	-	60,350	53,843	-	2,660	10,541	79,054	-	22,568	229,238	78,014	307,252
Utilities	287	39,724	13,069	3,283	14,783	31,737	15,125	-	15,933	136,837	24,847	161,684
Building maintenance and repairs	1,235	21,879	6,688	1,233	35,016	19,289	9,328	502	2,691	99,842	16,575	116,417
Other occupancy costs	1,721	20,964	11,712	1,721	6,925	20,771	29,422	-	13,952	115,188	22,826	138,114
Office	3,064	19,747	11,246	1,362	4,449	13,421	13,303	1,840	5,287	73,728	58,873	132,402
Building/household	973	16,811	4,047	3,680	6,221	4,199	4,199	156	2,863	39,949	9,890	49,839
Client consumables	1,782	29,863	5,658	6,297	30,000	57,408	12,337	45	105	143,873	3,754	147,627
Medical	-	98	287	-	3,698	2,842	628	19	3	7,771	663	8,434
Equipment maintenance	5,099	25,188	22,858	2,525	8,050	16,310	27,783	4,250	4,168	118,840	35,847	152,887
Depreciation	22,436	79,771	58,144	7,479	27,621	48,957	56,178	8,740	3,742	311,769	68,587	480,356
Advertising	139	554	481	54	187	326	554	86	1,600	3,984	1,188	5,172
Printing	16	38	4,476	5	287	189	551	96	88	4,246	2,078	7,344
Telephone/communications	1,856	34,878	23,153	415	12,511	31,041	25,787	1,881	22,032	153,644	50,609	204,253
Postage/shipping	552	2,781	3,174	164	3,816	3,816	3,816	409	512	14,870	6,062	20,732
Transportation	24,402	272,475	46,852	3,168	18,382	132,430	117,836	1,758	7,767	625,032	(381)	624,651
Assistance to individuals	14,650	25,091	-	89,947	-	9,925	400	-	26,529	170,542	270	170,812
Insurance	6,509	30,254	36,163	2,836	10,400	18,908	48,900	6,618	1,890	164,378	41,818	206,196
Membership dues	288	1,292	85	288	424	638	222	113	113	6,154	66,096	73,250
Interest	2,797	4,442	6,167	2,268	1,125	5,567	4,781	561	6,194	38,259	9,555	48,814
Other	1,037	969	50,327	2,567	215	547	374	26	22,565	78,587	5,810	84,397
Total expenses	943,225	4,405,287	3,412,749	579,821	5,023,488	6,972,601	3,716,191	620,808	842,840	26,516,818	2,888,004	29,202,822
(Decrease) increase in unrestricted net assets	\$ (88,190)	\$ (758,795)	\$ 682,982	\$ (205,963)	\$ 1,189,825	\$ (88,581)	\$ 271,525	\$ (377,028)	\$ (122,016)	\$ 545,056	\$ (2,142,683)	\$ (1,597,627)

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

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC., DBIA COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statement of Functional Revenue and Expenses

Year Ended June 30, 2014

	Case Management	Day Programs and Community Support	Early Support Services and Youth and Family	Family Support	Residential Services	Combined Residential Day and Consolidated Services	Adult Services	Emergency Services	Other	Total Program	General Management	Total
Revenue												
Medical revenue	\$ 716,875	\$ 3,444,807	\$ 4,739,473	\$ 243,744	\$ 5,382,737	\$ 6,478,486	\$ 2,010,781	\$ 83,037	\$ 184,107	\$ 23,364,027	\$ -	\$ 23,388,027
Medicare revenue	-	12,321	74,784	-	-	127,945	127,945	6,448	8,355	229,854	-	229,854
Client reimburse	25,428	29,885	356,591	782	644,578	315,960	76,993	37,815	3,221	1,490,712	-	1,490,712
Contracted services	-	101,823	387,125	183,057	-	199,814	199,814	105,313	179,263	1,177,195	-	1,177,195
Grant income	3,332	6,162	82,017	10,801	2,232	1,231	38,718	-	281,087	423,580	-	465,425
Interest income	-	-	-	-	-	-	-	-	-	522	-	522
Other program revenue	-	54,854	1,191	-	-	-	-	-	-	56,145	6,000	62,145
Public support	19,487	5,159	3,435	12,225	1,200	-	258	-	30,898	72,634	657	73,281
Other revenue	(138)	8,915	50,188	258	308	158	14,474	-	158,813	208,975	280,616	489,791
Total functional public support and revenue	764,861	3,682,106	5,704,802	481,477	6,031,053	6,786,516	2,487,051	242,414	833,742	26,963,122	335,360	27,298,482
Net assets released from restrictions	1,724	-	-	-	-	-	-	-	26,209	27,933	-	27,933
Total public support, revenue and releases	766,585	3,682,106	5,704,802	481,477	6,031,053	6,786,516	2,487,051	242,414	860,951	26,991,055	335,360	27,326,415
Expenses												
Salaries and wages	539,818	2,169,004	3,021,864	155,515	587,402	1,285,399	1,485,732	420,863	381,342	10,023,038	1,155,678	11,178,715
Employee benefits	196,385	683,524	731,445	69,230	84,247	293,583	343,526	73,204	68,924	2,385,060	155,926	2,540,986
Payroll taxes	40,892	171,567	229,255	12,321	46,482	102,654	111,668	30,060	34,558	779,557	56,587	836,124
Contracted subsalid staff	98	8,249	16,188	-	-	300	11,503	1,478	12,282	50,098	202,008	252,107
Client treatment services	-	3,686	2,168	240,510	2,862,407	1,381,378	3,334	(463)	59,070	4,652,083	35	4,652,118
Client therapists	35,005	301	76,450	755	25,247	30,234	18,440	-	-	186,442	(170)	186,272
Professional fees and consultants	18,064	64,183	187,281	3,285	17,503	18,318	81,071	12,538	9,183	416,506	187,312	603,818
Subcontractors	-	450,401	-	-	882,365	2,732,788	-	-	-	4,075,554	-	4,075,554
Staff development/training	2,140	55,788	62,018	3,382	3,546	10,359	10,359	987	1,722	132,770	30,889	163,659
Rent	8,773	32,442	102,178	2,201	2,840	8,270	64,562	12,345	9,481	249,266	1,884	250,860
Utilities	5,466	19,048	27,344	1,381	16,716	15,110	15,211	3,839	10,894	125,068	9,537	134,605
Building maintenance and repairs	3,651	29,298	27,518	917	4,205	11,483	14,528	3,241	2,823	102,133	8,215	109,348
Other occupancy costs	4,157	20,666	25,048	2,090	2,371	5,732	11,392	4,811	13,125	100,662	5,287	111,919
Office	2,838	14,315	13,412	993	3,547	3,457	13,765	2,856	7,849	84,378	58,823	142,949
Building household	-	242	1,052	6,811	27,140	48,951	7,654	1,240	1,474	136,320	11,991	148,311
Client consumables	(329)	(235)	(835)	(257)	1,830	1,482	865	127	10	5,099	(9)	5,000
Medical	15,229	72,783	47,820	4,856	13,629	35,853	19,738	4,242	2,058	128,670	21,316	149,986
Equipment maintenance	108	632	227	72	205	245	63	12	1,743	216,073	43,700	259,773
Depreciation	84	119	11,223	22	10	289	560	146	10	1,664	1,162	2,826
Printing	14,258	18,183	48,589	3,333	3,278	6,318	24,055	4,266	25	12,488	1,684	14,182
Telephone/communications	2,375	606	9,848	597	8,727	7,055	4,722	1,198	7,277	128,556	28,784	158,340
Postage/shipping	28,515	260,527	116,534	8,346	32,389	108,338	88,885	1,604	9,315	653,094	13,008	666,103
Transportation	1,281	51,563	(8,610)	88,253	1,200	24,386	126	-	24,653	185,156	7,341	202,497
Assistance to individuals	7,736	39,907	65,810	2,517	6,823	18,260	33,684	6,032	1,504	182,483	10,787	193,260
Insurance	18	830	11,004	6	80	41	6,113	1,095	175	19,372	84,774	104,146
Membership dues	1,278	8,339	5,234	321	1,528	2,688	2,762	1,076	4,719	2,762	2,278	5,040
Interest	56	335	2,716	48	48	131	515	84	38,066	41,342	12,443	53,785
Other	869,742	4,170,441	4,868,019	600,208	4,737,494	6,150,315	2,430,111	587,080	889,834	25,212,944	2,078,821	27,291,865
Total expenses	1,033,067	(508,335)	738,783	(138,731)	1,283,558	645,301	(36,840)	(354,668)	(170,317)	1,778,111	(1,743,561)	34,550

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

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Consolidated Statements of Cash Flows

Years Ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Cash flows from operating activities		
Change in net assets	\$ (1,623,836)	\$ 8,341
Adjustments to reconcile change in net assets to net cash used by operating activities		
Depreciation	400,356	259,773
Change in allowance for doubtful accounts	311,888	(117,412)
Decrease (increase) in		
Restricted cash	40,546	77,158
Accounts receivable, trade	621,558	(523,913)
Grants receivable	6,594	17
Prepaid expenses	91,384	45,228
Increase (decrease) in		
Accounts payable and accrued expenses	(170,926)	158,797
Refundable advances	(538,387)	(174,251)
Due to the State	-	(1,340,088)
Loan fund	<u>119</u>	<u>178</u>
Net cash used by operating activities	<u>(860,704)</u>	<u>(1,606,172)</u>
Cash flows from investing activities		
Acquisition of equipment	<u>(138,355)</u>	<u>(372,713)</u>
Cash flows from financing activities		
Proceeds from long-term borrowings	550,000	-
Principal payments on long-term borrowings	<u>(152,293)</u>	<u>(46,553)</u>
Net cash provided (used) by financing activities	<u>397,707</u>	<u>(46,553)</u>
Net decrease in cash and cash equivalents	(601,352)	(2,025,438)
Cash and cash equivalents, beginning of year	<u>1,688,233</u>	<u>3,713,671</u>
Cash and cash equivalents, end of year	<u>\$ 1,086,881</u>	<u>\$ 1,688,233</u>
Supplemental disclosures		
Noncash transaction - Acquisition of equipment in exchange for note payable	<u>\$ -</u>	<u>\$ 175,000</u>

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

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2015 and 2014

Nature of Activities

Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners (Community Partners) is a New Hampshire nonprofit corporation providing a wide range of community based services (see consolidated statement of functional revenue and expenses for various programs offered) for individuals, and their families, with developmental disabilities and/or mental illness. Community Partners also supports families with children who have chronic health needs. Community Partners is currently operating as two divisions: Developmental Services and Behavioral Health Services.

Community Partners is the sole shareholder of Lighthouse Management Services, Inc. which was organized to perform accounting and management functions for other not-for-profit entities.

Community Partners is the sole beneficiary of the Community Partners Foundation (the Foundation) which was established exclusively for the benefit and support of Community Partners. To that end, the Foundation receives and accepts gifts and funds.

The Foundation received and disbursed the following funds:

	<u>2015</u>	<u>2014</u>
Funds received	\$ 23,601	\$ 29,546
Funds disbursed	<u>17,224</u>	<u>27,315</u>
	<u>\$ 6,377</u>	<u>\$ 2,231</u>

The Foundation has received and disbursed the following funds since its inception in 2007:

Funds received	\$ 278,765
Funds disbursed	<u>202,574</u>
	<u>\$ 76,191</u>

1. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of Community Partners, Lighthouse Management Services, Inc., and the Foundation (collectively, the Organization). All material intercompany balances and transactions have been eliminated in consolidation.

The Organization prepares its consolidated financial statements in accordance with U.S. generally accepted accounting principles (U.S. GAAP) established by the Financial Accounting Standards Board (FASB). References to U.S. GAAP in these footnotes are to the FASB Accounting Standards Codification (ASC).

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2015 and 2014

Use of Estimates

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

Basis of Presentation

Net assets and revenues, expenses, gains, and losses are classified as follows based on existence or absence of donor-imposed restrictions:

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

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

Permanently restricted net assets - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. As of June 30, 2015 and 2014, the Organization had no permanently restricted net assets.

Contributions

Contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purpose are reported as increases in temporarily or permanently restricted net assets, depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. The Organization records donor-restricted contributions whose restrictions are met in the same reporting period as unrestricted support in the year of the gift.

Income Taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the U.S. Internal Revenue Code to operate as a not-for-profit organization.

Financial Accounting Standards Board *Accounting Standards Codification* (FASB ASC) Topic 740, *Income Taxes*, establishes financial accounting and disclosure requirements for recognition and measurement of tax positions taken or expected to be taken. Management has reviewed the tax provisions for the Organization under FASB ASC Topic 740 and determined it did not have a material impact on the Organization's consolidated financial statements.

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2015 and 2014

Cash and Cash Equivalents

The Organization considers all highly liquid investments with an original maturity date of less than three months to be cash equivalents. The cash equivalents represent repurchase agreements as of June 30, 2015 and 2014.

The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. It has not experienced any losses in such accounts. Management believes it is not exposed to any significant risk on cash and cash equivalents.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from balances outstanding at year-end. Management provides for probable uncollectible accounts after considering each category of receivable individually, and estimates an allowance according to the nature of the receivable. Allowances are estimated from historical performance and projected trends. 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 trade accounts receivable. As of June 30, 2015 and 2014, allowances were recorded in the amount of \$465,000 and \$153,112, respectively.

Property and Equipment

Property and equipment are recorded at cost, while donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Expenditures for repairs and maintenance are charged against operations. Renewals and betterments which materially extend the life of the assets are capitalized. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service. The Organization reclassifies temporarily restricted net assets to unrestricted net assets at that time. Depreciation is provided on the straight-line method in amounts designed to amortize the costs of the assets over their estimated lives as follows:

Buildings and improvements	15-39 years
Equipment and furniture	3-7 years
Vehicles	5 years

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2015 and 2014

Refundable Advances

The Organization's refundable advances consist of funds received in advance for services to be performed at a later date, amounts due to Medicaid and estimated Medicaid recoupment settlement reserves for Medicaid eligibility audits, and certain pass through funds.

Functional Allocation of Expenses

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

Risks and Uncertainties

As shown in the accompanying consolidated financial statements, the Organization incurred a decrease in net assets of \$1,623,836 during the year ended June 30, 2015. In response to this factor, as well as other uncertainties facing the Organization, management has developed a strategic plan to maximize the Organization's operations. The ability for the Organization to continue as a going concern is dependent on management's ability to achieve the financial results outlined in the strategic plan.

Reclassification

Certain amounts in the 2014 consolidated financial statements have been reclassified to conform to the current year's presentation.

2. Restricted Cash

The Organization serves as a pass-through entity for the Council for Children and Adolescents with Chronic Health Conditions Loan Guaranty Program. This program is operated and administered by a New Hampshire bank. As of June 30, 2015 and 2014, the Organization held cash totaling \$89,115 and \$88,996, respectively, which was restricted for this program. A corresponding amount has been recorded as a liability.

Additionally, the Organization administers the Council for Children and Adolescents with Chronic Health Conditions Program. As of June 30, 2015 and 2014, the Organization held cash totaling \$29,815 and \$43,258, respectively, which was restricted for this program. A corresponding amount has been recorded as a liability.

The Organization has a self-funded insurance policy and, correspondingly, a health reimbursement account to pay for a portion of employee's medical expenses. As of June 30, 2015 and 2014, total cash restricted for this use was \$1,710 and \$28,932, respectively.

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2015 and 2014

3. Property and Equipment

Property and equipment consisted of the following:

	<u>2015</u>	<u>2014</u>
Land and buildings	\$ 1,859,893	\$ 1,859,893
Building improvements	1,562,119	1,562,119
Vehicles	710,696	763,129
Equipment and furniture	<u>2,784,032</u>	<u>2,630,981</u>
	6,916,740	6,816,122
 Less accumulated depreciation	 <u>4,737,719</u>	 <u>4,375,100</u>
	 <u>\$ 2,179,021</u>	 <u>\$ 2,441,022</u>

4. Line of Credit

The Organization has a revolving line of credit agreement with a bank amounting to \$1,500,000, collateralized by a security interest in all business assets. Monthly interest payments on the unpaid principal balance are required at the rate of 1% over the bank's stated index, which was 4.25% at June 30, 2015 and 2014. The Organization is required to annually observe 30 consecutive days without an outstanding balance. At June 30, 2015 and 2014, there was no outstanding balance on the line.

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2015 and 2014

5. Notes Payable

Notes payable consisted of the following:

	<u>2015</u>	<u>2014</u>
Note payable to a bank, payable in monthly installments of \$1,117, including interest at 4.15%, through April 2016 with one final payment of all unpaid principal and interest due at maturity; collateralized by certain real estate. The note is a participating loan with New Hampshire Health and Education Facilities Authority (NHHEFA).	\$ 116,549	\$ 124,857
Note payable to a bank, payable in monthly installments of \$2,272, including interest at 4.15%, through July 2017 with one payment of all unpaid principal and interest due at maturity; collateralized by certain real estate. The note is a participating loan with NHHEFA.	256,784	272,871
Note payable to a bank, payable in monthly installments of \$3,167, including interest at 3.24%, through April 2019; collateralized by certain equipment.	136,695	169,619
Note payable to a bank, payable in monthly installments of \$2,464, including interest at 4.15%, through April 2016 with one final payment of all unpaid principal and interest due at maturity; collateralized by certain real estate and an assignment of certain leases and rents. The note is a participating loan with NHHEFA.	257,123	275,437
Note payable to a bank, payable in monthly installments of \$9,985, including interest at 3.37%, through September 2019 with one final payment which shall be the unpaid balance at maturity; collateralized by certain equipment.	<u>473,340</u>	<u>-</u>
	<u>\$ 1,240,491</u>	<u>\$ 842,784</u>

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2015 and 2014

The scheduled maturities of long term debt are as follows:

2016	\$ 530,000
2017	162,000
2018	369,000
2019	148,000
2020	<u>31,491</u>
	<u>\$ 1,240,491</u>

Cash paid for interest approximates interest expense.

6. Temporarily Restricted Net Assets

At June 30, 2015 and 2014, temporarily restricted net assets were \$17,891 and \$44,100, respectively. The Organization's restricted assets consist of vehicles contributed to the Organization from the State of New Hampshire under grant programs. These contributed vehicles are to be used for the transportation of the Organization's clients.

7. Commitments and Contingencies

Operating Leases

The Organization leases various office facilities and equipment under operating lease agreements. Expiration dates range from September 2012 through August 2018. Total rent expense charged to operations was \$305,250 in 2015 and \$250,960 in 2014.

Future minimum operating lease payments are as follows:

	<u>Total</u>
2016	\$ 308,453
2017	252,780
2018	<u>160,060</u>
	<u>\$ 721,293</u>

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2015 and 2014

Self-Insurance

The Organization has a self-insured health care plan for substantially all of its employees. The Organization has obtained reinsurance coverage to limit its exposure associated with this plan individually of \$30,000 with an aggregate limit of 125% of the expected claims. At June 30, 2015 and 2014, the Organization has accrued approximately \$296,000 and \$165,000, respectively, under the self-insurance contract.

Litigation

The Organization is involved in litigation arising in the normal course of business. After consultation with legal counsel, management estimates these matters will be resolved without a material adverse effect on the Organization's future financial position or results of operations.

8. Concentrations

For the years ended June 30, 2015 and 2014, approximately 85%, of the support and revenue of the Organization was derived from Medicaid. The future existence of the Organization is dependent upon continued support from Medicaid.

The accounts receivable due from Medicaid were as follows:

	<u>2015</u>	<u>2014</u>
Developmental Services	\$ 1,310,859	\$ 1,685,928
Behavioral Health Services	<u>353,377</u>	<u>874,971</u>
	<u>\$ 1,664,236</u>	<u>\$ 2,560,899</u>

In order for the Developmental Services division of the Organization to receive this support, it must be formally approved by the State of New Hampshire, Bureau of Developmental Service, as the provider of services for developmentally disabled individuals for Strafford County in New Hampshire. This designation is received by the Organization every five years. The current designation expires in September 2015.

In order for the Behavioral Health Services division of the Organization to receive this support, it must be formally approved by the State of New Hampshire, Bureau of Behavioral Health, as the community mental health provider for Strafford County in New Hampshire. This designation is received by the Organization every five years. The current designation expires in August 2016.

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2015 and 2014

9. Retirement Plan

The Organization maintains a tax sheltered annuity plan that is offered to all eligible employees. The plan includes an employer contribution equal to 3% of each eligible employee's salary. Total costs incurred for the plan during the years ended June 30, 2015 and 2014 were \$266,313 and \$233,038, respectively. The total expense for the years ended June 30, 2015 and 2014 for the Developmental Services division was \$136,560 and \$109,548, respectively, and for the Behavioral Health Services division was \$129,753 and \$123,490, respectively.

10. Subsequent Events

For purposes of the preparation of these consolidated financial statements in conformity with U.S. generally accepted accounting principles, management has considered transactions or events occurring through November 4, 2015, which is the date that the consolidated financial statements were available to be issued.

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SUPPLEMENTARY INFORMATION

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. DBIA COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidating Statements of Financial Position

June 30, 2016 and 2014

	2015					2014						
	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Eliminations	Consolidated Total	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Eliminations	Consolidated Total
ASSETS												
Cash and cash equivalents	\$ 388,074	\$ 642,695	\$ 10,611	\$ 76,191	\$ -	\$ 1,096,881	\$ 875,604	\$ 734,491	\$ 7,228	\$ 70,910	\$ -	\$ 1,688,233
Restricted cash	119,785	888	-	-	-	120,648	146,720	14,466	-	-	-	181,186
Accounts receivable, net of allowance for doubtful accounts	1,613,590	1,302,008	36	-	(764,280)	2,051,251	1,869,791	1,303,864	13	-	(178,871)	2,984,797
Grants receivable	10,037	89,878	-	-	-	99,915	41,773	64,736	-	-	-	106,509
Prepaid expenses	71,133	71,130	-	-	-	142,263	131,822	101,825	-	-	-	233,647
Interest in net assets of subsidiaries	76,678	-	-	-	(76,678)	-	68,819	-	-	-	(68,819)	-
Property and equipment, net	1,718,327	499,834	-	-	-	2,178,021	1,916,887	524,135	-	-	-	2,441,022
Total assets	\$ 3,886,622	\$ 2,657,158	\$ 10,648	\$ 76,191	\$ (828,056)	\$ 6,890,071	\$ 5,051,416	\$ 2,743,517	\$ 7,241	\$ 70,910	\$ (247,690)	\$ 7,625,394
LIABILITIES AND NET ASSETS (DEFICIT)												
Liabilities												
Accounts payable and accrued expenses	\$ 2,280,468	\$ 482,868	\$ 10,860	\$ -	\$ (764,280)	\$ 1,899,451	\$ 1,689,223	\$ 440,563	\$ 0,235	\$ 1,395	\$ (178,871)	\$ 2,160,347
Receivable advances	181,166	84,352	-	-	-	249,517	440,201	347,111	-	-	-	787,904
Loan fund	89,118	-	-	-	-	89,118	89,996	-	-	-	-	89,996
Notes payable	932,363	257,123	-	-	-	1,250,491	567,347	275,431	-	-	-	842,784
Total liabilities	\$ 3,484,104	\$ 828,093	\$ 10,860	\$ -	\$ (764,280)	\$ 3,488,644	\$ 2,895,787	\$ 1,063,803	\$ 0,236	\$ 1,396	\$ (178,871)	\$ 3,890,031
Net assets (deficit)	\$ 384,527	\$ 1,735,100	\$ (614)	\$ 76,191	\$ (76,678)	\$ 2,162,636	\$ 2,021,549	\$ 1,679,714	\$ (992)	\$ 59,814	\$ (58,819)	\$ 3,701,263
Unrestricted	17,891	-	-	-	-	17,891	44,100	-	-	-	-	44,100
Temporarily restricted	-	-	-	-	-	-	-	-	-	-	-	-
Total net assets (deficit)	\$ 384,527	\$ 1,735,100	\$ (614)	\$ 76,191	\$ (76,678)	\$ 2,162,636	\$ 2,065,649	\$ 1,679,714	\$ (992)	\$ 59,814	\$ (58,819)	\$ 3,745,363
Total liabilities and net assets (deficit)	\$ 3,868,622	\$ 2,657,158	\$ 10,648	\$ 76,191	\$ (828,056)	\$ 6,890,071	\$ 5,051,416	\$ 2,743,517	\$ 7,241	\$ 70,910	\$ (247,690)	\$ 7,625,394

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidating Statements of Activities

Years Ended June 30, 2016 and 2014

	2015					2014				
	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Consolidated Totals	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Consolidated Totals
Changes in unrestricted net assets (deficit)										
Public support and revenue										
Medicaid revenue	\$ 16,796,823	\$ 6,882,488	\$ -	\$ -	\$ 23,479,303	\$ 17,005,612	\$ 6,288,215	\$ -	\$ -	\$ 23,304,027
Medicare revenue		184,145			184,145		228,854			228,854
Client resources	1,446,464	338,288			1,811,744	1,110,313	380,389			1,490,712
Contract revenues	310,837	766,907			1,077,744	481,416	701,299			1,182,715
Grant income	140,856	828,464			874,320	142,462	322,963			465,425
Interest income		48			48		522			522
Other program income	108,848				108,848	82,145				82,145
Public support	41,142	2,991		23,601	67,734	42,453		28,546		62,781
Other revenue	277,817	219,617	92,899		490,728	167,558	324,493			492,051
Total public support and revenue	19,827,265	9,726,142	92,899	23,601	27,573,622	19,012,180	8,259,007	118,509	29,546	27,298,482
Net assets released from restrictions	31,673				31,673	27,833				27,833
Total public support, revenue and reclassifications	19,858,938	9,726,142	92,899	23,601	27,605,295	19,040,013	8,259,007	118,509	29,546	27,326,315
Expenses										
Program services										
Case management	943,225				943,225	869,742				869,742
Day programs and community support	4,065,316	316,932			4,406,287	3,897,648	273,493			4,170,441
Early support services and youth and family	1,189,341	2,303,468			3,412,749	940,167	4,027,852			4,968,019
Family support	579,621				579,621	600,208				600,208
Residential services	5,823,688				5,823,688	4,737,484				4,737,484
Combined residential day and consolidated services	6,972,681				6,972,681	6,150,215				6,150,215
Medical services										
Adult services	309,286	3,408,908			3,718,191	236,087	2,182,024			2,420,111
Emergency services		620,808			620,808		587,080			587,080
Other	268,632	617,177	82,602	17,224	845,248	275,652	366,667	115,900	27,315	685,534
Total program expenses	19,276,385	7,224,229	92,609	17,224	26,516,818	17,709,513	7,476,116	115,900	27,315	25,212,844
Supporting services										
General management	1,249,488	1,245,519			2,494,994	1,289,350	780,571			2,078,921
Total expenses	20,515,810	8,699,748	92,609	17,224	29,297,622	19,007,863	8,256,687	115,900	27,315	27,291,865
Total change in unrestricted net assets (deficit)	(1,687,022)	89,384	381	8,377	(1,687,022)	32,230	2,320	2,609	2,231	34,550
Changes in temporarily restricted net assets										
United Way allocation	6,364				6,364	1,724				1,724
Net assets released from restrictions	(31,873)				(31,873)	(27,833)				(27,833)
Total change in temporarily restricted net assets	(25,509)				(25,509)	(26,209)				(26,209)
Total change in net assets (deficit)	(1,643,231)	89,384	381	8,377	(1,643,231)	6,021	2,320	2,609	2,231	8,341
Net assets (deficit) beginning of year	2,065,649	1,679,714	(898)	68,814	3,746,365	2,059,628	1,677,394	(3,604)	67,583	(83,978)
Net assets (deficit) end of year	382,418	1,239,108	(514)	76,191	2,121,922	2,065,649	1,679,714	(995)	69,814	(68,619)



Community Partners BOARD OF DIRECTORS 2016-2017

PRESIDENT

Chris Roundy (Joined 06/26/2007)

TREASURER

Anthony Demers (Joined 01/20/15)

VICE PRESIDENT

Kathleen Boisclair

SECRETARY

Ann Landry (Joined 08/23/2005)

Ken Muske (Joined 03/05/02)	Kristine Baber (Joined 4/26/13)	John Guy (Joined 07/22/14)
John Lowy (C) (Joined 09/13/99)	Judge Daniel Cappiello (Joined 03/22/14)	Bryant Hardwick (Joined 2/22/11)
Wayne Goss (C) (Joined 01/28/14)	Kerri Larkin (C) Joined 11/23/10)	Tracy Hayes (Joined 12/15/15)

(C) = Consumer

Karen J. Johnson

EDUCATION:

University of Connecticut School of Social Work. Masters of Social Work, 1986.

Green Mountain College, Poultney, Vermont. Bachelors of Science, Recreational Therapy, 1980.

EXPERIENCE:

DIRECTOR of ACUTE CARE LINKAGES

October 2008 to April 2009: ***Riverbend Mental Health Center***, Concord, New Hampshire. Duties and responsibilities included consultation with acute care referral sources such as Emergency Services, Concord Hospital, Family Health Center, pre-screening for likely eligibility of CSP consumers, facilitated IMR consultation group, provided individual IMR and therapy to consumers. NHH Liaison for the agency.

DIRECTOR of CASE MANAGEMENT

December 2005 to October 2008: ***Riverbend Mental Health Center***, Concord, New Hampshire. Primary responsibility to provide leadership and supervision of a recovery oriented case management team of 22 full time staff. Teams are community based providing a wide array of treatment interventions and services for over 500 consumers. Duties include all clinical and administrative oversight of the Team Leaders as well as all aspects of staff recruiting, hiring, training and completing performance evaluations of program staff. Responsible as the New Hampshire Hospital Liaison and developing Riverbend's Illness Management and Recovery (IMR).

TEAM LEADER

October 2000 to December 2005: ***Riverbend Mental Health Center***, Concord, New Hampshire. General responsibilities include the day-to-day clinical oversight of a ten person multi-disciplinary team providing a wide array of clinical service to over one hundred and fifty severely mentally ill consumers. Responsible for provision of administrative and clinical supervision of team staff. Participate in Center's Management Team.

PSYCHIATRIC SOCIAL WORKER

November, 1996 – October 2000: ***Concord Hospital***, Concord, New Hampshire. Participated on an interdisciplinary team, providing psycho-social assessment, short stay treatment including individual, group and family therapy, case management and discharge planning on a voluntary

psychiatric inpatient unit. On call rotation for hospital social work department.

PSYCHIATRIC SOCIAL WORKER, SENIOR CLINICIAN

August 1989 - May 1996: **Day Kimball Hospital Mental Health Clinic**, Putnam, Connecticut. Half time position. General duties and responsibilities as a senior clinician included some supervision and staff training. Focus was with managed care population working closely with specific insurance providers. General clinical duties as detailed in description below.

PSYCHIATRIC SOCIAL WORKER

August 1988 - August 1989: **Day Kimball Hospital Mental Health Clinic**, Putnam, Connecticut. Psychiatric Social Worker, primary duties included provision of outpatient psychotherapy for a full caseload of adolescents and adult clients through individual, group, marital and family psychotherapy. Regular shift rotation for hospital based Emergency Room Psychiatric Emergency Services. Position included triage, assessment, referral, brief hospitalization evaluation, and crisis stabilization as well as telephone assessment and referral.

TRANSITIONAL/ELDERLY SERVICES CLINICIAN

March 1987 - January 1988: **Day Kimball Hospital Mental Health Clinic**, Putnam, Connecticut. Duties included implementation of multi-faceted life management services for mental health clients; primary responsibility was providing individual and family psychotherapy within the client's homes. Regular rotation of Psychiatric Emergency Services, responsibilities as detailed above.

HOUSING COORDINATOR

December 1984 - May 1986: **Center For Life Management**, Salem, New Hampshire. Housing Coordinator for both acute and chronically mentally ill. Primary responsibility included evaluation and service admissions, liaison with landlords, search and secure community based apartment sites. Clinical duties included a small clinical caseload with treatment focused in the Fountain House model Partial Hospital Program. Provision of milieu and group therapy.

CASE MANAGER

December 1982 - November 1984: **Center For Life Management**, Salem, New Hampshire. Case Manager for the Day Treatment / Partial Hospitalization program for the acute and chronically mentally ill. Duties included development and implementation of Individual Service Plans, linking clients to multi-faceted services for successful community adjustment. Clinical responsibilities included milieu, educational, prevocational and therapeutic groups. Also responsible for a bi-annual camping trip, leading fifteen clients in a therapeutic/recreational four day trip.

RECREATIONAL SPECIALIST

May 1982 - November 1982: **Granite State Independent Living Foundation**, Goffstown, New Hampshire. Responsibilities included assisting Director in implementing USDE/RSA grant in providing recreational opportunities for special needs clients. Specific duties involved conducting site evaluations of all New Hampshire State Parks in conjunction with UNH Recreation and Parks Department.

REFERENCES:

References available upon request.

Maureen McCarthy

OBJECTIVE: To obtain a challenging position as an advocate for individuals with disabilities.

PROFESSIONAL QUALIFICATIONS:

Case Management: Managed a case load of 70 clients. Facilitated meetings with service providers, families, attorneys and clients to ensure the client received appropriate services. Provided representation of the clients' best interests in Court hearings.

Communications: Excellent organization, analytical and multi-tasking skills. Excellent oral and written communication skills. Co-wrote and edited a state-wide newsletter ("The Blue Sheet") on disability policy and advocacy issues. Co-wrote the City of Manchester's ADA Transition Plan and Self-Evaluation.

Policy and Advocacy: Nationally Certified Public Guardian. In-depth knowledge of New Hampshire's Developmental Services, Traumatic Brain Injury and Mental Health service provision network. Extensive experience working with Area Agencies, Mental Health Centers and other non-profit organizations throughout the state. Detailed knowledge of State and Federal laws and regulations regarding disability policy and benefits, including New Hampshire Medicaid and Social Security Disability Insurance provisions. Organized and facilitated more than 600 volunteers for the "Get Out The Vote" effort for President Obama's reelection campaign for Wards 3 and 4 in Dover, New Hampshire.

Training and Instructional Design: Designed, presented and facilitated numerous training programs in the areas of Strategic Planning, Employee Orientation, Time Management, Disability Awareness, Employee Motivation and Recognition, Sexual Harassment, Stress Management, Effective Communication and Customer Service.

EMPLOYMENT HISTORY:

TRI-COUNTY CAP, INC., Concord, NH
NATIONALLY CERTIFIED GUARDIAN 2013-2015

ORGANIZING FOR AMERICA, Dover, NH
ORGANIZING FELLOW, 2012

MARCAM ASSOCIATES, Somersworth, NH
ACCOUNT MANAGER, 2011-2013

LIBERTY MUTUAL INSURANCE COMPANY, Dover, NH
LONG TERM DISABILITY CLAIMS MANAGER, 2005-2011

TRI-COUNTY CAP, INC., Concord, NH
NATIONALLY CERTIFIED GUARDIAN 2003-2005

CITY OF MANCHESTER, NH HUMAN RESOURCES DEPARTMENT
HUMAN RESOURCES ANALYST/ ADA & TRAINING COORDINATOR, 1998 – 2002

DISABILITIES RIGHTS CENTER, INC., Concord, NH
CASE ADVOCATE, 1994 -1998

OFFICE OF THE GOVERNOR, Concord, NH
GOVERNOR'S COMMISSION ON DISABILITY CLIENT ASSISTANCE PROGRAM ADVOCATE, 1993-1997

EDUCATION:

University of New Hampshire (UNH) Durham, NH Bachelor of Arts, Political Science

PROFESSIONAL AFFILIATIONS

National Guardianship Foundation, Member, Nationally Certified Guardian
New Beginnings: A Women's Crisis Center, Past Member, Board of Directors
American Society of Training and Development: Past Member
Society of Human Resources Management: Past Member
New Hampshire Mediators Association: Past Member, Board of Directors
Parent Information Center, Past Member, Board of Directors
State Advisory and Oversight Committee on Special Education: Past Member, appointed by Governor
Stephen Merrill

Tammy Smith



Objective: To obtain a full time position.

Experience:

Life Coach

4/2010 - present

LifeShare Dover, NH

- Provide day program services to adults with disabilities.
- Mandt Certified
- Responsible for writing activity schedules.

(additional job responsibilities:6/25/2012-7/31/2012 Temporary Program Manager

As well as 8/1/2012-9/7/2012 Temporary Associate Director.)

Homemaker

1/2009 - 4/2010

Area Homecare Portsmouth, NH

- Provided support to elderly and or disabled people in their homes.
- Conducted safety Assessments.
- Wrote daily contact notes, highlighted areas of concern.

Case Manager

3/1999- 9/2002

Strafford Guidance Center - Rochester, NH

- Managed a case load of 30 plus individuals with chronic mental illness.
- Provided supportive counseling and crisis intervention.
- Wrote treatment plans based on clients goals.

Sales Clerk

2/03-11/10

Liar's Paradise-Nottingham, NH

Skills Instructor / Paraprofessional

1/97 - 3/99

Easter Seals - Portsmouth, NH and Epping NH

- Supported students through a school to work program.
- Provided day program services to adults with disabilities.
- Facilitated group activities to increase peer socialization.

Education

UNH Durham, NH

1994 - 1996

Bachelors Degree in Social Work

Transferred to UNH with an Associate Degree in Human Services.

References:

Alden Gregory

-Former supervisor at Lifeshare.

Phone: 802-282-9928

Jaylon Curry

-Former Supervisor at Lifeshare.

Phone: 802-578-3174

Steve Ballou

-Former supervisor at Strafford Guidance Center.

Phone: 603-315-5182

BRIAN J. COLLINS

Summary:

A seasoned Executive Director with broad experience in managing complex nonprofit organizations; manages with a hands-on, approachable style and a strong, mission-driven value system.

Experience:

1995 - Present

Executive Director

**Behavioral Health & Developmental Services of Strafford County, Inc.,
D/B/A Community Partners of Strafford County, Dover, NH**

CEO of a designated regional Area Agency for Developmental Disabilities and Community Mental Health Center serving over 3200 people with 350 staff and \$25 million budget; implemented needed programmatic changes stemming from long-term financial losses, including negative fund balances; vastly improved quality outcomes after assuming the position in 1995; report to a 15 member Board of Directors.

- Turned around agency's \$324K negative total net assets upon arrival to \$3.6 million positive total net assets today.
- Successfully implemented corrective administrative measures, resulting in removal of conditions imposed by the State of NH as a result of the impending bankruptcy coupled with unsatisfactory programming through FY95.
- Provided 150 new services to waitlist consumers during the first 4 years with no additional resources.
- Merged a bankrupt mental health center into organization in 2001, creating one of only two organizational models in New Hampshire.
- Expanded agency mission, including becoming a Partners in Health site serving children with chronic illness and their families, running State-wide loan program for families with chronically ill members and expanded business office operations through contractual means with other not for profit organizations.
- Statewide Leadership role as a founder of both the Community Support Network Inc., a trade organization for the Area Agency system, and the NH Community Behavioral Health Association, a trade organization for the mental health system.
- Regional leader in a variety of social service organizations and associations that advance human service causes including chronic illness, elder services, supporting families of children with chronic illness, mental health court, sexual assault victims, employment for people with disabilities and work with schools and pre-schools.

Area Agency responsibilities include Early Supports and Services for children birth-three, Family Support Services for all families of children with disabilities (including respite,

parent to parent, transition supports, benefits application assistance, support groups, clinical education), Adult Services including Service Coordination, employment and day habilitation, residential, community and in-home supports, contract administration of provider organizations, consumer directed programs.

Community Mental Health Centers serve individuals with severe and persistent mental illness including psychiatry, case management, community functional supports, therapy,

and medication management. For children and families this includes an at risk category, but the same types of intervention as for adults, providing 24 hour/7 day emergency services, working in local hospitals assessing at risk to the individual or the community.

1989 - 1995

**Executive Director
The Plus Company, Nashua, NH**

Chief Executive Officer of a non-profit human service agency serving over 150 people with disabilities in New Hampshire and Massachusetts. Agency provides residential, vocational, and medical supports in over 50 locations. Agency employs 125 staff with a total budget of \$4.5 million. Report to a 15 member Board of Directors.

- Eliminated debt service after Agency had lost \$500,000 over a prior five-year period. Agency's surplus exceeded \$600,000 over five year tenure.
- Increased operational budget over \$1 million. Contract with 25 funding streams, which include three states, numerous non-profit agencies, school systems, and private companies.
- Eliminated the need for a sheltered workshop by developing community jobs and individualized day options for over 75 consumers. Negotiated the sale of the sheltered workshop building and relocated the agency headquarters. The move retired all debt service.
- Downsized all group home populations by developing individualized and small group options. Grew the number of consumers living in small group settings from 45 to 70 people during a five-year period.
- Increased fund raising and public relation, including a high profile annual breakfast with over 400 people in attendance.

1985 - 1989

**Program Planning and Review Specialist
New Hampshire DMHDS, Concord, NH**

Responsible for managing \$13 million of State and Federal funds, covering one-quarter of the service system; areas of responsibilities include case management, housing, vocational programming, respite care, early childhood intervention and family support services. Reported to the Assistant Director of Developmental Services.

- Monitor contract compliance to ensure cost effective service delivery system. Oversee implementation of Supported Employment Initiative to establish program models, funding stream, staff re-education and training, and business and industry liaisons.
- Analyze budgets to determine maximum revenue sources and maintain controls over expenditures.
- Ensure that the Board of Directors policies and staff procedures enhance community presence of people with severe disabilities.
- Liaison for regional area agencies and State agencies to Division of Vocational Rehabilitation.
- Ensure compliance with \$2 million federal grant, to fund a five-year plan to create employment opportunities.
- Member of Governor's Task Force on Employment.

Brian Collins

Page 3

1982 - 1985 **Quality Assurance Administrator,
Training Coordinator, New Hampshire DMHDS**

Quality: Responsible for quality assurance function statewide for Community Service Delivery System. Led seven-person team in annual reviews of each regional area agency. Reported to the Director of Quality Assurance.

Training: Responsible for the coordination of statewide and regional training for Community Service Deliver System; designed Training Needs Inventory using regional priorities to establish training needs; procured funding to provide consultants for specific regional training and technical assistance; originated special projects, including training annual, audio visual training packages and leisure skills handbook.

Education:

Masters in Public Administration, University of New Hampshire
BA, Communications, Boston College Evening School

Advisory Boards:

Advisory Board, University of New Hampshire Institute on Disability (UAP)
University of Hartford Rehabilitation Training Program
Virginia Commonwealth University Rehabilitation Research and Training Center.
New Hampshire Governor's Appointment to Inter-Agency Coordinating Council.
Overseeing services to children with disabilities from birth to age three.
HHS Commissioner Stephen's Advisory Council focused on increasing employment for people with disabilities

Memberships:

The Association for Persons with Severe Handicaps (TASH)
American Association on Mental Retardation (AAMR)
National Rehabilitation Association (NRA)
New Hampshire Rehabilitation Association (NHRA)
American Network of Community Options and Resources

Kathleen Stocker



Accomplishments

- * Installation of T-1 lines for voice and data telecommunications systems reducing phone costs by 35%
- * Implementation of direct deposit of payroll
- * Directed conversion of computer system to PC network
- * Streamlined accounting departments of 3 divisions saving overhead of \$200 thousand per year
- * Initiated the development of MIS group to improve information flow
- * Designed meaningful cash flow and other financial reporting
- * Converted to a new MIS system resulting in more timely, meaningful financial information
- * Accelerated accounts receivable collection period from 50 days to 40 days
- * Converted payroll to bi-weekly to improve cash flow by \$150 thousand
- * Collapsed insurance package for savings of \$400 thousand per year
- * Combined insurance programs for savings of \$50 thousand per year
- * Presented public offering memorandum to SEC committee
- * Implemented accounts receivable factoring facility of \$3.5 million
- * Raised new capital to refinance four nursing homes for \$17.9 million
- * Effort to identify reimbursable costs resulted in an average Medicaid rate increase of 11%
- * Successful in negotiations with state and federal tax agencies
- * Directed successful audits with CPA firms IRS, Medicaid agents

Business Experience

2000 – Present Behavioral Health & Developmental Services of Strafford County, Inc., D/B/A Community Partners of Strafford County, Dover, New Hampshire

Chief Financial Officer 2001 – Present
Controller 2000 - 2001

Responsible for directing the overall financial and administrative management of this \$27 million agency, including Human Resources, Facilities, and IT. Also, under contract between Community Partners and Southeastern New Hampshire Services to direct the overall financial management of Southeastern New Hampshire Services, a \$2m substance abuse treatment center.

1993 – 2000 Renaissance Greeting Card, Inc., Sanford, Maine

Controller for a privately held subsidiary of FTD. Renaissance designs, manufactures, and distributes products for the greeting card industry. The nation wide retailer has annual revenues of \$10 million. Report directly to Executive Vice President.

- * Develop a system of financial reporting to advise on performance and to facilitate planning.
- * Evaluate and recommend improvements for MIS system and Operation Process.
- * Establish training and education to strengthen understanding of accounting and systems issues.
- * Direct and coordinate accounting functions required to maintain data integrity and all books of account.
- * Manage the Credit functions to ensure timely processing of orders and the acceleration of collection's efforts.
- * Implement and improve company wide budget process with major focus on sales and inventory.
- * Provide support and focus to teams in developing Marketing Strategy, improving Profitability, and strengthening overall company Structure initiatives.

1990 – 1993 Schirm Associates, Waltham, Massachusetts

CFO of a privately held collective that provides rehabilitation and education services to survivors of head trauma. The fifteen proprietorships offer seven programs in a continuum of care approach to head injury. Located in the New England and Mid Atlantic States with revenues of \$45 million. Managed nineteen accounting, finance, tax, risk management, and administrative professionals. Reported directly to owner.

Schirm Associates continued

- * Coordinated all the planning, development, and implementation of the necessary accounting functions required to close, monitor, and analyze the books of account.
- * Reviewed and managed all risk management functions.
- * Planned and organized all fiscal year end requirements including audits, reporting, and taxes.
- * Supported and led team in preparation of information for presentation to the institutional lending markets.
- * Key member of task force to develop public offering memorandum.
- * Assisted work-out group in reorganization of companies

1988 – 1990 Clipper Home Affiliated, Durham, New Hampshire

Controller of a privately held company that develops, owns, and operates retirement communities. Clipper Home Affiliates is one of the largest providers of long-term care services in the state of New Hampshire. The companies are comprised of eight operating corporations, eight related partnerships and an affiliated management company with total assets of approximately \$35 million. Supervised twelve accounting and administrative professionals. Reported to the Chief Financial Officer.

- * Performed all the necessary accounting functions to close and monitor the books of account, general ledger, and asset records. Prepared and revised financial statements.
- * Managed the accountability of construction records for new facilities.
- * Implemented a reporting system to review performance and facilitate planning
- * Developed operational budgets and pricing.
- * Supported a task force in developing a presentation to the institutional lending market.
- * Worked with other finance and MIS professionals to evaluate the existing computer system.
- * Prepared Cost filings for the State to determine the reimbursement rate for the Medicaid recipients. Maintained the company's insurance and risk management programs. Planned, coordinated, and administered the year end audits by State and Federal agencies. Calculated cash requirements and developed cash flow reporting. Administered all outstanding debt. Solicited and evaluated proposals for a centralized cash management system.

1977 – 1988 Spaulding Composites, Rochester, New Hampshire

Spaulding Composites, Inc. is a privately held manufacturer of specialty insulating materials and fabricated component for electronics, housing and automotive industries with gross sales of approximately \$100 million.

Controller of three of eight Spaulding Divisions 1983 – 1988. Supervised six accounting professionals. Reported to the Vice President of Operations and Vice President of Finance.

- * Planned, managed, and performed all the necessary accounting functions including closing and analyzing the books of account, reconciliation of inter-company transactions, maintenance of the general ledger monthly reporting, financial statement preparation and analysis.
- * Monitored standard cost system geared toward cost containment and control.
- * Established and administered policies and procedures.
- * Prepared revenues and cost evaluation surveys of the manufacturing processes for Federal agencies.
- * Prepared and monitored budgets with annual sales of \$50 million.
- * Trained staff in the conversion of a manual system to a computerized accounting and reporting system.

Assistant Controller 1977-1982 Supervised staff of five accounting professionals and MIS staff of three.

- * Supervised all the day to day accounting functions including accounts receivable, accounts payable, payroll and standard costing of \$3 million inventory.
- * Member of corporate wide task force to reduce accounts receivable and improve collections.
- * Planned, analyzed and reported on special projects geared toward improvement of bottom line profits.
- * Monitored the ongoing conversion of accounting integrity of a newly implemented decentralized accounting and reporting system.
- * Designed and implemented a system to fully automate a labor cost control method.

Education

M.B.A., Management, 1980, New Hampshire College
B.S., Accounting, 1977, New Hampshire College

Christopher D. Kozak

SENIOR MANAGEMENT

Profile

High-performance executive providing leadership, innovation and direction to support infrastructure change and development to maximize profitability. Proven ability to develop and implement strategic approaches and methodologies to create a highly effective organization that operates at or below budgetary requirements. Excel in understanding the insurance industry and the challenges faced by insurers and providers. Skilled in identifying and capitalizing on technology to solve business problems. Demonstrate broad-based strengths and accomplishments in:

- Leadership & Accountability
- P & L Responsibility
- Strategic Planning
- Staff Development and Team Building
- MCO Contracting
- Rate Negotiation
- Process and Quality Improvement
- Corporate Presentations & Marketing

Professional Experience

Community Partners

Dover, NH October 2010 – Present

A State designated Community Mental Health Program providing services to individuals

Chief Operating Officer (4/12 – present)

Director of Quality Improvement (10/10 – 4/12)

Senior member of the management team with responsibility for oversight of the Behavioral Health Services Division.

Accomplishments

- Successfully navigated the organization through the State's re-designation process. Preliminary feedback indicated that the State will award the organization with another full 5-year designation as a community mental health program.
- Developed and implemented several new reports, forms and other management tools that created efficiencies in daily paper work as well as providing managers with a dashboard-like view of data about their specific staff/program simply by opening a Microsoft Excel file.
- Engaged in a major change management process that has challenged veteran staff to rethink and analyze nearly every facet of their program operation.

Dynamic Solutions NE, LLC

Portsmouth, NH September 2008 – Present

Independent consulting company specializing in revenue enhancement strategies, operational automation and small application development for behavioral health practices and small health plans.

Consultant

Founded Dynamic Solutions NE, LLC after spending nearly two decades in leadership positions in the insurance, case management and technology fields.

Accomplishments

- Developed proposal for a custom web-based outcome measurement application to be used by 14 psychiatric treatment centers spanning six states.
- Provided expert witness consultation in a case related to software pirating.
- Provide ad hoc consultation to information technology firms relative to healthcare informatics.

Casenet Inc.

Bedford, MA August 2006 – July 2008

A startup software company offering a platform care management solution for commercial insurance carriers as well as Medicaid / Medicare care management programs.

Vice President of Product Management

Key member of the management team with responsibility for developing client specific solutions as well as creating the vision driving overall product direction.

Accomplishments

- Visionary behind the base business solution platform for the care management marketplace.
- Developed messaging that was instrumental in landing first commercial payer accounts (>\$9 million).
- Member of the Senior Management Team that successfully secured \$7.5 million of B-round

financing.

Landmark Solutions, LLC (A.K.A. BHN)

Concord, NH September 1998 – September 2006

A regional managed behavioral healthcare company, national employee assistance program, and IT consulting group.

Vice President of Managed Care Services (7/03 – 8/06)

Director of Behavioral Health Services (8/98 – 7/03)

Complete responsibility for the managed care product including \$3.5 million operating budget, \$18 million clinical capitation, strategic planning, vision, provider contracting, and oversight of five departments. Worked closely with IT to develop and implement innovative and efficient processes and systems to support process improvement, operational compliance, reporting and analysis, and workflow integration.

Accomplishments

- Re-contracted provider network to simplify contracts and maximize flexibility in bringing on new business lines.
 - Initiated and implemented on-line patient registration process and automated attendant resulting in net operational savings of 3.5%.
 - Implemented a new Outpatient Treatment Report to reign in escalating outpatient claims costs resulting in clinical savings of 4.5%.
 - Met aggressive budget requirements by implementing tighter monitors on inpatient utilization resulting in a net savings of 10.6%.
 - Brought credentialing process in-house resulting in a 66% reduction in operating costs.
 - Initiated and successfully implemented a complete overhaul of the utilization management program resulting in improved NCQA delegation scoring from the low 60's to 100 percent.
 - Collaborated with the director of information and technology to develop and implement a provider Web portal allowing providers to submit updated clinical information directly to BHN/Landmark Solutions'.
-

CNR Health, Inc.

Milwaukee, WI August 1991 – September 1998

A national company offering medical, behavioral health, disability, and worker's compensation management services, employee assistance programs, and software development.

Director of Case Management

Directly responsible for the care management business unit including medical and behavioral health utilization management, case management, disability management and workers compensation management.

Accomplishments

- Numerous positions of increasing responsibility during seven-year tenure: Behavioral Health Case Manager, Clinical Operations Manager, Director of Behavioral Health, Director of Case Management.
 - Directly responsible for a \$2.5 million dollar operating budget.
-

Education

North Dakota State University, Fargo, ND

Bachelor of Science in Psychology, 5/87

Minor: Statistics

Marquette University, Milwaukee, WI

Master of Science in Clinical Psychology, 8/89

Thesis: Self-control deficits in depression: The contingent relationship between expectancies, evaluations and reinforcements.

References

Available upon request

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Vendor Name: Behavioral Health & Developmental Services of Strafford County d/b/a Community Partners

Name of Program/Service: Service Link (7/1/16 - 12/31/16)

BUDGET PERIOD:			
Name & Title Key Administrative Personnel	Annual Salary of Key Administrative Personnel	Percentage of Salary Paid by Contract	Total Salary Amount Paid by Contract
Karen Johnson, Director of Adult Services	\$68,000	10.00%	\$6,800.00
Maureen McCarthy, Manager Service Link	\$42,000	50.00%	\$21,000.00
Tammy Smith, Resource Center Team Leader	\$40,000	25.00%	\$10,000.00
Brian Collins, Executive Director	\$185,000	0.00%	\$0.00
Kathleen Stocker, CFO	\$101,970	0.00%	\$0.00
Chris Kozak, COO	\$82,400	5.00%	\$4,120.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$41,920.00

Key Administrative Personnel are top-level agency leadership (Executive Director, CEO, CFO, etc.). These personnel **MUST** be listed, even if no salary is paid from the contract. Provide their name, title, annual salary and percentage of annual salary paid from the agreement.

Note- % budget based on 6 months of annual salary



State of New Hampshire
Department of Health and Human Services
Amendment #3 to the New Hampshire
Service Link Resource Centers Program

This 3rd Amendment to the New Hampshire Service Link Resource Centers Program contract (hereinafter referred to as "Amendment #1") dated this, eighth day of June 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Behavioral Health and Developmental Services of Strafford County, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 113 Crosby Road, Dover, NH 03820

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (item #62) and amended by an agreement (Amendment #1) on June 4, 2014 (item #59) and amended again (Amendment #2) on May 6, 2015 (item #23), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit B Paragraph 10, the State may adjust amounts within the budgets and between State Fiscal Years, within the price limitation by written agreement of the parties without approval of the Governor and Executive Council; and;

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

To amend as follows:

1. Delete Exhibit B-1
2. Delete Exhibit B-2
3. Delete Exhibit B-3
4. Delete Exhibit B-4
5. Delete Exhibit B-5
6. Delete Exhibit B-6
7. Delete Exhibit B-7
8. Delete Exhibit B-8
9. Delete Exhibit B-9
10. Delete Exhibit B-10
11. Delete Exhibit B-7, Amendment #1
12. Delete Exhibit B-11, Amendment #1
13. Delete Exhibit B-12, Amendment #1
14. Delete Exhibit B-13, Amendment #1



**New Hampshire Department of Health and Human Services
New Hampshire Service Link Resource Centers Program**

15. Delete Exhibit B-14
16. Delete Exhibit B-15
17. Delete Exhibit B-16
18. Add Exhibit B-17
19. Add Exhibit B-18
20. Add Exhibit B-19



New Hampshire Department of Health and Human Services
New Hampshire Service Link Resource Centers Program

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/17/16
Date

Kelley Capuchin Admin II
NAME
TITLE

Behavioral Health & Development Services
of Strafford County, Inc.
d/b/a Community Partners of Strafford County

6/16/16
Date

[Signature]
NAME Christopher Roundy
TITLE President

Acknowledgement:

State of New Hampshire County of Strafford on June 16, 2016, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Darlene E. Moore Notary Public
Name and Title of Notary or Justice of the Peace

My Commission Expires April 8, 2020.

New Hampshire Department of Health and Human Services
New Hampshire Service Link Resource Centers Program



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

D. Adams 6/1/16

[Signature]

Date

Name:

Title: *For DADS C.U.*

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

Exhibit B-17

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

Contractor Name: Behavioral Health and Developmental Services of Stafford County, Inc.
 Program Name: ServisLink Resource Center
 Budget Period: 7/1/14 - 6/30/15

Account	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1 Total Salary/Wages	\$ 150,245	\$ -	\$ 150,245	\$ -	\$ 15,200	\$ -	\$ 15,200	\$ -	\$ 141,045	\$ -	\$ 141,045
2 Employee Benefits	\$ 68,189	\$ -	\$ 68,189	\$ -	\$ 6,780	\$ -	\$ 6,780	\$ -	\$ 61,430	\$ -	\$ 61,430
3 Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4 Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5 Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6 Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7 Furniture/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8 Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9 Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10 Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11 Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12 Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13 Office	\$ -	\$ 3,975	\$ 3,975	\$ -	\$ 368	\$ -	\$ 368	\$ -	\$ 3,577	\$ -	\$ 3,577
14 Travel	\$ 4,023	\$ -	\$ 4,023	\$ -	\$ 410	\$ -	\$ 410	\$ -	\$ 3,813	\$ -	\$ 3,813
15 Occupancy	\$ -	\$ 19,185	\$ 19,185	\$ -	\$ 1,910	\$ -	\$ 1,910	\$ -	\$ 17,275	\$ -	\$ 17,275
16 Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17 Telephone	\$ 17,860	\$ -	\$ 17,860	\$ -	\$ 1,780	\$ -	\$ 1,780	\$ -	\$ 16,218	\$ -	\$ 16,218
18 Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19 Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20 Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21 Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22 Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23 Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24 Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25 Staff Education and Training	\$ 1,180	\$ -	\$ 1,180	\$ -	\$ 122	\$ -	\$ 122	\$ -	\$ 1,057	\$ -	\$ 1,057
26 Subcontract/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27 Other (specify details in narrative)	\$ 505	\$ -	\$ 505	\$ -	\$ 50	\$ -	\$ 50	\$ -	\$ 455	\$ -	\$ 450
28 Printing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29 Advertising	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 248,197	\$ 23,180	\$ 271,317	\$ -	\$ 24,358	\$ -	\$ 24,358	\$ -	\$ 213,844	\$ -	\$ 213,844
Indirect At A Percent of Direct		9.3%			9.5%				9.3%		

Contractor Initials: *ef*
Date: *7/1/16*

Exhibit B-18

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

Contractor Name: Behavioral Health and Developmental Services of Stafford County, Inc.
 Program Name: Services, 24 Resource Center
 Budget Period: 7/1/15 - 6/30/16

Account	2015		2016		2017		2018		2019	
	Actual	Encumbrance	Actual	Encumbrance	Actual	Encumbrance	Actual	Encumbrance	Actual	Encumbrance
1000 - Total Agency Program	277,224	-	277,224	-	277,224	-	277,224	-	277,224	-
1000 - Personnel Services	157,875	-	157,875	-	157,875	-	157,875	-	157,875	-
1000 - Contractual	-	-	-	-	-	-	-	-	-	-
1000 - Travel	-	-	-	-	-	-	-	-	-	-
1000 - Printing and Reproduction	-	-	-	-	-	-	-	-	-	-
1000 - Postage and Mailing	-	-	-	-	-	-	-	-	-	-
1000 - Telephone	-	-	-	-	-	-	-	-	-	-
1000 - Computer	-	-	-	-	-	-	-	-	-	-
1000 - Rent	-	-	-	-	-	-	-	-	-	-
1000 - Utilities	-	-	-	-	-	-	-	-	-	-
1000 - Insurance	-	-	-	-	-	-	-	-	-	-
1000 - Other	-	-	5,073	-	5,073	-	5,073	-	5,073	-
1000 - Total	277,224	-	277,224	-	277,224	-	277,224	-	277,224	-
1000 - Contingency	-	-	15,761	-	15,761	-	15,761	-	15,761	-
1000 - Capital Equipment	-	-	-	-	-	-	-	-	-	-
1000 - Construction	-	-	-	-	-	-	-	-	-	-
1000 - Other	-	-	-	-	-	-	-	-	-	-
1000 - Total	-	-	15,761	-	15,761	-	15,761	-	15,761	-
1000 - Total	277,224	-	292,985	-	292,985	-	292,985	-	292,985	-
1000 - Other (outside the program)	-	-	-	-	-	-	-	-	-	-
1000 - Total	-	-	-	-	-	-	-	-	-	-
1000 - Total	277,224	-	292,985	-	292,985	-	292,985	-	292,985	-
TOTAL	277,224	-	292,985	-	292,985	-	292,985	-	292,985	-

8/1/16

Exhibit B-19

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

Contractor Name: Behavioral Health and Developmental Services of Stafford County, Inc.

Program Name: ServiceLink Resource Center

Budget Period: 7/1/18 - 6/30/19

Line Item	2018		2019		Contractor Share / Match		2018		2019	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
1 Total Salary/Wages	48,001		48,991		4,902		4,902		44,381	
2 Employee Benefits	22,400		22,400		2,000		2,000		20,400	
3 Consultants	-		-		-		-		-	
4 Equipment	-		-		-		-		-	
Rental	-		-		-		-		-	
Repair and Maintenance	-		-		-		-		-	
Purchase/Depreciation	-		-		-		-		-	
5 Supplies	-		-		-		-		-	
Educational	-		-		-		-		-	
Lab	-		-		-		-		-	
Pharmacy	-		-		-		-		-	
Medical	-		-		-		-		-	
Office	-		-		-		-		-	
6 Travel	500		500		50		50		450	
7 Occupancy	-		7,500		-		800		6,700	
8 Current Expenses	-		-		300		300		4,181	
Telephone	-		-		-		-		-	
Postage	4,500		4,500		-		-		-	
Subscriptions	-		-		-		-		-	
Audit and Legal	-		-		-		-		-	
Insurance	-		-		-		-		-	
Board Expenses	-		-		-		-		-	
9 Software	-		-		-		-		-	
10 Marketing/Communications	-		-		-		-		-	
11 Staff Education and Training	-		-		-		-		-	
12 Subcontracts/Agreements	-		-		-		-		-	
13 Other (List in Remarks Column)	-		-		-		-		-	
Parking	-		-		-		-		-	
Advertising	-		-		-		-		-	
TOTAL	74,381		84,181		6,948		7,598		68,402	

Indirect As A Percent of Direct

10.2%

9.1%

10.2%

Contractor Initials: *EOA*
Date: *5/11/18*



**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the New Hampshire ServiceLink Resource Centers Program Contract**

This second Amendment to the New Hampshire ServiceLink Resource Centers Program contract (hereinafter referred to as "Amendment #2") dated March 30, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Behavioral Health and Developmental Services of Strafford County, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 113 Crosby Road, Dover, NH, 03820.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (Item #62) and amended by an agreement (Amendment #1 to the Contract) approved on June 4, 2014 (Item #59), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified;

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract;

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties;

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional fifteen (15) months and increase the price limitation; and

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: September 30, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$824,925.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Eric Borrin, Director Contracts and Procurement
4. Form P-37, General Provisions, Item 1.10, to read: (603) 271-9558.
5. Delete Exhibit A Scope of Services and replace with Exhibit A Amendment #1 Scope of Services.
6. Delete Exhibit A-1 Scope of Services.
7. Delete Exhibit B Amendment #1, Method and Conditions Precedent to Payment and replace with Exhibit B Amendment #2, Method and Conditions Precedent to Payment.
8. Delete Exhibit B-7 and replace with Exhibit B-7 Amendment #1.
9. Add Exhibit B-14, Exhibit B-15, Exhibit B-16, and Exhibit B-17
10. Delete Standard Exhibit C, Special Provisions and replace with Exhibit C, Special Provisions.
11. Delete Standard Exhibit C-1, Additional Special Provisions and replace with Exhibit C-1, Revisions To General Provisions.



New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program

12. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 9/30/16.
13. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 9/30/16.
14. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.
15. Delete Standard Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement, and replace with Exhibit I, Health Insurance Portability Act Business Associate Agreement.



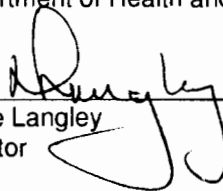
**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

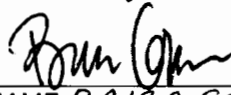
State of New Hampshire
Department of Health and Human Services

4/11/15
Date


Diane Langley
Director

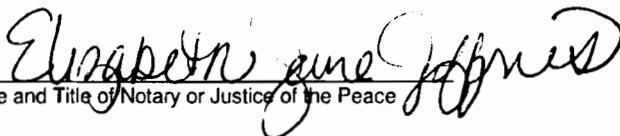
Behavioral Health and Developmental Services of
Strafford County, Inc.

4/3/15
Date


NAME BRIAN COLLINS
TITLE EXECUTIVE DIRECTOR

Acknowledgement:
State of NH, County of Strafford on April 3, 2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace


Name and Title of Notary or Justice of the Peace

**Elizabeth Jane Jeffries
New Hampshire Notary Public
Comm. Expires 12/04/2018**

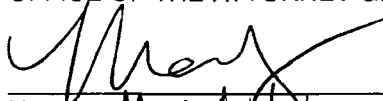


**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 4/20/15


Name: Megan A. Gale
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____

RECEIVED
OFFICE OF THE ATTORNEY GENERAL
MAY 13 2015



Exhibit A Amendment #1

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a full service point of access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire Medicaid's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Quarter: A quarter is defined as: July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare & Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.



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The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall provide services defined in this Agreement to the following populations:

- Persons age 60 and over;
- Adults over the age of 18, who are chronically, physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and/or developmental disabilities;
- Veterans;
- People of all ages, income levels and disabilities, including people with dementia and people of different cultures and ethnicities.

3. Geographic Area Served: The Contractor shall provide services as described in this Agreement in the geographic area of Strafford County. Geographic area is defined as the area focused on client location (City or Town).

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long-term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

- 4.1.1.1. Consideration of all populations served including different age groups, different income levels, different types of disabilities, cultural diversities, and those underserved, and individuals at risk of nursing home placement, family caregivers, advocates, and professionals who serve these populations. Populations shall include all individuals who may or may not meet public assistance requirements, in addition to those that are hard to reach, those who are private payers and want to plan ahead for their long-term needs;
- 4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and
- 4.1.1.3. A feedback loop to modify activities as needed.
- 4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

- 4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.
- 4.1.2.2. Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.
- 4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.
- 4.1.2.4. Contractor shall use the Alliance of Information and Referral Standards and use the Refer7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The Contractor is responsible for:
 - 4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and
 - 4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private



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paying individuals and families; and the database is accessible to the public via a comprehensive website and is user- friendly, searchable and accessible to persons with disabilities.

4.1.2.5. Contractor's staff shall attend trainings as directed by the Department.

4.2. Options Counseling

- 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
- 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others whom they may wish to include in the process, such as family members and/or caregivers/support persons.
- 4.2.3. The Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration for Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards, when they have been released.
- 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arrange for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum, the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. Special attention to those clients most at risk of institutionalization;
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in assessing all the pros and cons;
 - 4.2.4.4. Development of action steps toward a goal or a long-term support plan, with assistance in applying and accessing support options when requested;
 - 4.2.4.5. Counseling in a location that fits the needs of the individual being served, such as a private home and office, and to be accessible to the client by phone, email, etc.;
 - 4.2.4.6. Counseling that ensures that clients understand their options by using the Option Counseling Standards.
- 4.2.5. The Contractor shall provide confidential, objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
- 4.2.6. The Contractor shall serve as full service access entry points for individuals and use standard intake and screening instruments defined by the Department.
- 4.2.7. The Contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
- 4.2.8. The Contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.
- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor shall include a plan to schedule future contacts and follow-ups according to the needs of the client.

4.3. Streamlined Eligibility Determination for Public Programs

The Contractor will serve as a full service access point/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation



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Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:

4.3.1. Intake and Screening

The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.

4.3.1.1. The Contractor shall have their ServiceLink, Community Mental Health and Area Agency Staff who provide Federal No Wrong Door services, trained and cross trained in core ServiceLink functions including but not limited to Information and Referral, Options Counseling, Medicare Counseling, Senior Medicare Patrol, and the New Hampshire Family Care Giver Program and other programs as directed by the Department.

4.3.2. Financial and Functional Eligibility Processes

Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.

4.3.2.1.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.

4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:

4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.

4.3.3. Tracking Eligibility Status

4.3.3.1. The Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems, such as New Heights Financial Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.

4.3.3.2. The Contractor may be informed of individuals who are determined ineligible for public LTSS and the ServiceLink Contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.

4.4. Person-Centered Transitions Support

The Contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:

4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.

4.4.2. The Contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.



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- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
 - 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
 - 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
 - 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
- Contractor shall involve consumers on a /local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
- 4.5.1.1. People over age 60
 - 4.5.1.2. Adults over age 18 living with chronic illnesses or disabilities
 - 4.5.1.3. Family members, caregivers, and family caregivers of the target populations
 - 4.5.1.4. Local community providers
 - 4.5.1.5. Representation from cultural and ethnic minorities residing within the community.
 - 4.5.1.6. At least twenty-five (25) percent of the membership must be from the target population.
Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.
- 4.5.2. Medicaid
- Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.
- 4.5.3. Aging and Disability Partners
- 4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.
 - 4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.
 - 4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.
- 4.5.4. Other Partners and Stakeholders
- Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance



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programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.

4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum. The Contractor shall:
 - 4.6.12.1. Provide a minimum of one (six (6) week session) Powerful Tools for Caregiver Training to a minimum of ten (10) caregivers completing the workshop series.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.



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- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. Recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education, volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
- 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
- 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
- 4.8.7. Comply with the standards in the SHIP Program Guidance.
- 4.8.8. Recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

4.9. Veterans Directed Home and Community Based Program

The Contractor shall provide Veterans the opportunity to receive home and community based services in a consumer directed fashion that enables them to avoid nursing home placement and to continue to live in their homes and communities. The Contractor shall:

- 4.9.1. Develop and implement a Veterans Directed Home and Community Based (VDHCB) program to provide the services described in Section 4.9.2, in the following ways:
 - 4.9.1.1. Enter into a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and/or the Manchester Veteran's Administration Medical Center (Manchester VAMC). The provider agreement is to be based on the Memorandum of Agreement between the Department and the WRJ and/or Manchester VAMC. Under the provider Agreement, the Contractor shall work with the WRJ VAMC and/or the Manchester VAMC and shall be responsible for the service coordination as defined in Section 4.9.2 below.



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- 4.9.1.2. Establish an advisory group to oversee the development, implementation of the program and provide ongoing feedback for continuous improvement of the program and services. Membership is to include representation from key community resources, local Veterans' organizations, Veterans and families of Veterans utilizing the program, and the public.
 - 4.9.1.3. Establish and maintain a budget for the costs to develop and implement the program as follows:
 - 4.9.1.3.1. Ongoing Staff development and training such as but not limited to, costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program.
 - 4.9.1.3.2. Ongoing Travel costs associated with ongoing program development and implementation such as, but not limited to: Staff mileage to and from training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, Establishing and maintaining a of business processes related to the VD-HCBS Program, such as computer equipment, telephone expenses, and office furniture for new staff.
 - 4.9.1.3.3. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services, in Section 4.9.2.
 - 4.9.1.4. Provide or contract with an agency to provide financial management services to the Veterans. The Contractor cannot implement the VDHCBS program until financial management services are reviewed and approved by the VDHCBS national Readiness Review Process, and reviewed by WRJ and Manchester VAMC and DHHS.
 - 4.9.1.5. Provide a minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to Veterans participating in the program in developing and managing an individual service budget.
 - 4.9.1.5.1. The Contractor shall increase the FTE when the Veterans caseload exceeds 19 Veterans. The contractor shall increase the FTE to provide 4.5 hours per month per veteran.
 - 4.9.1.6. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors are trained in the program practices and procedures prior to service delivery defined in Section 4.9.2.
 - 4.9.1.7. Establish Financial Management Readiness and pass formal readiness review prior to implementation of the program. New FMS agreements must pass formal readiness review,
- 4.9.2. Provide options counseling and assist Veterans in arranging consumer directed services as follows:
- 4.9.2.1. Maintain the provider agreement in Section 4.9.1.1 and the contractor shall be responsible for service coordination for the Veteran as follows:
 - 4.9.2.1.1. Accept referrals of eligible Veterans and their authorized budgets to buy long term supports and services, from at least one of the VAMC in Section 4.9.1.1.
 - 4.9.2.1.2. Provide options counseling to Veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. At a minimum, options counseling shall include an assessment, plan of care and identify type of services



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to meet the needs to the Veteran to remain in the home and community. The Contractor shall submit the Veteran's plan of care with types of services to the VAMC for approval. The Contractor must obtain budget approval of plan of care from the VAMC before the Veteran receives VD-HCBS supports and services. The Contractor shall comply with the VAMC and the Department's program and policies guide for linking Veterans with needed Long term services and supports and making mutual referrals.

- 4.9.2.2. Provide or maintain the contract with an agency to provide financial management services. Seek reimbursements for service coordination through the VAMC defined in Section 4.9.1. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services.

4.9.3. Ensure the following:

- 4.9.3.1. All Veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
- 4.9.3.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
- 4.9.3.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
- 4.9.3.4. Of the Veterans served, there will be a 90 % or better, consumer satisfaction rate.
- 4.9.4. Comply with procedures for reporting requirements defined by DHHS for monthly "Ticker" reporting requirements defined and required by National VDHCS program administration.
- 4.9.5. Enter contact data into the Refer 7 data base to increase the amount of resources available by geographic area serve Veterans.
- 4.9.6. Ensure that documentation required by both the Department and the VAMC is kept current and submitted according to the program requirements.
- 4.9.7. Participate in continuous process improvement activities with the Department and/or the VAMC to evaluate and improve the quality of the program and its policies and processes by attending meetings, trainings, to include monthly VDHCS Faculty Calls, and related conference calls.
- 4.9.8. Participate in trainings that aim to improve knowledge of military culture and other related trainings to enhance competencies required to serve our military family and service member population.

4.10. Medicare Improvements for Patients and Providers Act (MIPPA).

The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA), services through as follows:

- 4.10.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 4.10.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 4.10.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 4.10.1.3. Promote the Medicare programs described in Section 4.10.1.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:



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- 4.10.2. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
- 4.10.3. Complete an analysis using available statistics such as Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.
- 4.10.4. Assess current and past partnerships with other agencies and community services.
- 4.10.5. Conduct outreach, education and assistance to the target population and geographic area as approved by the Department, based on the Contractor's results of the assessment and analysis described in Section 4.10.2, 4.10.3 and 4.10.4, and to meet the goals in Section 4.10.10. Outreach and education consists of the following, but not limited to:
 - 4.10.5.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 4.10.5.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 4.10.5.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.6. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives. The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.7. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 4.10.1.
 - 4.10.7.1. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
 - 4.10.7.2. The contractor will be responsible for purchasing the media in their local area.
- 4.10.8. Ensure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
- 4.10.9. Complying with procedures for reporting requirements defined by DHHS.
- 4.10.10. Performance Measures: The Contractor will be required to meet or exceed the performance measures described below:



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Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D by eight (8) percent of the total number enrolled in these programs as of September 29, 2014	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 15th of each month.
Performance Measure 2: Implementation of Promotional activities for Medicare's Wellness and Preventive Screening Services	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activities at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in SHIP Mid-Term and annual Performance Grant application to DHHS

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phones numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route from the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.
- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 5.9 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans



Exhibit A Amendment #1

- Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
 - 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
 - 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
 - 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
 - 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
 - 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
 - 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
 - 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors. Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
 - 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
 - Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with



Exhibit A Amendment #1

- Microsoft Office 2000 and above through 2010;
- Network Associates - McAfee Virus Scan version 8.8; and
- Broadband or DSL internet access
- 6.5.3. The Department's current hardware standards are as follows:
 - Standard Desktop - Multi Tasking, Standard Apps: i3 Intel Processor, 4GB RAM, 500 GB SATA
 - High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): i5 Intel Processor, 8GB RAM, 500 GB SATA
 - The State standard is Windows 7, Office 2010 and Internet Explorer 9
- 6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.
- 6.6. Continuous Improvement
 - 6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.
 - 6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting

- 7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:
 1. Number of individuals served
 2. Number of repeat visits by individuals
 3. Type of information/referral given to individuals
 4. Type of follow up performed
 5. Frequency of follow ups
 6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
 7. The number of individuals diverted from nursing home/institutional settings;
 8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).

7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source. There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits

Contractor Initials: *BC*
 Date: *4-3-15*

**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program**



Exhibit A Amendment #1

Program Reporting Data Requirement	Data Source
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and consumer satisfaction surveys, customized reports, and Refer7.
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 4 formal agreements with major pathways has been established by the completion Date in box 1.7 of the General Provisions, Form P-37.	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	

Contractor Initials: DX
Date: 4/3-15



Exhibit A Amendment #1

Program Reporting Data Requirement	Data Source
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7
State Health Insurance Assistance Program (SHIP):	
Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template

Contractor Initials: BC
Date: 4-3-15



Exhibit A Amendment #1

Program Reporting Data Requirement	Data Source
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards as follows:

- 8.1.1. Possess the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- 8.1.2. Ensure the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- 8.1.3. Ensure knowledge about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- 8.1.4. Treat colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.
- 8.1.5. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.6. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.7. Develop a Staffing Contingency Plan, including but not limited to:
 - 8.1.7.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.7.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.7.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.7.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.7.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
- 8.1.8. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.9. Provide resumes for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.10. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.11. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.12. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.13. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and

Contractor Initials: *DR*
 Date: *4-3-15*



Exhibit A Amendment #1

requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.

8.2. The Contractor shall commit staff for the following positions:

8.2.1. Program Management

Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.

8.2.1.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire
- SHIP/SMP certification

8.2.2. Information, Referral, & Assistance and Awareness

The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.

8.2.2.1. Required Certification;

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain certification as a State Health Insurance Assistance Program (SHIP)
- Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.

8.2.3. Options Counseling and Person Centered Transition Support

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.



Exhibit A Amendment #1

- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

- 9.1. Updated Workplan: Within thirty (30) days of the effective date of any amendment to the agreement, the contractor shall submit a revised workplan to DHHS.

10. Cultural Considerations:

The Contractor will submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their



Exhibit A Amendment #1

programs and/or services, within ten (10) days of the effective date of Amendment #2 to the Agreement.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.

13. Contract Monitoring

13.1. The Contractor shall:

13.2. Ensure the Department has access sufficient for monitoring of contract compliance requirements as identified in OMB Circular A-133.

13.3. Ensure the Department is provided with access that includes but is not limited to:

13.3.1. Data

13.3.2. Financial records

13.3.3. Scheduled access to Contractor work sites/locations/work spaces and associated facilities.

13.3.4. Unannounced access to Contractor work sites/locations/work spaces and associated facilities.

13.3.5. Scheduled phone access to Contractor principals and staff



Exhibit B - Amendment #2

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement, Form P-37, in accordance with the budgets defined in Section 5 below, for the services provided by the Contractor pursuant to Exhibit A, Amendment #1 Scope of Services.
2. Services are funded with New Hampshire General Funds and with federal funds made available by the United States Department of Health and Human Services under:

CFDA #	Federal Agency	Grant Description
93.778		Medicaid Grants
93.667	Administration for Children & Families	Social Services Block Grant
93.052	Administration for Community Living	Family Caregiver Support Title III E
93.517	Administration for Community Living	Aging and Disability Resource Center Options Counseling Enhancement Program
93.324	Administration for Community Living	State Health Insurance Assistance Program
93.048	Administration for Community Living	Senior Medicare Patrol Project
93.071	Administration for Community Living	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)
93.778	Centers for Medicare & Medicaid Services	Balancing Incentive Program

2.1. The Contractor agrees to provide the services in Exhibit A, Amendment #1, Scope of Services in compliance with funding requirements.

3. Account Numbers in Block 1.6 of the General Provisions of this Agreement, Form P-37 as follows:

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
Aging and Disability Resource Center Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731
Balancing Incentive Program	05-95-49-490510-29850000-102-500731



Exhibit B - Amendment #2

4. Payment for said services shall be made as follows:

The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:

Financial Manager
Division of Community Based Care Services
Department of Health and Human Services
129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made cost reimbursement basis only, for allowable expenses based on budgets identified as Exhibits B-1 through Exhibits B-15. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form.
- 5.1. Payment for contracted services shall be made on cost reimbursement basis only, for allowable expenses based on the budgets identified as Exhibit B-16 and Exhibit B-17 and in accordance with the Department approved individual program budgets.
- 5.2. The Contractor will provide invoices on Department supplied forms.
- 5.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
- 7.1. NH State General Funds SFY14: 47% SFY15: 49%
- 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
- 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
- 8.1. Medicaid SFY14: 64% SFY15: 88%
- 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-17 Budgets, to adjust amounts within the budgets and between State Fiscal Years, within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.



Exhibit B - Amendment #2

12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by THE DEPARTMENT.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to THE DEPARTMENT upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
15. Veterans Directed Home and Community Based Program: The funding is from July 1, 2014 to June 30, 2015 for the purposes of developing and implementing the program as defined in Section 4.9.1 of Exhibit A, Amendment #1. Once the program is operational, the contractor shall continue providing the scope of work as defined in Sections 4.9.2 through 4.9.8 of Exhibit A, Amendment #1, without funding from the Department.
16. The Balancing Incentive Program Funds will fund the scope of work in in Exhibit A Amendment #1 for:
 - 16.1. Section 4.3.11 from the effective date of Amendment #2 of this Agreement through June 30, 2016; and
 - 16.2. Section 4.10 from the effective date of Amendment #2 of this Agreement through June 30, 2015.

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

Bidder/Program Name: Behavioral Health and Developmental Services of Strafford County, Inc.

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHHS Contract Shares		
	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total
1. Total Salary/Wages	\$ 35,438	\$ -	\$ 35,438	\$ 1,430	\$ -	\$ 1,430	\$ 34,008	\$ -	\$ 34,008
2. Employee Benefits	\$ 17,347	\$ -	\$ 17,347	\$ 706	\$ -	\$ 706	\$ 16,641	\$ -	\$ 16,641
3. Consultants	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ 250
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ 625	\$ 625	\$ -	\$ 625	\$ 625	\$ -	\$ 625	\$ 625
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ 1,251	\$ 1,251	\$ -	\$ 1,251	\$ 1,251	\$ -	\$ 1,251	\$ 1,251
6. Travel	\$ 3,626	\$ -	\$ 3,626	\$ 63	\$ -	\$ 63	\$ 3,563	\$ -	\$ 3,563
7. Occupancy	\$ -	\$ 4,500	\$ 4,500	\$ -	\$ 450	\$ 450	\$ -	\$ 4,050	\$ 4,050
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 8,500	\$ -	\$ 8,500	\$ 150	\$ -	\$ 150	\$ 8,350	\$ -	\$ 8,350
Postage	\$ 625	\$ -	\$ 625	\$ 625	\$ -	\$ 625	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ -	\$ -	\$ -
Insurance	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 338	\$ -	\$ 338	\$ 13	\$ -	\$ 13	\$ 325	\$ -	\$ 325
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ -	\$ -	\$ -
Advertising	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ -	\$ -	\$ -
TOTAL	\$ 67,374	\$ 6,626	\$ 74,000	\$ 4,487	\$ 1,513	\$ 6,000	\$ 62,987	\$ 5,113	\$ 68,100

Indirect As A Percent of Direct

10%

34%

6%

Contractor Initials: 
Date: 4-3-15

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

Bidder/Program Name: Behavioral Health and Developmental Services of Stafford County, Inc.

Budget Request for: Balancing Incentive Program - Medicare Improvements for Patients and Providers Act
 (Name of Program)

Budget Period: 10/1/14-6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total
1. Total Salary/Wages	\$ 4,108.80	\$ -	\$ 4,108.80	\$ 276.80	\$ -	\$ 276.80	\$ -	\$ -	\$ -
2. Employee Benefits	\$ 1,970.42	\$ -	\$ 1,970.42	\$ 131.42	\$ -	\$ 131.42	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ 69.20	\$ 69.20	\$ -	\$ 69.20	\$ 69.20	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rentals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ 103.81	\$ 103.81	\$ -	\$ 103.81	\$ 103.81	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ 69.21	\$ 69.21	\$ -	\$ 69.21	\$ 69.21	\$ -	\$ -	\$ -
Travel	\$ 2,559.20	\$ -	\$ 2,559.20	\$ 69.20	\$ -	\$ 69.20	\$ -	\$ -	\$ -
6. Occupancy	\$ -	\$ 69.21	\$ 69.21	\$ -	\$ 69.21	\$ 69.21	\$ -	\$ -	\$ -
7. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 479.90	\$ -	\$ 479.90	\$ 96.80	\$ -	\$ 96.80	\$ -	\$ -	\$ -
Postage	\$ 192.00	\$ -	\$ 192.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ 34.60	\$ -	\$ 34.60	\$ 34.60	\$ -	\$ 34.60	\$ -	\$ -	\$ -
Audit and Legal	\$ 69.21	\$ -	\$ 69.21	\$ 69.21	\$ -	\$ 69.21	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ 34.60	\$ -	\$ 34.60	\$ 34.60	\$ -	\$ 34.60	\$ -	\$ -	\$ -
9. Software	\$ 545.60	\$ -	\$ 545.60	\$ 34.60	\$ -	\$ 34.60	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 457.00	\$ -	\$ 457.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ 1,324.00	\$ 1,324.00	\$ -	\$ 1,324.00	\$ 1,324.00	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 10,451.33	\$ 1,635.43	\$ 12,086.76	\$ 747.33	\$ 311.43	\$ 1,058.76	\$ 311.43	\$ 1,370.19	\$ 1,370.19
Indirect As A Percent of Direct		15.6%			41.7%			13.6%	

Contractor Initials: *ADC*
 Date: *4-3-15*

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

Bidder/Program Name: Behavioral Health and Developmental Services of Stafford County, Inc.

Budget Request for: Balancing Incentive Program - Training for No Wrong Door Initiatives
(Name of Program)

Budget Period: Upon Governor and Executive Council Approval to June 30, 2015

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DRRS Contract Share		
	Direct Incremental	Indirect Phased	Total	Direct Incremental	Indirect Phased	Total	Direct Incremental	Indirect Phased	Total
1. Total Salary/Wages	\$ 32,930.00	\$ -	\$ 32,930.00	\$ 1,430	\$ -	\$ 1,430	\$ -	\$ -	\$ -
2. Employee Benefits	\$ 16,159.00	\$ -	\$ 16,159.00	\$ 715	\$ -	\$ 715	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ 240.00	\$ 240.00	\$ -	\$ 240	\$ 240	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ 600.00	\$ 600.00	\$ -	\$ 600	\$ 600	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ 1,304.00	\$ 1,304.00	\$ -	\$ 200	\$ 200	\$ -	\$ -	\$ -
7. Occupancy	\$ 645.00	\$ -	\$ 645.00	\$ 60	\$ -	\$ 60	\$ -	\$ -	\$ 585
8. Current Expenses	\$ -	\$ 4,865.00	\$ 4,865.00	\$ -	\$ 480	\$ 480	\$ -	\$ -	\$ 4,205
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 6,975.00	\$ -	\$ 6,975.00	\$ 150	\$ -	\$ 150	\$ -	\$ -	\$ 6,825
Subscriptions	\$ 620.00	\$ -	\$ 620.00	\$ 620	\$ -	\$ 620	\$ -	\$ -	\$ -
Audit and Legal	\$ 250.00	\$ -	\$ 250.00	\$ 250	\$ -	\$ 250	\$ -	\$ -	\$ -
Insurance	\$ 250.00	\$ -	\$ 250.00	\$ 250	\$ -	\$ 250	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 250.00	\$ -	\$ 250.00	\$ 250	\$ -	\$ 250	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 250.00	\$ -	\$ 250.00	\$ 250	\$ -	\$ 250	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 862.00	\$ -	\$ 862.00	\$ 525	\$ -	\$ 525	\$ -	\$ -	\$ 337
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 59,191.00	\$ 6,808.00	\$ 66,000.00	\$ 4,500.00	\$ 1,500.00	\$ 6,000.00	\$ 5,309.00	\$ 533.3%	\$ 60,000.00

Indirect As A Percent of Direct 11.5%

9.7%

Contractor Initials: B/C
Date: 4-3-15

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

Contractor Name: Behavioral Health and Developmental Services of Strimford County, Inc.
 Program Name: Services/Link Resource Center

Budget Period: 7/1/15 - 6/30/16

Line Item	Direct Instrumental		Total Program Total		Contractor Share / Margin		Yield		Maximum Budget 15.15 Percent by DHS Contract Rate	
	Direct Instrumental	Indirect	Direct Instrumental	Indirect	Direct Instrumental	Indirect	Direct Instrumental	Indirect	Direct Instrumental	Indirect
1. Total Salary/Wages	\$ 177,868	\$ -	\$ 177,868	\$ -	\$ 7,420	\$ -	\$ 7,420	\$ -	\$ 170,548	\$ -
2. Employee Benefits	\$ 80,844	\$ -	\$ 80,844	\$ -	\$ 3,390	\$ -	\$ 3,390	\$ -	\$ 77,254	\$ -
3. Consultants	\$ 290	\$ -	\$ 290	\$ -	\$ 260	\$ -	\$ 260	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Office	\$ 23	\$ -	\$ 23	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Travel	\$ 5,060	\$ -	\$ 5,060	\$ -	\$ 339	\$ -	\$ 339	\$ -	\$ 4,721	\$ -
8. Contract Expenses	\$ 55	\$ -	\$ 55	\$ -	\$ 55	\$ -	\$ 55	\$ -	\$ -	\$ -
Telephone	\$ 34,430	\$ -	\$ 34,430	\$ -	\$ 688	\$ -	\$ 688	\$ -	\$ 33,742	\$ -
Postage	\$ 2,214	\$ -	\$ 2,214	\$ -	\$ 2,076	\$ -	\$ 2,076	\$ -	\$ 138	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 827	\$ -	\$ 827	\$ -	\$ 827	\$ -	\$ 827	\$ -	\$ -	\$ -
Insurance	\$ 852	\$ -	\$ 852	\$ -	\$ 852	\$ -	\$ 852	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 827	\$ -	\$ 827	\$ -	\$ 827	\$ -	\$ 827	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,197	\$ -	\$ 1,197	\$ -	\$ 827	\$ -	\$ 827	\$ -	\$ 370	\$ -
11. Staff Education and Training	\$ 2,686	\$ -	\$ 2,686	\$ -	\$ 682	\$ -	\$ 682	\$ -	\$ 2,016	\$ -
12. Subcontract/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specify details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 306,038	\$ -	\$ 306,038	\$ -	\$ 11,848	\$ -	\$ 11,848	\$ -	\$ 289,778	\$ -

Indirect As A Percent of Direct 12.7% 60.5% 6.5%

Contractor Initials: *BC*
 Date: *4-8-15*

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

Contractor Name: Behavioral Health and Developmental Services of Strafford County, Inc.

Program Name ServiceLink Resource Center

Budget Period: 7/1/16 - 9/30/16

1. Total Salary/Wages	\$ 34,167	\$ 34,167	\$ 1,374	\$ 1,374	\$ 32,793	\$ 32,793
2. Employee Benefits	\$ 15,172	\$ 15,172	\$ 685	\$ 685	\$ 14,487	\$ 14,487
3. Consultants	\$ 241	\$ 241	\$ 241	\$ 241	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 638	\$ 638	\$ 638	\$ 638	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 1,243	\$ 1,243	\$ 210	\$ 210	\$ 1,033	\$ 1,033
6. Travel	\$ 1,056	\$ 1,056	\$ 59	\$ 59	\$ 997	\$ 997
7. Occupancy	\$ 4,304	\$ 4,304	\$ 363	\$ 363	\$ 3,941	\$ 3,941
8. Current Expenses	\$ 65	\$ 65	\$ 65	\$ 65	\$ -	\$ -
Telephone	\$ 6,381	\$ 6,381	\$ 80	\$ 80	\$ 6,301	\$ 6,301
Postage	\$ 473	\$ 473	\$ 438	\$ 438	\$ 35	\$ 35
Subscriptions	\$ 155	\$ 155	\$ 155	\$ 155	\$ -	\$ -
Audit and Legal	\$ 176	\$ 176	\$ 176	\$ 176	\$ -	\$ -
Insurance	\$ 241	\$ 241	\$ 241	\$ 241	\$ -	\$ -
Board Expenses	\$ 65	\$ 65	\$ 65	\$ 65	\$ -	\$ -
9. Software	\$ 175	\$ 175	\$ 175	\$ 175	\$ -	\$ -
10. Marketing/Communications	\$ 332	\$ 332	\$ 240	\$ 240	\$ 92	\$ 92
11. Staff Education and Training	\$ 515	\$ 515	\$ 116	\$ 116	\$ 399	\$ 399
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ 239	\$ 239	\$ -	\$ -	\$ 239	\$ 239
Printing	\$ 174	\$ 174	\$ 174	\$ 174	\$ -	\$ -
Advertising	\$ 239	\$ 239	\$ 239	\$ 239	\$ -	\$ -
0	\$ 65	\$ 65	\$ 65	\$ 65	\$ -	\$ -
TOTAL	\$ 59,451	\$ 66,116	\$ 4,341	\$ 5,799	\$ 55,104	\$ 60,317
Inirect As A Percent of Direct	11.2%	33.4%			9.5%	

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 4-3-15
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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;

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- 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 (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) 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. The Department reserves the right to extend the completion date of the contract for up to fifteen months to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.
4. Subparagraph 14.1.1 of the General Provisions of this contract, is deleted and the following subparagraph is added:
 - 14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence with additional umbrella liability insurance coverage of not less than \$3,000,000;

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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:

4-3-15
Date

Brian Collins
Name: BRIAN COLLINS
Title: EXECUTIVE DIRECTOR

Exhibit G

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

Contractor Initials B/C

Date 4-3-15



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.

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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 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



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



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><u>Department of Health + Human Services</u> The State</p> <p><u>[Signature]</u> Signature of Authorized Representative</p> <p><u>D Hanley</u> Name of Authorized Representative</p> <p><u>Director</u> Title of Authorized Representative</p> <p><u>4/11/15</u> Date</p>	<p><i>Behavioral Health + Developmental Services of Strafford County Inc DBA Community Partners</i></p> <p>_____ Name of the Contractor</p> <p><u>[Signature]</u> Signature of Authorized Representative</p> <p><u>Brian Collins</u> Name of Authorized Representative</p> <p><u>Executive Director</u> Title of Authorized Representative</p> <p><u>4-3-15</u> Date</p>
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State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a
Community Partners of Strafford County Contract

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment #1") dated this 1st day of May 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners of Strafford County (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 113 Crosby Road, Dover, NH 03820.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

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

- 1) Amendment and modification of P-37 "Agreement":
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$374,315.
- 2) Amendment and modification of Exhibit A:
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program
4.6.12 The ServiceLink Contract shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.
- 3) Adding Exhibit A-1.
- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.
- 5) Adding Exhibits B-11, B-12 and B-13.

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/17/14
Date

[Signature]
NAME
TITLE

Behavioral Health & Developmental Services of Strafford
County, Inc. d/b/a Community Partners of Strafford
County

5-16-14
Date

[Signature]
NAME Brian Collins
TITLE Executive Director

Acknowledgement:

State of New Hampshire County of Strafford on 5/6/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

[Signature]
Name and Title of Notary or Justice of the Peace

MARTHA J. GREEN
Notary Public - New Hampshire
My Commission Expires January 29, 2019



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

5-14-14
Date

Rosemary Wiant
Name: Rosemary Wiant
Title: Assistant Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: BIC
Date: 5/14/14



Scope of Services

1. The Contractor shall provide Veterans the opportunity to receive home and community based services in a consumer directed fashion that enables them to avoid nursing home placement and to continue to live in their homes and communities.
 - 1.1. Develop and implement a VDHCBS program to provide the services described in paragraph 1.2, in the following ways:
 - 1.1.1. Enter into a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and/or the Manchester Veteran's Administration Medical Center (Manchester VAMC. The agreement is to be based on the Memorandum of Agreement between the Department and the WRJ and/or Manchester VAMC. Under the Agreement, the contractor shall be responsible for service coordination in paragraph 1.2.
 - 1.1.2. Establish an advisory group to oversee the development, implementation of the program and provide ongoing feedback for continuous improvement of the program and services. Membership is to include representation from key community resources, local Veterans' organizations, Veterans and families of Veterans utilizing the program, and the public.
 - 1.1.3. Establish a budget for the costs to develop and implement the program. The Department provides funding for the development and implementation limited to the following:
 - 1.1.3.1. Staff development and training: This includes costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program.
 - 1.1.3.2. Travel costs associated with capacity building: Staff mileage to training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, and development and implementation of the advisory committee.
 - 1.1.3.3. Development and implementation of business processes related to the VD-HCBS Program: computer equipment, telephone expenses, and office furniture for new staff.
 - 1.1.3.4. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services, in paragraph 1.2).
 - 1.1.4. Provide or contract with an agency to provide financial management services in accordance with the roles and responsibilities of an agency with choice model.
 - 1.1.5. Provide a minimum of a .5 FTE Veterans Options counselor to provide ~~counseling, assessment, service coordination, and assistance to Veterans~~ participating in the program in developing and managing an individual service budget.
 - 1.1.6. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors have been trained to provide initial start-up and collaborative support for the program.
 - 1.1.7. Within ninety (90) days from the effective date of the contract, the contractor will complete a Program orientation and participate in a readiness review by the Department, in accordance with the ~~Program/Policy Guide~~. ~~Reviews will be conducted by monthly face to face meetings, conference calls and webinars.~~



- 1.2. Have the program infrastructure in place within ninety (90) days from the effective date of the contract and is actively providing options counseling and assisting Veterans in arranging consumer directed services by:
 - 1.2.1. Maintain the provider agreement in paragraph 1.2 and the contractor shall be responsible for service coordination for the Veteran by:
 - 1.2.1.1. Accept referrals of eligible Veterans from at least one of the VAMC in paragraph 1.1. The Veterans Administration is responsible for determining the eligibility of Veterans for the program and for authorizing a budget to buy long term supports and services for the Veteran. The Veterans Administration will refer eligible Veterans with an authorized flexible service budget to the contractor.
 - 1.2.1.2. Provide options counseling to Veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. At a minimum, options counseling shall include an assessment, plan of care and identify type of services to meet the needs to the Veteran to remain in the home and community. The Contractor shall submit the Veteran's plans of care with types of services to the VAMC for approval before the Veteran receives services. The Contractor shall comply with the VAMC and the Department's program and policies guide for linking Veterans with needed Long term services and supports and making mutual referrals.
 - 1.2.1.3. Provide or maintain the contract with an agency to provide financial management services in accordance with the roles and responsibilities of an agency with choice model.
 - 1.2.1.4. Seek reimbursements for service coordination through the VAMC. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services.
 - 1.2.2. Assure the following:
 - 1.2.2.1. All Veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
 - 1.2.2.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
 - 1.2.2.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
 - 1.2.2.4. Of the Veterans served, there will be a 90 % or better, consumer satisfaction rate.
 - 1.2.3. Comply with procedures for reporting requirements defined by DHHS.
 - 1.2.4. Provide this service to individuals located in the cities and towns in the geographic area of Strafford County.
 - 1.2.5. Enter contact data into the Refer 7 data base to increase the amount of resources available within a geographic area in Section 1.2.4 to serve Veterans.
 - 1.2.6. Assure that documentation required by both the Department and the VAMC is kept current and submitted according to the program and policy guide.
- 1.3. Participate in continuous process improvement activities with the Department and/or the VAMC to evaluate and improve the quality of the program and its policies and processes by attending monthly meetings, trainings, and conference calls.

BIC
7/6/14



2. The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA) services as follows:
 - 2.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 2.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 2.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 2.2. Promote the Medicare programs described in Section 2.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:
 - 2.2.1. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
 - 2.2.2. Complete an analysis of Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.
 - 2.2.3. Assess current and past partnerships with other agencies and community services.
 - 2.3. The Department will review the contractor's results of the assessment and analysis described in Section 2.2 and will determine the best outreach approaches, target population and geographic area for the contractor to conduct outreach, education and assistance to meet the goals in Section 2.7 Performance Measures. Outreach and education consists of the following, but not limited to:
 - 2.3.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 2.3.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 2.3.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 2.1
 - 2.3.4. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives.



Exhibit A-1

The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 2.1.

- 2.3.5. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 2.1.
- 2.3.6. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
- 2.3.7. The contractor will be responsible for purchasing the media in their local area.
- 2.4. Insure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
- 2.5. Complying with procedures for reporting requirements defined by DHHS.
- 2.6. Provide service to individuals located in the cities and towns in the geographic area of Strafford County.
- 2.7. Performance Measures :

The Contractor will be required to meet or exceed the performance measures described below:

Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D: Strafford County: 214	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 10th of each month.
Performance Measure 2: Implementation of Medicare Preventive Services Promotion activities.	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activity at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and incentive programs and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in CMS SHIP Mid-Term and annual Performance Grant application to DHHS

BC

5/2/14



Exhibit B Amendment #1

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A and Exhibit A-1 Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project
13AANHMAAA, 13AANHMAADR, IX0CMS331283	93.071	Admin for Community Living & Centers for Medicare & Medicaid Services	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731

4. Payment for said services shall be made as follows:

The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:

Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services
 129 Pleasant Street, Brown Building
 Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B13. Each budget is specific to a time period



Exhibit B Amendment #1

- as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
 7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
 8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
 9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
 10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-13 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
 11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
 12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
 13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
 14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
 15. The Medicare Improvements for Patients and Providers Act (MIPPA): The funding is from the effective date of Amendment #1 to September 29, 2014.
 16. Veterans Directed Home and Community Based Program: The funding is from July 1, 2014 to June 30, 2015 for the purposes of developing and implementing the program as defined in Section 1.1 and 1.3 of Exhibit A-1. Once the program is operational, the contractor shall continue providing the scope of work as defined in Section 1.2 of Exhibit A-1, without funding from the Department.

CERTIFICATE OF VOTE

I, Christopher Roundy, President, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Behavioral Health & Development Services of Strafford County, Inc.
DBA Community Partners of Strafford County
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on May 6, 2014
(Date)

RESOLVED: That the Brian Collins
(Title of Contract Signatory)

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

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 6th day of May, 2014.
(Date Contract Signed)

4. Brian Collins is the duly elected Executive Director
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

[Signature]
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Strafford

The forgoing instrument was acknowledged before me this 6th day of May, 2014.

By Christopher Roundy
(Name of Elected Officer of the Agency)

[Signature]
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: 1/29/19

MARTHA J. GREEN
Notary Public - New Hampshire
My Commission Expires Jan 11, 2019

Subject: New Hampshire ServiceLink Resource Centers Program

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners of Strafford County		1.4 Contractor Address 113 Crosby Road Dover, NH 03820	
1.5 Contractor Phone Number (603) 516-9300	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$347,772.
1.9 Contracting Officer for State Agency <i>Mary Maggioncalda</i>		1.10 State Agency Telephone Number <i>603-271-9096</i>	
1.11 Contractor Signature <i>Brian Collins</i>		1.12 Name and Title of Contractor Signatory <i>Brian Collins, Executive Director</i>	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Strafford</u> On <u>12/3/13</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace <i>Martha J. Green</i> [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace <i>Martha J. Green, Notary</i>		MARTHA J. GREEN Notary Public - New Hampshire My Commission Expires March 4, 2014	
1.14 State Agency Signature <i>Sheri Rockburn</i>		1.15 Name and Title of State Agency Signatory <i>Sheri Rockburn Acting Assoc. Commissioner</i>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: <i>Rosemary Hild</i> On: <i>12-4-13</i>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.


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

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.


12/2/3

8. EVENT OF DEFAULT/REMEDIES.

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

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

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

14. INSURANCE.

- 14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:
 - 14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and
 - 14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.
- 14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.
- 14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

Contractor Initials: (B)C
Date: 5/31/13

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions



Exhibit A

are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall reach the following covered populations:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Strafford County.



Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

- 4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs
- 4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and
- 4.1.1.3. A feedback loop to modify activities as needed.
- 4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

- 4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.
- 4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.
- 4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.
- 4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:
 - 4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and
 - 4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



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- 4.2. Options Counseling
 - 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
 - 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
 - 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
 - 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
 - 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
 - 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
 - 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
 - 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



Exhibit A

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- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:
- 4.3.1. Intake and Screening
- 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.
- 4.3.2. Financial and Functional Eligibility Processes
Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.
- 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.
- 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:
- 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.
- 4.3.3. Tracking Eligibility Status
- 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



Exhibit A

- Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.
- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.
- 4.4. Person-Centered Transitions Support
The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:
- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
- 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
- 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
Contractor shall involve consumers on a local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
- People over age 60
 - Adults over age 18 living with chronic illnesses or disabilities



Exhibit A

- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.

4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.

4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs.

Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.

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4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



Exhibit A

Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



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- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
 - 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
 - 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
 - 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
 - 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phone numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



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- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



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6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
- 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
- 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
- Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
- 6.5.3. The Department's current hardware standards are as follows:
- Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



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- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
- High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
- The Department does not currently use or support Windows 8.

6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.

6.6. Continuous Improvement

6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.

6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting

7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:

1. Number of individuals served
2. Number of repeat visits by individuals
3. Type of information/referral given to individuals
4. Type of follow up performed
5. Frequency of follow ups
6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
7. The number of individuals diverted from nursing home/institutional settings;
8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



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7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source. There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	



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Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



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Program Reporting Data Requirement	Data Source
<p>State Health Insurance Assistance Program (SHIP): Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:</p>	
<p>Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.</p>	<p>Customized Report/Refer 7</p>
<p>Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area</p>	<p>Customized Report/Refer7</p>
<p>Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area</p>	<p>Customized Report/Refer7</p>
<p>Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.</p>	<p>Refer 7</p>
<p>Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.</p>	<p>Refer 7</p>
<p>Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.</p>	<p>Refer 7</p>
<p>Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.</p>	<p>Refer 7</p>
<p>Senior Medicare Patrol Program and Capacity Building programs</p>	
<p>Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).</p>	<p>Customized Report based on federal template</p>
<p>Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.</p>	<p>Workplan</p>
<p>Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.</p>	<p>SMART FACTS</p>



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8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

- 8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.3. Develop a Staffing Contingency Plan, including but not limited to:
 - 8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.3.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
- 8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins



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providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.

- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.

8.2. The Contractor shall commit staff for the following positions:

8.2.1. Program Management

Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.

8.2.1.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire
- SHIP/SMP certification

8.2.2. Information, Referral, & Assistance and Awareness

The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.

8.2.2.1. Required Certification;

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain certification as a State Health Insurance Assistance Program (SHIP)
- Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.

8.2.3. Options Counseling and Person Centered Transition Support



Exhibit A

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



Exhibit A

State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit A

Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:
Assess the ethnic/cultural needs, resources and assets of their community.
Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
When feasible and appropriate, provide clients of minimal English skills with interpretation services.
Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.
When feasible and appropriate, identify communication access needs for clients who may be deaf and hard of hearing, or have vision or speech impairment and develop an individual communication plan for recipients to receive services identified in Section 3 Statement of Work.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services

Contractor Initials: *(Signature)*
 Date: 12-3-13



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

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

Bidder/Program Name: Community Partners

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 1/1/14 - 6/30/14

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHHS Contract Share	
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed
1. Total Salary/Wages	\$ 28,587	\$ -	\$ 1,287	\$ -	\$ 27,300	\$ -
2. Employee Benefits	\$ 13,976	\$ -	\$ 636	\$ -	\$ 13,340	\$ -
3. Consultants	\$ -	\$ 225	\$ -	\$ 225	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Maintenance	\$ 4,500	\$ -	\$ -	\$ 563	\$ 4,500	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 1,125	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 563	\$ -	\$ 57	\$ -	\$ 506	\$ 956
7. Occupancy	\$ 4,862	\$ -	\$ -	\$ 405	\$ -	\$ 3,645
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 6,050	\$ -	\$ 135	\$ -	\$ 5,915	\$ -
Postage	\$ -	\$ 563	\$ -	\$ 563	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 225	\$ -	\$ -	\$ 225	\$ -	\$ -
Insurance	\$ 225	\$ -	\$ -	\$ 225	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ 225	\$ -	\$ 225	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ 225	\$ -	\$ 225	\$ -	\$ -
11. Staff Education and Training	\$ 338	\$ 12	\$ -	\$ 12	\$ 338	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ 225	\$ -	\$ 225	\$ -	\$ -
Advertising	\$ -	\$ 225	\$ -	\$ 225	\$ -	\$ -
TOTAL	\$ 60,001	\$ 8,698	\$ 2,115	\$ 3,285	\$ 51,889	\$ 4,601
		14%		155%		9%

Indirect As A Percent of Direct

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

Bidder/Program Name: Community Partners

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 1/1/14 - 6/30/14

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHHS Contract Share	
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed
1. Total Salary/Wages	\$ 17,719	\$ -	\$ 715	\$ -	\$ 17,004	\$ -
2. Employee Benefits	\$ 8,649	\$ -	\$ 353	\$ -	\$ 8,296	\$ -
3. Consultants	\$ -	\$ 125	\$ -	\$ 125	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 313	\$ -	\$ 313	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 2,500	\$ -	\$ -	\$ -	\$ 2,500	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 625	\$ -	\$ 94	\$ -	\$ 531	\$ -
6. Travel	\$ 313	\$ -	\$ 32	\$ -	\$ 281	\$ -
7. Occupancy	\$ 2,250	\$ -	\$ 225	\$ -	\$ 2,025	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 4,250	\$ -	\$ 75	\$ -	\$ 4,175	\$ -
Postage	\$ 313	\$ -	\$ 313	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 125	\$ -	\$ 125	\$ -	\$ -	\$ -
Insurance	\$ 125	\$ -	\$ 125	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 125	\$ -	\$ 125	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 186	\$ 7	\$ 183	\$ -	\$ 7	\$ 188
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 125	\$ -	\$ 125	\$ -	\$ -	\$ -
Advertising	\$ 125	\$ -	\$ 125	\$ -	\$ -	\$ -
TOTAL	\$ 33,619	\$ 4,382	\$ 1,175	\$ 1,828	\$ 32,444	\$ 2,556
Indirect As A Percent of Direct	13%		155%		8%	

Contractor Initials: *GPC*
Date: 12-5-13

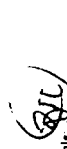
New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Community Partners

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 1/1/14 - 6/30/14

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHHS Contract Share	
	Direct Incremental	Indirect Pooled	Direct Incremental	Indirect Pooled	Direct Incremental	Indirect Pooled
1. Total Salary/Wages	\$ 5,031	\$ -	\$ 143	\$ -	\$ 143	\$ -
2. Employee Benefits	\$ 2,396	\$ -	\$ 70	\$ -	\$ 70	\$ -
3. Consultants	\$ -	\$ 25	\$ -	\$ 25	\$ 25	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ 63	\$ -	\$ -	\$ 63	\$ 63	\$ -
7. Purchase/Depreciation	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ 500
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 63	\$ -	\$ 7	\$ 19	\$ 26	\$ -
14. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15. Occupancy	\$ -	\$ 450	\$ -	\$ 45	\$ 45	\$ -
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 450	\$ -	\$ 15	\$ -	\$ 15	\$ -
18. Postage	\$ 63	\$ -	\$ -	\$ 63	\$ 63	\$ -
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ 25	\$ -	\$ -	\$ 25	\$ 25	\$ -
21. Insurance	\$ 25	\$ -	\$ -	\$ 25	\$ 25	\$ -
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ 25	\$ -	\$ -	\$ 25	\$ 25	\$ -
24. Marketing/Communications	\$ 25	\$ -	\$ -	\$ 25	\$ 25	\$ -
25. Staff Education and Training	\$ 33	\$ -	\$ -	\$ 2	\$ 33	\$ -
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Printing	\$ 25	\$ -	\$ -	\$ 25	\$ 25	\$ -
29. Advertising	\$ 25	\$ -	\$ -	\$ 25	\$ 25	\$ -
TOTAL	\$ 8,473	\$ 677	\$ 235	\$ 366	\$ 600	\$ 8,238
Indirect As A Percent of Direct	10%		156%	6%		

Contractor Initials: 
Date: 12-3-13


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

Bidder/Program Name: Community Partners

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 1/1/14 - 6/30/14

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHHS Contract Share	
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed
1. Total Salary/Wages	\$ 6,804	\$ -	\$ 286	\$ -	\$ 6,318	\$ -
2. Employee Benefits	\$ 2,856	\$ -	\$ 142	\$ -	\$ 2,515	\$ -
3. Consultants	\$ -	\$ 50	\$ -	\$ 50	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 125	\$ -	\$ -	\$ 125	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 125	\$ 250	\$ -	\$ 38	\$ 113	\$ 213
7. Occupancy	\$ -	\$ 900	\$ -	\$ 90	\$ -	\$ 810
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 900	\$ -	\$ 30	\$ -	\$ 870	\$ -
Postage	\$ -	\$ 125	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 50	\$ -	\$ -	\$ 50	\$ -	\$ -
Insurance	\$ 50	\$ -	\$ -	\$ 50	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 50	\$ -	\$ -	\$ 50	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ 50	\$ -	\$ 50	\$ -	\$ -
11. Staff Education and Training	\$ 78	\$ -	\$ 3	\$ -	\$ 75	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ 50	\$ -	\$ 50	\$ -	\$ -
Advertising	\$ -	\$ 50	\$ -	\$ 50	\$ -	\$ -
TOTAL	\$ 10,363	\$ 1,750	\$ 473	\$ 728	\$ 9,880	\$ 1,023
Indirect As A Percent of Direct	17%		154%	10%		

Contractor Initials: 
Date: 12-3-13

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

Bidder/Program Name: Community Partners

Budget Request for: Senior Medicare Patrol Program
(Name of Program)

Budget Period: 1/1/14 - 6/30/14

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHHHS Contract Share	
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed
1. Total Salary/Wages	\$ 6,604	\$ -	\$ 286	\$ -	\$ 6,318	\$ -
2. Employee Benefits	\$ 2,556	\$ -	\$ 142	\$ -	\$ 2,415	\$ -
3. Consultants	\$ -	\$ 50	\$ -	\$ 50	\$ -	\$ 50
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ 125	\$ -	\$ 125	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ 250	\$ -	\$ 38	\$ -	\$ 213
6. Travel	\$ 125	\$ -	\$ 13	\$ -	\$ 113	\$ -
7. Occupancy	\$ -	\$ 900	\$ -	\$ 90	\$ -	\$ 810
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 900	\$ -	\$ 30	\$ -	\$ 870	\$ -
Postage	\$ -	\$ 125	\$ -	\$ 125	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ 50	\$ -	\$ 50	\$ -	\$ -
Insurance	\$ -	\$ 50	\$ -	\$ 50	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ 50	\$ -	\$ 50	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ 50	\$ -	\$ 50	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ 78	\$ 3	\$ -	\$ -	\$ 75
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ 50	\$ -	\$ 50	\$ -	\$ -
Advertising	\$ -	\$ 50	\$ -	\$ 50	\$ -	\$ -
TOTAL	\$ 10,263	\$ 1,750	\$ 473	\$ 728	\$ 9,790	\$ 1,023
Indirect As A Percent of Direct		17%		15%		10%

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

Bidder/Program Name: Community Partners

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 7/1/14 - 6/30/16

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 57,174	\$ -	\$ 57,174	\$ 2,574	\$ -	\$ 2,574	\$ 54,600	\$ -	\$ 54,600
2. Employee Benefits	\$ 28,041	\$ -	\$ 28,041	\$ 1,272	\$ -	\$ 1,272	\$ 26,769	\$ -	\$ 26,769
3. Consultants	\$ -	\$ 450	\$ 450	\$ -	\$ 450	\$ 450	\$ -	\$ 450	\$ 450
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 1,125	\$ -	\$ 1,125	\$ -	\$ 1,125	\$ 1,125	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 1,125	\$ 1,125	\$ 2,250	\$ -	\$ 338	\$ 338	\$ -	\$ 1,913	\$ 1,913
6. Travel	\$ 1,125	\$ -	\$ 1,125	\$ 113	\$ -	\$ 113	\$ 1,013	\$ -	\$ 1,013
7. Occupancy	\$ 4,862	\$ -	\$ 4,862	\$ -	\$ 810	\$ 810	\$ -	\$ 7,280	\$ 7,280
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 12,100	\$ -	\$ 12,100	\$ 270	\$ -	\$ 270	\$ 11,830	\$ -	\$ 11,830
Postage	\$ -	\$ 1,125	\$ 1,125	\$ -	\$ 1,125	\$ 1,125	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ 450	\$ 450	\$ -	\$ 450	\$ 450	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 450	\$ 450	\$ -	\$ 450	\$ 450	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Marketing/Communications	\$ -	\$ 450	\$ 450	\$ -	\$ 450	\$ 450	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 585	\$ 23	\$ 608	\$ -	\$ 23	\$ 23	\$ 585	\$ -	\$ 585
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ 450	\$ 450	\$ -	\$ 450	\$ 450	\$ -	\$ -	\$ -
Advertising	\$ -	\$ 450	\$ 450	\$ -	\$ 450	\$ 450	\$ -	\$ -	\$ -
TOTAL	\$ 105,013	\$ 11,410	\$ 116,423	\$ 4,229	\$ 6,571	\$ 10,800	\$ 94,797	\$ 9,203	\$ 104,000
Indirect As A Percent of Direct		11%			155%			10%	

Contractor Initials: 
Date: 12-3-13

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

Bidder/Program Name: Community Partners

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHHS Contract Share	
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed
1. Total Salary/Wages	\$ 35,438	\$ -	\$ 1,430	\$ -	\$ 1,430	\$ -
2. Employee Benefits	\$ 17,347	\$ -	\$ 706	\$ -	\$ 706	\$ -
3. Consultants	\$ -	\$ 250	\$ -	\$ 250	\$ -	\$ 250
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ 625	\$ -	\$ 625	\$ -	\$ 625
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ -	\$ 1,251	\$ -	\$ -	\$ -	\$ -
14. Travel	\$ 626	\$ -	\$ 63	\$ 188	\$ 63	\$ 188
15. Occupancy	\$ -	\$ 4,500	\$ -	\$ 450	\$ -	\$ 450
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 8,500	\$ -	\$ 150	\$ -	\$ 150	\$ -
18. Postage	\$ -	\$ 625	\$ -	\$ 625	\$ -	\$ 625
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ 250	\$ -	\$ -	\$ 250	\$ -	\$ 250
21. Insurance	\$ 250	\$ -	\$ -	\$ 250	\$ -	\$ 250
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ 250	\$ -	\$ 250	\$ -	\$ 250
24. Marketing/Communications	\$ -	\$ 250	\$ -	\$ 250	\$ -	\$ 250
25. Staff Education and Training	\$ 325	\$ 13	\$ -	\$ 13	\$ 325	\$ 13
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (Specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Printing	\$ -	\$ 250	\$ -	\$ 250	\$ -	\$ 250
29. Advertising	\$ -	\$ 250	\$ -	\$ 250	\$ -	\$ 250
TOTAL	\$ 62,235	\$ 8,764	\$ 2,348	\$ 3,851	\$ 6,000	\$ 5,113
Indirect As A Percent of Direct		14%		155%		9%

Contractor Initials: 
Date: 12-23-13

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

Bidder/Program Name: Community Partners

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHRH Contract Share	
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed
1. Total Salary/Wages	\$ 10,270	\$ -	\$ 286	\$ -	\$ 286	\$ -
2. Employee Benefits	\$ 4,585	\$ -	\$ 140	\$ -	\$ 140	\$ -
3. Consultants	\$ 50	\$ -	\$ -	\$ 50	\$ -	\$ 50
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 125	\$ -	\$ -	\$ 125	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 126	\$ 251	\$ 13	\$ 38	\$ 113	\$ 213
7. Occupancy	\$ -	\$ 900	\$ -	\$ 90	\$ -	\$ 810
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 900	\$ -	\$ 30	\$ -	\$ 30	\$ -
Postage	\$ 125	\$ -	\$ -	\$ 125	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 50	\$ -	\$ -	\$ 50	\$ -	\$ -
Insurance	\$ 50	\$ -	\$ -	\$ 50	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 50	\$ -	\$ -	\$ 50	\$ -	\$ -
10. Marketing/Communications	\$ 50	\$ -	\$ -	\$ 50	\$ -	\$ -
11. Staff Education and Training	\$ 65	\$ 3	\$ -	\$ 3	\$ 65	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 50	\$ -	\$ -	\$ 50	\$ -	\$ -
Advertising	\$ 50	\$ -	\$ -	\$ 50	\$ -	\$ -
TOTAL	\$ 15,948	\$ 1,754	\$ 489	\$ 731	\$ 1,200	\$ 1,023
		11%		156%		7%
Indirect As A Percent of Direct						

Contractor Initials: *BJY*
Date: *12-3-13*

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

Bidder/Program Name: Community Partners

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHHS Contract Share	
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed
1. Total Salary/Wages	\$ 13,208	\$ -	\$ 572	\$ -	\$ 12,636	\$ -
2. Employee Benefits	\$ 1,493	\$ -	\$ 283	\$ -	\$ 1,210	\$ -
3. Consultants	\$ -	\$ 100	\$ -	\$ 100	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 250	\$ -	\$ -	\$ 250	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 500	\$ -	\$ -	\$ 75	\$ 425	\$ -
6. Travel	\$ 250	\$ -	\$ 25	\$ -	\$ 225	\$ -
7. Occupancy	\$ -	\$ 1,800	\$ -	\$ 180	\$ -	\$ 1,620
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,800	\$ -	\$ 60	\$ -	\$ 1,740	\$ -
Postage	\$ -	\$ 250	\$ -	\$ 250	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 100	\$ -	\$ -	\$ 100	\$ -	\$ -
Insurance	\$ 100	\$ -	\$ -	\$ 100	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ 100	\$ -	\$ -	\$ 100	\$ -	\$ -
9. Marketing/Communications	\$ 100	\$ -	\$ -	\$ 100	\$ -	\$ -
10. Staff Education and Training	\$ 135	\$ -	\$ 5	\$ -	\$ 130	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 100	\$ -	\$ -	\$ 100	\$ -	\$ -
Advertising	\$ 100	\$ -	\$ -	\$ 100	\$ -	\$ -
TOTAL	\$ 16,888	\$ 3,500	\$ 945	\$ 1,455	\$ 15,941	\$ 2,045
Indirect As A Percent of Direct	21%		154%		13%	

Contractor Initials: *(Signature)*
Date: 12-3-13

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

Bidder/Program Name: Community Partners

Budget Request for: Senior Medicare Patrol Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Pooled	Total	Direct Incremental	Indirect Pooled	Total	Direct Incremental	Indirect Pooled	Total
1. Total Salary/Wages	\$ 13,208	\$ -	\$ 13,208	\$ 572	\$ -	\$ 572	\$ 12,636	\$ -	\$ 12,636
2. Employee Benefits	\$ 5,817	\$ -	\$ 5,817	\$ 283	\$ -	\$ 283	\$ 5,534	\$ -	\$ 5,534
3. Consultants	\$ 100	\$ -	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 250	\$ -	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Office	\$ 500	\$ -	\$ 500	\$ -	\$ 75	\$ 75	\$ -	\$ 425	\$ 425
7. Travel	\$ 250	\$ -	\$ 250	\$ 25	\$ -	\$ 25	\$ 225	\$ -	\$ 225
8. Occupancy	\$ 1,800	\$ -	\$ 1,800	\$ -	\$ 180	\$ 180	\$ -	\$ 1,620	\$ 1,620
9. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,800	\$ -	\$ 1,800	\$ 60	\$ -	\$ 60	\$ 1,740	\$ -	\$ 1,740
Postage	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 100	\$ -	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
Insurance	\$ 100	\$ -	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ 100	\$ -	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 100	\$ -	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 135	\$ -	\$ 135	\$ 5	\$ -	\$ 5	\$ 130	\$ -	\$ 130
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 100	\$ -	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
Advertising	\$ 100	\$ -	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
TOTAL	\$ 21,210	\$ 3,900	\$ 24,710	\$ 945	\$ 1,455	\$ 2,400	\$ 20,265	\$ 2,045	\$ 22,310
Indirect As A Percent of Direct		17%			154%			10%	

Contractor Initials: **BLU**
Date: **12-3-13**

NH Department of Health and Human Services**STANDARD EXHIBIT C****SPECIAL PROVISIONS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14.1 The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. Prior Approval and Copyright Ownership:

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

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

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

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

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

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

Contractor Initials: BR
Date: 12-3-13

SPECIAL PROVISIONS – DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

NH Department of Health and Human Services

STANDARD EXHIBIT D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEEES OTHER THAN INDIVIDUALS

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

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

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

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

NH Department of Health and Human Services

STANDARD EXHIBIT E

CERTIFICATION REGARDING LOBBYING

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

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

- Programs (indicate applicable program covered):
- *Temporary Assistance to Needy Families under Title IV-A
 - *Child Support Enforcement Program under Title IV-D
 - *Social Services Block Grant Program under Title XX
 - *Medicaid Program under Title XIX
 - *Community Services Block Grant under Title VI
 - *Child Care Development Block Grant under Title IV

Contract Period: 1/1/14 through 4/30/15

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-1.)
- (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.

Brian Collins

(Contractor Representative Signature)

Brian Collins

(Authorized Contractor Representative Name & Title)

Community Partners of Stafford County

(Contractor Name)

12-3-13

(Date)

Contractor Initials: BC
Date: 12-3-13

NH Department of Health and Human Services**STANDARD EXHIBIT F****CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

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

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

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

[Handwritten Signature]

(Contractor Representative Signature)

Brian Collins, Exec. Director

(Authorized Contractor Representative Name & Title)

Community Partners of Stratford County

(Contractor Name)

12-3-13

(Date)

Contractor Initials: *[Handwritten Initials]*

Date: 12-3-13

NH Department of Health and Human Services

STANDARD EXHIBIT G

CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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

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

Brian Collins

(Contractor Representative Signature)

Brian Collins, Exec. Director

(Authorized Contractor Representative Name & Title)

Community Partners of Stafford County

(Contractor Name)

12-3-13

(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Brian Collins
(Contractor Representative Signature)

Brian Collins, Exec. Director
(Authorized Contractor Representative Name & Title)

Community Partners of Stafford County
(Contractor Name)

12-3-13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreasonable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

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

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402 of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

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

(3) Obligations and Activities of Business Associate.

- a. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec.13404.
- c. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- d. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)b and (3)k herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- f. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- g. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

- h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- i. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) **Obligations of Covered Entity**

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

(5) **Termination for Cause**

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

(6) **Miscellaneous**

- a. **Definitions and Regulatory References.** All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, and the HITECH Act as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. **Amendment.** Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. **Data Ownership.** The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. **Interpretation.** The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule and the HITECH Act.
- e. **Segregation.** If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. **Survival.** Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

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

Department of Health & Human Services Community Partners of Stratford County
The State Agency Name Name of the Contractor

[Signature]
Signature of Authorized Representative

[Signature]
Signature of Authorized Representative

Sheri L. Rockburn
Name of Authorized Representative

Brian Collins
Name of Authorized Representative

Acting Associate Comm.
Title of Authorized Representative

Exec. Director
Title of Authorized Representative

12/4/13
Date

12-3-13
Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

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

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

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

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

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

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

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

Brian Collins Brian Collins, Exec. Director

(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

Community Partners of Strafford County 12-3-13

(Contractor Name) (Date)

Contractor initials: BK
Date: 12-3-13
Page # 1 of Page # 2

NH Department of Health and Human Services

STANDARD EXHIBIT J

FORM A

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

1. The DUNS number for your entity is:

149406691

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

NO

YES

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

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

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

NO

YES

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

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

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

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Contractor initials: (BIC)

Date: 12-3-13

Page # 2 of Page # 2



**State of New Hampshire
Department of Health and Human Services
Amendment #5 to the New Hampshire ServiceLink Resource Centers Program Contract**

This fifth Amendment to the New Hampshire ServiceLink Resource Centers Program contract (hereinafter referred to as "Amendment #5") dated this 16th day of August 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Community Action Program Belknap and Merrimack Counties, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 2 Industrial Park Drive, Concord, NH, 03302.

WHEREAS, pursuant to an Agreement approved by the Governor and Executive Council on December 20, 2013 (Item #62) (hereinafter referred to as "Contract"), amended by an Agreement (Amendment #1 to the Contract) approved on February 28, 2014 (Item #35), amended by an Agreement (Amendment #2 to the Contract) approved on June 4, 2014 (Item #59), amended by an Agreement (Amendment #3 to the Contract) approved on May 6, 2015 (Item #23) and amended by an Agreement (Amendment #4 to the Contract) approved on January 27, 2016 (Item #9), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties; and

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional three (3) months and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties agree as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: December 31, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$1,068,824.
3. Delete Exhibit B-19 Amendment #1 and replace with Exhibit B-19 Amendment #2.
4. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 12/31/16.
5. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 12/31/16.

A-R
8/19/16



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

8/29/16
Date

Maura Ryan
NAME Maura Ryan
TITLE Director, Office of Human Services

Community Action Program Belknap and Merrimack
Counties, Inc.

8/19/2016
Date

Ralph Littlefield
NAME Ralph Littlefield
TITLE Executive Director

Acknowledgement:

State of New Hampshire, County of Merrimack on 8/19/2016, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Jeanne B. Stevens
Name and Title of Notary or Justice of the Peace

JEANNE B. STEVENS Notary Public, New Hampshire
My Commission Expires September 18, 2018

AQ
8/19/16

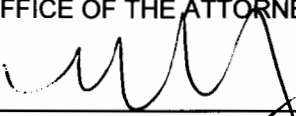


**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 9/14/14


Name: William H. Yafu
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____

Handwritten initials and date:
A-E
8/14/16

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

Contractor Name: Community Action Program Belknap and Merrimack Counties, Inc.
Program Name: ServiceLink Resource Center

Budget Period: 7/1/16 - 12/31/16

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHS Contract Share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 108,442.00	\$ -	\$ 107,192.00	\$ -	\$ 105,480.00	\$ 750.00	\$ 106,230.00
2. Employee Benefits	\$ 35,862.00	\$ -	\$ 36,043.00	\$ 288.00	\$ 35,575.00	\$ 180.00	\$ 35,755.00
3. Consultants	\$ 250.00	\$ -	\$ 250.00	\$ -	\$ 250.00	\$ -	\$ 250.00
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ 250.00	\$ -	\$ 250.00	\$ -	\$ 250.00	\$ -	\$ 250.00
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 1,105.00	\$ -	\$ 1,265.00	\$ -	\$ 1,105.00	\$ 160.00	\$ 1,265.00
14. Travel	\$ 2,355.00	\$ -	\$ 2,355.00	\$ -	\$ 2,355.00	\$ -	\$ 2,355.00
15. Occupancy	\$ 7,750.00	\$ -	\$ 12,500.00	\$ -	\$ 7,750.00	\$ 4,750.00	\$ 12,500.00
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 1,164.00	\$ -	\$ 1,164.00	\$ -	\$ 1,164.00	\$ -	\$ 1,164.00
18. Postage	\$ 992.00	\$ -	\$ 1,030.00	\$ -	\$ 992.00	\$ 38.00	\$ 1,030.00
19. Subscriptions	\$ 150.00	\$ -	\$ 150.00	\$ -	\$ 150.00	\$ -	\$ 150.00
20. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Insurance	\$ 640.00	\$ -	\$ 640.00	\$ -	\$ 640.00	\$ -	\$ 640.00
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ 10,450.00	\$ -	\$ 10,450.00	\$ -	\$ 10,450.00	\$ -	\$ 10,450.00
25. Staff Education and Training	\$ 1,105.00	\$ -	\$ 1,105.00	\$ -	\$ 1,105.00	\$ -	\$ 1,105.00
26. Subcontracts/Agreements	\$ 6,600.00	\$ -	\$ 6,600.00	\$ -	\$ 6,600.00	\$ -	\$ 6,600.00
27. Other (specify details in notes)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Printing	\$ 490.00	\$ -	\$ 525.00	\$ -	\$ 490.00	\$ 35.00	\$ 525.00
29. TOTAL	\$ 175,466.00	\$ -	\$ 182,019.00	\$ 1,250.00	\$ 174,216.00	\$ 6,553.00	\$ 180,769.00
Indirect As A Percent of Direct		3.7%		0.0%		3.8%	

Contractor Initials: *AS*
Date: 8/15/16

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 Action Program Belknap and Merrimack Counties, Inc. is a New Hampshire nonprofit corporation formed May 28, 1965. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of April A.D. 2016

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

William M. Gardner
Secretary of State

Community Action Program Belknap-Merrimack Counties, Inc.

CERTIFICATE OF VOTE

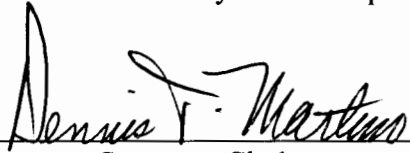
I, Dennis T. Martino, Secretary-Clerk of Community Action Program Belknap-Merrimack Counties, Inc. (hereinafter the "Corporation"), a New Hampshire corporation, hereby certify that: (1) I am the duly elected and acting Secretary-Clerk of the Corporation; (2) I maintain and have custody and am familiar with the minute books of the Corporation; (3) I am duly authorized to issue certificates with respect to the contents of such books; (4) that the Board of Directors of the Corporation have authorized, on 01/14/2016, such authority to be in force and effect until 12/31/2016 (contract termination date). (see attached)

The person(s) holding the below listed position(s) are authorized to execute and deliver on behalf of the Corporation any contract or other instrument for the sale of products and services:

Ralph Littlefield, Executive Director

(5) The meeting of the Board of Directors was held in accordance with New Hampshire, (state of incorporation) law and the by-laws of the Corporation; and (6) said authorization has not been modified, amended or rescinded and continues in full force and effect as of the date hereof. Excerpt of dated minutes or copy of article or section of authorizing by-law must be attached.

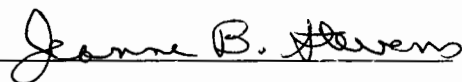
IN WITNESS WHEREOF, I have hereunto set my hand as the Clerk/Secretary of the corporation this 19 day of August, 20 16.


Secretary-Clerk

STATE OF NEW HAMPSHIRE
COUNTY OF MERRIMACK

On this 19 day of August, 20 16, before me, Jeanne B. Stevens the undersigned Officer, personally appeared Dennis T. Martino who acknowledged her/himself to be the Secretary-Clerk of Community Action Program Belknap-Merrimack Counties, Inc., a corporation and that she/he as such Secretary-Clerk being authorized to do so, executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.


Notary Public/Justice of the Peace

Commission Expiration Date:

COMMUNITY ACTION PROGRAM
BELKNAP-MERRIMACK COUNTIES, INC.

CORPORATE RESOLUTION

The Board of Directors of Community Action Program Belknap-Merrimack Counties, Inc. authorizes the Executive Director, Budget Analyst, Chief Accountant, President, Vice-President(s) or Treasurer of the Agency to sign contracts and reports with the State of New Hampshire, Departments of the Federal Government, which include all federal #269 and #272 Forms, and public or private nonprofit agencies *including, but not limited to, the following:*

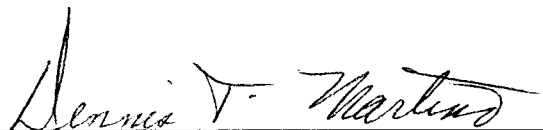
- Department of Administrative Services for food distribution programs
- Department of Education for nutrition programs
- Department of Health and Human Services
 - Bureau of Elderly and Adult Services for elderly programs
 - Bureau of Homeless and Housing Services for homeless/housing programs
 - Division of Children, Youth, and Families for child care programs
 - Division of Family Assistance for Community Services Block Grant
 - Division of Public Health Services for public health programs
- Department of Justice for child advocacy/therapy programs
- Department of Transportation-Public Transportation Bureau for transportation programs
- Public Utilities Commission for utility assistance programs
- Workforce Opportunity Council for employment and job training programs
- Department of Resources and Economic Development
- Governor's Office of Energy and Planning for Head Start, Low Income Energy Assistance, Weatherization and Block Grant programs
- New Hampshire Community Development Finance Authority
- New Hampshire Housing Finance Authority
- New Hampshire Secretary of State
- U. S. Department of Housing and Urban Development
- U. S. Department of the Treasury – Internal Revenue Service
- and other departments and divisions as required

This Resolution authorizes the signing of all supplementary and subsidiary documents necessary to executing the authorized contracts as well as any modifications or amendments relative to said contracts or agreements.

This Resolution was approved by the Board of Directors of Community Action Program Belknap-Merrimack Counties, Inc. on January 14, 2016, and has not been amended or revoked and remains in effect as of the date listed below.

August 19, 2016

Date



Dennis T. Martino
Secretary/Clerk

SEAL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/1/2016

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

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

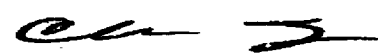
PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Karen Shaughnessy PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: kshaughnessy@crossagency.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A National Union Fire Insurance</td> <td>19445</td> </tr> <tr> <td>INSURER B AmGuard Ins Co</td> <td>42390</td> </tr> <tr> <td>INSURER C Hanover Ins Co.</td> <td></td> </tr> <tr> <td>INSURER D NHMMJUA</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A National Union Fire Insurance	19445	INSURER B AmGuard Ins Co	42390	INSURER C Hanover Ins Co.		INSURER D NHMMJUA		INSURER E:		INSURER F:
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INSURER F:														
INSURED Community Action Programs Belknap-Merrimack Counties Inc. P. O. Box 1016 Concord NH 03302														

COVERAGES CERTIFICATE NUMBER: 15-16 All w/16-17 WC/Crim REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			29-LX-067991165-0 NFP0086654- (D&O)	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Directors & Officers \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			29-CA-084608752-0	10/1/2015	10/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			29-UD-016698260	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	COWC600560 (3a.) NH All officers included	6/17/2016	6/17/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Blanket Crime			BDV1945863	3/27/2016	3/27/2017	Limit: 500,000
D	Professional			NHJUA11882	12/30/2015	12/30/2016	Limit: 1,000,000

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

CERTIFICATE HOLDER State of New Hampshire Department of Health & Human Services 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Chris Sharpe/JSC 
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Community Action Program Belknap—Merrimack Counties, Inc.



P.O. Box 1016 ♦ 2 Industrial Park Drive ♦ Concord, NH 03302-1016
Phone (603) 225-3295 ♦ Toll Free (800) 856-5525 ♦ Fax (603) 228-1898 ♦ Web www.bm-cap.org

COMMUNITY ACTION PROGRAM BELKNAP-MERRIMACK COUNTIES, INC.

(Approved by Agency Board of Directors on 02/24/05
as part of the Agency Bylaws.)

STATEMENT OF PURPOSE

The purpose the corporation includes providing assistance for the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals to become fully self-sufficient through planning and coordinating the use of a broad range of federal, state, local, and other assistance (including private resources) related to the elimination of poverty; the organization of a range of services related to the needs of low-income families and individuals, so that these services may have a measurable and potentially major impact on the causes of poverty and may help the families and individuals to achieve self-sufficiency; the maximum participation of residents of the low-income communities and members of the groups served to empower such residents and members to respond to the unique problems and needs within their communities; and to secure a more active role in the provision of services for private, religious, charitable, and neighborhood-based organizations, individual citizens, and business, labor, and professional groups, who are able to influence the quantity and quality of opportunities and services for the poor.

CAPBMCI Statement of Purpose

<p>ALTON</p> <p>Senior Center 876-7102 Prospect View Housing 876-3111</p> <p>BELMONT</p> <p>Senior Center 267-8887 Heritage Terr. Housing 267-8301</p> <p>BRADFORD</p> <p>Senior Center 938-3104</p>	<p>CONCORD</p> <p>Area Center 226-6880 Head Start 224-6492 Early Head Start 224-6492 Concord Area Beals-on-Wheels 226-9092 Concord Area Transit 226-1989 Horseshoe Pond Place 226-4956 WCC/SFP 226-3050 Workplace Success 223-2305</p> <p>EPSOM</p> <p>Meadow Brook Housing 736-8260</p>	<p>FRANKLIN</p> <p>Area Center 934-3444 Head Start 934-2181 Early Head Start 934-2181 Senior Center 934-4151 Riverside Housing 934-8340</p> <p>KEARSARGE VALLEY</p> <p>Area Center 456-2207 Head Start 456-2206 North Ridge Housing 456-3398</p>	<p>LACONIA</p> <p>Area Center 524-5512 Head Start 528-5334 Early Head Start 528-5334 Senior Center 524-7689 Family Planning 524-5453 Prenatal 524-5453 Winnepesaukee Transit 528-2498 Workplace Success 524-4367</p> <p>MEREDITH</p> <p>Area Center 279-6096</p>	<p>NEWBURY</p> <p>Newbury Commons Housing 763-0360</p> <p>OSSIPEE</p> <p>Family Planning 539-7552 Prenatal 539-7552</p> <p>PEMBROKE</p> <p>Village at Pembroke Farms Housing 485-1842</p>	<p>PITTSFIELD</p> <p>Senior Center 435-8482 Head Start 435-8618 Early Head Start 435-8611</p> <p>SUNCOOK</p> <p>Area Center 485-7824 Senior Center 485-4254</p> <p>TILTON</p> <p>Senior Center 527-8291</p>
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Financial Statements

**COMMUNITY ACTION PROGRAM
BELKNAP-MERRIMACK COUNTIES, INC.**

**FINANCIAL STATEMENTS
FOR THE YEARS ENDED FEBRUARY 28, 2015 AND 2014
AND
INDEPENDENT AUDITORS' REPORT**

COMMUNITY ACTION PROGRAM BELKNAP – MERRIMACK COUNTIES, INC.

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To the Board of Directors
Community Action Program Belknap-Merrimack Counties, Inc.
Concord, New Hampshire

INDEPENDENT AUDITORS' REPORT

Report on the Financial Statements

We have audited the accompanying financial statements of Community Action Program Belknap-Merrimack Counties, Inc. (a New Hampshire nonprofit organization), which comprise the statements of financial position as of February 28, 2015 and 2014, and the related statements of cash flows for the years then ended and the statement of activities and the related notes to the financial statements for the year ended February 28, 2015.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Action Program Belknap-Merrimack Counties, Inc. as of February 28, 2015 and 2014, and its cash flows for the years then ended, and the changes in its net assets for the year ended February 28, 2015 in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited Community Action Program Belknap-Merrimack Counties, Inc.'s 2014 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated October 2, 2014. In our opinion, the summarized comparative information presented herein as of and for the year ended February 28, 2014, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matters

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

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 2, 2015, on our consideration of Community Action Program Belknap-Merrimack Counties, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on 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 Community Action Program Belknap-Merrimack Counties, Inc.'s internal control over financial reporting and compliance.

Leone, McDonnell + Roberts
Professional Association

October 2, 2015
Concord, New Hampshire

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**STATEMENTS OF FINANCIAL POSITION
FEBRUARY 28, 2015 AND 2014**

	<u>ASSETS</u>	
	<u>2015</u>	<u>2014</u>
CURRENT ASSETS		
Cash	\$ 663,946	\$ 1,048,391
Accounts receivable	2,905,020	2,635,718
Prepaid expenses	<u>221,988</u>	<u>233,047</u>
Total current assets	<u>3,790,954</u>	<u>3,917,156</u>
PROPERTY		
Land, buildings and improvements	4,618,289	4,618,289
Equipment, furniture and vehicles	<u>5,912,869</u>	<u>6,153,197</u>
Total property	10,531,158	10,771,486
Less accumulated depreciation	<u>(6,515,032)</u>	<u>(6,393,172)</u>
Property, net	<u>4,016,126</u>	<u>4,378,314</u>
OTHER ASSETS		
Investments	70,897	94,439
Due from related party	<u>139,441</u>	<u>139,441</u>
Total other assets	<u>210,338</u>	<u>233,880</u>
TOTAL ASSETS	<u>\$ 8,017,418</u>	<u>\$ 8,529,350</u>
	<u>LIABILITIES AND NET ASSETS</u>	
CURRENT LIABILITIES		
Current portion of notes payable	\$ 145,551	\$ 137,236
Accounts payable	1,629,667	1,578,759
Accrued expenses	993,053	1,120,302
Refundable advances	<u>916,503</u>	<u>912,848</u>
Total current liabilities	3,684,774	3,749,145
LONG TERM LIABILITIES		
Notes payable, less current portion shown above	<u>1,465,279</u>	<u>1,608,954</u>
Total liabilities	<u>5,150,053</u>	<u>5,358,099</u>
NET ASSETS		
Unrestricted	2,317,222	2,629,700
Temporarily restricted	<u>550,143</u>	<u>541,551</u>
Total net assets	<u>2,867,365</u>	<u>3,171,251</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 8,017,418</u>	<u>\$ 8,529,350</u>

See Notes to Financial Statements

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED FEBRUARY 28, 2015
WITH COMPARATIVE TOTALS FOR THE YEAR ENDED FEBRUARY 28, 2014**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>2015 Total</u>	<u>2014 Total</u>
REVENUES AND OTHER SUPPORT				
Grant awards	\$ 16,673,978		\$ 16,673,978	\$ 16,799,982
Other funds	3,310,600	\$ 2,442,312	5,752,912	7,487,335
In-kind	848,954		848,954	793,868
United Way	94,850		94,850	86,102
	<hr/>	<hr/>	<hr/>	<hr/>
Total revenues and other support	20,928,382	2,442,312	23,370,694	25,167,287
NET ASSETS RELEASED FROM RESTRICTIONS				
	<u>2,433,720</u>	<u>(2,433,720)</u>	<hr/>	<hr/>
Total	<u>23,362,102</u>	<u>8,592</u>	<u>23,370,694</u>	<u>25,167,287</u>
EXPENSES				
Compensation	8,177,739		8,177,739	8,042,123
Payroll taxes and benefits	2,186,454		2,186,454	2,398,215
Travel	295,726		295,726	289,138
Occupancy	1,297,227		1,297,227	1,195,834
Program services	8,923,081		8,923,081	10,867,215
Other costs	1,530,175		1,530,175	1,771,081
Depreciation	415,224		415,224	455,359
In-kind	848,954		848,954	793,868
	<hr/>	<hr/>	<hr/>	<hr/>
Total expenses	<u>23,674,580</u>	<hr/>	<u>23,674,580</u>	<u>25,812,833</u>
CHANGE IN NET ASSETS	(312,478)	8,592	(303,886)	(645,546)
NET ASSETS, BEGINNING OF YEAR	<u>2,629,700</u>	<u>541,551</u>	<u>3,171,251</u>	<u>3,816,797</u>
NET ASSETS, END OF YEAR	<u>\$ 2,317,222</u>	<u>\$ 550,143</u>	<u>\$ 2,867,365</u>	<u>\$ 3,171,251</u>

See Notes to Financial Statements

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED FEBRUARY 28, 2015 AND 2014**

	<u>2015</u>	<u>2014</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ (303,886)	\$ (645,546)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	415,224	455,359
(Gain) loss on sale of property	(22,350)	4,514
Loss on investment	32,335	
(Increase) decrease in current assets:		
Accounts receivable	(269,302)	849,143
Prepaid expenses	11,059	191,320
Increase (decrease) in current liabilities:		
Accounts payable	50,908	(443,293)
Accrued expenses	(127,249)	(59,324)
Refundable advances	<u>3,655</u>	<u>(157,176)</u>
NET CASH (USED IN) PROVIDED BY OPERATING ACTIVITIES	<u>(209,606)</u>	<u>194,997</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Additions to property	(60,450)	(214,202)
Investment in partnership	(8,793)	(12,020)
Proceeds from sale of property	<u>29,764</u>	<u>1,700</u>
NET CASH USED IN INVESTING ACTIVITIES	<u>(39,479)</u>	<u>(224,522)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of long term debt	<u>(135,360)</u>	<u>(127,536)</u>
NET CASH USED IN FINANCING ACTIVITIES	<u>(135,360)</u>	<u>(127,536)</u>
NET DECREASE IN CASH	(384,445)	(157,061)
CASH BALANCE, BEGINNING OF YEAR	<u>1,048,391</u>	<u>1,205,452</u>
CASH BALANCE, END OF YEAR	\$ <u>663,946</u>	\$ <u>1,048,391</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:		
Cash paid during the year for interest	\$ <u>139,724</u>	\$ <u>118,011</u>

See Notes to Financial Statements

COMMUNITY ACTION PROGRAM BELKNAP – MERRIMACK COUNTIES, INC.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED FEBRUARY 28, 2015

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Organization

Community Action Program Belknop – Merrimack Counties, Inc. (the Organization) is a New Hampshire nonprofit organization that serves nutritional, health, living and support needs of the low income and elderly clients in the two county service areas, as well as state wide. These services are provided with the financial support of various federal, state, county and local organizations.

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting in accordance with Generally Accepted Accounting Principles (GAAP) of the United States.

Financial Statement Presentation

Financial statement presentation follows the recommendations of the FASB in its Accounting Standard Codification No. 958 *Financial Statements of Not-For-Profit Organizations*. Under FASB ASC No. 958, the Organization is required to report 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. The classes of net assets are determined by the presence or absence of donor restrictions. As of February 28, 2015 the Organization had no permanently restricted net assets and had temporarily restricted net assets of \$550,143.

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended February 28, 2014, from which the summarized information was derived.

Income Taxes

Community Action Program Belknop – Merrimack Counties, Inc. is organized as a nonprofit corporation and is exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). The Internal Revenue Service has determined them to be other than a private foundation.

Community Action Program Belknop – Merrimack Counties, Inc. files information returns in the United States and the State of New Hampshire. Community Action Program Belknop – Merrimack Counties, Inc. is no longer subject to examinations by tax authorities for years before 2011.

Accounting Standard Codification No. 740 (ASC 740), *Accounting for Income Taxes*, established the minimum threshold for recognizing, and a system for measuring, the benefits of tax return positions in financial statements. The Organization has analyzed

its tax position taken on its information returns for the years (2011 through 2014), and has concluded that no additional provision for income taxes is necessary in the Organization's financial statements.

Property

Property and equipment is recorded at cost or, if donated, at the approximate fair value at the date of the donation. Assets purchased with a useful life in excess of one year and exceeding \$5,000 are capitalized unless a lower threshold is required by certain funding sources. Depreciation is computed on the straight line basis over the estimated useful lives of the related assets as follows:

Buildings and improvements	40 years
Equipment, furniture and vehicles	3 - 7 years

Use of Estimates

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

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all liquid investments purchased with original maturities of three months or less to be cash equivalents. The Organization maintains its cash in bank deposit accounts, which at times may exceed federally insured limits. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant risk with respect to these accounts.

Contributions

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are restricted by the donor for future periods or for specific purposes are reported as temporarily restricted or permanently restricted support, depending on the nature of the restriction. However, if a restriction is fulfilled in the same period in which the contribution is received, the Organization reports the support as unrestricted.

Contributed Services

Donated services are recognized as contributions in accordance with FASB ASC No. 958, *Accounting for Contributions Received and Contributions Made*, if the services (a) create or enhance non-financial assets or (b) require specialized skills, and would otherwise be purchased by the Agency.

Volunteers provided various services throughout the year that are not recognized as contributions in the financial statements since the recognition criteria under FASB ASC No. 958 were not met.

In-Kind Donations / Noncash Transactions

Donated facilities, services and supplies are reflected as revenue and expense in the accompanying financial statements, if the criteria for recognition is met. This represents the estimated fair value for the service, supplies and space that the Organization might incur under normal operating activities. The Organization received \$848,954 in donated facilities, services and supplies for the year ended February 28, 2015 as follows:

The Organization receives contributed professional services that are required to be recorded in accordance with FASB ASC No. 958. The estimated fair value of these services was determined to be \$424,017 for the year ended February 28, 2015.

The Organization also receives contributed food commodities and other goods that are required to be recorded in accordance with FASB ASC No. 958. The estimated fair value of these food commodities and goods was determined to be \$413,905 for the year ended February 28, 2015.

The Agency pays below-market rent for the use of certain facilities. In accordance with generally accepted accounting principles, the difference between amounts paid for the use of the facilities and the fair market value of the rental space has been recorded as an in-kind donation and as an in-kind expense in the accompanying financial statements. The estimated fair value of the donation was determined to be \$11,032 for the year ended February 28, 2015.

Advertising

The Organization expenses advertising costs as they are incurred. Total advertising costs for the year ended February 28, 2015 amounted to \$34,336.

2. ACCOUNTS RECEIVABLE

Accounts receivable are stated at the amount management expects to collect from balances outstanding at year end. 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 uncollectible accounts was estimated to be zero at February 28, 2015. The Organization has no policy for charging interest on overdue accounts.

3. REFUNDABLE ADVANCES

Grants received in advance are recorded as refundable advances and recognized as revenue in the period in which the related services or expenditures are performed or incurred. Funds received in advance of grantor conditions being met aggregated \$916,503 as of February 28, 2015.

4. RETIREMENT PLAN

The Organization has a qualified contributory pension plan which covers substantially all employees. The cost of the plan is charged to programs administered by the Organization. The expense of the plan for the year ended February 28, 2015 totaled \$336,795.

5. LEASED FACILITIES

Facilities occupied by the Organization for its community service programs are leased under various operating leases. The lease terms range from month to month to every two years. For the year ended February 28, 2015, the annual lease expense for the leased facilities was \$466,840.

The approximate future minimum lease payments on the above leases are as follows:

<u>Year Ended</u> <u>February 28</u>	<u>Amount</u>
2016	\$ <u>107,483</u>

6. **ACCRUED EARNED TIME**

The Organization has accrued a liability for future annual leave time that its employees have earned and vested with the employees in the amount of \$415,819 at February 28, 2015.

7. **BANK LINE OF CREDIT**

The Organization has a \$200,000 revolving line of credit agreement (the line) with a bank that is due on demand. The line calls for monthly variable interest payments based on the Wall Street Journal Prime Rate (3.25% for the year ended February 28, 2015) plus 1%, but not less than 6% per annum. The line is secured by all the Organization's assets. There was no outstanding balance on the line at February 28, 2015.

8. **LONG TERM DEBT**

Long term debt consisted of the following as of February 28, 2015:

5.75% note payable to a financial institution in monthly installments for principal and interest of \$12,373 through July, 2023. The note is secured by property of the Organization for Lakes Region Family Center. \$ 1,108,079

Note payable to a bank in monthly installments for principal and interest of \$4,842 through May, 2023. Interest is stated at 1% above the prime rate as published by the Wall Street Journal, which resulted in an interest rate of 4.25% at February 28, 2015. The note is secured by a first real estate mortgage and assignment of rents and leases on property located in Concord, New Hampshire for Early Head Start. 390,829

3% note payable to the City of Concord for leasehold improvements in monthly installments for principal and interest of \$747 through May, 2027. The note is secured by property of the Organization for the agency administrative building renovations. 91,766

4.75% note payable to Rural Development in monthly installments for principal and interest of \$148 per month through June, 2031. The note is secured by property of the Organization for Franklin Community Services building.	<u>20,156</u>
Total	1,610,830
Less amounts due within one year	<u>145,551</u>
Long term portion	<u>\$ 1,465,279</u>

The scheduled maturities of long term debt as of February 28, 2015 were as follows:

<u>Year Ending February 28</u>	<u>Amount</u>
2016	\$ 145,551
2017	154,380
2018	163,753
2019	173,709
2020	184,280
Thereafter	<u>789,157</u>
	<u>\$ 1,610,830</u>

9. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following as of February 28, 2015:

Land	\$ 168,676
Building and improvements	4,449,613
Equipment and vehicles	<u>5,912,869</u>
	10,531,158
Less accumulated depreciation	<u>(6,515,032)</u>
Property and equipment, net	<u>\$ 4,016,126</u>

Depreciation expense for the year ended February 28, 2015 was \$415,224.

10. CONTINGENCIES

The Organization receives grant funding from various sources. Under the terms of these agreements, the Organization is required to use the funds within a certain period and for purposes specified by the governing laws and regulations. If expenditures were found not to have been made in compliance with the laws and regulations, the Organization might be required to repay the funds. No provisions have been made for this contingency because specific amounts, if any, have not been determined or assessed as of February 28, 2015. Monitoring has not indicated any discrepancies.

11. **CONCENTRATION OF RISK**

For the year ended February 28, 2015, approximately \$10,600,000 (45%) of the Organization's total revenue was received from the Department of Health and Human Services. The future scale and nature of the Organization is dependent upon continued support from this department.

The Organization maintains its cash accounts in several financial institutions in southern New Hampshire. At February 28, 2015, the balances were insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Effective July 1, 2010, one of the financial institutions agreed to collateralize all deposits with them in excess of the FDIC limit. Another financial institution agreed to collateralize the Organization's sweep repurchase account up to 110% of the account balance with US Government Agencies. At February 28, 2015, there were no deposits in excess of the uninsured limits.

12. **TEMPORARILY RESTRICTED NET ASSETS**

At February 28, 2015, temporarily restricted net assets consisted of the following unexpended, purpose restricted donations:

Restricted Purpose

Senior Center	\$	120,826
Elder Services		220,314
NH Rotary Food Challenge		5,071
Common Pantry		6,605
Community Crisis		3,578
Caring Fund		12,690
Agency-FAP		12,169
Agency-H/S		157,487
Agency-FP/PN		8,774
FGP/SCP Assoc. Region 1		1,183
Other Programs		<u>1,446</u>
	\$	<u>550,143</u>

13. **STATEMENT OF FUNCTIONAL EXPENSES**

The Statement of Activities discloses expenses by natural classification. The classification of expenses by function is summarized below:

	<u>Program</u>	<u>Management</u>	<u>Total</u>
Salaries and wages	\$ 7,781,954	\$ 395,785	\$ 8,177,739
Benefits and payroll taxes	2,040,658	145,796	2,186,454
Travel	292,103	3,623	295,726
Occupancy	1,189,639	107,588	1,297,227
Program services	8,923,081		8,923,081
Other costs:			
Accounting fees	16,416	32,670	49,086
Legal fees	1,770	592	2,362
Supplies	221,230	26,602	247,832

Postage and shipping	59,481	1,099	60,580
Equipment rental and maintenance	1,691	2,591	4,282
Printing and publications	3,279	1,742	5,021
Conferences, conventions and meetings	6,889	5,945	12,834
Interest	126,452	13,272	139,724
Insurance	206,524	29,585	236,109
Membership fees	10,837	1,480	12,317
Utility and maintenance	5,042	53,514	58,556
Other	683,716	17,756	701,472
Depreciation In kind	413,758 848,954	1,466	415,224 848,954
	<u>\$ 22,833,474</u>	<u>\$ 841,106</u>	<u>\$ 23,674,580</u>

14. RELATED PARTY TRANSACTIONS

Community Action Program Belknap – Merrimack Counties, Inc. is related to the following corporation as a result of common management:

<u>Related Party</u>	<u>Function</u>
CAPBMC Development Corporation	Real Estate Development

There was \$139,441 due from CAPBMC Development Corporation at February 28, 2015.

15. RECLASSIFICATION

Certain amounts and accounts from the prior year financial statements have been reclassified to enhance the comparability with the presentation of the current year.

16. FAIR VALUE OF FINANCIAL INSTRUMENTS

Community Action Program Belknap-Merrimack Counties, Inc. has also invested money relating to its Fix-it program in certain mutual funds. The fair value of the mutual funds totaled \$70,897 at February 28, 2015.

ASC Topic No. 825-10, Financial Instruments, provides a definition of fair value which focuses on an exit price rather than an entry price, establishes a framework in generally accepted accounting principles for measuring fair value which emphasizes that fair value is a market-based measurement, not an entity-specific measurement, and requires expanded disclosures about fair value measurements. In accordance with FASB ASC 820, the Organization may use valuation techniques consistent with market, income and cost approaches to measure fair value. As a basis for considering market participant assumptions in fair value measurements, FASB-ASC 820 establishes a fair value hierarchy, which prioritizes the inputs used in measuring fair values. The hierarchy gives the highest priority to Level 1

measurements and the lowest priority to Level 3 measurements. The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Level 2 - Inputs to the valuation methodology are other than quoted market prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies.

Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

At February 28, 2015, the Organization's investments were classified as Level 1 and were based on fair value.

Fair Value Measurements using Significant Observable Inputs (Level 1)

Beginning balance – mutual funds	\$	59,439
Total gains (losses) - realized /unrealized		6,175
Purchases		<u>5,283</u>
Ending Balance -- mutual funds	\$	<u>70,897</u>

The carrying amount of cash, current assets, other assets and current liabilities, approximates fair value because of the short maturity of those instruments.

17. FISCAL AGENT

Community Action Program Belknap-Merrimack Counties, Inc. acts as the fiscal agent for the following community organizations: Franklin Community Services Building (Franklin), the Common Pantry (Laconia), the Caring Fund (Meredith), the NH Food Pantry Coalition, the NH Rotary Food Challenge and FGP/SCP Association Region 1. The Agency provides the management and oversight of the revenues received (donations) and the expenses (utilities, food and emergency services).

18. SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of financial position date, but before the financial statements are available to be issued. Recognized subsequent events are events or transactions that provide additional evidence about conditions that existed at the statement of financial position date, including the estimates inherent in the process of preparing financial statements. Nonrecognized subsequent events are events that provide evidence about conditions that did not exist at the statement of financial position date, but arose after that date. Management has evaluated subsequent events through October 2, 2015, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

(See Independent Auditors' Report)

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED FEBRUARY 28, 2015

FEDERAL GRANTOR/ PROGRAM TITLE	CFDA NUMBER	PASS THROUGH GRANTOR NUMBER	EXPENDITURES
<u>US DEPARTMENT OF HEALTH AND HUMAN SERVICES</u>			
Head Start	93.600	N/A	\$ 3,673,175
Through State of New Hampshire			
Weatherization-HRRP	93.568		71,969
Fuel Assistance	93.568	611001	3,954,936
Fuel Assistance-SEAS	93.044	611001	7,018
Title III Part C	93.045	410338	479,147
Community Services Block Grant	93.569	610155	472,191
Title XX - Block Grant	93.667	410338	272,657
Family Planning	93.217	610237	91,786
Family Planning	93.558	610237	39,732
Family Planning	93.940	610237	7,010
Title III Part B Rural Transportation	93.044	410338	102,143
Home Visiting	93.505	N/A	72,753
Prenatal	93.994	520243	23,240
Merrimack County Service Link Program	93.324	N/A	14,591
Merrimack County Service Link Program	93.052	N/A	11,065
Merrimack County Service Link Program	93.667	N/A	32,143
Merrimack County Service Link Program	93.048	N/A	77,774
Merrimack County Service Link Program	93.071	N/A	5,915
Merrimack County Service Link Program	93.517	N/A	28,048
Merrimack County Service Link Program	93.779	N/A	2,348
Senior Medicare Patrol Program Capacity Building	93.048		30,677
Elder Services/NSIP	93.053	410338	204,459
Through Southern New Hampshire Services			
Workplace Success	93.558	N/A	241,015
Through Lakes Region Partnership for Public Health			
Marketplace Assister Services	93.525		55,801
			<u>10,011,593</u>
<u>US DEPARTMENT OF AGRICULTURE</u>			
Through State of New Hampshire			
WIC	10.557	611080	750,341
CSFP	10.565	611080	619,458
Senior Farmers Market	10.575		86,515
Surplus Food-TEFAP/Admin	10.568	N/A	171,257
Surplus Food-TEFAP	10.569	N/A	1,620,593
CACF Head Start/USDA	10.558	N/A	209,373
Summer Food-USDA	10.559		132,511
			<u>3,590,063</u>
<u>CORPORATION FOR NATIONAL SERVICES</u>			
Senior Companion	94.016	N/A	354,744
<u>US DEPARTMENT OF TRANSPORTATION</u>			
Through State of New Hampshire			
Concord Area Transit	20.509		474,060
Concord Area Transit-New Freedom	20.521		43,670
Concord Area Transit	20.513		22,852
Winnepesaukee Transit System	20.509	68022	56,520
Winnepesaukee Transit System	20.521		834
Through County of Merrimack			
Rural Transportation	20.513		26,499
Volunteer Driver Program	20.513		99,482
			<u>723,917</u>

US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**Through New Hampshire Housing Finance Authority**

Statewide Lead Abatement Program	14.900		783,513
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Through State of New Hampshire

Outreach Program	14.235	N/A	81,631
Emergency Solutions Grant	14.231	N/A	20,379
Homeless Prevention	14.235	N/A	28,269
Supportive Housing Services	14.235		<u>64,260</u>

Through National Center for Healthy Housing

Radon Program	14.905		<u>1,450</u>
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979,502**US DEPARTMENT OF ENERGY****Through State of New Hampshire**

Weatherization	81.042	551095	<u>189,824</u>
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189,824**US DEPARTMENT OF LABOR****Through State of New Hampshire**

Senior Community Service Employment	17.235	610063	479,497
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Through Southern New Hampshire Services

WIA-Adult Program	17.258	N/A	111,148
WIA-Dislocated Worker Program	17.260	N/A	<u>115,119</u>

705,764**HOMELAND SECURITY****Through United Way**

Emergency Food and Shelter Program	97.024		<u>1,335</u>
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TOTAL AWARDS EXPENDED\$ 16,556,742**NOTE A - BASIS OF PRESENTATION**

The schedule of Expenditures of Federal Awards includes federal award activity of Community Action Program Belknap - Merrimack Counties, Inc for the year ended February 28, 2015. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations." Because the schedule presents only a selected portion of the operations of Community Action Program Belknap-Merrimack Counties, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of Community Action Program Belknap-Merrimack Counties, Inc.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, Cost Principles for Non-Profit Organizations, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Pass-through entity identifying numbers are presented where available.

NOTE C - SUBRECIPIENTS

Of the federal expenditures presented in the schedule, Community Action Program Belknap-Merrimack Counties, Inc. provided federal awards to subrecipients as follows:

<u>CFDA Number</u>	<u>Program Name</u>	<u>Amount Provided</u>
14.900	Statewide Lead Abatement Program	\$ 92,466

NOTE D - FOOD COMMODITIES

Nonmonetary assistance is reported in the schedule at the fair value of the commodities received and distributed.

COMMUNITY ACTION PROGRAM BELKNAP-MERRIMACK COUNTIES, INC.

**INDEPENDENT AUDITORS' 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
Community Action Program Belknap-Merrimack Counties, Inc.
Concord, New Hampshire

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 financial statements of Community Action Program Belknap-Merrimack Counties, Inc. (a New Hampshire nonprofit organization), which comprise the statement of financial position as of February 28, 2015, and the related statements of activities and changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated October 2, 2015.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Community Action Program Belknap-Merrimack Counties, Inc.'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 financial statements, but not for the purpose of expressing an opinion on the effectiveness of Community Action Program Belknap-Merrimack Counties, Inc.'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 entity'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 Community Action Program Belknap-Merrimack Counties, Inc.'s 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

The 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.

Leone, McDonnell + Roberts
Professional Association

October 2, 2015
Concord, New Hampshire

COMMUNITY ACTION PROGRAM BELKNAP-MERRIMACK COUNTIES, INC.

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH
MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY OMB CIRCULAR A-133**

To the Board of Directors
Community Action Program Belknep-Merrimack Counties, Inc.
Concord, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited Community Action Program Belknep-Merrimack Counties, Inc.'s compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of Community Action Program Belknep-Merrimack Counties, Inc.'s major federal programs for the year ended February 28, 2015. Community Action Program Belknep-Merrimack Counties, 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 the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of Community Action Program Belknep-Merrimack Counties, 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 OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 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 Community Action Program Belknep-Merrimack Counties, 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 Community Action Program Belknep-Merrimack Counties, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, Community Action Program Belknap-Merrimack Counties, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended February 28, 2015.

Report on Internal Control Over Compliance

Management of Community Action Program Belknap-Merrimack Counties, 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 Community Action Program Belknap-Merrimack Counties, 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 OMB Circular A-133, 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 Community Action Program Belknap-Merrimack Counties, 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.

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 OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

*Leone, McDonnell & Roberts
Professional Association*

October 2, 2015
Concord, New Hampshire

COMMUNITY ACTION PROGRAM BELKNAP-MERRIMACK COUNTIES, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED FEBRUARY 28, 2015

SUMMARY OF AUDITORS' RESULTS

1. The auditors' report expresses an unmodified opinion on the financial statements of Community Action Program Belknap-Merrimack Counties, Inc.
2. No significant deficiencies disclosed during the audit of the financial statements are reported in the *Independent Auditors' 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*. No material weaknesses are reported.
3. No instances of noncompliance material to the financial statements of Community Action Program Belknap-Merrimack Counties, Inc., which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. No significant deficiencies in internal control over major federal award programs are reported in the *Independent Auditors' Report on Compliance for Each Major Program and On Internal Control Over Compliance Required by OMB Circular A-133*. No material weaknesses are reported.
5. The auditors' report on compliance for the major federal award programs for Community Action Program Belknap-Merrimack Counties, Inc. expresses an unmodified opinion on all major programs.
6. There were no audit findings which the auditor would be required to report in accordance with Section 510(a) of OMB Circular A-133.
7. The programs tested as major programs include:
 - 93.600 Head Start/Early Head Start
 - 10.557 Special Supplement Nutrition Program for Women, Infants, and Children (WIC)
 - 93.558 Temporary Assistance for Needy Families (TANF)
 - 20.513 Enhanced Mobility of Seniors and Individuals With Disabilities
 - 20.521 New Freedom Program
 - 20.509 Formula Grants for Rural Areas
8. The threshold for distinguishing Type A and B programs was \$515,067
9. Community Action Program Belknap-Merrimack Counties, Inc. was determined to be a low-risk auditee.

FINDINGS - FINANCIAL STATEMENTS AUDIT

None

FINDINGS AND QUESTIONED COSTS - MAJOR FEDERAL PROGRAMS AUDIT

None

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**SCHEDULE OF REVENUES AND EXPENSES
FOR THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM - CFDA 93.568
FOR THE YEAR ENDED FEBRUARY 28, 2015**

	<u>Grant Period</u> <u>10/1/13-9/30/14</u>	<u>Grant Period</u> <u>10/1/14-9/30/15</u>	<u>Total</u>
Revenues			
Division of Human Resources	\$ 860,873	\$ 3,134,063	\$ 3,994,936
Other	<u>537</u>	<u>786</u>	<u>1,323</u>
	<u>\$ 861,410</u>	<u>\$ 3,134,849</u>	<u>\$ 3,996,259</u>
Expenditures			
Personnel	\$ 167,832	\$ 194,450	\$ 362,282
Fringe benefits	24,423	32,906	57,329
Travel	2,181	737	2,918
Occupancy	23,423	33,448	56,871
Direct program costs	609,072	2,846,095	3,455,167
Other costs	<u>34,479</u>	<u>27,213</u>	<u>61,692</u>
	<u>\$ 861,410</u>	<u>\$ 3,134,849</u>	<u>\$ 3,996,259</u>

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**SCHEDULE OF REVENUES AND EXPENSES
FOR THE SENIOR COMPANION PROGRAM - CFDA 94.016
FOR THE YEAR ENDED FEBRUARY 28, 2015**

	<u>Grant Period</u> <u>7/1/13 - 6/30/14</u>	<u>Grant Period</u> <u>7/1/14 - 6/30/15</u>	<u>Total</u>
Revenues			
Corporation for National Services	<u>\$ 89,165</u>	<u>\$ 265,579</u>	<u>\$ 354,744</u>
Expenditures			
Personnel	\$ 78,761	\$ 180,167	\$ 258,928
Fringe benefits	2,686	18,864	21,550
Travel	6,731	60,774	67,505
Other costs	<u>987</u>	<u>5,774</u>	<u>6,761</u>
	<u>\$ 89,165</u>	<u>\$ 265,579</u>	<u>\$ 354,744</u>

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

SCHEDULE OF REVENUES AND EXPENSES
FOR THE HEAD START PROGRAM - CFDA 93.600
FOR THE YEAR ENDED FEBRUARY 28, 2015

	<u>Grant Period</u> <u>1/1/14-12/31/14</u>	<u>Grant Period</u> <u>1/1/15-12/31/15</u>	<u>Total</u>
Revenues			
U.S. Department of Health and Human Services	\$ 3,019,936	\$ 653,239	\$ 3,673,175
In-Kind	1,114,333	92,738	1,207,071
Other	<u>8,800</u>	<u>-</u>	<u>8,800</u>
	<u>\$ 4,143,069</u>	<u>\$ 745,977</u>	<u>\$ 4,889,046</u>
Expenditures			
Personnel	\$ 2,077,616	\$ 430,286	\$ 2,507,902
Fringe benefits	319,130	73,688	392,818
Travel	36,775	9,385	46,160
In-Kind	1,114,333	92,738	1,207,071
Other costs	<u>595,215</u>	<u>140,204</u>	<u>735,419</u>
	<u>\$ 4,143,069</u>	<u>\$ 746,301</u>	<u>\$ 4,889,370</u>

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**SCHEDULE OF REVENUES AND EXPENSES
FOR THE NUTRITION AND ELDER SERVICES PROGRAM -
CFDA 93.045, 93.667 and 93.053
FOR THE YEAR ENDED FEBRUARY 28, 2015**

	<u>Grant Period</u> <u>7/1/13 - 6/30/14</u>	<u>Grant Period</u> <u>7/1/14 - 6/30/15</u>	<u>Total</u>
Revenues			
NH Department of Health and Human Services			
Title XX	\$ 156,527	\$ 338,833	\$ 495,360
Title III Part C	256,907	630,301	887,208
NH Department of Health and Human Services	111,932	92,528	204,460
Other	<u>-</u>	<u>530,753</u>	<u>530,753</u>
	<u>\$ 525,366</u>	<u>\$ 1,592,415</u>	<u>\$ 2,117,781</u>
Expenditures			
Personnel	\$ 329,819	\$ 675,951	\$ 1,005,770
Fringe benefits	32,995	63,039	96,034
Occupancy	55,229	102,148	157,377
Travel	42,475	81,101	123,576
Other costs	<u>262,141</u>	<u>509,182</u>	<u>771,323</u>
	<u>\$ 722,659</u>	<u>\$ 1,431,421</u>	<u>\$ 2,154,080</u>

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**SCHEDULE OF REVENUES AND EXPENSES
FOR THE ELECTRIC ASSISTANCE PROGRAM
FOR THE YEAR ENDED FEBRUARY 28, 2015**

	<u>Grant Period</u> <u>10/1/13-9/30/14</u>	<u>Grant Period</u> <u>10/1/14-9/30/15</u>	<u>Total</u>
Revenues	\$ 885,042	\$ 1,074,568	\$ 1,959,610
Expenditures			
Personnel	\$ 177,296	\$ 142,589	\$ 319,885
Fringe benefits	33,512	25,444	58,956
Travel	2,163	463	2,626
Occupancy	5,735	5,162	10,897
Other costs	<u>666,336</u>	<u>901,061</u>	<u>1,567,397</u>
	\$ 885,042	\$ 1,074,719	\$ 1,959,761

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

SCHEDULE OF REVENUES AND EXPENSES - BY PROGRAM
FOR THE YEAR ENDED FEBRUARY 28, 2015

	<u>Revenues</u>	<u>Expenditures</u>
Twin River Community Corp (054 & 055)	\$ 25,341	\$ 42,943
Cottage Hotel (065 & 066)	8,515	8,916
Sandy Ledge (094 & 095)	9,361	19,893
Ozanam (105 & 106)	17,899	20,674
Senior Center Program (138)	20,693	22,847
Franklin Intergenerational (185 & 186)	44,194	45,524
Senior Companion Program - Non Federal (224 & 225)	104,194	83,739
Senior Companion Program - State (234 & 235)	21,043	21,043
Franklin Community Services (294 & 295)	24,195	25,655
Head Start - Childcare (354 & 355)	1,018,905	798,740
Lakes Region Family Center (384 & 385)	160,297	160,297
REIP (402)	58,534	33,119
NH Modular Ramp (433 & 434)	35,990	34,622
Sun Safety (484)	1,355	716
New Hampshire Housing Guarantee Program (494 & 495)	211,333	211,333
Core Program (504 & 505)	887,463	915,787
NH Rotary (540)	1,061	0
Common Pantry (554 & 555)	126	41
Oral Health WIC (500)	6,135	469
Epsom Elderly Housing (644 & 645)	71,416	71,416

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**SCHEDULE OF REVENUES AND EXPENSES - BY PROGRAM
FOR THE YEAR ENDED FEBRUARY 28, 2015**

	<u>Revenues</u>	<u>Expenditures</u>
Belmont Housing (654 & 655)	\$ 67,141	\$ 67,141
Alton Housing (664 & 665)	48,485	48,485
Kearsarge Housing (674 & 675)	60,768	60,768
Riverside Housing (684 & 685)	63,808	63,808
Pembroke Housing (700 & 709)	62,106	62,106
Homeless Revolving Loan (728)	8,147	8,147
Area Centers (764 & 765)	259,487	210,320
THE FIXIT Program (834 & 835)	3,105	1,278
Loan Guarantee Program (847)	41,208	41,208
MC Loan Guarantee Program (848)	3,016	3,016
The Caring Fund (864 & 865)	2,416	1,501
FGP/SCP Association Region 1 (875)	1,183	0
Agency WIC/CSFP (883)	(4,443)	898
Newbury Elderly Housing (884)	55,888	72,497
Agency Account (911 & 980)	(30,174)	588,412
Agency Account FAP (922)	93,938	98,318
Agency Account SCP (933 & 934)	1,911	5,559
H/S Agency (944 & 945)	111,425	5,072
Agency FP/PN (963)	995	0
Agency Development Fund (981)	182,455	105,214
Agency Horseshoe Pond Place (995 & 996)	16,922	16,922

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**SCHEDULE OF REFUNDABLE ADVANCES
FOR THE YEAR ENDED FEBRUARY 28, 2015**

<u>FUND #</u>	<u>FUND NAME</u>	<u>HHS PROGRAM CFDA#</u>	<u>AMOUNT</u>
047	Supportive Housing Services		\$ 636
114	Radon Program		175
126	EAP - Lead Agency		18,204
146	Merrimack County Service Link	93.778 (\$2,471 of deferred amount is not federal)	4,943
157	Merrimack County Service Link	93.778 (deferred amount is not federal)	1,847
196	Electric Assistance Program		49,915
225	Senior Companion Program - Non - Federal		1,083
364	Home Visiting - HFA	93.558 (deferred amount is not federal)	247
455	Housing Preservation Fund		14,540
495	NH Housing Guarantee Program		103,442
505	Core Program		13,345
546	Summer Feeding		30,919
575	Fuel Assistance Program	93.568 (\$2,910 of deferred amount is not federal)	150,200
595	Homeless Prevention		234,707
615	Women, Infant & Children		4,204
715	Concord Area Transit		64,173
728	Homeless Revolving Loan Fund - Belknap County		39,612
729	Homeless Revolving Loan Fund - Merrimack County		8,179
765	Area Center Program		1,476
835	Fixit Program		71,574
847	Loan Guarantee Program		30
856	New Start Program		28,118
883	Agency Account - WIC/CSFP		771
906	Community Services Block Grant	93.569	72,913
945	Agency Account - Head Start		1,250
		TOTAL	\$ 916,503

Effective May 2016

**COMMUNITY ACTION PROGRAM
BELKNAP-MERRIMACK COUNTIES, INC.**

BOARD OF DIRECTORS

Sara A. Lewko, *President*

Susan Koerber

Vice President - Vacant

Bill Johnson

Dennis Martino, *Secretary-Clerk*

David Siff

Kathy Goode, *Treasurer*

Diana Lacey

Heather Brown

Christine Averill

Nicolette Clark

Donna Barnett

Theresa M. Cromwell

RALPH LITTLEFIELD

EDUCATION

High School – Winnacunnet High School, Graduated June 1966
College – Keene State College, Keene, NH, Graduated May 1971
Degree – Bachelor of Education

EMPLOYMENT

January 1980 – Present

Community Action Program Belknap-Merrimack Counties, Inc.
Executive Director

Responsible for the general administration of the agency which is comprised of 85 major programs and has an annual budget in excess of \$37 million dollars and a staff of 410 employees.

June 1978 – January 1980

Southwestern Community Services, Inc., Keene, New Hampshire
Deputy Director

1976 – June 1978

Southwestern Community Services, Inc., Keene, New Hampshire
Head Start Director

1974 – 1975

Southwestern Community Services, Inc., Keene, New Hampshire
Program Coordinator-Food Stamp Program, Green Thumb Project,
Nutrition West

1974 – Head Counselor, Summer Neighborhood Youth Corps

1972 – Assistant Head Start Director, Cheshire County Head Start
Claremont, New Hampshire

June 1971 – General Services Director

KATHRYN R. LAVIGNE

WORK EXPERIENCE

- July 1993-Present **CHIEF ACCOUNTANT**
Community Action Program Belknap-Merrimack Counties, Inc.
P.O. Box 1016, Concord, New Hampshire 03302-1016
- November 1992-
June 1993 **SENIOR ACCOUNTANT**
John Killion & Co., Concord, New Hampshire
Responsible for compilations and reviews of commercial accounts, preparation of financial statements and tax returns. Auditing at junior level for nonprofit organizations. Preparation of weekly payrolls, quarterly payroll tax returns and year-end W-2's for service bureau accounts. Installation of accounting software. Set-up of clients chart of accounts and trial balance. Software used: Real World, Word Perfect, Cougar Mountain, Accountants Trial Balance, Fixed Assets Management and Tax Machine.
- January 1989-
November 1992 **OFFICE MANAGER**
Rudolph Electrical Co., Inc., Concord, New Hampshire
Supervise staff of three. Responsible for implementing computerized accounting system. Handle all aspects of accounting, i.e. accounts receivable, accounts payable, payroll, general ledger and job cost. Responsible for preparation of weekly payroll, monthly financial statements and quarterly payroll tax returns. Collect overdue accounts.
- October 1979-
September 1988 Rivco, Penacook, New Hampshire
- June 1986-
September 1988 **ACCOUNTING MANAGER**
Supervise staff of seven. Responsible for hiring, assigning, appraising performance and directing department personnel, including recommending compensation changes and promotions. Participant in audit preparation. Administrator of profit sharing plan and trip promotion program.
- August 1984-
September 1988 **CREDIT MANAGER**
Monitor all accounts and collect overdue accounts. Determine credit rating of prospective customers. Open accounts. Consult with lawyers, salesmen and sales manager. Represent company in court. Handle customer correspondence and telephone calls. Train and supervise credit personnel.
- October 1979-
August 1984 **ACCOUNTS RECEIVABLE CLERK**
Handle all aspects of accounts receivable and billing. Reconcile accounts. Prepare monthly sales reports and aged trial balance by customer and by salesmen.

EDUCATION

- 1982-1989 Franklin Pierce College, Concord, New Hampshire
Bachelor's Degree in Accounting and Business Management
May 1989, Graduated Magna Cum Laude
- 1963-1967 Franklin High School, Franklin, New Hampshire
Business-Secretarial, Graduated with high honors

REFERENCES

Available upon request.

PAMELA JOLIVETTE

EMPLOYMENT HISTORY

ELDER SERVICES DIRECTOR

8/97 — Present

Community Action Program Belknap-Merrimack Counties, Inc.
PO Box 1016, Concord, NH 03302-1016

Director of Elder Service Programs for a 2 county region offering community based resources for older adults. Included are senior meals, both home delivered and community dining; 9 multi-purpose senior centers, a transportation system for seniors and disabled adults, resident services at an 84 unit senior housing facility, ServiceLink Resource Center of Merrimack County, and the Senior Companion Program of New Hampshire. Seniors served exceed 5,000 on an annual basis.

Financial Management of a 2.9 million dollar departmental budget. Diverse local, state and federal revenue sources include Older American Act funds, Title XX, Medicaid, State, County and Town funds, United Way, Client Donations and Private sector funds. Responsibilities include grant applications, contract management, fundraising and financial reporting

Department Personnel consist of 100 full and part-time staff. Over 430 volunteers donate 26,000 hours annually. Professional development initiatives, strategic planning and recognition continue to result in substantial service expansion and minimal staff turnover.

Planning and Development projects include the transition of eight senior nutrition sites into multipurpose senior centers, expansion of a two county senior transit system, development of ServiceLink Resource Center of Merrimack County, created the resident service program and resource center at Horseshoe Pond Place, an independent senior housing facility, raised funding for a volunteer transportation program, established 6 Advisory Councils to support the above programs, obtained local dollars to supplement these initiatives.

Agency representative to home and community based long term care steering committees and advisory boards. Carried our significant work with the NH Legislature to increase funding levels for elder services over a 20 year period.

SENIOR COMPANION / SENIOR EMPLOYMENT, PROGRAM DIRECTOR

12/84 — 8/97

Community Action Program Belknap-Merrimack Counties, Inc.
PO Box 1016, Concord, NH 03302-1016

Annual submission of budget and grant applications to Federal and State funding sources Responsible for monitoring budget and completion o annual reports.

Raised on-going local support from \$12,000 to \$95,000 from United Way, County and State Government Obtained foundation dollars for equipment, marketing and funding development activities.

Expanded Senior Companion Project from three to six county area. Special projects involved caregiver support, substance abuse and mental health initiatives Expanded Senior Employment Program to include vocational assessments and employment in private industry.

Supervised project staff who carried out coordination activities for 70 Senior Companies, 60 Senior Employment participants and agreements with 125 agencies.

Expanded statewide Advisory Council to strengthen program initiatives Active committees carried out marketing, fundraising and evaluation functions.

GERIATRIC CASE MANAGER 7/82 — 3/84

Region IV Area Agency
44 Warren Street, Concord, NH 03301

Case Manager for geriatric clients within the developmental service system in Merrimack County. Responsible for completion of individual assessments and obtaining supportive services. Ongoing advocacy and monitoring of activities. Assisted housing department with developing residential options as individuals were moved from institutions to the community.

SUPPORT SERVICES DIRECTOR 6/80 — 7/82

Twin Rivers Counseling Center
Franklin, NH 03235

Coordinator for pilot projects in New Hampshire which provided training and support services for developmentally disabled adults. Implemented program to increase independence in the home, community and work setting.

PROGRAM DIRECTOR 3/76 — 4/79

Lamoille County Mental Health
Morrisville VT

Developed and managed the service delivery for developmentally disabled persons over a four year period within the Community Mental Health clinic in Vermont. Services included case management, day treatment, school consultation, family support and paralegal services to assure client rights.

CURRENT PROFESSIONAL ASSOCIATIONS

New Hampshire Coalition of Aging Services
Vice-Chair Mid-State Regional Coordinating Council for Transportation
New Hampshire State Coordinating Council for Community Transportation
Merrimack County Coordinated Community Response Team
Advisory Council for the New Hampshire Aging and Disability Resource Centers
National Associations of Nutrition and Aging Service Providers
National Council on the Aging
Elder Health Advisory Committee Endowment for Health

EDUCATION AND TRAINING

M.Ed Counseling Psychology
University of New Hampshire, Durham, NH 1997

Post-Graduate Study
Grant Writing, Johnson State College
School of Social Work, University of Connecticut
Social Gerontology & Women's Issues

BA Degree, Psychology
Johnson State College, Johnson, VT 1975

Jennifer Ho-Sue

Objectives

I am looking to join an energetic professional team where I can use the knowledge that I have gained to improve any given situation or business. I can easily work independently or within a group setting. I have strong leadership skills learned through years of experience. I adapt easily to change and handle stress well. I thrive in fast-paced multifaceted environments. I am also looking for an organization where I have the ability and the encouragement for continued learning and growth both intellectually and within your organization.

Experience

Program Manager 3/2016 - Current

ServiceLink Resource Center of Merrimack County - Concord, NH 03301

Responsible for overall site operations and team process management, including performance measurement, training and or coordination of training for all staff, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight and is accountable to the Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the BEAS ServiceLink Resource Center Program Manager. Maintains an environment within the SLRC that attracts, motivates, and retains qualified professionals and volunteers. Oversight and accountability of all day-to-day processing of ServiceLink Resource Center site programs evaluations including operational reports, quality reports, State and Federal reports to Bureau of Elderly and Adult Services (BEAS) and Federal reports to the Administration on Aging and Centers for Medicare and Medicaid by designated time frames;

Program Manager 12/2014 – 3/2016

ServiceLink Resource Center of Strafford County - Rochester, NH 03867

Responsible for overall site operations and team process management, including performance measurement, training and or coordination of training for all staff, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight and is accountable to the Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the BEAS ServiceLink Resource Center Program Manager. Maintains an environment within the SLRC that attracts, motivates, and retains qualified professionals and volunteers. Oversight and accountability of all day-to-day processing of ServiceLink Resource Center site programs evaluations including operational reports, quality reports, State and Federal reports to Bureau of Elderly and Adult Services (BEAS) and Federal reports to the Administration on Aging and Centers for Medicare and Medicaid by designated time frames;

Administrative Supervisor V - 05/2007 - 09/2013

State of New Hampshire, DHHS, Division of Client Services - Rochester, NH 03867

Supervised DHHS Rochester District Office for Division of Client Services of 20+ staff. Also recruited, trained and managed multiple volunteers. Ensured that over 50 Federal and State funded welfare programs (TANF, Food Stamps, and Medicaid) were administered correctly, efficiently and in a timely manner. Responsible for staff training and development. Prepared reports to document program timeliness and quality. Kept over time budgets balanced. Daily ongoing supervision duties within the office, included but were not limited to management of all staff, maintaining staff records to be used in reviews of employees, disciplinary actions and/or promotions. Maintained relations with other State Agencies and offices. Utilized a proactive management style vs. reactive style and used my own supervisor and staff to assist with input before any plan was formulated. All changes were well thought out before implementation. Held monthly staff meeting to keep my own staff up to date on any changes.

ServiceLink Network Coordinator 1/2003- 5/2007

State of New Hampshire, DHHS, Bureau of Elderly and Adult Services - Concord, NH 03301
ServiceLink Resource Center (SLRC) is an information and referral organization for elderly and disabled individuals, providing assistance with counseling and other referrals, with a focus on continued community living vs. nursing home placement. SLRC also has a Caregiving Program for families who are living with such issues as stated above. Responsibilities included assisting in 10 State contracted ServiceLink Resource Center (SLRC) tasks with hiring and employee education. Traveled Statewide to ensure State contract terms were meeting all requirements, such as fiscal responsibility, program implementation, computer programming and program integrity. Traveled locally and nationally to represent New Hampshire's SLRC program and speak about the growing elderly and disabled population and the programs provided by the SLRC in New Hampshire. Held education sessions on elder/disability issues with community partners, government officials, law enforcement personnel and the general public through classes, seminars and meetings. Active on the planning board for the Conference on Aging. Assisted in workshop recruitment, publications, guest speakers, and budgeting. COA is an annual event: <http://nhconferenceonaging.org/>

Policy Writer, Researcher - 08/2001 - 01/2003

State of New Hampshire, DHHS, Division of Client Services - Concord, NH 03301
Responsible for researching and drafting State rules and program policies to ensure State and Federal compliance with program implementation. Researched Federal rules and regulations in order to ensure State program continuity. Readopted expiring laws and rules. Prepared rules for presentation to and approval from the Governor's Executive Council and other pertinent legislative committees. Followed such rules through the NH rule-making process. Proof read and edited co-worker's work when needed.

Social Services Assistant - 09/2000 - 08/2001

Rochester Manor Nursing Home: Whitehall Rd. Rochester NH 03867

Assisted families through the registration process of a long-term care facility. Educated patients and families with the long-term care system in New Hampshire. Documented resident's social condition in patient charts on a regular basis. Provided education and support to residents and families through the end of life process. Interacted daily with residents and their families to communicate to ensure emotional needs of both were being met. Attended weekly care management meetings with residents and the families in the short term skilled nursing wing where current, future, or discharge planning was contemplated. Assisted patients and families when transition to long-term care placement became questionable.

Family Services Specialist II- 01/1998 -09/2000

State of New Hampshire, DHHS, Division of Client Services - Rochester, NH 03867

Responsible for determining client financial eligibility for over 50 State and Federal welfare programs. Interviewed up to five new applicants for eligibility daily. Managed caseload of 500 + families, providing biannual face to face case reviews and continual case management. Provided community referrals for additional assistance. Aided clients with additional applications such as housing and Social Security. Assisted coworkers managing their own caseload and supervised office when needed. Jennifer Hosue Page 3

Skills

- Able to communicate, train and lead staff to improve program integrity and compliance
- Excel in morale building techniques that reduce employee turnover
- Experienced in public speaking in small to large meeting setting
- Skilled in State and local focus groups, strong ability to facilitate meetings
- Planned all process changes utilizing both tactical and strategic strategies and projected outcomes
- Ability to translate broad goals into achievable steps
- Professional and prompt when responding to public complaints and/or requests for information
- Able to gather and analyze data for studies and develop recommendations based on findings
- Ability to collaborate with management and community partners
- Proficient in Microsoft programs (Word, Excel, Power Point)
- Advanced writing and oral skills
- Creative problem solver and multi-tasker

Education

Bachelor of Arts: English & Sociology, University of New Hampshire (2006)

Public Supervisor/Manager Certification, Franklin Pierce College (2004)

CIRS-Certification for I&R Specialist, Alliance of Information and Referral Systems (2003)

SHIP Program Specialist Certified – Medicare Specialist (2016)

References supplied upon request

Community Action Program Belknap-Merrimack Counties, Inc.

**Department of Health and Human Services
Bureau of Elderly and Adult Services**

**New Hampshire ServiceLink Program
09/30/2016 – 12/31/2016**

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Ralph Littlefield	Executive Director	\$ 140,639	0%	\$ 0.00
Kathy Lavigne	Chief Accountant	\$ 63,960	0%	\$ 0.00
Pam Jolivette	Director, Elder Services	\$ 69,882	0%	\$ 0.00
Jennifer Ho-Sue	Merrimack County ServiceLink Resource Center Manager	\$ 50,017	100%	\$ 50,017.50



**State of New Hampshire
Department of Health and Human Services
Amendment #4 to the New Hampshire ServiceLink Resource Centers Program Contract**

This fourth Amendment to the New Hampshire ServiceLink Resource Centers Program contract (hereinafter referred to as "Amendment #4") dated this day of December 18, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Community Action Program Belknap and Merrimack Counties, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 2 Industrial Park Drive, Concord, NH, 03302.

WHEREAS, pursuant to an Agreement approved by the Governor and Executive Council on December 20, 2013 (Item #62) (hereinafter referred to as "Contract"), amended by an Agreement (Amendment #1 to the Contract) approved on February 28, 2014 (Item #35), amended by an Agreement (Amendment #2 to the Contract) approved on June 4, 2014 (Item #59), and amended by an Agreement (Amendment #3 to the Contract) approved on May 6, 2015 (Item #23), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the Agreement (section 18 of the General Provisions of the Form P-37), the Agreement may be modified or amended only by written instrument executed by the parties thereto and approved by the Governor and Executive Council;

WHEREAS, the Department and the Contractor agree to add to the scope of work and to increase the price limitation;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties agree as follows:

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #4, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$991,757.
3. Delete in its entirety Section 4.8 Senior Medicare Patrol Program in Exhibit A Amendment #1, Scope of Services, and replace with Amendment #2 to Section 4.8 Senior Medicare Patrol in Exhibit A Amendment #1, Scope of Services.
4. Delete in its entirety Exhibit B-18 and replace with Exhibit B-18 Amendment #1.
5. Delete in its entirety Exhibit B-19 and replace with Exhibit B-19 Amendment #1.



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/30/15
Date

Mary Ann Cooney
NAME Mary Ann Cooney
TITLE Associate Commissioner

Community Action Program Belknap and Merrimack
Counties, Inc.

12/21/2015
Date

Ralph Littlefield
NAME Ralph Littlefield
TITLE Executive Director

Acknowledgement:

State of New Hampshire, County of Merrimack on 12/21/2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Kathy L. Howard, Notary Public
Name and Title of Notary or Justice of the Peace



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

1/9/16
Date

[Signature]
Name: Megan A. Fogli
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services

4.8. Amendment #2 to the Senior Medicare Patrol Program

4.8.1. The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare as follows:

- 4.8.1.1. Foster national and statewide coverage of the Senior Medicare Patrol Program (SMP) by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.1.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.1.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by:
 1. Collaborating in a seamless and consistent way with community-based providers;
 2. Conducting timely reporting to the federal Senior Medicare Patrol (SMP) reporting database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education, volunteer management and resolution of complex issues; and
 3. Using the national SMP Resource Center's resources.
- 4.8.1.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting Administration for Community Living (ACL) objectives that utilize SMP reporting database to support the OIG Performance Measures;
- 4.8.1.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy;
- 4.8.1.6. Implement the SMP Resource Center's Volunteer Risk Program Management policies as developed by the Administration for Community Living;
- 4.8.1.7. Recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information,



detect payment errors, and how to report questionable Medicare billing situations; and

- 4.8.1.8. Provide SMP Capacity Building Volunteer Consultation statewide for:
1. Oversight of the Volunteer Risk Program Management services by:
 - a. Providing guidance to the Department's ServiceLink Contractors on recruitment, screening, retainment, and recognition strategies for their volunteers; and
 - b. Coordinating training to the Department's ServiceLink Contractors on updates to the Volunteer Risk Program Management Services and other national SMP resources that involve volunteers.
 2. Promotion of the SMP mission for the Medicare consumer population, family caregivers, and other agencies in the community by:
 - a. Coordinating statewide and regional marketing activities, such creating print materials, radio messaging, and other media promotions for approval by the Department;
 - b. Providing oversight and guidance to each of the Department's ServiceLink Contractors on the Medicare Minutes, which are various Medicare topics that have prepared scripts and handouts provided by the national SMP Resource Center;
 - c. Providing oversight and guidance to each of the Department's ServiceLink Contractors on the Medicare Minute activities and presentations that are conducted by each of the Department's ServiceLink Contractors staff and volunteers throughout the State; and
 - d. Assist each of the Department's ServiceLink Contractors in the monthly delivery and documentation of the Medicare Minute activities at various community sites.
 3. Report quarterly to the Department on the activities completed statewide towards the progress on recruiting, training and retaining volunteers under the Volunteer Risk Program Management, such as, but not limited to, the number of volunteers and the statewide activities as described in Section 4.8.1.6 and 4.8.1.7.

New Hampshire Department of Health and Human Services										
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD										
Contractor Name: Community Action Program Belknap and Merrimack Counties, Inc.										
Program Name: ServiceLink Resource Center										
Budget Period: 7/1/16 - 6/30/16										
1. Total Salaries/Wages	\$ 223,114	\$ 223,114	\$ 3,851	\$ 219,263	\$ 1,500	\$ 217,763	\$ 1,500	\$ 216,263	\$ 1,500	\$ 217,763
2. Employee Benefits	\$ 59,488	\$ 59,488	\$ 1,149	\$ 58,339	\$ 300	\$ 58,039	\$ 300	\$ 57,739	\$ 300	\$ 58,039
3. Consultants	\$ 500	\$ 500	\$ -	\$ 500	\$ -	\$ 500	\$ -	\$ 500	\$ -	\$ 500
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Degradation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 1,000	\$ 1,000	\$ -	\$ 1,000	\$ -	\$ 1,000	\$ -	\$ 1,000	\$ -	\$ 1,000
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 2,328	\$ 2,328	\$ -	\$ 2,328	\$ 80	\$ 2,248	\$ 80	\$ 2,168	\$ 80	\$ 2,248
6. Travel	\$ 3,950	\$ 3,950	\$ -	\$ 3,950	\$ -	\$ 3,950	\$ -	\$ 3,950	\$ -	\$ 3,950
7. Occupancy	\$ 15,340	\$ 15,340	\$ -	\$ 15,340	\$ 9,660	\$ 5,680	\$ 9,660	\$ 5,680	\$ 9,660	\$ 5,680
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 3,500	\$ 3,500	\$ -	\$ 3,500	\$ -	\$ 3,500	\$ -	\$ 3,500	\$ -	\$ 3,500
Postage	\$ 2,070	\$ 2,070	\$ -	\$ 2,070	\$ 30	\$ 2,040	\$ 30	\$ 2,010	\$ 30	\$ 2,040
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 300	\$ 300	\$ -	\$ 300	\$ 300	\$ -	\$ 300	\$ -	\$ 300	\$ -
Insurance	\$ 550	\$ 550	\$ -	\$ 550	\$ 550	\$ -	\$ 550	\$ -	\$ 550	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 16,800	\$ 16,800	\$ -	\$ 16,800	\$ -	\$ 16,800	\$ -	\$ 16,800	\$ -	\$ 16,800
11. Staff Education and Training	\$ 2,900	\$ 2,900	\$ -	\$ 2,900	\$ -	\$ 2,900	\$ -	\$ 2,900	\$ -	\$ 2,900
12. Subcontract/Agreements	\$ 17,000	\$ 17,000	\$ -	\$ 17,000	\$ -	\$ 17,000	\$ -	\$ 17,000	\$ -	\$ 17,000
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 2,065	\$ 2,065	\$ -	\$ 2,065	\$ 35	\$ 2,030	\$ 35	\$ 1,995	\$ 35	\$ 2,030
0	\$ 1,000	\$ 1,000	\$ -	\$ 1,000	\$ -	\$ 1,000	\$ -	\$ 1,000	\$ -	\$ 1,000
0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 344,036	\$ 344,036	\$ 5,000	\$ 339,036	\$ 12,818	\$ 326,218	\$ 12,818	\$ 313,400	\$ 12,818	\$ 326,218
Indirect As A Percent of Direct			0.0%		3.6%		0.0%		3.6%	

Contractor Initials: *RJS*
 Date: *7/21/17*



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the New Hampshire ServiceLink Resource Centers Program Contract**

This third Amendment to the New Hampshire ServiceLink Resource Centers Program contract (hereinafter referred to as "Amendment #3") dated this day of March 17, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Community Action Program Belknap and Merrimack Counties, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 2 Industrial Park Drive, Concord, NH, 03302.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (Item #62), amended by an agreement (Amendment #1 to the Contract) approved on February 28, 2014 (Item #35) and amended by an agreement (Amendment #2 to the Contract) approved on June 4, 2014 (Item #59), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties;

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional fifteen (15) months and increase the price limitation; and

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: September 30, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$941,757.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Eric Borrin, Director Contract and Procurement.
4. Form P-37, General Provisions, Item 1.10, to read: (603) 271-9558.
5. Delete Exhibit A Scope of Services and replace with Exhibit A Amendment #1 Scope of Services.
6. Delete Exhibit A-1 Scope of Services.
7. Delete Exhibit B Amendment #2, Method and Conditions Precedent to Payment and replace with Exhibit B Amendment #3, Method and Conditions Precedent to Payment.
8. Delete Exhibit B-7 and replace with Exhibit B-7 Amendment #1.
9. Add Exhibit B-17, Exhibit B-18, and Exhibit B-19.
10. Delete Standard Exhibit C, Special Provisions and replace with Exhibit C, Special Provisions.
11. Delete Standard Exhibit C-1, Additional Special Provisions and replace with Exhibit C-1, Revisions To General Provisions.



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

12. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 9/30/16.
13. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 9/30/16.
14. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.
15. Delete Standard Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement, and replace with Exhibit I, Health Insurance Portability Act Business Associate Agreement.



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

4/3/15
Date

[Signature]
Diane Langley
Director

Community Action Program Belknap and Merrimack
Counties, Inc.

3/26/2015
Date

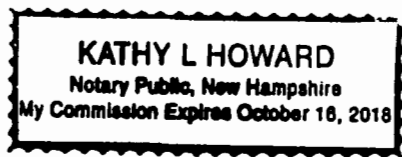
[Signature]
NAME Ralph Littlefield
TITLE Executive Director

Acknowledgement:

State of New Hampshire, County of Merrimack on 3/26/2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

[Signature]
Kathy L. Howard, Notary Public
Name and Title of Notary or Justice of the Peace





**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 4/20/15

Name: Megan A. Folger
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____



Exhibit A Amendment #1

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a full service point of access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire Medicaid's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Quarter: A quarter is defined as: July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare & Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.



Exhibit A Amendment #1

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall provide services defined in this Agreement to the following populations:

- Persons age 60 and over;
- Adults over the age of 18, who are chronically, physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and/or developmental disabilities;
- Veterans;
- People of all ages, income levels and disabilities, including people with dementia and people of different cultures and ethnicities.

3. Geographic Area Served: The Contractor shall provide services as described in this Agreement in the geographic area of Merrimack County. Geographic area is defined as the area focused on client location (City or Town).

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long-term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

- 4.1.1.1. Consideration of all populations served including different age groups, different income levels, different types of disabilities, cultural diversities, and those underserved, and individuals at risk of nursing home placement, family caregivers, advocates, and professionals who serve these populations. Populations shall include all individuals who may or may not meet public assistance requirements, in addition to those that are hard to reach, those who are private payers and want to plan ahead for their long-term needs;
- 4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and
- 4.1.1.3. A feedback loop to modify activities as needed.
- 4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

- 4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.
- 4.1.2.2. Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.
- 4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.
- 4.1.2.4. Contractor shall use the Alliance of Information and Referral Standards and use the Refer7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The Contractor is responsible for:
 - 4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and
 - 4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private



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paying individuals and families; and the database is accessible to the public via a comprehensive website and is user- friendly, searchable and accessible to persons with disabilities.

4.1.2.5. Contractor's staff shall attend trainings as directed by the Department.

4.2. Options Counseling

- 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
- 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others whom they may wish to include in the process, such as family members and/or caregivers/support persons.
- 4.2.3. The Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration for Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards, when they have been released.
- 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arrange for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum, the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. Special attention to those clients most at risk of institutionalization;
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in assessing all the pros and cons;
 - 4.2.4.4. Development of action steps toward a goal or a long-term support plan, with assistance in applying and accessing support options when requested;
 - 4.2.4.5. Counseling in a location that fits the needs of the individual being served, such as a private home and office, and to be accessible to the client by phone, email, etc.;
 - 4.2.4.6. Counseling that ensures that clients understand their options by using the Option Counseling Standards.
- 4.2.5. The Contractor shall provide confidential, objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
- 4.2.6. The Contractor shall serve as full service access entry points for individuals and use standard intake and screening instruments defined by the Department.
- 4.2.7. The Contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
- 4.2.8. The Contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.
- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor shall include a plan to schedule future contacts and follow-ups according to the needs of the client.

4.3. Streamlined Eligibility Determination for Public Programs

The Contractor will serve as a full service access point/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation



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Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:

4.3.1. Intake and Screening

The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.

4.3.2. Financial and Functional Eligibility Processes

Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.

4.3.2.1.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.

4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:

4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.

4.3.3. Tracking Eligibility Status

4.3.3.1. The Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems, such as New Heights Financial Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.

4.3.3.2. The Contractor may be informed of individuals who are determined ineligible for public LTSS and the ServiceLink Contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.

4.4. Person-Centered Transitions Support

The Contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:

4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.

4.4.2. The Contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.

4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.

4.4.4. The Contract shall:

4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;

4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and



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- 4.4.4.3. Provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
 - 4.4.4.4. Serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
 - Contractor shall involve consumers on a /local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
 - 4.5.1.1. People over age 60
 - 4.5.1.2. Adults over age 18 living with chronic illnesses or disabilities
 - 4.5.1.3. Family members, caregivers, and family caregivers of the target populations
 - 4.5.1.4. Local community providers
 - 4.5.1.5. Representation from cultural and ethnic minorities residing within the community.
 - 4.5.1.6. At least twenty-five (25) percent of the membership must be from the target population.
Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.
 - 4.5.2. Medicaid
 - Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.
 - 4.5.3. Aging and Disability Partners
 - 4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.
 - 4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.
 - 4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.
 - 4.5.4. Other Partners and Stakeholders
 - Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.
- 4.6. New Hampshire Family Caregiver Program
- The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:



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- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum. The Contractor shall:
 - 4.6.12.1. Provide a minimum of one (six (6) week session) Powerful Tools for Caregiver Training to a minimum of ten (10) caregivers completing the workshop series.
 - 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. Recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

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4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education, volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
- 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
- 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
- 4.8.7. Comply with the standards in the SHIP Program Guidance.
- 4.8.8. Recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

4.9. Veterans Directed Home and Community Based Program

The Contractor shall provide Veterans the opportunity to receive home and community based services in a consumer directed fashion that enables them to avoid nursing home placement and to continue to live in their homes and communities. The Contractor shall:

- 4.9.1. Develop and implement a Veterans Directed Home and Community Based (VDHCB) program to provide the services described in Section 4.9.2, in the following ways:
 - 4.9.1.1. Enter into a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and/or the Manchester Veteran's Administration Medical Center (Manchester VAMC). The provider agreement is to be based on the Memorandum of Agreement between the Department and the WRJ and/or Manchester VAMC. Under the provider Agreement, the Contractor shall work with the WRJ VAMC and/or the Manchester VAMC and shall be responsible for the service coordination as defined in Section 4.9.2 below.
 - 4.9.1.2. Establish an advisory group to oversee the development, implementation of the program and provide ongoing feedback for continuous improvement of the program and services. Membership is to include representation from key community resources, local Veterans' organizations, Veterans and families of Veterans utilizing the program, and the public.
 - 4.9.1.3. Establish and maintain a budget for the costs to develop and implement the program as follows:



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- 4.9.1.3.1. Ongoing Staff development and training such as but not limited to, costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program.
 - 4.9.1.3.2. Ongoing Travel costs associated with ongoing program development and implementation such as, but not limited to: Staff mileage to and from training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, Establishing and maintaining a of business processes related to the VD-HCBS Program, such as computer equipment, telephone expenses, and office furniture for new staff.
 - 4.9.1.3.3. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services, in Section 4.9.2.
 - 4.9.1.4. Provide or contract with an agency to provide financial management services to the Veterans. The Contractor cannot implement the VDHCBS program until financial management services are reviewed and approved by the VDHCBS national Readiness Review Process, and reviewed by WRJ and Manchester VAMC and DHHS.
 - 4.9.1.5. Provide a minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to Veterans participating in the program in developing and managing an individual service budget.
 - 4.9.1.5.1. The Contractor shall increase the FTE when the Veterans caseload exceeds 19 Veterans. The contractor shall increase the FTE to provide 4.5 hours per month per veteran.
 - 4.9.1.6. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors are trained in the program practices and procedures prior to service delivery defined in Section 4.9.2.
 - 4.9.1.7. Establish Financial Management Readiness and pass formal readiness review prior to implementation of the program. New FMS agreements must pass formal readiness review,
- 4.9.2. Provide options counseling and assist Veterans in arranging consumer directed services as follows:
- 4.9.2.1. Maintain the provider agreement in Section 4.9.1.1 and the contractor shall be responsible for service coordination for the Veteran as follows:
 - 4.9.2.1.1. Accept referrals of eligible Veterans and their authorized budgets to buy long term supports and services, from at least one of the VAMC in Section 4.9.1.1.
 - 4.9.2.1.2. Provide options counseling to Veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. At a minimum, options counseling shall include an assessment, plan of care and identify type of services to meet the needs to the Veteran to remain in the home and community. The Contractor shall submit the Veteran's plan of care with types of services to the VAMC for approval. The Contractor must obtain budget approval of plan of care from the VAMC before the Veteran receives VD-HCBS supports and services. The Contractor shall comply with the VAMC and the Department's program and policies guide for linking Veterans with needed Long term services and supports and making mutual referrals.



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- 4.9.2.2. Provide or maintain the contract with an agency to provide financial management services. Seek reimbursements for service coordination through the VAMC defined in Section 4.9.1. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services.
 - 4.9.3. Ensure the following:
 - 4.9.3.1. All Veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
 - 4.9.3.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
 - 4.9.3.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
 - 4.9.3.4. Of the Veterans served, there will be a 90 % or better, consumer satisfaction rate.
 - 4.9.4. Comply with procedures for reporting requirements defined by DHHS for monthly "Ticker" reporting requirements defined and required by National VDHCS program administration.
 - 4.9.5. Enter contact data into the Refer 7 data base to increase the amount of resources available by geographic area serve Veterans.
 - 4.9.6. Ensure that documentation required by both the Department and the VAMC is kept current and submitted according to the program requirements.
 - 4.9.7. Participate in continuous process improvement activities with the Department and/or the VAMC to evaluate and improve the quality of the program and its policies and processes by attending meetings, trainings, to include monthly VDHCS Faculty Calls, and related conference calls.
 - 4.9.8. Participate in trainings that aim to improve knowledge of military culture and other related trainings to enhance competencies required to serve our military family and service member population.
- 4.10. Medicare Improvements for Patients and Providers Act (MIPPA).
The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA), services through as follows:
- 4.10.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 4.10.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 4.10.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 4.10.1.3. Promote the Medicare programs described in Section 4.10.1.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:
 - 4.10.2. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
 - 4.10.3. Complete an analysis using available statistics such as Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The



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Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.

- 4.10.4. Assess current and past partnerships with other agencies and community services.
- 4.10.5. Conduct outreach, education and assistance to the target population and geographic area as approved by the Department, based on the Contractor's results of the assessment and analysis described in Section 4.10.2, 4.10.3 and 4.10.4, and to meet the goals in Section 4.10.10. Outreach and education consists of the following, but not limited to:
 - 4.10.5.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 4.10.5.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 4.10.5.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.6. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives. The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.7. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 4.10.1.
 - 4.10.7.1. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
 - 4.10.7.2. The contractor will be responsible for purchasing the media in their local area.
- 4.10.8. Ensure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
- 4.10.9. Complying with procedures for reporting requirements defined by DHHS.
- 4.10.10. Performance Measures: The Contractor will be required to meet or exceed the performance measures described below:



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Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D by eight (8) percent of the total number enrolled in these programs as of September 29, 2014	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 15th of each month.
Performance Measure 2: Implementation of Promotional activities for Medicare's Wellness and Preventive Screening Services	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activities at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in SHIP Mid-Term and annual Performance Grant application to DHHS

4.11. State Health Insurance Program Trainer

4.11.1. Contractor shall provide training and supports to all of the Department's New Hampshire ServiceLink contractors who provide State Health Insurance Program scope of work. The contractor shall develop a detailed training plan for review and approval to the Department by June 15 of each year, which shall address at minimum, but not be limited to providing training related to the State Health Insurance Program statewide to include the following topics:

- 4.11.1.1. Medicare enrollment and eligibility
- 4.11.1.2. Medicare Parts A,B,C, and D benefits and coverage
- 4.11.1.3. Medigap standard plans cost and coverage options
- 4.11.1.4. Long term care insurance
- 4.11.1.5. Medicare Savings Programs
- 4.11.1.6. Employer coverage versus Medicare coverage
- 4.11.1.7. Tricare and Medicare
- 4.11.1.8. Medicaid spend down and its effect on Medicare coverage
- 4.11.1.9. Fraud and abuse, how and where to report it
- 4.11.1.10. Specific claims and billing issues.

4.11.2. The Contractor will:

- 4.11.2.1. Assist with statewide annual Medicare-related training events;
- 4.11.2.2. Coordinate and further develop the ServiceLink contractors' SHIP training tools;
- 4.11.2.3. Develop and oversee the administration of the SHIP Online Certification tool for the ServiceLink contractors' SHIP Coordinators, new trainees, staff, and volunteers;
- 4.11.2.4. Provide subject matter expertise regarding Medicare related topics by attending pertinent national conferences and trainings and working in partnership with the Department's SHIP Program Director and all ServiceLink contractors;
- 4.11.2.5. Work in partnership with the Department's SHIP Program Director and the ServiceLink contractors' SHIP and SMP programs to coordinate and streamline training and certification activities that blend and/or braid SHIP and SMP;
- 4.11.2.6. Assure that the SHIP program training guides are current and will update them in response to SHIP policy changes. The Contractor will develop new materials in response to CMS policy releases;
- 4.11.2.7. Develop and update program information sheets for the ServiceLink contractors' SHIP counselors and Medicare beneficiaries and make these available to the



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- ServiceLink contractors' SHIP counselors for their use in working with beneficiaries;
- 4.11.2.8. Work with the Department's SHIP Program Director to develop job descriptions for ServiceLink Contractors' SHIP staff as part of a working informational base for volunteers and to allow supervisors to take responsibility in assuring that ServiceLink contractors' SHIP staffs are adequately trained to perform their job responsibilities;
 - 4.11.2.9. Provide training guides for all ServiceLink contractors' SHIP program specialists and program counselors;
 - 4.11.2.10. Manage the process for certifying ServiceLink contractors' SHIP staff as counselors, including certification exams, with the desired outcome of certification for all SHIP staff with all ServiceLink contractors according to CMS certification standards;
 - 4.11.2.11. Communicate at least monthly with ServiceLink contractors' Center Managers to assess training needs, both ongoing and for newly hired staff;
 - 4.11.2.12. Attend training sessions throughout the year to keep current on program changes, updates, and best practices, and as directed by the Department;
 - 4.11.2.13. Review how beneficiary issues related to Medicare were handled by ServiceLink contractors' SHIP staff to assess their current knowledge level and adapt trainings and workshops accordingly;

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phones numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route from the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.
- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.



Exhibit A Amendment #1

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- 5.10. Provide sufficient (as defined in 5.9 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.
- 6. Quality Assurance and Continuous Quality Improvement**
- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
- 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
- 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
- Microsoft Windows 7 64 bit;

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Exhibit A Amendment #1

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- Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
- 6.5.3. The Department's current hardware standards are as follows:
- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM, 500 GB SATA
 - High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM, 500 GB SATA
 - The State standard is Windows 7, Office 2010 and Internet Explorer 9
- 6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.
- 6.6. Continuous Improvement
- 6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.
- 6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.
7. Performance Tracking and Reporting
- 7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:
1. Number of individuals served
 2. Number of repeat visits by individuals
 3. Type of information/referral given to individuals
 4. Type of follow up performed
 5. Frequency of follow ups
 6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
 7. The number of individuals diverted from nursing home/institutional settings;
 8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).
- 7.2. Minimum Reporting Requirements:
The Table below defines the program reporting data requirements and their source. There will be custom reporting capabilities through Refer7.



Exhibit A Amendment #1

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and consumer satisfaction surveys, customized reports, and Refer7.
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 4 formal agreements with major pathways has been established by the completion Date in box 1.7 of the General Provisions, Form P-37.	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



Exhibit A Amendment #1

Program Reporting Data Requirement	Data Source
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
	Customized Report
Number of other caregiver specific training sessions conducted annually	
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7
State Health Insurance Assistance Program (SHIP):	
Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determine future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7



Exhibit A Amendment #1

Program Reporting Data Requirement	Data Source
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards as follows:

- 8.1.1. Possess the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- 8.1.2. Ensure the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- 8.1.3. Ensure knowledge about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- 8.1.4. Treat colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.
- 8.1.5. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.6. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.7. Develop a Staffing Contingency Plan, including but not limited to:
 - 8.1.7.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.7.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.7.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.7.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.7.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
- 8.1.8. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.9. Provide resumes for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.10. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.11. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.

Contractor Initials: *RS*
 Date: *3/26/15*



Exhibit A Amendment #1

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- 8.1.12. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.13. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support
This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.
- 8.2.3.1. Required Certification:
- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
 - Obtain training and certification in Options Counseling within 6 months of hire.
 - Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor
- 8.2.4. Options Counseling: Caregiver Specialist
Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:
- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
 - Offer education, support, advocacy and follow-up.



Exhibit A Amendment #1

- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

9.1. Updated Workplan: Within thirty (30) days of the effective date of any amendment to the agreement, the contractor shall submit a revised workplan to DHHS.



Exhibit A Amendment #1

10. Cultural Considerations:

The Contractor will 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 effective date of Amendment #3 to the Agreement.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.

13. Contract Monitoring

13.1. The Contractor shall:

13.2. Ensure the Department has access sufficient for monitoring of contract compliance requirements as identified in OMB Circular A-133.

13.3. Ensure the Department is provided with access that includes but is not limited to:

13.3.1. Data

13.3.2. Financial records

13.3.3. Scheduled access to Contractor work sites/locations/work spaces and associated facilities.

13.3.4. Unannounced access to Contractor work sites/locations/work spaces and associated facilities.

13.3.5. Scheduled phone access to Contractor principals and staff



Exhibit B - Amendment #3

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement, Form P-37, in accordance with the budgets defined in Section 5 below, for the services provided by the Contractor pursuant to Exhibit A, Amendment #1 Scope of Services.
2. Services are funded with New Hampshire General Funds and with federal funds made available by the United States Department of Health and Human Services under:

CFDA #	Federal Agency	Grant Description
93.778		Medicaid Grants
93.667	Administration for Children & Families	Social Services Block Grant
93.052	Administration for Community Living	Family Caregiver Support Title III E
93.517	Administration for Community Living	Aging and Disability Resource Center Options Counseling Enhancement Program
93.324	Administration for Community Living	State Health Insurance Assistance Program
93.048	Administration for Community Living	Senior Medicare Patrol Project
93.071	Administration for Community Living	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

- 2.1. The Contractor agrees to provide the services in Exhibit A, Amendment #1, Scope of Services in compliance with funding requirements.

3. Account Numbers in Block 1.6 of the General Provisions of this Agreement, Form P-37 as follows:

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
Aging and Disability Resource Center Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731



Exhibit B - Amendment #3

4. Payment for said services shall be made as follows:
- The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
- The invoice must be submitted to:
- Financial Manager
Division of Community Based Care Services
Department of Health and Human Services
129 Pleasant Street, Brown Building
Concord, NH 03301
5. Payment for contracted services will be made cost reimbursement basis only, for allowable expenses based on budgets identified as Exhibits B-1 through Exhibits B-12, Exhibit B-13 Amendment #2, Exhibit B-14 Amendment #2, Exhibit B-15 Amendment #2, Exhibit B-16 Amendment #2, and Exhibit B-17. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form.
- 5.1. Payment for contracted services shall be made on cost reimbursement basis only, for allowable expenses based on the budgets identified as Exhibit B-18 and Exhibit B-19 and in accordance with the Department approved individual program budgets.
- 5.2. The Contractor will provide invoices on Department supplied forms.
- 5.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
- 7.1. NH State General Funds SFY14: 47% SFY15: 49%
- 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
- 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
- 8.1. Medicaid SFY14: 64% SFY15: 88%
- 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibits B-1 through Exhibits B-12, Exhibit B-13 Amendment #2, Exhibit B-14 Amendment #2, Exhibit B-15 Amendment #2, Exhibit B-16 Amendment #2, Exhibit B-17, Exhibit B-18, and Exhibit B-19, Budgets, to adjust amounts within the budgets and between State Fiscal Years, within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total



Exhibit B - Amendment #3

- costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by THE DEPARTMENT.
 13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to THE DEPARTMENT upon request.
 14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
 15. Veterans Directed Home and Community Based Program: The funding is from July 1, 2014 to June 30, 2015 for the purposes of developing and implementing the program as defined in Section 4.9.1 of Exhibit A, Amendment #1. Once the program is operational, the contractor shall continue providing the scope of work as defined in Sections 4.9.2 through 4.9.8 of Exhibit A, of Amendment #1, without funding from the Department.

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

Bidder/Program Name: Community Action Program Belknap-Merrimack Counties Inc

Budget Request for: Options Counseling and Person Centered Transitions Support Program
 (Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	This Budget Period		Contractor's Budget / Month		Contractor's Budget / Month		Total	Funds Available	
	Request	Available	Request	Available	Request	Available		Request	Available
1. Total Salary/Wages	\$ 40,052.00	\$ 40,052.00	\$ 40,052.00	\$ 40,052.00	\$ 40,052.00	\$ 40,052.00	\$ 40,052.00	\$ 40,052.00	\$ 40,052.00
2. Employee Benefits	\$ 11,669.00	\$ 11,669.00	\$ 11,669.00	\$ 11,669.00	\$ 11,669.00	\$ 11,669.00	\$ 11,669.00	\$ 11,669.00	\$ 11,669.00
3. Consultants									
4. Equipment									
5. Rental									
6. Repair and Maintenance									
7. Purchase/Depreciation									
8. Supplies									
9. Educational									
10. Lab									
11. Pharmacy									
12. Medical									
13. Office									
14. Travel	\$ 3,660.85	\$ 3,660.85	\$ 3,660.85	\$ 3,660.85	\$ 3,660.85	\$ 3,660.85	\$ 3,660.85	\$ 3,660.85	\$ 3,660.85
15. Occupancy									
16. Current Expenses									
17. Reprograms									
18. Software									
19. Subscriptions									
20. Audit and Legal									
21. Rental Exp									
22. Other Expenses									
23. Software/Communications									
24. Staff Education and Training									
25. Subcontracts/Agreements	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
26. Other (specific details mandatory)									
TOTAL	\$ 56,401.85	\$ 56,401.85	\$ 56,401.85	\$ 56,401.85	\$ 56,401.85	\$ 56,401.85	\$ 56,401.85	\$ 56,401.85	\$ 56,401.85

Indirect as a Percent of Direct 0.0%

Contractor Initials: *R-A*
 Date: *3/26/15*

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

Bidder/Program Name: Community Action Program Belknap and Merrimack Counties, Inc.
 Budget Request for: Medicare Improvements for Patients and Providers Act (MIPAA)
 (Name of Program)

Budget Period: 10/1/14-9/30/15

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DSHS Contract Share	
	Direct	Indirect	Direct	Indirect	Direct	Indirect
1. Total Salary/Wages	\$ 4,297.00	\$ -	\$ -	\$ -	\$ 4,297.00	\$ -
2. Employee Benefits	\$ 703.00	\$ -	\$ -	\$ -	\$ 703.00	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 13,042.00	\$ -	\$ -	\$ -	\$ 13,042.00	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -
Printing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 19,042.00	\$ -	\$ -	\$ -	\$ 19,042.00	\$ -
Indirect As A Percent of Direct	0.0%		#DIV/0!			

Contractor initials: *SPS*
Date: *3/2/15*

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

Contractor Name: Community Action Program Bellmap and Merrimack Counties, Inc.
 Program Name: Services/Int. Resource Center

Budget Period: 7/1/15 - 6/30/16

Line Item	2015 Budget	2016 Budget	2015 Actual	2016 Actual	2015 %	2016 %	2015 Variance	2016 Variance
1. Total Salary/Wages	\$ 1,500	\$ 220,714	\$ 3,851	\$ -	256.73%	-	\$ 2,351	\$ -
2. Employee Benefits	\$ 360	\$ 59,528	\$ 1,149	\$ -	319.17%	-	\$ 889	\$ -
3. Consultants	\$ -	\$ 500	\$ -	\$ -	-	-	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	-	-	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	-	-	\$ -	\$ -
6. Current Expenses	\$ -	\$ -	\$ -	\$ -	-	-	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	-	-	\$ -	\$ -
8. Telephone	\$ -	\$ -	\$ -	\$ -	-	-	\$ -	\$ -
9. Postage	\$ -	\$ -	\$ -	\$ -	-	-	\$ -	\$ -
10. Subscriptions	\$ -	\$ -	\$ -	\$ -	-	-	\$ -	\$ -
11. Audit and Legal	\$ -	\$ -	\$ -	\$ -	-	-	\$ -	\$ -
12. Board Expenses	\$ -	\$ -	\$ -	\$ -	-	-	\$ -	\$ -
13. Mail/Printing/Communications	\$ -	\$ -	\$ -	\$ -	-	-	\$ -	\$ -
14. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	-	-	\$ -	\$ -
15. Subcontract/Outsourcing	\$ -	\$ -	\$ -	\$ -	-	-	\$ -	\$ -
16. Other (specify details mandatory)	\$ -	\$ -	\$ -	\$ -	-	-	\$ -	\$ -
Principals	\$ 0	\$ 318,035	\$ -	\$ -	-	-	\$ -	\$ -
TOTAL	\$ 1,860	\$ 318,035	\$ 5,000	\$ -	269.35%	-	\$ 3,140	\$ -

Indirect As A Percent of Direct 4.0%

Contractor Initials: *RSF*
 Date: *3/26/15*

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

Contractor Name: Community Action Program Belknap and Merrimack Counties, Inc.
 Program Name: ServiceLink Resource Center

Budget Period: 7/1/18 - 6/30/18

Line Item	Total Program Cost		Direct Personnel		Contractor Fees / Month		Requested Budget to be Provided by Other Contracted Source	
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
1. Total Salary/Wages	\$ 54,874	3.7%	\$ 53,319	3.7%	\$ 962	0.0%	\$ 54,012	3.7%
2. Employee Benefits	\$ 14,819	9.0%	\$ 14,809	9.0%	\$ 288	0.0%	\$ 14,531	9.0%
3. Consultant	\$ 125	-	\$ 125	-	\$ -	-	\$ 125	-
4. Equipment	\$ -	-	\$ -	-	\$ -	-	\$ -	-
5. Rental	\$ -	-	\$ -	-	\$ -	-	\$ -	-
6. Repair and Maintenance	\$ -	-	\$ -	-	\$ -	-	\$ -	-
7. Purchase/Depreciation	\$ -	-	\$ -	-	\$ -	-	\$ -	-
8. Supplies	\$ 250	-	\$ 250	-	\$ -	-	\$ 250	-
9. Educational	\$ -	-	\$ -	-	\$ -	-	\$ -	-
10. Lab	\$ -	-	\$ -	-	\$ -	-	\$ -	-
11. Pharmacy	\$ -	-	\$ -	-	\$ -	-	\$ -	-
12. Medical	\$ -	-	\$ -	-	\$ -	-	\$ -	-
13. Office	\$ 510	0.3%	\$ 540	0.3%	\$ -	-	\$ 510	0.3%
14. Travel	\$ 1,000	0.7%	\$ 1,000	0.7%	\$ -	-	\$ 1,000	0.7%
15. Occupancy	\$ 3,875	2.3%	\$ 3,250	2.3%	\$ -	-	\$ 3,875	2.3%
16. Current Expenses	\$ -	-	\$ -	-	\$ -	-	\$ -	-
17. Telephone	\$ 875	0.5%	\$ 875	0.5%	\$ -	-	\$ 875	0.5%
18. Postage	\$ 506	0.3%	\$ 545	0.3%	\$ -	-	\$ 506	0.3%
19. Subscriptions	\$ 75	0.0%	\$ 75	0.0%	\$ -	-	\$ 75	0.0%
20. Audit and Legal	\$ -	-	\$ -	-	\$ -	-	\$ -	-
21. Insurance	\$ 140	0.0%	\$ 140	0.0%	\$ -	-	\$ 140	0.0%
22. Board Expenses	\$ -	-	\$ -	-	\$ -	-	\$ -	-
23. Software	\$ -	-	\$ -	-	\$ -	-	\$ -	-
24. Marketing/Communications	\$ 525	0.3%	\$ 525	0.3%	\$ -	-	\$ 525	0.3%
25. Staff Education and Training	\$ 525	0.3%	\$ 525	0.3%	\$ -	-	\$ 525	0.3%
26. Subcontractor/Outsourcing	\$ -	-	\$ -	-	\$ -	-	\$ -	-
27. Other (specific details mandatory)	\$ -	-	\$ -	-	\$ -	-	\$ -	-
28. Printing	\$ 465	0.3%	\$ 500	0.3%	\$ -	-	\$ 465	0.3%
29. Other	\$ 250	0.1%	\$ 250	0.1%	\$ -	-	\$ 250	0.1%
30. TOTAL	\$ 78,774	4.0%	\$ 81,888	4.0%	\$ 1,280	0.0%	\$ 77,624	4.0%
Indirect As A Percent of Direct								

Contractor Initial: *AS*
 Date: 8/20/18



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;



- 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.

New Hampshire Department of Health and Human Services
Exhibit C



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

[Handwritten Signature]
Date 3/26/15



- 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.

DS
3/26/15



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. The Department reserves the right to extend the completion date of the contract for up to fifteen months to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.
4. Subparagraph 14.1.1 of the General Provisions of this contract, is deleted and the following subparagraph is added:
 - 14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence with additional umbrella liability insurance coverage of not less than \$5,000,000;

R.E.
4/9/15



**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

 P-E

Date

 3/26/15

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:
Community Action Program Belknap-Merrimack Counties, Inc.

3/26/2015
Date


Name: Ralph Littlefield
Title: Executive Director

Exhibit G

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

Contractor Initials

AL

Date 3/26/15



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.

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Exhibit I

- I. "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

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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

[Handwritten Signature]
Date 3/26/15



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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

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Exhibit I

- 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) l, 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.

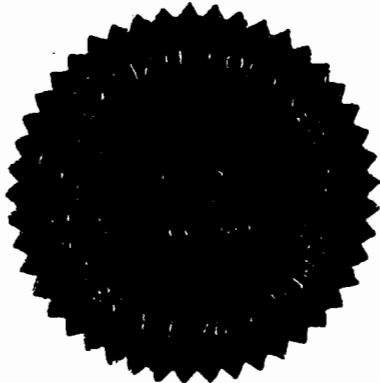
<p>_____ The State</p> <p><i>[Signature]</i> _____ Signature of Authorized Representative</p> <p><i>D Langley</i> _____ Name of Authorized Representative</p> <p><i>Director</i> _____ Title of Authorized Representative</p> <p><i>4/3/15</i> _____ Date</p>	<p>Community Action Program Belknap-Merrimack Counties, Inc. _____ Name of the Contractor</p> <p><i>[Signature]</i> _____ Signature of Authorized Representative</p> <p><i>Ralph Littlefield</i> _____ Name of Authorized Representative</p> <p><i>Executive Director</i> _____ Title of Authorized Representative</p> <p><i>3/26/2015</i> _____ Date</p>
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3.2.5.

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 ACTION PROGRAM BELKNAP AND MERRIMACK COUNTIES, INC. is a New Hampshire nonprofit corporation formed May 28, 1965. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 10th day of April A.D. 2014

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

William M. Gardner
Secretary of State

Community Action Program Belknap-Merrimack Counties, Inc.

CERTIFICATE OF VOTE

I, Dennis T. Martino, Secretary-Clerk of Community Action Program Belknap-Merrimack Counties, Inc. (hereinafter the "Corporation"), a New Hampshire corporation, hereby certify that: (1) I am the duly elected and acting Secretary-Clerk of the Corporation; (2) I maintain and have custody and am familiar with the minute books of the Corporation; (3) I am duly authorized to issue certificates with respect to the contents of such books; (4) that the Board of Directors of the Corporation have authorized, on 12/18/2014, such authority to be in force and effect until 9/30/2016 (contract termination date). (see attached)

The person(s) holding the below listed position(s) are authorized to execute and deliver on behalf of the Corporation any contract or other instrument for the sale of products and services:

Ralph Littlefield, Executive Director

(5) The meeting of the Board of Directors was held in accordance with New Hampshire, (state of incorporation) law and the by-laws of the Corporation; and (6) said authorization has not been modified, amended or rescinded and continues in full force and effect as of the date hereof. Excerpt of dated minutes or copy of article or section of authorizing by-law must be attached.

IN WITNESS WHEREOF, I have hereunto set my hand as the Clerk/Secretary of the corporation this 26th day of March, 2015.

Dennis T. Martino
Secretary-Clerk

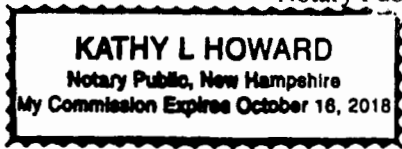
STATE OF NEW HAMPSHIRE
COUNTY OF MERRIMACK

On this 26th day of March, 2015, before me, Kathy L. Howard the undersigned Officer, personally appeared Dennis T. Martino who acknowledged her/himself to be the Secretary-Clerk of Community Action Program Belknap-Merrimack Counties, Inc., a corporation and that she/he as such Secretary-Clerk being authorized to do so, executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Kathy L. Howard
Kathy L. Howard, Notary Public
Notary Public/Justice of the Peace

Commission Expiration Date:



COMMUNITY ACTION PROGRAM
BELKNAP-MERRIMACK COUNTIES, INC.

CORPORATE RESOLUTION

The Board of Directors of Community Action Program Belknap-Merrimack Counties, Inc. authorizes the Executive Director, Deputy Director, Chief Accountant, President, Vice-President(s) or Treasurer of the Agency to sign contracts and reports with the State of New Hampshire, Departments of the Federal Government, which include all federal #269 and #272 Forms, and public or private nonprofit agencies *including, but not limited to, the following:*

- Department of Administrative Services for food distribution programs
- Department of Education for nutrition programs
- Department of Health and Human Services
 - Bureau of Elderly and Adult Services for elderly programs
 - Bureau of Homeless and Housing Services for homeless/housing programs
 - Division of Children, Youth, and Families for child care programs
 - Division of Family Assistance for Community Services Block Grant
 - Division of Public Health Services for public health programs
- Department of Justice for child advocacy/therapy programs
- Department of Transportation-Public Transportation Bureau for transportation programs
- Public Utilities Commission for utility assistance programs
- Workforce Opportunity Council for employment and job training programs
- Department of Resources and Economic Development
- Governor's Office of Energy and Planning for Head Start, Low Income Energy Assistance, Weatherization and Block Grant programs
- New Hampshire Community Development Finance Authority
- New Hampshire Housing Finance Authority
- New Hampshire Secretary of State
- U. S. Department of Housing and Urban Development
- U. S. Department of the Treasury – Internal Revenue Service
- and other departments and divisions as required

This Resolution authorizes the signing of all supplementary and subsidiary documents necessary to executing the authorized contracts as well as any modifications or amendments relative to said contracts or agreements.

This Resolution was approved by the Board of Directors of Community Action Program Belknap-Merrimack Counties, Inc. on December 18, 2014, and has not been amended or revoked and remains in effect as of the date listed below.

3/26/2015

Date



Dennis T. Martino
Secretary/Clerk

SEAL



**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Community Action Program Belknap and Merrimack Counties, Inc. Contract**

This 2nd Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment #2") dated this 1st day of May 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Community Action Program Belknap and Merrimack Counties, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 2 Industrial Park Drive, Concord, NH 03302.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, and amended by an agreement (Amendment #1 to the Contract) approved on February 28, 2014, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed.

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

- 1) Amendment and modification of P-37 "Agreement";
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$516,527.

- 2) Amendment and modification of Exhibit A-1.
 - a. Adding Section 2
 - b. Adding Section 3

- 3) Amendment and modification of Exhibit B:
 - a. Deleting and Replacing with Exhibit B Amendment #2

- 4) Adding Exhibits B-13, B-14, B-15 and B-16.



Scope of Services

2. The Contractor shall provide Veterans the opportunity to receive home and community based services in a consumer directed fashion that enables them to avoid nursing home placement and to continue to live in their homes and communities.
 - 2.1. Develop and implement a VDHCBS program to provide the services described in paragraph 2.2, in the following ways:
 - 2.1.1. Enter into a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and/or the Manchester Veteran's Administration Medical Center (Manchester VAMC. The agreement is to be based on the Memorandum of Agreement between the Department and the WRJ and/or Manchester VAMC. Under the Agreement, the contractor shall be responsible for service coordination in paragraph 2.2.
 - 2.1.2. Establish an advisory group to oversee the development, implementation of the program and provide ongoing feedback for continuous improvement of the program and services. Membership is to include representation from key community resources, local Veterans' organizations, Veterans and families of Veterans utilizing the program, and the public.
 - 2.1.3. Establish a budget for the costs to develop and implement the program. The Department provides funding for the development and implementation limited to the following:
 - 2.1.3.1. Staff development and training: This includes costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program.
 - 2.1.3.2. Travel costs associated with capacity building: Staff mileage to training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, and development and implementation of the advisory committee.
 - 2.1.3.3. Development and implementation of business processes related to the VD-HCBS Program: computer equipment, telephone expenses, and office furniture for new staff.
 - 2.1.3.4. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services, in paragraph 2.2).
 - 2.1.4. Provide or contract with an agency to provide financial management services in accordance with the roles and responsibilities of an agency with choice model.
 - 2.1.5. Provide a minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to Veterans participating in the program in developing and managing an individual service budget.
 - 2.1.6. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors have been trained to provide initial start-up and collaborative support for the program.
 - 2.1.7. Within ninety (90) days from the effective date of the contract, the contractor will complete a Program orientation and participate in a readiness review by the Department, in accordance with the Program/Policy Guide. Reviews will be conducted by monthly face to face meetings, conference calls and webinars.

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Exhibit A-1

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- 2.2. Have the program infrastructure in place within ninety (90) days from the effective date of the contract and is actively providing options counseling and assisting Veterans in arranging consumer directed services by:
- 2.2.1. Maintain the provider agreement in paragraph 1.2 and the contractor shall be responsible for service coordination for the Veteran by:
 - 2.2.1.1. Accept referrals of eligible Veterans from at least one of the VAMC in paragraph 2.1. The Veterans Administration is responsible for determining the eligibility of Veterans for the program and for authorizing a budget to buy long term supports and services for the Veteran. The Veterans Administration will refer eligible Veterans with an authorized flexible service budget to the contractor.
 - 2.2.1.2. Provide options counseling to Veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. At a minimum, options counseling shall include an assessment, plan of care and identify type of services to meet the needs to the Veteran to remain in the home and community. The Contractor shall submit the Veteran's plans of care with types of services to the VAMC for approval before the Veteran receives services. The Contractor shall comply with the VAMC and the Department's program and policies guide for linking Veterans with needed Long term services and supports and making mutual referrals.
 - 2.2.1.3. Provide or maintain the contract with an agency to provide financial management services in accordance with the roles and responsibilities of an agency with choice model.
 - 2.2.1.4. Seek reimbursements for service coordination through the VAMC. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services.
 - 2.2.2. Assure the following:
 - 2.2.2.1. All Veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
 - 2.2.2.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
 - 2.2.2.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
 - 2.2.2.4. Of the Veterans served, there will be a 90 % or better, consumer satisfaction rate.
 - 2.2.3. Comply with procedures for reporting requirements defined by DHHS.
 - 2.2.4. Provide this service to individuals located in the cities and towns in the geographic area of Merrimack County.
 - 2.2.5. Enter contact data into the Refer 7 data base to increase the amount of resources available within a geographic area in Section 2.2.4 to serve Veterans.
 - 2.2.6. Assure that documentation required by both the Department and the VAMC is kept current and submitted according to the program and policy guide.
- 2.3. Participate in continuous process improvement activities with the Department and/or the VAMC to evaluate and improve the quality of the program and its policies and processes by attending monthly meetings, trainings, and conference calls.



3. The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA) services as follows:
 - 3.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 3.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 3.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 3.2. Promote the Medicare programs described in Section 3.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:
 - 3.2.1. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
 - 3.2.2. Complete an analysis of Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.
 - 3.2.3. Assess current and past partnerships with other agencies and community services.
 - 3.3. The Department will review the contractor's results of the assessment and analysis described in Section 3.2 and will determine the best outreach approaches, target population and geographic area for the contractor to conduct outreach, education and assistance to meet the goals in Section 3.7 Performance Measures. Outreach and education consists of the following, but not limited to:
 - 3.3.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 3.3.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 3.3.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 3.1
 - 3.3.4. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives.

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Exhibit A-1

The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 3.1.

- 3.3.5. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 3.1.
- 3.3.6. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
- 3.3.7. The contractor will be responsible for purchasing the media in their local area.
- 3.4. Insure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
- 3.5. Complying with procedures for reporting requirements defined by DHHS.
- 3.6. Provide service to individuals located in the cities and towns in the geographic area of Merrimack County.
- 3.7. Performance Measures :

The Contractor will be required to meet or exceed the performance measures described below:

Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D: Merrimack County: 121	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 10th of each month.
Performance Measure 2: Implementation of Medicare Preventive Services Promotion activities.	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activity at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and incentive programs and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in CMS SHIP Mid-Term and annual Performance Grant application to DHHS

Contractor Initials *RE*
 Date *5/5/14*



Exhibit B Amendment #2

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A and Exhibit A-1 Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project
13AANHMAAA, 13AANHMANDR, IX0CMS331283	93.071	Admin for Community Living & Centers for Medicare & Medicaid Services	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor, format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services
 129 Pleasant Street, Brown Building
 Concord, NH 03301


Contractor Initials: 
 Date: 5/5/14



Exhibit B Amendment #2

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B16. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-16 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
15. The Medicare Improvements for Patients and Providers Act (MIPPA): The funding is from the effective date of Amendment #1 to September 29, 2014.



Exhibit B Amendment #2

16. Veterans Directed Home and Community Based Program: The funding is from the effective Date of Amendment #2 through June 30, 2015 for the purposes of developing and implementing the program as defined in Section 2.1 and 2.3 of Exhibit A-1. Once the program is operational, the contractor shall continue providing the scope of work as defined in Section 2.2 of Exhibit A-1, without funding from the Department.



State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Community Action Program Belknap Merrimack Counties, Inc. Contract

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment 1") dated this 5th day of February 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Community Action Program Belknap Merrimack Counties, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 2 Industrial Park Drive, Concord, NH 03302.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed.

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

- 1) Amendment and modification of P-37 "Agreement";
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$486,527.

- 2) Amendment and modification of Exhibit A
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program 4.6.12 The ServiceLink Contractor shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.

- 3) Adding Exhibit A-1.

- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.

- 5) Adding Exhibits B-11 through B-12.

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

2/10/14
Date Name
Title

[Signature]

Community Action Program Belknap and Merrimack
Counties, Inc.

February 10, 2014
Date

[Signature]
NAME Ralph L. Sheffield
TITLE Executive Director

Acknowledgement:

State of New Hampshire, County of Merrimack on 2/10/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

[Signature]
James W. Sudak, Justice of the Peace
Name and Title of Notary or Justice of the Peace

JAMES W. SUDAK, Justice of the Peace
My Commission Expires February 2, 2016

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

2-10-14
Date Name: _____

Roxana A. Fiedt
Title: *Assistant Attorney General*

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date Name: _____

Title: _____



Scope of Services

1. State Health Insurance Program Trainer
 - 1.1. Contractor shall provide training and supports to all of the Department's New Hampshire ServiceLink contractors' who provide State Health Insurance Program scope of work. The contractor shall develop a detailed training plan for review and approval to the Department, which shall address at minimum, but not be limited to:
 - 1.1.1. providing training related to the State Health Insurance Program statewide to include the following:
 - 1.1.1.1. Medicare enrollment and eligibility
 - 1.1.1.2. Medicare Parts A,B,C, and D benefits and coverage
 - 1.1.1.3. Medigap standard plans cost and coverage options
 - 1.1.1.4. Long term care insurance
 - 1.1.1.5. Medicare Savings Programs
 - 1.1.1.6. Employer coverage versus Medicare coverage
 - 1.1.1.7. Tricare and Medicare
 - 1.1.1.8. Medicaid spend down and its effect on Medicare coverage
 - 1.1.1.9. Fraud and abuse, how and where to report it
 - 1.1.1.10. Specific claims and billing issues.
 - 1.2. Assist with statewide annual Medicare-related training events.
 - 1.3. Coordinate and further develop the ServiceLink contractors' SHIP training tools.
 - 1.4. Develop and oversee the administration of the SHIP Online Certification tool for the ServiceLink contractors' SHIP Coordinators, new trainees, staff, and volunteers.
 - 1.5. Provide subject matter expertise regarding Medicare related topics by attending pertinent national conferences and trainings and working in partnership with the Department's SHIP Program Director and all ServiceLink contractors.
 - 1.6. Work in partnership with the Department's SHIP Program Director and the ServiceLink contractors' SHIP and SMP programs to coordinate and streamline training and certification activities that blend and/or braid SHIP and SMP.
 - 1.7. The Contractor will assure that the SHIP program training guides are current and will update them in response to SHIP policy changes. The Contractor will develop new materials in response to CMS policy releases.
 - 1.8. The Contractor will develop and update program information sheets for the ServiceLink contractors' SHIP counselors and Medicare beneficiaries and make these available to the ServiceLink contractors' SHIP counselors for their use in working with beneficiaries.
 - 1.9. The Contractor will work with the Department's SHIP Program Director to develop job descriptions for ServiceLink Contractors' SHIP staff as part of a working informational base for volunteers and to allow supervisors to take responsibility in assuring that ServiceLink contractors' SHIP staffs are adequately trained to perform their job responsibilities.
 - 1.10. The Contractor will provide training guides for all ServiceLink contractors' SHIP program specialists and program counselors.
 - 1.11. The Contractor will manage the process for certifying ServiceLink contractors' SHIP staff as counselors, including certification exams, with the desired outcome of certification for all SHIP staff with all ServiceLink contractors according to CMS certification standards.
 - 1.12. The Contractor will communicate regularly with ServiceLink contractors' Center Managers to assess training needs, both ongoing and for newly hired staff.
 - 1.13. The Contractor will attend training sessions throughout the year to keep current on program changes, updates, and best practices.
 - 1.14. The Contractor will review how beneficiary issues related to Medicare were handled by ServiceLink contractors' SHIP staff to assess their current knowledge level and adapt trainings and workshops accordingly.



Exhibit B Amendment #1

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A and Exhibit A-1 Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services
 129 Pleasant Street, Brown Building
 Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B12. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.



Exhibit B Amendment #1

6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-12 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

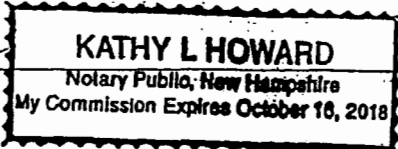
Subject: New Hampshire ServiceLink Resource Centers Program

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Community Action Program Belknap and Merrimack Counties, Inc.		1.4 Contractor Address PO Box 1016 2 Industrial Park Drive Concord, NH 03302-1016	
1.5 Contractor Phone Number (603) 225-3295	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$478,594.
1.9 Contracting Officer for State Agency <i>Mary Maggioncalda</i>		1.10 State Agency Telephone Number <i>603-271-9096</i>	
1.11 Contractor Signature <i>Ralph Littlefield</i>		1.12 Name and Title of Contractor Signatory Ralph Littlefield, Executive Director	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>12/4/13</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] <i>Kathy L Howard</i>			
1.13.2 Name and Title of Notary or Justice of the Peace Kathy L. Howard, Notary Public			
1.14 State Agency Signature <i>Sheila Rockburn</i>		1.15 Name and Title of State Agency Signatory <i>Sheila Rockburn Acting Associate Commissioner</i>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: <i>Rosemary Dick</i> On: <i>12-4-13</i>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from that account to the Account identified in block 1.7 if the funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

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

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire, or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

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

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

Contractor Initials:

Date:

R-R
12/4/13

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions



Exhibit A

are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

~~2.1. The Contractor shall reach the following covered populations:~~

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Merrimack County.

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Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

- 4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs
- 4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and
- 4.1.1.3. A feedback loop to modify activities as needed.
- 4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

- 4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A:
- 4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.
- 4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.
- 4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:
 - 4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and
 - 4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



Exhibit A

- 4.2. Options Counseling
 - 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
 - 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
 - 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
 - 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
 - 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
 - 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
 - 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
 - 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



Exhibit A

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- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:
- 4.3.1. Intake and Screening
- 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.
- 4.3.2. Financial and Functional Eligibility Processes
Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.
- 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.
- 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:
- 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.
- 4.3.3. Tracking Eligibility Status
- 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



- Exhibit A

- Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.
- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.
- 4.4. Person-Centered Transitions Support
The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:
- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
- 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
- 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
Contractor shall involve consumers on a local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
- People over age 60
 - Adults over age 18 living with chronic illnesses or disabilities



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- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.

4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.

4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.



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4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



Exhibit A

Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



Exhibit A

- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
 - 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
 - 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
 - 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
 - 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phone numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



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- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



Exhibit A

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.

6.5. Information Technology and Management Information Systems

6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.

6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:

- Microsoft Windows 7 64 bit;
- Microsoft Internet Explorer version 8.0;
- Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
- Network Associates - McAfee Virus Scan version 8.8; and
- Broadband or DSL internet access

6.5.3. The Department's current hardware standards are as follows:

- Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



Exhibit A

- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
- High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
- The Department does not currently use or support Windows 8.

6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.

6.6. Continuous Improvement

6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.

6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting

7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:

1. Number of individuals served
2. Number of repeat visits by individuals
3. Type of information/referral given to individuals
4. Type of follow up performed
5. Frequency of follow ups
6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
7. The number of individuals diverted from nursing home/institutional settings;
8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



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7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source. There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	



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Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



Exhibit A

Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP): Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS



Exhibit A

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

- 8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.3. Develop a Staffing Contingency Plan, including but not limited to:
- 8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.3.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
- 8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins



Exhibit A

- providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support



Exhibit A

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



Exhibit A

State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit A

Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

Assess the ethnic/cultural needs, resources and assets of their community.
Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
When feasible and appropriate, provide clients of minimal English skills with interpretation services.

Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

When feasible and appropriate, identify communication access needs for clients who may be deaf and hard of hearing, or have vision or speech impairment and develop an individual communication plan for recipients to receive services identified in Section 3 Statement of Work.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services

Contractor Initials: *R-G*
 Date: 12/4/13



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

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

Budget/Program Name: Community Action Program Estamp-Merrimack Counties Inc

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 10/14-03/14

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Total Submittance	48,342.00	4,831.00	54,200.00	-	-	4,831.00	4,831.00	48,342.00	-	-	48,342.00
2. Employee Benefits	15,832.00	1,132.00	16,894.00	-	-	1,132.00	1,132.00	15,832.00	-	-	15,832.00
3. Commodities	-	-	-	-	-	-	-	-	-	-	-
4. Equipment	-	-	-	-	-	-	-	-	-	-	-
5. Fuel	-	-	-	-	-	-	-	-	-	-	-
6. Repair and Maintenance	-	-	-	-	-	-	-	-	-	-	-
7. Purchases/Supplies	2,800.00	-	2,800.00	-	-	-	-	2,800.00	-	-	2,800.00
8. Supplies	-	-	-	-	-	-	-	-	-	-	-
9. Educational	-	-	-	-	-	-	-	-	-	-	-
10. Lab	-	-	-	-	-	-	-	-	-	-	-
11. Pharmacy	-	-	-	-	-	-	-	-	-	-	-
12. Medical	-	-	-	-	-	-	-	-	-	-	-
13. Office	4,400.00	-	4,400.00	-	-	-	-	4,400.00	-	-	4,400.00
14. Travel	948.31	-	948.31	-	-	-	-	948.31	-	-	948.31
15. Occupancy	5,300.00	2,491.00	7,791.00	-	-	2,491.00	2,491.00	5,300.00	-	-	5,300.00
16. Dental Expenses	-	-	-	-	-	-	-	-	-	-	-
17. Telephone	7,150.00	-	7,150.00	-	-	-	-	7,150.00	-	-	7,150.00
18. Postage	1,500.00	-	1,500.00	-	-	-	-	1,500.00	-	-	1,500.00
19. Subscriptions	-	-	-	-	-	-	-	-	-	-	-
20. Audit and Legal	300.00	-	300.00	-	-	-	-	300.00	-	-	300.00
21. Insurance	-	-	-	-	-	-	-	-	-	-	-
22. Board Expenses	-	-	-	-	-	-	-	-	-	-	-
23. Salaries	-	-	-	-	-	-	-	-	-	-	-
24. Marketing/Communications	2,543.28	-	2,543.28	-	-	-	-	2,543.28	-	-	2,543.28
25. Staff Education and Training	1,500.00	-	1,500.00	-	-	-	-	1,500.00	-	-	1,500.00
26. Subcontract/Agreements	-	-	-	-	-	-	-	-	-	-	-
27. Other (specify details mandatory)	-	-	-	-	-	-	-	-	-	-	-
28. Printing	5,600.00	-	5,600.00	-	-	-	-	5,600.00	-	-	5,600.00
TOTAL	84,978.47	8,654.00	94,132.47	-	-	8,654.00	8,654.00	84,978.47	-	-	84,978.47

Indirect As A Percent of Direct: 0.0% FUND: 0.0%

Contractor Initials: *R-A*
Date: *10/4/13*

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

Bidder/Program Name: Community Action Program Schrip-Merrimack Counties Inc

Budget Request for: Senior Medicare Patrol Program
 (Name of Program)

Budget Period: 1/1/14-6/30/14

Category	1/1/14	2/1/14	3/1/14	4/1/14	5/1/14	6/30/14	Total
1. Personnel	11,275.00	-	-	11,275.00	-	-	22,550.00
2. Employee Benefits	6,302.00	-	-	6,302.00	-	-	12,604.00
3. Contract	-	-	-	-	-	-	-
4. Equipment	-	-	-	-	-	-	-
5. Supplies	-	-	-	-	-	-	-
6. Travel	-	-	-	-	-	-	-
7. Telephone	-	-	-	-	-	-	-
8. Printing	-	-	-	-	-	-	-
9. Postage	-	-	-	-	-	-	-
10. Office	800.00	-	-	800.00	-	-	1,600.00
11. Other	-	-	-	-	-	-	-
12. Contingency	-	4,487.00	-	4,487.00	-	-	8,974.00
13. Capital Expenses	-	-	-	-	-	-	-
14. Construction	-	-	-	-	-	-	-
15. Furniture	100.00	-	-	100.00	-	-	200.00
16. Information Systems	-	-	-	-	-	-	-
17. Audit and Legal	-	-	-	-	-	-	-
18. Insurance	-	-	-	-	-	-	-
19. Bond Expenses	-	-	-	-	-	-	-
20. Software	-	-	-	-	-	-	-
21. Meetings/Conferences	385.00	-	-	385.00	-	-	770.00
22. Staff Education and Training	-	-	-	-	-	-	-
23. Subcontract/Agreements	-	-	-	-	-	-	-
24. Other Specific Detail necessary	-	-	-	-	-	-	-
25. Printing	100.00	-	-	100.00	-	-	200.00
TOTAL	17,844.00	-	-	22,412.00	-	-	40,256.00
Indirect As A Percent of Direct		25.0%					10,064.00
TOTAL	17,844.00	25.0%	22,412.00	4,487.00	17,844.00	17,844.00	73,441.00

Contractor Initials: *R-E*
 Date: *12/1/13*

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

Bidder/Program Name: Community Action Program Bellows Falls/Merrimack Counties Inc

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 7/1/14 - 6/30/16

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
1. Total Salary/Wages	\$ 65,888.00	\$ -	\$ 108,774.00	\$ -	\$ 8,882.00	\$ 8,882.00	\$ 8,882.00	\$ 8,882.00	\$ 8,882.00	\$ 8,882.00	\$ 8,882.00	\$ 8,882.00	\$ 8,882.00
2. Employee Benefits	\$ 27,879.00	\$ 2,284.00	\$ 30,243.00	\$ -	\$ -	\$ 2,284.00	\$ 2,284.00	\$ 2,284.00	\$ 2,284.00	\$ 2,284.00	\$ 2,284.00	\$ 2,284.00	\$ 2,284.00
3. Comminals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Fuel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchase/Depreciation	\$ 2,000.00	\$ -	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 2,750.00	\$ -	\$ 2,750.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 1,274.25	\$ -	\$ 1,274.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Other	\$ 10,800.00	\$ 4,982.00	\$ 15,782.00	\$ -	\$ 4,982.00	\$ 4,982.00	\$ 4,982.00	\$ 4,982.00	\$ 4,982.00	\$ 4,982.00	\$ 4,982.00	\$ 4,982.00	\$ 4,982.00
10. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 3,900.00	\$ -	\$ 3,900.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 1,800.00	\$ -	\$ 1,800.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fuel and Lard	\$ 300.00	\$ -	\$ 300.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Printing/Communications	\$ 2,100.00	\$ -	\$ 2,100.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Staff Education and Training	\$ 1,200.00	\$ -	\$ 1,200.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14. Subcontract/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15. Other specific details mandatory:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16. Printing	\$ 1,800.00	\$ -	\$ 1,800.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 98,187.00	\$ 2,284.00	\$ 148,898.00	\$ -	\$ 17,166.00	\$ 17,166.00	\$ 17,166.00	\$ 17,166.00	\$ 17,166.00	\$ 17,166.00	\$ 17,166.00	\$ 17,166.00	\$ 17,166.00

Instruct An A Percent of Direct 11.5% 0.0000% 0.0%

Contractor Initial: *R-9*
Date: *12/9/13*

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

66440 Program Name: Community Action Program Bellows-Merrimack Counties Inc

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Total Salaries/Wages	26,677.00	8,244.00	34,851.00	-	8,244.00	8,244.00	-	26,577.00	26,577.00
2. Employee Benefits	7,391.00	2,081.00	6,452.00	-	2,081.00	2,081.00	-	7,391.00	7,391.00
3. Commissions	800.00	-	800.00	-	-	-	-	800.00	800.00
4. Equipment	-	-	-	-	-	-	-	-	-
Fiscal	-	-	-	-	-	-	-	-	-
Repair and Maintenance	-	-	-	-	-	-	-	-	-
Purchases/Expansions	-	-	-	-	-	-	-	-	-
5. Supplies	-	-	-	-	-	-	-	-	-
Educational	600.00	-	600.00	-	-	-	-	600.00	600.00
Lab	-	-	-	-	-	-	-	-	-
Plumbing	-	-	-	-	-	-	-	-	-
Medical	-	-	-	-	-	-	-	-	-
Office	1,250.00	-	1,250.00	-	-	-	-	1,250.00	1,250.00
Other	1,500.00	-	1,500.00	-	-	-	-	1,500.00	1,500.00
7. Occupancy	800.00	-	800.00	-	-	-	-	800.00	800.00
8. Current Expenses	-	-	-	-	-	-	-	-	-
Telephone	-	-	-	-	-	-	-	-	-
Printing	400.00	-	400.00	-	-	-	-	400.00	400.00
Subscriptions	-	-	-	-	-	-	-	-	-
Audit and Legal	-	-	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-	-	-
Board Expenses	-	-	-	-	-	-	-	-	-
9. Refunds	-	-	-	-	-	-	-	-	-
10. Marketing/Communications	1,000.00	-	1,000.00	-	-	-	-	1,000.00	1,000.00
11. Staff Education and Training	600.00	-	600.00	-	-	-	-	600.00	600.00
12. Subcontract/Agreements	-	-	-	-	-	-	-	-	-
13. Other (specify details mandatory)	1,000.00	-	1,000.00	-	-	-	-	1,000.00	1,000.00
Printing	-	-	-	-	-	-	-	-	-
TOTAL	41,218.00	10,325.00	41,218.00	-	10,325.00	10,325.00	-	41,218.00	41,218.00

Indirect As A Percent of Direct: 25.0% 25.0% 25.0% 0.0%

Corrector Initial: *AR*
Date: *1/24/13*

Exhibit B-9

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

Bidder/Program Name: Community Action Program Bethel-Merrimack Counties Inc.
Budget Request for: State Health Insurance Assistance Program
(Phase of Program)
Budget Period: 7/1/14 - 6/30/15

Line Item	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Total Subcontract	17,447.00			17,447.00							17,447.00	17,447.00
2. Employee Benefits	2,852.00			2,852.00							2,852.00	2,852.00
3. Contingents												
4. Equipment												
5. Fuel												
6. Food and Maintenance												
7. Purchased/Depreciation												
8. Repairs												
9. Materials	100.00			100.00							100.00	100.00
10. Lab												
11. Pharmacy												
12. Medical												
13. Office	100.00			100.00							100.00	100.00
14. Travel	200.00			200.00							200.00	200.00
15. Occupancy												
16. Contract Expenses												
17. Telephones												
18. Postage												
19. Subcontractors												
20. Audit and Legal												
21. Insurance												
22. Board Expenses												
23. Salaries												
24. Meetings/Conferences	100.00			100.00							100.00	100.00
25. Staff Education and Training												
26. Subcontract/Agreements												
27. Other specific details mandatory:												
Volunteer Travel	600.00			600.00							600.00	600.00
TOTAL	21,299.00			21,299.00							21,299.00	21,299.00
Indirect As A Percent of Direct		0.0%			0.0%							

Contractor Initials: *R-R*
Date: *12/11/13*

NH Department of Health and Human Services

STANDARD EXHIBIT C

SPECIAL PROVISIONS

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

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

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

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

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

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

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

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

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

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

Place Holder for Exhibit B-10

For SMP Budget for SFY 15

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14.1 The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. Prior Approval and Copyright Ownership:

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

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

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

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

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

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

SPECIAL PROVISIONS – DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

NH Department of Health and Human Services

STANDARD EXHIBIT D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR 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

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

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

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

2 Industrial Park Drive, Concord, Merrimack, NH 03301

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

Community Action Program

Belknap-Merrimack Counties, Inc. From: 1/1/14 To: 6/30/15

(Contractor Name)

(Period Covered by this Certification)

Ralph Littlefield, Executive Director

(Name & Title of Authorized Contractor Representative)


(Contractor Representative Signature)

12/4/13

(Date)

Contractor Initials: 

Date: 12/4/13

NH Department of Health and Human Services

STANDARD EXHIBIT E

CERTIFICATION REGARDING LOBBYING

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

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

- Programs (indicate applicable program covered):
- *Temporary Assistance to Needy Families under Title IV-A
 - *Child Support Enforcement Program under Title IV-D
 - *Social Services Block Grant Program under Title XX
 - *Medicaid Program under Title XIX
 - *Community Services Block Grant under Title VI
 - *Child Care Development Block Grant under Title IV

Contract Period: 1/1/14 through 6/30/15

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

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

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


(Contractor Representative Signature)

Ralph Littlefield, Executive Director
(Authorized Contractor Representative Name & Title)

Community Action Program Belknap-Merrimack Counties, Inc.
(Contractor Name)

12/4/13
(Date)

Contractor Initials: RL
Date: 12/4/13

NH Department of Health and Human Services

STANDARD EXHIBIT F

CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS


- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

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

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

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

	Ralph Littlefield, Executive Director
(Contractor Representative Signature)	(Authorized Contractor Representative Name & Title)

Community Action Program Belknap-Merrimack Counties, Inc.	12/4/13
(Contractor Name)	(Date)

Contractor Initials: R-L
 Date: 12/4/13

NH Department of Health and Human Services

STANDARD EXHIBIT G

CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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

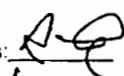
1. By signing and submitting this proposal (contract) the Contractor agrees to make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.


(Contractor Representative Signature)

Ralph Littlefield, Executive Director
(Authorized Contractor Representative Name & Title)

Community Action Program Belknap-Merrimack Counties, Inc.
(Contractor Name)

12/4/13
(Date)

Contractor Initials: 
Date: 12/4/13

NH Department of Health and Human Services

STANDARD EXHIBIT H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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


(Contractor Representative Signature)

Ralph Littlefield, Executive Director
(Authorized Contractor Representative Name & Title)

Community Action Program Belknap-Merrimack Counties, Inc.
(Contractor Name)

12/4/13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreasonable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) Use and Disclosure of Protected Health Information.

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402 of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

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

(3) Obligations and Activities of Business Associate.

- a. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec.13404.
- c. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- d. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)b and (3)k herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- f. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- g. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

- h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- i. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

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

(5) **Termination for Cause**

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

(6) **Miscellaneous**

- a. **Definitions and Regulatory References.** All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, and the HITECH Act as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. **Amendment.** Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. **Data Ownership.** The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. **Interpretation.** The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule and the HITECH Act.
- e. **Segregation.** If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. **Survival.** Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

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

Department of Health & Human Services

The State Agency Name

Community Action Program
Belknap-Merrimack Counties, Inc.

Name of the Contractor

Sheri L. Rockburn

Signature of Authorized Representative

Ralph Littlefield

Signature of Authorized Representative

Sheri L. Rockburn

Name of Authorized Representative

Ralph Littlefield

Name of Authorized Representative

Acting Associate Commissioner

Title of Authorized Representative

Executive Director

Title of Authorized Representative

12/4/13

Date

12/4/13

Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

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

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

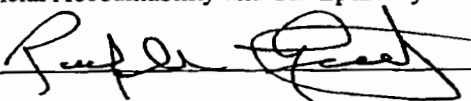
In accordance with 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

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

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

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

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



(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)
Ralph Littlefield, Executive Director

Community Action Program Belknap-Merrimack Counties, Inc. 12/4/13

(Contractor Name) (Date)

Contractor initials: RL
Date: 12/4/13
Page # 1 of Page # 2

NH Department of Health and Human Services

STANDARD EXHIBIT J

FORM A

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

1. The DUNS number for your entity is: 07-399-7504

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

NO YES

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

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

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

NO YES

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

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

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

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

Contractor initials: R-G
Date: 12/4/13
Page # 2 of Page # 2

Community Action Program Belknap-Merrimack Counties, Inc.

CERTIFICATE OF VOTE

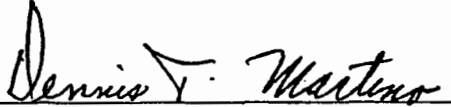
I, Dennis T. Martino, Secretary-Clerk of Community Action Program Belknap-Merrimack Counties, Inc. (hereinafter the "Corporation"), a New Hampshire corporation, hereby certify that: (1) I am the duly elected and acting Secretary-Clerk of the Corporation; (2) I maintain and have custody and am familiar with the minute books of the Corporation; (3) I am duly authorized to issue certificates with respect to the contents of such books; (4) that the Board of Directors of the Corporation have authorized, on 9/20/13, such authority to be in force and effect until 6/30/15 (contract termination date). (see attached)

The person(s) holding the below listed position(s) are authorized to execute and deliver on behalf of the Corporation any contract or other instrument for the sale of products and services:

Ralph Littlefield, Executive Director

(5) The meeting of the Board of Directors was held in accordance with New Hampshire, (state of incorporation) law and the by-laws of the Corporation; and (6) said authorization has not been modified, amended or rescinded and continues in full force and effect as of the date hereof. Excerpt of dated minutes or copy of article or section of authorizing by-law must be attached.

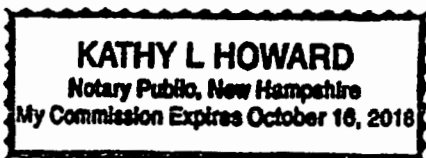
IN WITNESS WHEREOF, I have hereunto set my hand as the Clerk/Secretary of the corporation this 4th day of December, 20 13.

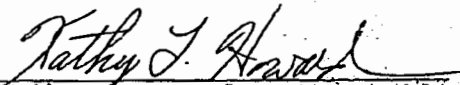

Secretary-Clerk

STATE OF NEW HAMPSHIRE
COUNTY OF MERRIMACK

On this 4th day of December, 20 13, before me, Kathy L. Howard the undersigned Officer, personally appeared Dennis T. Martino who acknowledged her/himself to be the Secretary-Clerk of Community Action Program Belknap-Merrimack Counties, Inc., a corporation and that she/he as such Secretary-Clerk being authorized to do so, executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.




Kathy L. Howard, Notary Public
Notary Public/Justice of the Peace

Commission Expiration Date:



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the New Hampshire ServiceLink Resource Centers Program Contract**

This third Amendment to the New Hampshire ServiceLink Resource Centers Program contract (hereinafter referred to as "Amendment #3") dated this 16th day of August 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Crotched Mountain Community Care, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 185 Granite Street, Suite 3C, Manchester NH, 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (item #62), and amended by an agreement (Amendment #1 to the Contract) approved on February 28, 2014 (Item #35) and amended by an agreement (Amendment #2 to the Contract) approved on May 6, 2015 (Item #23), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties; and

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional three (3) months and increase the price limitation; and

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

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: December 31, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$1,706,421.
3. Delete Exhibit B-18 and replace with Exhibit B-18 Amendment #1.
4. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 12/31/16.
5. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 12/31/16.



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 9/4/14

Name: Megan A. ...
Title: Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

8/29/16
Date

Maura Ryan
Name: Maura Ryan
Title: Director, Office of Human Services

Crotched Mountain Community Care, Inc.

8/24/16
Date

Lisa Perales, VP of Nursing, Director of
NAME Population Health
TITLE

Acknowledgement:

State of New Hampshire, County of Hillsborough on 24 August 2016, before the undersigned officer, personally appeared the person identified above, of satisfactory proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Dawn M. Doerr
Name and Title of Notary or Justice of the Peace

DAWN M. DOERR, Notary Public
State of New Hampshire
My Commission Expires April 6, 2021

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

Contractor Name: Crotched Mountain Community Care, Inc.

Program Name ServiceLink Resource Center

Budget Period: 7/1/16 - 12/31/16

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHHS Contract Share	
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed
1. Total Salary/Wages	\$ 230,668.98	\$ -	\$ -	\$ -	\$ 230,668.98	\$ -
2. Employee Benefits	\$ 64,573.06	\$ -	\$ -	\$ -	\$ 64,573.06	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,673.80	\$ -	\$ -	\$ -	\$ 1,673.80	\$ -
Repair and Maintenance	\$ 2,047.58	\$ -	\$ -	\$ -	\$ 2,047.58	\$ -
Purchase/Depreciation	\$ 1,280.28	\$ -	\$ -	\$ -	\$ 1,280.28	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 3,952.00	\$ -	\$ -	\$ -	\$ 3,952.00	\$ -
6. Travel	\$ 6,630.30	\$ -	\$ -	\$ -	\$ 6,630.30	\$ -
7. Occupancy	\$ 14,704.86	\$ -	\$ 4,500.00	\$ -	\$ 10,204.86	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 4,282.92	\$ -	\$ -	\$ -	\$ 4,282.92	\$ -
Postage	\$ 1,703.36	\$ -	\$ -	\$ -	\$ 1,703.36	\$ -
Subscriptions	\$ 365.38	\$ -	\$ -	\$ -	\$ 365.38	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Marketing/Communications	\$ 1,238.12	\$ -	\$ -	\$ -	\$ 1,238.12	\$ -
10. Staff Education and Training	\$ 1,008.90	\$ -	\$ -	\$ -	\$ 1,008.90	\$ -
11. Subcontract/Agreements	\$ -	\$ 25,868.00	\$ -	\$ -	\$ -	\$ 25,868.00
12. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing & Reproduction	\$ 813.96	\$ -	\$ -	\$ -	\$ 813.96	\$ -
Advertising	\$ 1,382.44	\$ -	\$ -	\$ -	\$ 1,382.44	\$ -
#REF!	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 336,345.94	\$ 25,868.00	\$ 4,500.00	\$ -	\$ 331,845.94	\$ 25,868.00

7.7%

7.8%

0.0%

Indirect As A Percent of Direct

DAWN M. DOERR, Notary Public
State of New Hampshire
My Commission Expires April 6, 2016

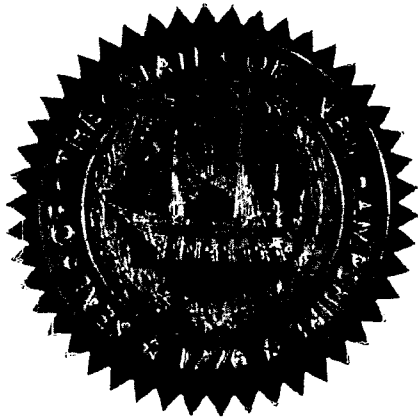


Contractor Initials: *AD*
Date: *8/24/16*

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 CROTCHED MOUNTAIN COMMUNITY CARE, INC. is a New Hampshire nonprofit corporation filed June 6, 1986. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 17th day of August, A.D. 2016

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, BENJAMIN F. GAYMAN, do hereby certify that:
(Name of the elected Officer of the Agency: cannot be contract signatory)

1. I am a duly elected Officer of CROICHA MOUNTAIN COMMUNITY CARE
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on AUG. 17, 2016
(Date)

RESOLVED: That the VICE PRESIDENT OF NURSING, DIRECTOR OF POPULATION HEALTH
(Title of Contract Signatory)

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

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of ^{BFG} the 24th day of August, 2016.
(Date Contract Signed)

4. LISA PERALES is the duly elected VICE PRESIDENT OF NURSING, DIRECTOR OF POPULATION HEALTH
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

[Signature]
(Signature of the Elected Officer)
Secretary

STATE OF New Hampshire

County of Hillsborough

The forgoing instrument was acknowledged before me this 24th day of August, 2016, Jan

By Benjamin F. Gayman
(Name of Elected Officer of the Agency)
Secretary

[Signature]
(Notary Public/Justice of the Peace)

Commission Expires: _____

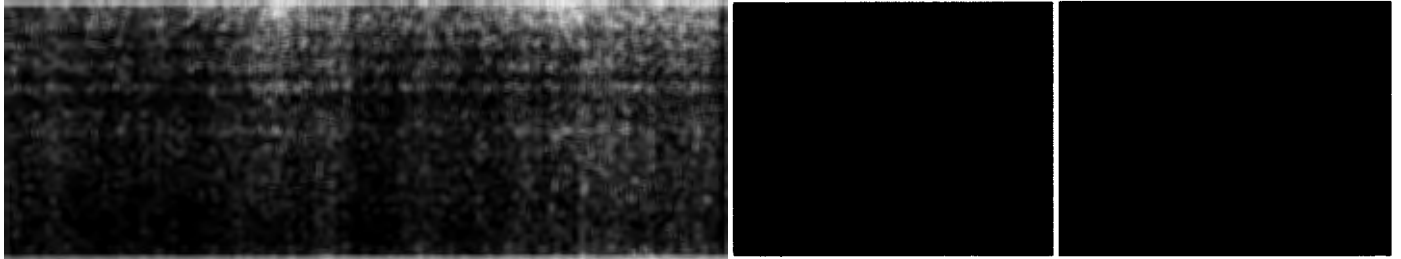


Crotched Mountain Community Care, Inc.

Mission Statement

To maintain or improve client's functional health status, improve health care access, reduce cost, provide high quality well-coordinated care, support, and advocacy enabling clients to remain living independently in their own homes.

Our mission is on behalf of "high need-high cost" clients with multiple, complex, and chronic conditions often combined with behavioral health complexities and socioeconomic challenges.



CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

FINANCIAL STATEMENTS

with

ADDITIONAL INFORMATION

June 30, 2015 and 2014

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Directors
Crotched Mountain Rehabilitation Center, Inc.

We have audited the accompanying financial statements of Crotched Mountain Rehabilitation Center, Inc. (the Center), which comprise the statements of financial position as of June 30, 2015 and 2014, and the related statements of operations, change in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Center, as of June 30, 2015 and 2014, and the changes in its net assets and its cash flows for the years then ended in accordance with U.S. GAAP.

Other Matter

Other Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The information included in the accompanying Schedules 1 and 2 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
October 29, 2015

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Statements of Financial Position

June 30, 2015 and 2014

ASSETS

	<u>2015</u>	<u>2014</u>
Current assets		
Cash and cash equivalents	\$ 290,966	\$ 2,483,635
Accounts receivable, less allowances for doubtful accounts of approximately \$559,000 in 2015 and \$1,020,000 in 2014	8,072,968	8,639,414
Other current assets	<u>591,639</u>	<u>577,373</u>
Total current assets	<u>8,955,573</u>	<u>11,700,422</u>
Property and equipment		
Land and land improvements	3,272,877	3,252,369
Buildings and building improvements	60,773,956	60,160,306
Furniture and equipment	10,989,503	10,733,082
Motor vehicles	2,355,534	2,217,246
Construction in progress	<u>226,727</u>	<u>264,280</u>
	<u>77,618,597</u>	<u>76,627,283</u>
Accumulated depreciation	<u>(49,281,517)</u>	<u>(47,640,447)</u>
Property and equipment, net	<u>28,337,080</u>	<u>28,986,836</u>
Interest in net assets of Croched Mountain Foundation	<u>6,472,750</u>	<u>6,492,533</u>
Total assets	<u>\$ 43,765,403</u>	<u>\$ 47,179,791</u>

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

LIABILITIES AND NET ASSETS

	<u>2015</u>	<u>2014</u>
Current liabilities		
Accounts payable	\$ 1,466,980	\$ 1,472,046
Accrued salaries, wages and related taxes	1,552,003	1,331,889
Other accrued liabilities	713,350	767,025
Line of credit	800,000	1,500,000
Current portion of long-term debt	1,054,000	1,008,000
Due to third-party payors	<u>106,485</u>	<u>2,485,796</u>
Total current liabilities	5,692,818	8,564,756
Due to related party	1,606,307	558,907
Fair value of interest rate swap	1,241,824	1,301,261
Long-term debt, net of current portion	<u>28,679,099</u>	<u>29,601,946</u>
Total liabilities	<u>37,220,048</u>	<u>40,026,870</u>
Net assets		
Unrestricted	72,605	660,388
Temporarily restricted	5,329,749	5,349,532
Permanently restricted	<u>1,143,001</u>	<u>1,143,001</u>
Total net assets	<u>6,545,355</u>	<u>7,152,921</u>
Total liabilities and net assets	<u>\$ 43,765,403</u>	<u>\$ 47,179,791</u>

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Statements of Operations

Years Ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Unrestricted revenues		
Room and board, tuition and special services, net	\$ 42,869,459	\$ 41,463,065
Other revenue	1,665,152	1,637,515
Support from Crotched Mountain Foundation for operations	2,334,268	171,344
Net assets released from restrictions transferred from Crotched Mountain Foundation for operations	<u>244,864</u>	<u>326,524</u>
Total unrestricted revenues	<u>47,113,743</u>	<u>43,598,448</u>
Expenses		
Salaries and wages	26,449,888	24,480,503
Benefits	6,095,526	6,159,068
Contracted services	2,601,781	2,230,735
Management fees	3,064,896	2,794,066
Supplies	2,991,960	2,850,543
Household and property	1,670,970	1,817,654
Other	1,175,264	1,192,545
Interest	1,334,565	1,380,654
Depreciation	2,344,910	2,354,656
Nursing home quality assessment tax	<u>489,013</u>	<u>546,485</u>
Total expenses	<u>48,218,773</u>	<u>45,806,909</u>
Loss from operations	<u>(1,105,030)</u>	<u>(2,208,461)</u>
Nonoperating income		
Contributions and bequests	19,781	69,470
Investment income	-	52
Change in fair value of interest rate swap	<u>59,437</u>	<u>10,861</u>
Net nonoperating income	<u>79,218</u>	<u>80,383</u>
Deficiency of revenues over expenses	<u>(1,025,812)</u>	<u>(2,128,078)</u>
Other changes in unrestricted net assets		
Support from Crotched Mountain Foundation for capital acquisitions	95,717	238,953
Net assets released from restrictions transferred from Crotched Mountain Foundation for capital acquisitions	<u>342,312</u>	<u>18,800</u>
Total other changes in unrestricted net assets	<u>438,029</u>	<u>257,753</u>
Decrease in unrestricted net assets	<u>\$ (587,783)</u>	<u>\$ (1,870,325)</u>

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

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Statements of Changes in Net Assets

Years Ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Decrease in unrestricted net assets	\$ <u>(587,783)</u>	\$ <u>(1,870,326)</u>
Temporarily restricted net assets		
Net assets released from restrictions transferred from Crotched Mountain Foundation	(587,176)	(345,324)
Other changes in interest in net assets of Crotched Mountain Foundation	<u>567,393</u>	<u>1,393,196</u>
(Decrease) increase in temporarily restricted net assets	<u>(19,783)</u>	<u>1,047,872</u>
Decrease in net assets	(607,566)	(822,454)
Net assets, beginning of year	<u>7,152,921</u>	<u>7,975,375</u>
Net assets, end of year	<u>\$ 6,545,355</u>	<u>\$ 7,152,921</u>

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

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Statements of Cash Flows

Years Ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Cash flows from operating activities		
Decrease in net assets	\$ (607,566)	\$ (822,454)
Adjustments to reconcile decrease in net assets to net cash provided by operating activities		
Depreciation and amortization	2,390,283	2,400,029
Provision for bad debts	161,847	-
Change in fair value of interest rate swap	(59,437)	(10,861)
Support from Crotched Mountain Foundation for capital acquisitions	(95,717)	(238,953)
Contributions restricted for long-term purposes	(58,723)	(234,824)
Net change in interest in net assets of Crotched Mountain Foundation	19,783	(1,047,872)
Changes in operating assets and liabilities		
Accounts receivable	404,599	3,016,750
Other current assets	(14,266)	(92,455)
Accounts payable	(5,066)	160,947
Accrued salaries, wages and related taxes	220,114	45,515
Other accrued liabilities	(53,675)	211,139
Due to third-party payors	(2,379,311)	373,860
Due to related party	<u>1,047,400</u>	<u>(1,091,207)</u>
Net cash provided by operating activities	<u>970,265</u>	<u>2,669,614</u>
Cash flows from investing activities		
Purchases of property and equipment, net	<u>(1,604,750)</u>	<u>(1,078,909)</u>
Cash flows from financing activities		
Net decrease in line of credit	(700,000)	(60,000)
Repayments of long-term debt	(1,012,624)	(976,460)
Support from Crotched Mountain Foundation for capital acquisitions	95,717	238,953
Contributions received for long-term purposes	<u>58,723</u>	<u>234,824</u>
Net cash used by financing activities	<u>(1,558,184)</u>	<u>(562,683)</u>
Net (decrease) increase in cash and cash equivalents	<u>(2,192,669)</u>	1,028,022
Cash and cash equivalents, beginning of year	<u>2,483,635</u>	<u>1,455,613</u>
Cash and cash equivalents, end of year	<u>\$ 290,966</u>	<u>\$ 2,483,635</u>
Supplemental disclosure of cash flow information:		
Acquisition of equipment through long-term borrowings	<u>\$ 90,404</u>	<u>\$ 156,010</u>
Cash paid during the year for interest	<u>\$ 1,293,209</u>	<u>\$ 1,356,424</u>

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

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Notes to Financial Statements

June 30, 2015 and 2014

Organization

Crotched Mountain Rehabilitation Center, Inc. (the Center) is a tax-exempt entity which provides educational and rehabilitative services to physically challenged children and adults, primarily in the Northeastern United States. Crotched Mountain Foundation (the Foundation), the sole member of the Center, is a tax-exempt entity which provides planning, fundraising and management services to the Center and other affiliates.

1. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Center are prepared in conformity with U.S. generally accepted accounting principles (U.S. GAAP) applicable to not-for-profit organizations.

Fair Value of Financial Instruments

The Center's financial instruments consist of cash and cash equivalents, accounts receivable, interest in net assets of the Foundation, an interest rate swap, accounts payable, accrued liabilities and debt, substantially all of which bears interest at a variable rate. The estimated fair value of these financial instruments approximates their carrying value at June 30, 2015 and 2014.

Cash and Cash Equivalents

Highly liquid savings deposits and debt investments with maturities of three months or less at the time of acquisition are considered cash equivalents.

Financial instruments that potentially subject the Center to concentrations of credit risk consist principally of checking, savings and time deposit accounts with banks. These balances fluctuate during the year and can exceed the limit of Federal Deposit Insurance Corporation coverage. Management regularly monitors the financial institutions, together with their respective cash balances, and attempts to maintain the potential risk at a minimum.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on historical account write-off patterns by payors. 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.

In evaluating the collectability of patient accounts receivable, the Center analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Data for each major source is regularly reviewed to evaluate the allowance for doubtful accounts. For receivables relating to services provided to patients having third-party coverage, the Center records the receivable at the contractually due amount. For receivables relating to self-pay patients (which includes both

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Notes to Financial Statements

June 30, 2015 and 2014

patients without insurance and patients with deductible and copayment balances for which third-party coverage exists for part of the bill), the Center records a provision for bad debts in the period of service based on past experience, which indicates that many patients are unable or unwilling to pay amounts for which they are financially responsible. The difference between the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged against the allowance for doubtful accounts.

During 2015, the Center decreased its estimate from \$1,020,000 to \$559,000, in the allowance for doubtful accounts. Direct write-offs increased from approximately \$260,000 in 2014 to approximately \$625,000 in 2015. These changes resulted from trends experienced in the collection of amounts from self-pay patients.

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair value determined at the date of donation, less accumulated depreciation. The Center's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures which do not extend the life of the related assets. Depreciation is computed using the straight-line method in a manner intended to amortize the cost of the assets over their estimated useful lives.

Interest in Net Assets of Croched Mountain Foundation

In accordance with the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958-20, *Financially Interrelated Entities*, the Center has recognized its interest in the fair value of net assets held on its behalf by the Foundation, all of which have been restricted by outside donors to be used by the Center.

The change in interest in net assets of Croched Mountain Foundation for the years ended June 30 is composed of the following:

	<u>2015</u>	<u>2014</u>
Net assets released from restrictions	\$ (587,176)	\$ (345,324)
Temporarily restricted contributions	597,974	664,033
Temporarily restricted investment income	<u>(30,581)</u>	<u>729,163</u>
	<u>\$ (19,783)</u>	<u>\$ 1,047,872</u>

Bond Issuance Costs and Reclassifications

Certain costs related to the issuance of bonds, such as accountant, attorney and underwriting fees, are capitalized and amortized on a straight-line basis over the lives of the respective debt issues. During the year ended June 30, 2015, the Center adopted FASB Accounting Standards Update No. 2015-03 - *Interest-Imputation of Interest - Simplifying the Presentation of Debt Issuance Costs*. As a result, the unamortized bond issuance costs as of June 30, 2015 and 2014 have been reclassified to be presented as a direct deduction from the carrying amount of the related bonds payable. In addition, the amortization of the bond issuance costs has been reclassified to interest expense for the years ended June 30, 2015 and 2014.

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Notes to Financial Statements

June 30, 2015 and 2014

Derivative Financial Instruments

FASB ASC 958-815, *Derivatives and Hedging*, requires that all derivative instruments be reported in the statement of financial position at fair value and establishes criteria for designation and effectiveness of hedging relationships. The Center uses an interest rate swap agreement to hedge its exposure to the volatility of interest rates.

The interest rate swap is not considered a cash flow hedge. As a result, the entire unrealized gain on the interest rate swap for 2015 and 2014 has been included in the deficiency of revenues over expenses.

Qualified Retirement Plan

The Foundation has a defined contribution retirement plan in which the Center participates. The plan covers all employees who have reached age 21 and completed 1,000 hours of service during the plan year. No employee contributions are allowed under the plan. Each year, the employer may make a discretionary profit-sharing contribution on behalf of eligible employees. No contributions were made to the plan for the years ended June 30, 2015 and 2014. The plan has a five-year vesting schedule. Massachusetts Mutual Financial Group serves as the trustee of the plan assets.

In addition, the Foundation has a tax-exempt, defined contribution plan in which certain Center employees participate. The plan covers substantially all employees, except students and part-time employees who normally work less than 20 hours during the plan year. Employees may begin making elective deferrals to the plan upon hire. No employer contributions are allowed under the plan. Massachusetts Mutual Financial Group serves as the trustee of the plan assets.

Earned Time Benefits

The Foundation and its affiliates have an accrued time plan to provide fringe benefits for their hourly employees. Under this plan, each employee earns paid leave for each pay period worked. These hours of paid leave may be used for vacations, holidays or illnesses. For covered employees, hours earned, but not used, vest with the employee. The Center records its portion of the expected future cost of these benefits as they are earned.

Contractual Allowances

The Center is reimbursed for the cost of certain services rendered as determined through the provisions of various rate-setting and reimbursement regulations established by certain third-party reimbursing agencies. The differences between the established billing rates and the amounts recoverable from third-party reimbursing agencies (contractual allowances) are accounted for as deductions from revenues.

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Notes to Financial Statements

June 30, 2015 and 2014

Deficiency of Revenues over Expenses

The statements of operations include deficiency of revenues over expenses. Changes in unrestricted net assets which are excluded from deficiency of revenues over expenses include support from the Foundation for the purpose of acquiring long-lived assets, and long-lived assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use has been limited by donors to a specified time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity.

Donor-Restricted Contributions

Donations are reported at fair value at the date of receipt. All gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations and changes in net assets as net assets released from restrictions. Restricted income and gains earned on temporarily restricted net assets are reflected in the changes in temporarily restricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements.

The Center reports gifts of furniture, fixtures and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how those long-lived assets must be maintained, the Center reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Self-Insurance

The Center is fully self-insured for employee medical and dental costs. Commercial insurance has been purchased with respect to individual claims over certain dollar limits and annual aggregate claim limitations. The accrued benefits related to this plan include both claims payable and an estimated provision for claims incurred, but not yet reported.

Income Taxes

The Center has received a determination letter from the Internal Revenue Service stating that it qualifies for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Notes to Financial Statements

June 30, 2015 and 2014

Use of Estimates

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

Subsequent Events

For purposes of the preparation of these consolidated financial statements in conformity with U.S. GAAP, management has considered transactions or events occurring through October 29, 2015, which is the date that the financial statements were issued.

2. Related Party Transactions

In the absence of donor restrictions, the Foundation has discretionary control over the amounts to be distributed to the Center, the timing of such distributions, and the purposes for which such funds are to be used. The Foundation's unrestricted net assets are distributed to the Center in amounts and in the period determined by the Foundation's Board of Directors, who also may designate the use of such assets for specific purposes. Temporarily restricted assets and income earned on permanently restricted funds of the Foundation are distributed to the Center as required to comply with the purposes specified by the original donor.

The following is a summary of financial support provided by the Foundation:

	<u>2015</u>	<u>2014</u>
Net assets released from restrictions transferred from Crotched Mountain Foundation		
For operations	\$ 244,864	\$ 326,524
For capital acquisitions	<u>342,312</u>	<u>18,800</u>
	<u>\$ 587,176</u>	<u>\$ 345,324</u>
Support from Crotched Mountain Foundation		
For operations	\$ 2,334,268	\$ 171,344
For capital acquisitions	<u>95,717</u>	<u>238,953</u>
	<u>\$ 2,429,985</u>	<u>\$ 410,297</u>

The Center engages in transactions with the Foundation and its affiliates, including the payment of various expenses such as salaries and employee benefits on behalf of these entities. During 2015 and 2014, the Center purchased certain management and consulting services from the Foundation which amounted to \$3,064,896 and \$2,794,066, respectively. Support from the Foundation is provided to the Center for operations and capital acquisitions as determined by the Board of Directors. There are no established repayment terms for the balance.

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Notes to Financial Statements

June 30, 2015 and 2014

3. Fair Value Measurements

FASB ASC 820 defines fair value, establishes a framework for measuring fair value in accordance with U.S. GAAP, and expands disclosures about fair value measurements.

FASB ASC 820-10-20 defines fair value as the exchange price that would be received for an asset or paid for a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820-10-20 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value.

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

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

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

Assets and liabilities measured at fair value on a recurring basis are summarized below:

2015

	<u>Level 2</u>	<u>Total</u>
Interest in net assets of Crochted Mountain Foundation	\$ <u>6,472,750</u>	\$ <u>6,472,750</u>
Interest rate swap	\$ <u>1,241,824</u>	\$ <u>1,241,824</u>

2014

	<u>Level 2</u>	<u>Total</u>
Interest in net assets of Crochted Mountain Foundation	\$ <u>6,492,533</u>	\$ <u>6,492,533</u>
Interest rate swap	\$ <u>1,301,261</u>	\$ <u>1,301,261</u>

The fair value of financial instruments is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value is best determined based upon quoted market prices. However, in certain instances, there are no quoted market prices for the Center's various financial instruments. The fair value for Level 2 assets is primarily based on market prices of comparable or underlying securities. The fair value for Level 2 liabilities is based on market interest rates using the income approach. Those techniques are significantly affected by the assumptions used, including the discount rate and estimates of future cash flows. Accordingly, the fair value estimates may not be realized in an immediate settlement of the instrument.

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Notes to Financial Statements

June 30, 2015 and 2014

4. Line of Credit

As of June 30, 2015 and 2014, the Center had available a \$2,000,000 line of credit with a bank, maturing November 30, 2015. Interest accrues on the line at an adjustable rate equal to 2.50% above the One Month LIBOR; however, at no time shall the rate be less than 3.00%. The interest rate at June 30, 2015 and 2014 was 3.00%. The line of credit is collateralized by substantially all assets of the Center. The line of credit agreement contains certain covenant requirements related to the Center's financial position and operating results. The Center was in compliance with these requirements as of June 30, 2015 and 2014.

5. Long-Term Debt

Long-term debt consists of the following:

	<u>2015</u>	<u>2014</u>
New Hampshire Health and Education Facilities Authority (NHHEFA) Series 2010 revenue bonds; interest at a variable rate plus principal are due on the first of each month; matures December 1, 2030; net of unamortized bond issuance costs of \$733,434 and \$778,807 at June 30, 2015 and 2014, respectively. Collateralized by substantially all assets.	\$26,050,332	\$26,775,665
State of New Hampshire State Revolving Fund Loan; principal and interest payable in annual installments through March 2030; interest rate determined annually based on the lower of 3.744% or 80% of the established 11 General Obligation Bond Index published the first week of the month of October before the payment date (2.86% at June 30, 2015). The note is collateralized by an interest in real property located in Greenfield, New Hampshire and other security instruments.	3,442,943	3,609,143
Various vehicle and equipment loans with maturity dates ranging from 2015 through 2020 and interest rates between 0% and 6.00%. These loans are collateralized by the vehicles and equipment financed.	<u>239,824</u>	<u>225,138</u>
	29,733,099	30,609,946
Less current portion	<u>1,054,000</u>	<u>1,008,000</u>
	<u>\$28,679,099</u>	<u>\$29,601,946</u>

Aggregate annual principal payments required under the various loan agreements for the next five years are as follows:

2016	\$ 1,054,000
2017	1,067,000
2018	1,120,000
2019	1,128,000
2020	1,178,000

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Notes to Financial Statements

June 30, 2015 and 2014

Interest expense charged to operations, including amortization of bond issuance costs of \$45,374, was \$1,334,565 and \$1,380,654 during the years ended June 30, 2015 and 2014, respectively.

The NHHEFA Series 2010 revenue bonds consist of tax-exempt, variable rate revenue bonds due in monthly principal payments, which increase on an annual basis, ranging from \$65,639 in 2016 to \$126,988 in 2030, with a final balloon payment of \$9,423,544 due at maturity on December 1, 2030. The variable interest rate at June 30, 2015 and 2014 was 2.12% and 2.10%, respectively.

On November 30, 2010, the Center entered into an interest rate swap agreement, which effectively fixes the interest rate on the revenue bonds at 4.145%. As of June 30, 2015 and 2014, the Center recorded a liability of \$1,241,824 and \$1,301,261, respectively, in the statements of financial position related to the interest rate swap agreement. As of June 30, 2015 and 2014, the variable interest rate applicable to the interest rate swap matched the variable interest rate of the Series 2010 bond, respectively. Gains of \$59,437 and \$10,861 were recorded during 2015 and 2014, respectively, in the statements of operations representing the change in fair value of the interest rate swaps during the periods. The counterparty to the interest rate swap agreement is a major financial institution which also participates in the Center's bank credit facilities. The Center is exposed to credit risk equal to the net amount receivable under the swap agreement, not the notional amount, in the event of nonperformance of the counterparty. Credit loss from the counterparty nonperformance is not anticipated. The notional amounts of the swap agreements were \$26,783,766 and \$27,554,472 at June 30, 2015 and 2014, respectively. The notional value declines in amounts which match the reduction of the outstanding bonds.

The Foundation has guaranteed certain debt of the Center aggregating \$26,783,766 and \$27,554,472 as of June 30, 2015 and 2014, respectively, through a pledge of gross receipts and an assignment of certain unrestricted investments.

The Center and its affiliates, including the Foundation, are required, on a consolidated basis, to comply with certain financial and nonfinancial debt covenants related to its bonds payable. The Center and its affiliates were in compliance with these requirements as of June 30, 2015 and 2014.

6. Restricted Net Assets

Temporarily restricted net assets are available for the following purposes:

	<u>2015</u>	<u>2014</u>
Capital expenditures	\$ 4,457,577	\$ 4,439,756
Accessible recreation trail	115,531	155,986
James E. Chandler swimming pool	125,943	130,046
Affordable housing planning	-	92,128
Endow chair for rehabilitative medicine	-	8,888
Chiropractic Care in Rehabilitation	335,521	-
Program support	<u>295,177</u>	<u>522,728</u>
	<u>\$ 5,329,749</u>	<u>\$ 5,349,532</u>

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Notes to Financial Statements

June 30, 2015 and 2014

The return on permanently restricted net assets is restricted for the following purposes:

	<u>2015</u>	<u>2014</u>
Capital expenditures	\$ 529,000	\$ 529,000
Medical director	500,000	500,000
Program support	<u>114,001</u>	<u>114,001</u>
	<u>\$ 1,143,001</u>	<u>\$ 1,143,001</u>

7. Room and Board, Tuition and Special Services Revenue

The Center charges its patients for room and board, tuition and other special services. Certain charges are discounted to the estimated net realizable amounts expected to be received from patients and third-party reimbursing agencies. Net room and board, tuition and special services revenue of the Center for the years ended June 30, 2015 and 2014 is comprised as follows:

	<u>2015</u>	<u>2014</u>
Room and board	\$28,327,803	\$27,274,217
Tuition	10,931,394	10,699,298
Special services	4,319,493	4,256,818
Less: Provision for bad debts	<u>(161,847)</u>	<u>-</u>
	43,416,843	42,230,333
Contractual allowances and provision for free services	<u>(547,384)</u>	<u>(767,268)</u>
	<u>\$42,869,459</u>	<u>\$41,463,065</u>

8. Volume of Business Concentration

The Center's operations depend heavily on certain contracts with federal and state governmental agencies and municipal school systems. Changes in reimbursement methodology could have a significant impact on the Center's operations. Credit is extended without collateral.

Gross revenue by payor is as follows:

	<u>2015</u>	<u>2014</u>
Medicaid/Medicare	18 %	21 %
Municipal school systems	48	49
Other third-parties	2	3
Private pay	4	2
Other	<u>28</u>	<u>25</u>
	<u>100 %</u>	<u>100 %</u>

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Notes to Financial Statements

June 30, 2015 and 2014

Accounts receivable is comprised of the following:

	<u>2015</u>	<u>2014</u>
Medicaid/Medicare	20 %	33 %
Municipal school systems	53	36
Other third-parties	3	1
Private pay	3	7
Other	<u>21</u>	<u>23</u>
	<u>100 %</u>	<u>100 %</u>

9. Commitments and Contingencies

Medical Malpractice Insurance

The Center maintains medical malpractice insurance coverage on a claims-made basis. The Center is subject to complaints, claims, and litigation due to potential claims which arise in the normal course of business. U.S. GAAP requires the Center to accrue the ultimate cost of malpractice claims when the incident that gives rise to claim occurs, without consideration of insurance recoveries. Expected recoveries are presented as a separate asset. The Center has evaluated its exposure to losses arising from potential claims and to determine no such accrual is necessary for the year ended June 30, 2015. The Center intends to renew coverage on a claims-made basis and anticipates that such coverage will be available in future periods.

Health and Dental Benefits

Center employees have the option to participate in a health and dental benefit plan sponsored by the Foundation. The plan is primarily self-insured; however, the Foundation maintains a reinsurance policy for coverage of annual claims in excess of \$100,000 per individual with aggregate coverage at a minimum attachment point of approximately \$6.7 million. The aggregate is calculated based upon expected claims which vary depending upon enrollment. The Center's portion of the expense in providing the plan and the reinsurance premiums was \$3,084,958 and \$3,321,706 in 2015 and 2014, respectively.

Litigation

The Center is involved in litigation and regulatory investigations arising in the normal course of business. After consultation with legal counsel, management estimates these matters will be resolved without adverse material effect on the Center's future financial position or results of operations.

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Notes to Financial Statements

June 30, 2015 and 2014

10. Conditional Promises to Give

The Foundation has received a conditional promise to give in support of the Center's Chiropractic Care in Rehabilitation program. The conditional gift includes a remaining total of \$1,500,000 over three years for operating expenses of the Chiropractic Care in Rehabilitation program.

11. Volunteer Services (unaudited)

Total volunteer service hours received by the Center in 2015 and 2014 were approximately 6,700 and 7,700, respectively. The volunteers provide various services to the Center, none of which have been recognized as revenue or expense in the statements of operations.

12. Nursing Facility Quality Assessment

The New Hampshire Legislature enacted a quality assessment tax on revenues derived from nursing care services. The tax rate in effect at June 30, 2015 and 2014 was 5.5%. The total tax assessed was \$489,013 and \$546,485 for the years ended June 30, 2015 and 2014, respectively.

13. Functional Expenses

The Center provides educational and rehabilitative services to physically challenged children and adults. Functional expenses related to providing these services are as follows:

	<u>2015</u>	<u>2014</u>
Program services	\$43,598,712	\$41,425,519
General and administrative	<u>4,620,061</u>	<u>4,381,390</u>
	<u>\$48,218,773</u>	<u>\$45,806,909</u>

ADDITIONAL INFORMATION

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Details of Unrestricted Revenues

Years Ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Room and board		
Group homes	\$18,860,462	\$17,310,335
Ward	4,504,045	4,864,535
Brain injury program	<u>4,963,296</u>	<u>5,099,347</u>
	<u>28,327,803</u>	<u>27,274,217</u>
Tuition	<u>10,931,394</u>	<u>10,699,298</u>
Special services		
Physical and occupational therapies	1,980,399	1,899,428
Speech therapy	1,271,678	1,263,271
Psychology	625,604	640,993
Other	<u>441,812</u>	<u>453,126</u>
	<u>4,319,493</u>	<u>4,256,818</u>
Total gross room and board, tuition and special services revenue	<u>43,578,690</u>	<u>42,230,333</u>
Deductions from revenues		
Provisions for doubtful accounts	161,847	-
Contractual allowances and provision for free services	<u>547,384</u>	<u>767,268</u>
Total deductions from revenues	<u>709,231</u>	<u>767,268</u>
Room and board, tuition and special services revenue, net	<u>42,869,459</u>	<u>41,463,065</u>
Other operating revenues		
Rental income	261,018	273,632
Grant revenue	207,038	175,777
Dietary income	212,098	214,411
Daycare income	164,634	173,303
Day program	288,134	308,455
Other	<u>532,230</u>	<u>491,937</u>
	<u>1,665,152</u>	<u>1,637,515</u>
Support from Crotched Mountain Foundation for operations	<u>2,334,268</u>	<u>171,344</u>
Net assets released from restrictions transferred from Crotched Mountain Foundation for operations	<u>244,864</u>	<u>326,524</u>
	<u>\$47,113,743</u>	<u>\$43,598,448</u>

CROTCHED MOUNTAIN REHABILITATION CENTER, INC.

Details of Operating Expenses

Years Ended June 30, 2015 and 2014

	Total		Personnel Costs		Supplies and Other Expenses	
	2015	2014	2015	2014	2015	2014
Professional services						
Residential services	\$ 13,771,863	\$ 12,497,148	\$ 12,136,981	\$ 10,989,355	\$ 1,634,882	\$ 1,507,793
Health center	<u>6,249,419</u>	<u>5,917,304</u>	<u>5,973,420</u>	<u>5,743,841</u>	<u>275,999</u>	<u>173,463</u>
	<u>20,021,282</u>	<u>18,414,452</u>	<u>18,110,401</u>	<u>16,733,196</u>	<u>1,910,881</u>	<u>1,681,256</u>
Medical services						
Medical director	464,140	598,142	433,016	582,979	31,124	15,163
Physician services	131,895	119,367	20,150	23,257	111,745	96,110
Center for Medical Home Improvement	164	4,704	-	-	164	4,704
Clinical and outreach programs	2,936,732	2,568,465	2,473,609	2,181,633	463,123	386,832
Specialty hospital	10,320,596	10,311,721	7,607,696	7,514,611	2,712,900	2,797,110
Health center	<u>988,558</u>	<u>852,037</u>	<u>938,154</u>	<u>815,268</u>	<u>50,404</u>	<u>36,769</u>
	<u>14,842,085</u>	<u>14,454,436</u>	<u>11,472,625</u>	<u>11,117,748</u>	<u>3,369,460</u>	<u>3,336,688</u>
General and administrative						
Executive office	350,523	354,441	-	1,414	350,523	353,028
Central records and medical library	99,048	97,943	92,954	92,771	6,094	5,172
Management fees	<u>3,064,896</u>	<u>2,794,066</u>	<u>-</u>	<u>-</u>	<u>3,064,896</u>	<u>2,794,066</u>
	<u>3,514,467</u>	<u>3,246,450</u>	<u>92,954</u>	<u>94,185</u>	<u>3,421,513</u>	<u>3,152,266</u>
Household and property						
Housekeeping	642,908	613,336	573,819	537,343	69,089	75,993
Laundry	65,572	57,028	43,216	40,996	22,356	16,032
Telephone	153,982	133,564	101,982	88,675	52,000	44,889
Operation of plant	<u>3,363,597</u>	<u>3,273,650</u>	<u>1,346,077</u>	<u>1,239,420</u>	<u>2,017,520</u>	<u>2,034,230</u>
	<u>4,226,059</u>	<u>4,077,578</u>	<u>2,065,094</u>	<u>1,906,434</u>	<u>2,160,965</u>	<u>2,171,144</u>
Dietary	1,935,405	1,878,683	804,340	788,008	1,131,065	1,090,675
Interest	1,334,565	1,380,654	-	-	1,334,565	1,380,654
Depreciation	<u>2,344,910</u>	<u>2,354,656</u>	<u>-</u>	<u>-</u>	<u>2,344,910</u>	<u>2,354,656</u>
Total operating expenses	<u>\$ 48,218,773</u>	<u>\$ 45,806,909</u>	<u>\$ 32,545,414</u>	<u>\$ 30,639,571</u>	<u>\$ 15,673,359</u>	<u>\$ 15,167,339</u>

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LISA M. PERALES

CNO/COO Healthcare Executive

Results-oriented healthcare executive with over 20 years of experience in diverse clinical settings. Managed clinical, administration, and nursing teams of up to 150 FTE's and regulated annual budgets of \$8+ million. Highly skilled at assessing existing operations, formulating new strategies, constructing complex conceptual frameworks, and implementing innovative programs and technologies. Strategic thinker and problem solver with detailed experience in coaching, mentoring, training, Lean Six Sigma, and project management. Proven track record for the successful development of new clinical programs and efficiencies in work and patient flow, resulting in financial and quality improvements that yielded a national award for care coordination throughout the patient experience. Developed alternative staffing and scheduling models, increased acuity and quality of care levels, and established methods to maximize Medicaid reimbursement, resulting in hundreds of thousands of dollars in reduced labor costs and \$1+ million in increased revenue. Broad knowledge, understanding, and application of CMS, JCAHO, DNV and compliance regulations. Computer skills include Electronic Health Records (McKesson, MDI Achieve, En-Chart), Microsoft Office, Qualcare Peer Review, and Milliman (MCG) web-based electronic documentation systems.

AREAS OF EXPERTISE

- Shift Bidding Programs
- Shared Governance Structure
- Balanced Scorecard Implementation
- Clinical Career Mapping
- Discharge Planning
- Levels of Acuity
- Post Acute Ventilator Programs
- LEAN Six Sigma & TQM Programs
- Bed Management Programs
- Simulation Labs
- Care Planning Modules
- Collaborative Practice Protocols
- ED / ER / Triage Operations
- Utilization Review / Management
- Clinical Decision Units
- ICU / In-patient Bed Merger
- Universal Room Concepts
- RAC Task Forces
- Activity Programs
- Medicaid Reimbursement
- Peer Review Programs

AWARDS & RECOGNITION

2015 National Doyle Award Recipient for Innovation & Leadership in Healthcare
2014 National Association of Professional Women: Woman of the Year Inductee
2013 Mascenic Regional High School Hall of Fame
2006 Advance for Nursing: Nursing Leader of the Year Runner Up
1997 Orlando Regional Healthcare: Nursing Excellence Award Nomination

PROFESSIONAL EXPERIENCE

Vice President of Nursing/Director of Population Health

CROTCHED MOUNTAIN REHABILITATION CENTER/COMMUNITY CARE, Portsmouth, NH 2015 - Present
A statewide Independent Case Management Agency.

- Reports to CEO/President of Crotched Mountain Foundation, supervises approximately 30 FTEs, and oversees all operations at Crotched Mountain Community Care and Service Link program for which Crotched Mountain is fiscal agent.
- Responsible for the implementation of a quality management infrastructure to drive organizational quality initiatives and overall organizational change; Business strategy for CMCC reflecting population health and managed care & alternative payment environments; Development and implementation of transformational tools including evidence-based practice and electronic health record applications; Development and adoption of technology support to clinical decision systems; and, management oversight of general business processes.
- Assures that programs and services are operated in compliance with all applicable state, federal or regional licensing standards; assures that the quality of service offered to clients or tenants meets acceptable standards as promulgated by all licensing authorities, community oversight and advocacy associations, and CMCC policies and procedures; and, coordinates with the QA Program of CMF to assure that all clients, tenants and third party providers are surveyed regarding the delivery of quality services.

Vice President / Director of Nursing

CROTCHED MOUNTAIN REHABILITATION CENTER, Greenfield, NH
A 62-bed Rehabilitation Hospital and Pediatric and Adult Residential Center.

2010 - 2015

- Manage 150+ FTE's including clinical and non-clinical staff. Oversee executive level strategic planning, special projects, cost and revenue initiatives, and annual budget development (\$8.2 million).
- Lead Adult and Pediatric Ventilator, Telemetry, Peritoneal Dialysis, Medically Complex, Patient Safety, Nursing Administration, and Care Coordination programs.
- Ensure DNV and DHHS survey compliance. Successfully resolved and mitigated 14 Level I audit and compliance non-conformities. Established tiered levels of care (Acute, Sub Acute, Skilled, and Pediatrics).
- Consulted on the design and implementation of MDI Achieve, Qualcare Peer Review, and Milliman (MCG) web-based electronic documentation systems.
- Developed and implemented TQM, Balanced Scorecard, Lean Six Sigma, and Analytics programs.
- Achieved dramatic improvements in level-of-care decisions and medical record documentation, reducing rate of admission denials from 48 percent in 2011 to 5 percent in 2014.
- Remapped shift schedules and repositioned front line nursing staff based on levels of acuity. Decreased staffing levels by 23 FTE's and slashed overtime, saving \$935,000+ per year in reduced labor costs.
- Increased patient acuity levels and implemented a program for ventilated patients from the State, generating a revenue increase of \$1.75 million.
- Developed and negotiated post-acute level of care and medically complex care programs approved by State legislature, projected to generate an additional \$1.8 million in Medicaid reimbursement per year.
- Improved Long-Term Acute Care quality score from last in NH (improved from 1 star to 4 stars out of 5) and increased patient satisfaction score to 4.5 stars out of 5.
- Designed conceptual framework for the quality management system that enabled Crotched Mountain to become the first healthcare facility in New Hampshire to achieve DNV ISO 9001 Certification.
- Allowed Crotched Mountain to receive the prestigious 2015 National Doyle Award for Innovation and Leadership in Healthcare.

Vice President / Director of Nursing / Director of Inpatient Services

MONADNOCK COMMUNITY HOSPITAL, Peterborough, NH

2004 - 2010

A Critical Access Hospital offering Medical, Surgical, ICU, Obstetrics, Pediatrics, and Mental Health services.

- Promoted twice and reported directly to the CEO. Oversaw 150 FTE's, annual budget development, strategic planning, special projects, and quality / cost containment initiatives.
- Maintained responsibility for 63 licensed beds including 25 acute bed capitation, Med-Surg, Pediatrics, SNF, ICU, OB, SDS, Endoscopy, Respiratory Therapy, Infection Control, and Disaster Preparedness.
- Implemented TQM, Balanced Scorecard, and Six Sigma programs and created new staffing and acuity models. Solidified quality standards and protocols to apply for Magnet status.
- Ensured survey and audit compliance. Received JCAHO reaccreditation without any deficiencies.
- Remodeled Triage protocols that increased Emergency Severity Index acuity from Level 3 to Level 5.
- Established 12-hour shifts and created a customized staffing and acuity tool, saving \$300,000+ per year in staffing overages. Developed policies and procedures manuals for 7 departments.
- Created shared governance model which allowed for the elimination of department supervisors, savings \$500,000.00 annually plus benefits.
- Designed a new Emergency Department and consolidated ICU and Medical-Surgical units. Oversaw 8-bed outpatient Emergency Room (13,000 visits annually) with 3 operating rooms.
- Interfaced with Stanford University to implement a Simulation Lab for training.
- Built and implemented En-Chart hybrid medical record in the Emergency Department with updated coding rules and regulations. Recovered \$2.7 million dollar in lost revenues.

Manager (Medical / Surgical / Telemetry / Pediatrics)

NASHOBA VALLEY MEDICAL CENTER, Ayer, MA

2003 - 2004

A community hospital serving 11 communities in North Central Massachusetts.

- Managed a 57-bed Telemetry and Medical-Surgical unit. Maintained 24-hour accountability for Acute Care Services and unit staffing coverage. Oversaw 40 nursing FTE's and fiscal resources at 2 facilities.
- Ensured compliance with CMS, JCAHO, and other regulations, resulting in a successful JCAHO survey.
- Designed and implemented staffing and acuity module and fast tracking program.
- Expanded Pediatric Services and engineered a discharge planning lounge on the In-patient Unit.
- Conceived and developed a pod-care delivery model to bring nursing to the bedside.

Director, Sub-Acute Services, Adult Day Health, and Infection Control

UMASS MEMORIAL / THE HIGHLANDS / FAIRLAWN LONG-TERM CARE, Fitchburg, MA

1999 - 2003

A campus providing post-operative and long-term care, clinical nursing, and rehabilitation services.

- Promoted 5 times and managed 40 FTE's and daily operation in a 38-bed Sub-Acute Unit, a 54-bed locked Special Care Unit, and an Adult Day Health Unit with a client capacity of 50 clients.
- Directed Infection Control, Employee Health, and Worker's Compensation activities for 314 beds.
- Maintained 24-hour accountability for resident care. Ensured delivery of comprehensive and quality patient care. Oversaw MDS process while maintaining nursing management responsibilities.
- Partnered with Hospital ED, In-patient Services, IV Therapy, Rehabilitation, and other unit teams to provide holistic care. Monitored, tracked, evaluated, and reported on infections for each unit.
- Reviewed applications for admission to the unit with the Director of Nursing and Admissions and demonstrated knowledge of OBRA and JCAHO guidelines in assisting with survey plans of correction.

ADDITIONAL EXPERIENCE

Pre- & Post-Op Care & I.C.U. Staff Nurse FLORIDA HOSPITAL, Orlando, FL A 2,247-bed acute-care medical facility affiliated with Adventist Health System.	1998 - 1999
Medical-Surgical & Telemetry Unit Charge Nurse / Unit Advisory Council Chair ORLANDO REGIONAL MEDICAL CENTER, Orlando, FL An 808-bed hospital specializing in trauma, critical care, emergency care, cardiology, orthopedics and neurosciences.	1993 - 1998
Renal-Dialysis Unit Charge Nurse / Care Facilitator BURBANK HOSPITAL, Fitchburg, MA A rehabilitation hospital now affiliated with UMASS Memorial Health Alliance Hospital.	1991 - 1993
Medical-Surgical Staff Nurse MONADNOCK COMMUNITY HOSPITAL, Peterborough, NH A Critical Access Hospital offering Medical, Surgical, ICU, Obstetrics, Pediatrics, and Mental Health services.	1991
Home Health Staff Nurse HOME HEALTH HOSPICE & COMMUNITY SERVICES, Peterborough, NH A local, non-profit visiting nurse and hospice provider serving southwestern New Hampshire.	1991

EDUCATION

Lean Six Sigma Black Belt VILLANOVA UNIVERSITY, Villanova PA	2014
Nursing Home Administrator License CROTCHED MOUNTAIN REHABILITATION CENTER, Greenfield, NH	2014
Masters of Business Administration FITCHBURG STATE COLLEGE, Fitchburg, MA	2005
ARNP Masters Program Courses ANDREWS UNIVERSITY, Berrien Springs, MI	1998
Bachelor of Science, Nursing FITCHBURG STATE COLLEGE, Fitchburg, MA	1991

LICENSES, CERTIFICATIONS & TRAINING

- R.N. Licenses (NH / MA / FL)
- CDONA & NHA NH
- ACLS / PALS / BLS
- Ventilator Management
- Peritoneal Dialysis
- PICC Line Certification
- Green & Black Lean Six Sigma
- Critical Care Course Certification (RNII)
- Alzheimer's Train-the-Trainer Certification
- APIC Infection Control Certification
- Medical Legal Nurse Consultation Training
- Prior ANCC, RN, C Certification

AFFILIATIONS

NADONA - National Association of the Directors of Nursing / LTC (2014)
Advisory Board Member, Nashua Community College, Nashua, NH (2013)
ACHE - American College of Healthcare Executives (2008)
AONE - Association of Nurse Executives (2008)
NHONL - New Hampshire Organization of Nurse Leaders (2008)
Sigma Theta Tau - International Honor Society of Nursing (1991)

CONSTANCE M. YOUNG

PROFESSIONAL EXPERIENCE

2000 – Present

Rockingham County ServiceLink

Atkinson, NH

Program Director

- Develop, implement and manage program for older adults, adults with disabilities and family caregivers.
- Recruit, train, and supervise staff and volunteers.
- Provide daily management and leadership of program staff and volunteers in conjunction and consultation with the Advisory Board, to maintain sufficient resources affording high quality services to consumers.
- Counsel, assess and educate consumers on issues of aging, chronic illness, disability and caregiving.
- Organize, facilitate and provide public education on subject matter of interest to consumers.
- Develop, direct and implement public relations and communication strategies to establish and heighten awareness of program.
- Advance collaborative relationships with community and state agencies, organizations, business and individuals.
- Develop, manage, and monitor agency budgets.
- Identify and pursue funding opportunities.

1986 – 2000

Rockingham Community Action

Salem, NH

Outreach Center Director

Fuel Assistance Intake Manager and Certifier

- Direct and plan operations and programs for two outreach centers that provide service to twelve communities.
- Recruit, hire, train and supervise staff, student interns, and volunteers.
- Provide advocacy for clients with town officials, landlords and vendors; authorize all payments for emergency assistance.
- Compile and monitor program statistics program.
- Develop and manage budgets for multiple programs.
- Organize and plan activities to obtain grants from local, state, federal, and private sources.
- Prepare reports as needed for municipal funding, grantors, and others.
- Participate on strategic planning team responsible for the development of a coordinated service delivery system.
- Identify changing and unmet needs and develop strategic plans to provide more effective and efficient service and support.
- Develop, enhance and maintain positive relations with community and civic organizations and businesses.

CONSTANCE M. YOUNG

1998-1999

New Hampshire College

Salem, NH

Administrative Assistant

- Provide administrative support and service to faculty and academic advisors.
- Address inquiries, schedule appointments, provide course selection and prerequisite information to enrolled and prospective graduate and undergraduate students.
- Assist with daily office functions and maintenance of student and faculty files.
- Receive and process payments; reconcile and report daily payment receipts and make bank deposits.

February–June 1998 Central Catholic High School

Lawrence, MA

Alumni and Development Assistant

- Coordinate, schedule, and motivate students, parents, and alumni telemarketers for two major fund raising campaigns.
- Compile daily pledge results and report progress to the Alumni Director and any other information pertinent to the continued success of the campaign and the academic community.

EDUCATION

Merrimack College
North Andover, MA

Bachelor of Art
Political Science

PROFESSIONAL CERTIFICATION

- October 2006- Present Certified Information and Referral Specialist for Aging (CIRS-A/D)

ADDITIONAL PROFESSIONAL ACTIVITIES

- ServiceLink ADRC Association – President 2012–2014 ; Vice President 2014-2016
- Southern NH Elder Wrap Around Team - Facilitator
- NH Senior Leadership Series Graduate
- New Hampshire Statewide Suicide Prevention Council – 2006-2011
- Greater Salem NH Chamber of Commerce – Non-profit and Scholarship Committees
- Leadership Greater Salem, Greater Salem NH Chamber of Commerce

Susan M. Deyoe

ServiceLink Aging & Disability Resource Center of Rockingham County

Assistant Director

December 2015 - Present

- Promote and support the ServiceLink Mission;
- Assist the Director with establishing short and long-term agency goals for sustainability and growth;
- Manage and assist staff in our Portsmouth office for a successful and positive team outcome;
- Program outreach & education to the local community;
- Coordinate and facilitate education programs;
- Assist Director with financial oversight of program contracts and subcontracts;
- Collaborative efforts and education with other non-profits, civic groups and religious organizations;
- Work collaboratively with the NH Department of Health & Human Services/Bureau of Elderly and Adults Services Adult Protection Services; and
- Work independently as well as part of a team.

Office of Public Guardian

Public Guardian, NCG

November 2013 – December 2015

- Responsibilities include, insuring the safety, care, comfort and maintenance of persons under guardianship including 24/7 care, medical treatment, healthcare, education, housing, food, clothing and other necessities;
- Regularly meet with providers supporting the clients in the community and Institutions;
- Maintain regular contact and interaction with clients in their home, day programs and community;
- Responsible for maintenance of records regarding each client;
- Protection of all real, personal property, financial resources & benefits of the client;
- Attend probate and other courts hearings with and on behalf of person under guardianship;
- Responsible for preparing/filing annual reports to the Court summarizing the health & well-being of the clients;
- Preparing/file petitions to seeking authority from the probate court;
- Frequent travel required for court hearings, meetings and client visits;
- Part of the Guardian team for emergency on-call (Nights/Weekends/Holidays) for case coverage;
- Work closely with case managers at the area agencies, mental health centers, as well as physicians, & hospitals;
- Work independently and as well as part of a team.

ServiceLink Aging & Disability Resource Center of Carroll County

Program Director

April 2001- October 2013

Volunteer Coordinator and Assistant Director

May 2001 – April 2001

- Oversee day-to-day operations, program development and sustainability of a non-profit 501(c)(3);
- Promote and support the ServiceLink Mission Statement;
- Establish short and long-term agency goals for sustainability and growth;
- Marketing and advertisement development;
- Database management and agency updates;
- Hire, train and supervision of program staff;
- Assist staff with difficult clients and cases in our office for a positive outcome;
- Oversight of recruitment and retention of volunteers, orientation and training;
- Oversee volunteers at program sites and within the office;
- Collaborative efforts and education with other non-profits, civic groups and religious organizations;
- Program outreach and education to the local community to include health fairs, conferences, seminars and workshops;
- Coordinate and facilitate education programs;
- Financial oversight of program contracts and subcontracts;
- Prepare and submit financial reports, statistical reports, federal and state reports, work plans and annual reports;
- Perform client Intake and Assessments for Medicare, Long-Term Support, Caregiver and Care Transitions Programs;
- Coordinate, facilitate and prepare financial reports and minutes for the ServiceLink Advisory Board;

- Prepare and submit Request for Proposals for fiscal agent;
- Medicare education and counseling;
- Caregiver Education – “Powerful Tools for Caregivers”;
- Facilitator of Alzheimer’s support group in southern Carroll County;
- Assist seniors, disabled adults, their families and caregivers with information & referrals to services;
- Research programs, organizations and financial resources to meet the needs of our clients;
- Work collaboratively with the NH Department of Health & Human Services/Bureau of Elderly and Adults Services Adult Protection Services; and
- Work independently as well as part of a team.

New England Emergency Response Systems

Subcontractor

September 2002 – September 2007

June 2010 – October 2011

- Customer service representative for the northern New Hampshire area of Carroll & Grafton County;
- Responsible as the company representative to make contacts with clients for installation, maintenance & repairs and pick of emergency response units and equipment in client’s homes;
- Responsible for home visits for installation, maintenance & repairs and pick of emergency response units and equipment in client’s homes;
- Special project for NEERS in Coos County when company obtain the services area;
- Coverage of Belknap County & Western Maine territory as needed;
- Instruction to client on use and maintenance of unit, call center protocol and company promotion;
- Responsible for completing accurate application forms relative to client personal information and data; and
- Responsible for completing client billing information and company paperwork.

Melendy & Lee, P.A.

Paralegal

August 2000 - May 2001

The Law Offices of Thomas E. Dewhurst

Paralegal

June 1998 - August 2000

- Prepare legal documents and correspondence;
- Interview clients;
- Schedule appointments and court proceedings for the attorneys;
- Legal research;
- Interact with the Court and law enforcement agencies; and
- Specialty in civil litigation, criminal, corporate, real estate, personal injury, municipal, and family law.

Councils, Board, Committees and Workgroups

Gifts from the Heart – Board of Directors 9/2009 – 10/2013
 State of New Hampshire Elder Abuse Advisory Council – Past Member
 2010 Annual Caregiver Conference– Committee Member
 ServiceLink ADRC Advisory Council – Past Member
 ServiceLink ADRC Network - Inclusion/Exclusion Policy Work group
 ServiceLink ADRC Network - Refer 7 Policy Workgroup
 ServiceLink Database Committee

Trainings and Certifications

- Elsevier – Person Centered Training – 2016
- Diversity and Cultural Competence Training - 2016
- NH Welfare 101 - 2016
- National Certified Guardian - 2015
- AIRS Certified Information & Referral Specialist for Aging (CIRS-A)
- Refer 7 Database
- Senior Medicare Patrol (SMP) Certificate
- NH State Health Insurance Program (SHIP) Medicare Certification 2005-2013, 2016
- Respecting Choices - NH Partnership for End of Life Care
- Understanding & Living With Alzheimer's Disease & Related Disorders/ Train-the-Trainer
- Evidence Based Falls Risk Reduction in the Elderly
- Person-Centered Planning
- Methods, Models & Tools
- Powerful Tools for Caregivers
- Care Transitions Initiative- Coleman Model developed by Dr. Eric Coleman, University of Colorado
- Behavioral Management – Dr. Marcel Lebrun, Plymouth State University - 2014
- Informed Decision Making - 2014
- Let Me Tell You What It's Like to Have Schizophrenia - Lisa Halpern - 2014
- Termination of Guardianship Hearings – Tracy Culbertson= 2014
- Promoting Recovery for People with Co-Occurring Disorders – Lindy S. Keller, MS, MLADC - 2014
- World Congress on Adult Guardianship Conference, Washington, DC – May 28-30, 2014
 - The Importance Self
 - Comparative Perspectives on Adult Guardianship
 - Undue Influence: Detection and Intervention
 - Guardianship and Human Rights
 - Person-Centered Guardianship and Supported Decision Making
 - Community-Living: A Right's-Based Approach for the 21st Century
 - Making the Case for Supported Decision Making
 - Doctor's Knowledge and Practice of the Law on Withholding and >>>
 - Judicial Standards and Promising Practices I Limited Guardianships
 - Comparative Practices with Supported Decision –Making
 - Ready, Set, Plan: Future Care Planning>>>
 - Guardianship Reform in China and Japan
 - Indiana Adult Guardian Task Force: How a Highly Successful>>>
 - Elder Veterans: Posttraumatic Stress Disorder, dementia and Benefits
 - The Differing Role of Governmental Fiduciaries on Three Continents
- Pharmacology Conference, Manchester, NH – September 10, 2015
- Microsoft Office 2010 – Word, Excel, Power Point, Access and Outlook

Education

Granite State College F/K/A College for Lifelong Learning

Bachelors Criminal Justice – Self Design 2004

New Hampshire Community Technical College at Laconia

GPA – 3.66/4.0 scale

Associates Business Management 1998

Associates Accounting 1998

Legal Assistant/Paralegal 1997

NHCTC Laconia Work Study Program – Assistant to Marketing Director, Max Brown - 1997

NHCTC Laconia Student of the Year - 1998

NHCTC Laconia Chapter President - Phi Theta Kappa Honor Society - 1998

NHCTC Laconia Chapter Treasurer - Phi Theta Kappa Honor Society - 1996-97

DONNA T. LEITNER

OBJECTIVE

Obtain a position of responsibility where past experience, skills and education will be utilized.

EDUCATION

Legal Assistant Courses, Mattatuck Community College
Waterbury, Connecticut

STEP Program, School of Social Work, University of Connecticut
West Hartford, Connecticut

Bachelor of Science in Social Work, Southern Connecticut State University
New Haven, Connecticut

EXPERIENCE

Rockingham County ServiceLink Resource Center, Salem, New Hampshire

Options Counselor 2006-Present

Offers full range of options counseling regardless of age, income or gender. Performs comprehensive needs assessments. Develops care plan using person centered thinking tools and techniques. Assists in coordinating short-term support services and provides limited case management. Screens for clinical and financial eligibility requirements for state and federal programs. Guides the individual and their family through the phases of public benefit applications. Provides options counseling and decisional support when assisting consumers considering long term care choices. Partners with VA NH –VIP for provision of options counseling to Veterans and their caregivers. Conducts public education forums. Trained in Methods, Models and Tools; Person Centered Thinking; on-line classes through BU Institute on Aging and Disability; SHIP and AIRS certified; seeking certification for Options Counseling.

Portsmouth Housing Authority, Portsmouth, New Hampshire

Director of RSVP Program 2004-2006

Directed and coordinated all activities involved with administering the Retired Senior Volunteer Program. Designed and implemented volunteer programming. Recruited, interviewed and supervised all volunteer activities. Engaged volunteers in activities to meet goals established by federal and other funding sources. Offered recognition for volunteer efforts. Developed relationships with community partners. Supervised and trained staff within program. Sought and maintained compliance with federal, state, county and other funding sources. Promoted organization within community. Oversaw all recordkeeping processes.

Community Caregivers of Greater Derry, Derry, New Hampshire.

Co-Director

1993-2004

Coordinated day to day operations of agency. Represented and promoted mission of agency via participation in community groups, media events and public functions. Recruited, interviewed, and supervised all volunteer functions within agency. Assessed clients, matched with volunteers and monitored all client activity. Developed a caregiving lecture series for community education. Collaborated with several community agencies to organize a Senior Health Fair. Devised and updated volunteer and client forms. Tracked volunteer hours, client demographics and other pertinent statistics. Acted as a referral source for clients, volunteers and public. Responsible for reports to funding sources.

New Hampshire Job Training Council, Concord, New Hampshire.

Summer Youth Program Liaison

1992-1992

Collaborated with site managers, schools and community agencies to distribute applications and procure necessary documentation for eligibility certification. Provided instruction and clarification to schools, applicants and families concerning the application process. Developed responsive working relationships with site managers to ensure contract compliance in areas such as job placement, labor laws and testing procedures.

State of Connecticut Dept. of Labor, Meriden, Connecticut.

Employment Counselor

1987-1991

Evaluated education, work history, abilities, interests, physical capabilities, and other relevant factors to formulate an employability plan. Provided information about occupations, job training and support services available in the community. Implemented Federal and State contract programs including JTPA and TRA. Coordinated and conducted vocational workshops for Dept. of Health and Human Service.

Middlesex Memorial Hospital, Middletown, Connecticut.

Medical Social Worker

1980-1986

Assisted with the development and implementation of survey to assess social/economic needs of elderly patients. Identified psycho-social problems, provided early intervention and crisis-oriented treatment in conjunction with hospital staff and family members. Monitored coordination of effective care plan following hospital discharge through home visits and community network. Aided patients and family members with Medicare claims, Title 19 applications, Social Security concerns and Probate Court process. Trained and supervised students and volunteers affiliated with the elderly program. Coordinated counseling efforts with other programs such as EAP, Hospice and VNA Homecare. Organized and conducted speaking engagements for Family Practice residents, Nursing students and community. Participated in several advisory committees including Portland VNA and Middlesex Adult Day Care.

Linda Dahl

Objective

Acquire a full time social work position working with solution focused and strengths based model of treatment.

Experience

ServiceLink Resource Center (June 2007 to PRESENT)

- Family Caregiver Specialist/Options Counselor
- Veterans Independence Program Coordinator/Advisor
- Information & Referral

Provide seniors and disabled adults with needed information and referrals to improve their quality of life

Complete in home caregiver assessments to connect family caregivers with Much needed respite and supplemental services

Became certified and teach "Powerful Tools For Caregivers" classes

Offered Caregiver Support Groups in the community

Complete Veteran assessments in home to assist veterans in getting home based community care needs met and offer needed support while veteran participates in the program.

Client Services Specialist/Site Supervisor

2006-2007 Rockingham Community Action, Raymond, NH

- Developed program policies/procedures safety and administrative functions for the start up of a new after school program for children in grades 5th-8th
- Assisted Outreach Director with all aspects of supervising the day to day operations of the Outreach Center
- Provided direct client services for clients in need

Family Support Worker/Volunteer Coordinator

2002-2006 Families First, Portsmouth, NH

- Assisted in helping families at risk to meet their basic needs such as food, housing, shelter, medical care and family education
- Provided supportive counseling
- Maintained monthly reports/progress notes for Division of Children, Youth & Family
- Increased volunteer participation from 50 upon hire to over 200 saving the Agency thousands of dollars
- Developed policies/procedures and created a Volunteer Manual
- Became a Certified "Parents As Teachers" staff
- Did company orientations/tours for new interns and volunteers

Education

Family Support Worker II

2001-2002 KidsPeace New England Community Services, York, ME

- Worker with open DCYF cases providing supervision, assessment, counseling and behavior management to supported families and specialized foster families
- Maintained Individual Service Plans monthly narrative reports, safety home checks, medication administration reports and client records

Bachelor of Professional Studies/Behavioral Sciences, USNH, Durham, NH

- BPS/Graduated Magna Cum Laude

Danielle N. Antoine

OBJECTIVE

To apply my unique experience and skill set as an effective and compassionate problem solver in the capacity of Options Counselor.

EDUCATION

Oaks, CA. **California Lutheran University** *Thousand*
Bachelor of Arts in Sociology

SKILL SETS

- skilled problem solver
 - effective, compassionate communicator
 - collaborative, responsive team member
 - understanding of HIPAA and electronic medical records
 - reliable, efficient and organized
 - sound judgment in routine, urgent or emergent clinical situations
-

WORK HISTORY

May 2016-Present **ServiceLink**
Atkinson, NH *Options Counselor*

- Options counseling in a person centered approach
- Project development
- Specific attention to Caregivers grant
- Assists caregivers with developing a budget specific to their needs
- Performs comprehensive needs assessments
- Provides ongoing supports
- Provides limited case management

2010-2015 **Center for Life Management** *Derry,*
NH *Benefits Specialist & Targeted Case Manager*

- Initiated a Benefits Program for all children, adolescent & adult clients for the Center for Life Management
- Assisted clients with applying for state & federal benefits
- Provided individual care plan development, assessed clients needs, made referrals and monitored service delivery.
- Coordinated medical services and emergency services as needed
- Initiating & developing Voices of Change Committee with intent of facilitating positive, open communication between upper management and center staff for a positive work environment.

2009-2010
NH

Center for Life Management

Derry,

Supported Employment Specialist

- Educated clients about work incentives offered through SSI/SSDI
- Collaborated with NH Vocational Rehabilitation
- Coordinated care with treatment team providers
- Helped clients maintain their benefits while working
- Assisted clients with securing & maintaining employment

2008=2009
Helens, OR.

Columbia Community Mental Health

St.

Adult Foster Care-House Manager

- Supervised a staff of 4 employees: conducted weekly supervision, wrote annual reviews & hired staff
- Advocated for the needs of the clients
- Coordinated care between treatment team providers
- Transported clients to medical appointments
- Assisted clients with medication management
- Ensured all paperwork & documentation met state licensure

PATRICIA M. CAMERON

EDUCATION

BOSTON STATE, BOSTON, MA
Certificate in Paralegal Studies
McNTOSH BUSINESS SCHOOL, LAWRENCE, MA
Secretarial Certificate
LAWRENCE HIGH SCHOOL, LAWRENCE, MA
Business Course Curriculum

EXPERIENCE:

September 2010
December 2011

SERVICELINK RESOURCE CENTER, SALEM, NH
Volunteer Part D open enrollment

Ran Part D plans, met with clients to explain Medigap, MedAdvantage and Part D options.

December 2011
to present

SERVICELINK RESOURCE CENTER, ATKINSON, NH
Certified SHIP and I & R Specialist.

Perform Medicare counseling to individuals who will be new to Medicare, including explanation of Medicare Part A, B and D and Medigap and Medadvantage plans. Enter prescription information on Medicare.gov and run Part D plans. Assist with New to Medicare workshops and Part D Planfinder workshops. Assist clients in applying for MSP programs and SS disability. Assist in resolving Medicare/MSP problems. Assure that all client records are maintained accurately.

June 2000
December 2009

NIXON PEABODY LLP, BOSTON, MA
Real Estate Paralegal for Firm

Perform all real estate paralegal functions, including title research, rundowns, recordings, and tax lien searches for registered and recorded land properties; preparation and filing of UCC-1 Financial Statements and Amendments with state and county offices; assist with closings, both commercial and residential, including acquisitions, sales, loans and settlements; order and review titles and surveys; review title and survey documents and prepare memo summarizing all exception documents; order municipal lien certificate, assessor's classification, leases and title insurance policies; review property information including rent rolls, security deposits and utility bills/calculate final adjustments; prepare Seller/Buyer/ Lender closing documents including deed, trusts and trustee certificate, mortgage, closing statements with adjustments and preparation of other closing documentation; draft residential Purchase and Sale Agreements; review zoning maps and by-laws; review building jackets, licenses, permits; perform Lexis information searches; secure and review qualification certificates for corporation, limited liability companies and limited partnerships, both foreign and domestic; prepare foreclosure documents through foreclosure sale.

June 1995
to June 2000

PEABODY & BROWN, BOSTON, MA
Legal Secretary to Senior Partner in Real Estate and
Syndication Departments and to Associate in
Environmental and Real Estate Departments

Perform all secretarial functions, including preparation of letters, legal documents, redlining documents, answering the telephone, filing, preparation of bills, entering time, coordinating meetings and making travel arrangements. I am proficient in Microsoft Word and Excel.

April 1964
to May 1995

CREGG & CREGG, LAWRENCE, MA
Legal Secretary/Paralegal to Two Attorneys

Performed all tasks necessary to running a legal office, including typing and preparation of legal documents, maintaining the books, answering the telephone and filing. Performed title searches, took a real estate transaction from its inception to closing (i.e prepare purchase and sale agreement, order Municipal Liens Certificates, prepare the real estate package, obtain the figures for the settlement statements, attend closing, etc.), prepared estate accounts for filing with the Probate Court, prepared Forms 706 and M706 estate tax returns, prepared corporation organizational documents and annual minutes. Client contact played a major role in my daily routine.

PERSONAL

I enjoy hiking, cross country skiing, golf and working out at the gym.

References on request.

Lisa A. Morin

RELATED EXPERIENCE:

Medicare Specialist / Information and Referral

March 2015 - Present

Servicelink Resource Center, Portsmouth, NH

- Counsel clients in identifying, understanding and applying for Medicare, Medigap and Medicaid benefits, including Medicare Savings Programs
- Train State Health Insurance Assistance Program (SHIP) volunteers to provide accurate and timely information to Medicare beneficiaries.
- Provide public education, outreach activities and confidential counseling concerning Medicare Fraud through the Senior Medicare Patrol program
- Review client issues and concerns, provide information, assist with problem solving, and refer to appropriate agencies or services as necessary

Resource Center Specialist/Case Manager

August 2014 – December 2014

Servicelink Resource Center/Community Partners, Rochester, NH

- Provided information and referral linkage to consumers contacting the agency call center for social service and mental health providers, as well as referrals for respite or long term care information
- Assisted clients seeking information about Medicare benefits and program options
- Provided targeted case management services including needs assessments, service planning, resource linkage and referral monitoring for an active case load of Community Partners clients
- Maintained accurate written documentation and complied with all state and federal regulations as well as agency policies and procedures regarding information reporting

Care Manager/Clinician (Per Diem)

May 2014-June 2014

Clinical Care Management Intern

September 2013 – April 2014

Havenwood Heritage Heights, Concord, NH

- Provided social services to residents in Health Services Center programs, including care, discharge and transfer planning, in collaboration with the interdisciplinary team
- Assessed residents for psycho-social needs to advocate for appropriate level of living and support services within the continuum of care model that fostered residents' well-being and empowerment
- Provided information on financial and community resources and assisted residents in understanding and completing advanced directives
- Demonstrated comprehensive knowledge of Medicare, Medicaid and other programs to determine access strategies for care
- Earned per diem employment opportunity based on internship performance

Resident Case Management Intern/Aftercare Coordinator*September 2012 – April 2013**New Generation, Inc. Greenland, NH*

- Provided case management services to resident pregnant and mothering women, including referrals to community resources, transportation, life-skills coaching and advocacy
- Offered supportive counseling re: resident's physical, emotional, spiritual and social development
- Assisted residents with identifying educational and vocational objectives in order to enhance greater self-sufficiency
- Conducted home visits to assist former residents in maintaining housing and to address other issues currently experienced by the household

PROFESSIONAL EXPERIENCE**Library Director***January 2001 – August 2011**Lee Public Library, Lee, NH*

- Excelled in program and organizational planning to meet the informational, educational and cultural needs of a diverse service population
- Facilitated all library operations and services per professionally accepted practices and procedures, including staffing, budgeting, programming, public relations, reference services, long-range planning and facility maintenance
- Demonstrated strong management skills in accordance with the policies and directives of the Board of Trustees
- Developed and maintained strong support and alliances with other municipal departments and community organizations.

EDUCATION

- **Master of Social Work** *May 2014*
University of New Hampshire, Durham, NH
- **Library Techniques Certificate Program** *May 1999*
College for Lifelong Learning (now Granite State College), Durham, NH
- **Bachelor of Arts in French and Political Science, with Highest Distinction** *May 1985*
University of Maine, Orono, ME

CERTIFICATION

- **Alliance of Information and Referral Systems (AIRS)** *December 2015*
Certified Information and Referral Specialist for Aging/Disability (CIRS A/D)
- **State Health Insurance Assistance Program (SHIP) Counselor** *February 2016*

Kathleen M. Turner

Position: I & R , Medicare Specialist

Summary of Qualifications-

- Developed leadership experience through positions held within MSD/PSD Administration and District Management teams.
- Used various data, communication, and reporting applications including Microsoft Word, NH Easy, Excel, ReferNet
- Problem solved consumer issues and concerns in a professional, confidential and compassionate manner.
- Managed others in an educational environment, to provide an exceptional and individualized educational experience for students and families.
- Created and sustained a positive school culture and climate, to promote and maintain positive home/school, community relations through personal meetings, verbal and written communication.
- Assessed and communicated performance trends using technology.
- Analyzed and consulted with professional staff to develop processes and build consensus on new initiatives.

Work Experience

Medicare Specialist • *Rockingham ServiceLink*, Atkinson, New Hampshire (6/16-present)

- Provide free and confidential health insurance counseling.
- Assist consumers in applying for cost savings programs to reduce Medicare expenses.

Information & Referral • *Rockingham ServiceLink*, Atkinson, New Hampshire (1/16-present)

- Work directly with clients and caregivers within the aging and/or disabilities area and perform the same basic range of skills and tasks as a comprehensive I&R Specialist but who also have a special depth of knowledge related to their core client group)

Provider Outreach Specialist • *Rockingham ServiceLink*, Atkinson, New Hampshire (4/15-6/16)

- Identify and outreach to wide range of providers in the region to educate around the importance of asking the question "Have you ever served in the military?"
- Conduct outreach by phone, email and in person
- Provide presentations to individual providers and provider groups
- Provide technical assistance regarding intake interview and resource pathways
- Assist in assessing providers' military cultural competence and changes in intake process as a result of this project
- Function as member of a regional Outreach Team and Statewide Project Team
- Attend and participate in all training and meetings as directed
- Submit all required reports and documentation to Supervisor and/or Easter Seals NH in an accurate and timely manner

Certified Marketplace Assister • *Rockingham ServiceLink*, Atkinson, New Hampshire (2/14-12/15)

- Assisted consumers in understanding Marketplace programs (terms, benefits, provider network, PAP, SEP)
- Navigated the Marketplace Health Insurance system to find the most affordable coverage that met the consumer's needs.
- Assisted consumers in their eligibility, application, enrollment and understanding of their insurance plan.
- Attend and participate in all training and meetings are directed
- Function as a member of a regional Outreach Team and Statewide Project Team

Elementary Principal • *Manchester School District*, Manchester, New Hampshire (7/10-6/12)

- School Improvement Grant Transformational Leader
- On-site instructional leader in the coordination of curriculum development, implementation and evaluation of approximately 75 professional/paraprofessional staff to provide standards based instruction for Pre-K-5 student population of 500+.
- Proficiency in Microsoft Word, Microsoft Office, Outlook, Microsoft Office, MUNIS, Power School, First Class, and Performance Tracker
- Responsible for maintenance and confidentiality of all student records.
- Oversee the daily organization and implementation of all school systems and operations, with adherence to all school district policies and procedures.

- Collaborated with professional staff to develop processes to improve the overall operations and delivery of instruction to ensure student success .
- Responsible for communicating, organizing and facilitating skill specific and site-wide initiatives to improve school and student performance as outlined in Common Core State Standards.
- Built relationships needed to successfully facilitate the integration and migration of School Improvement practices at site level.

Elementary Assistant Principal • *Pelham School District, Pelham, New Hampshire (7/04-6/10)*

- Partnered with building principal to implement school district policies.
- Provided supervision and evaluation to 100 professional/paraprofessional staff to provide standards based instruction for K-5 students population of 1000.
- Coordinated and supervised state and district assessment schedules.
- Collaborated with and monitored grade level teams to ensure consistency of instruction and assessment practices.
- Provided positive home/school, community relations via personal meetings, verbal and/or written communication.
- Administrative liaison Special Education, 504 team
- Analyzed data using NECAP, NWEA, DIBELS and Benchmark Assessments

Education

2010-2011	New & Aspiring School Leaders	Harvard Graduate School of Ed	Cambridge, MA
2001-2003	Principal Certification	Rivier College	Nashua, NH
1992-1995	M.Ed. Elementary Education	Notre Dame College	Manchester, NH
1982-1984	B.S. Human Services	New Hampshire College	Hooksett, NH

Certifications

2014-2016	Marketplace Assister Certification	State of New Hampshire
2015-present	CIRS-A/D	
2016-present	SHIP Certification	

MARIE KIELY

PROFESSIONAL EXPERIENCE

***Benefits Counselor, ServiceLink Resource Center of Rockingham County,
Portsmouth New Hampshire***

2015 – present

- SHIP certified June 2016
- Counsel clients on Medicare issues, including understanding and applying for benefits, selecting plans, and health care fraud awareness
- Provide information and referrals to consumers (adults and adults with disabilities) for health and social services, housing, legal and other assistance; assess their short and long term needs and follow up as needed
- Maintain all client information in Refer7 information and referral database
- During the 2016 Healthcare.gov health insurance marketplace open enrollment period, assisted callers and clients in person to understand their health coverage options, complete applications and enroll in coverage; conducted Marketplace outreach and education

***Division of Public Health Services, New Hampshire Department of Health and Human Services,
Concord, New Hampshire, Maternal and Child Health (MCH) Section***

Consultant

2014

- Prepared federal grant application for the redesigned State Systems Development Initiative New Hampshire Data Enhancement Project's 3-year grant cycle

Data Program Manager

2002-2014

- Directed the federally funded NH MCH Data Linkages Project and NH Pregnancy Risk Assessment Monitoring System (PRAMS): prepared grant applications, reports and budgets; developed policies, procedures and protocols to insure data confidentiality and security; prepared data reports; coordinated needs assessment activities for the Maternal and Child Health Section

Injury Prevention Program Manager

1995-2002

- Managed all activities of statewide program, including analyzing data and preparing reports to direct program planning and resource allocation; collaborating with state and local agencies and organizations to develop legislative initiatives and educational programs for diverse audiences; contract monitoring; grant writing, meeting facilitation and staff supervision

EDUCATION

- Tufts University, Medford MA. Master of Science, Public Health
- University of Massachusetts, Boston MA. Bachelor of Science, Biology

SKILLS, TRAINING AND MEMBERSHIPS

- Strong communication, organizational, computer, project management and grant writing skills
- Member, American Public Health Association

Karen L. Bowker

Qualifications:

- Strong written/verbal communication and organizational skills
- Enjoy working with the public
- Adept at providing timely and accurate customer service and resolving complaints
- Work well independently and in team efforts
- Conscientious – Dependable – Strong work ethic

Professional Experience:

- 2014 – **Rockingham ServiceLink**, Portsmouth, NH
Information & Referral Specialist
- Handle front end office operations
 - Link consumers with service providers
 - AIRS certified – SHIP Generalist – Notary Public
- 2007 - 2012 **Crotched Mountain Community Care**, Portsmouth, NH
Administrative Assistant (part-time)
- Handled Medicaid billing for 800+ clients/Telephones/Office Support
 - Coordinated 3 client charity projects with Sun Life Financial
- 2000 - 2007 **Sun Life Financial**, Portsmouth, NH
Office Manager/Administrative Assistant
- Managed mailing/shipping operations & business machine maintenance
 - Processed invoices
 - Designed/updated record keeping forms
 - Ordered supplies/stationery
 - Organized 2 office moves and multiple off-site functions
 - Served as onsite contact for building/maintenance/security/construction project issues
 - Winner of Sun Award and multiple Star Awards
- 1987 - 2000 **Liberty Mutual Insurance Co.**, Dover, NH
Claims Case Manager (1997 – 2007)
- Processed Short Term and Long Term Disability claims
- Senior Service Representative (1987 – 1997)
- Provided quality customer service & counseled customers on personal insurance needs
 - Sold policies to walk-in customers and handled telephone sales & service requests
 - Trained new employees
 - 1996 Service Excellence Sales Employee of the Year, multiple Significant Achievement Awards, Pacesetter Award, Most Valuable Player Award

Education:

University of New Hampshire, Durham, NH
BA Social Work (magna cum laude)
Member Pi Gamma Mu (Social Science Honor Society)

Carlene A. Tessier

PROFILE

Highly motivated administrative professional with strong interpersonal skills. Independently manages work flow, assisting clients in a busy office environment.

PROFESSIONAL EXPERIENCE

Service Link of Rockingham County

Information and Referral Specialist

8 Commerce Drive, Atkinson, NH 03811

April 2016 – Present

Full Time

- Provides first contact through phone, email, or walk-in contacts and triage to appropriate referrals.
- Provides assistance to consumers with appropriate service providers and/or supplies descriptive information about agencies or organizations which offer services.
- Refers those in need of long term care support counseling to the SLRC options counselor.
- Assists with program operations as requested by SRLC Center Director
- Maintains accurate client REFER records following Network standards for the use for Refer7 and the use of taxonomy.

Barclay Chiropractic

Receptionist/CA- Chiropractic Assistant

Time Hours

5 Dracut Rd. Hudson, NH 03051

1999-2016

Part Time & Full

- Answers multiline phone system.
- Books new, return, and regular patients and verifies appointments.
- Data entry for new and return patients.
- Verify patient's insurance benefits and effective dates.
 - Verifying coverage for in and out of network providers.
 - Verifying Medicare patient benefits.
- Mediates between patients and doctors with follow up questions and concerns after their appointment.
- Welcomes patients when they arrive and how to navigate through their benefits and office procedures.

New Life Christian Church

Office Cleaning

Lowell Road Hudson, NH

- Basic office cleaning for a small local church

Reason for leaving job: Looking to consolidate hours into one place of employment.

2002-2004

Part Time

Grace Fellowship Church & Nashua Christian Academy

Administrative Assistant/ Office Cleaning

Part Time

34 Franklin St., Nashua, NH 03060

- Various administrative tasks for the church and school
- Managed/administered school lunch program

1998-2002

- Cleaning for the church and school functions

Reason for leaving job: Began employment for a different church after my children graduated.

Raytheon **1991-1991**
 Assembler Full Time
 Lowell, MA
 Reason for leaving work: Laid off due to recession.

Home Interiors & Gifts **1989-1996**
 Presenter/ Home based business Part Time

- Direct Sales
- Managing appointments and schedules
- Invoicing and payment management

 Reason for leaving job: My parents became ill and I needed to take time to be their caregiver.

Omni-Spectra **1980-1983**
 Assembler Full Time
 Merrimack, NH
 Reason for leaving job: Maternity leave.

Raytheon **1975-1980**
 Assembler Full Time
 Lowell, MA
 Reason for leaving job: I got married and needed to find employment in NH

EDUCATION:

Alvirne High School, Hudson, NH, Graduated with diploma. **1971- 1975**
 Nashua Community College began Associates Degree, not yet complete. **2002**

OTHER SPECIALIZED TRAINING

Refer 7 Training - **2016**
 Diversity and Cultural Competence Training **2016**

VOLUNTEER WORK

Crisis Pregnancy Center, Nashua, NH **1992-1996**
 Grace Fellowship Church, Grief and Loss Support Group, Facilitator Nashua NH **2006-2009**

References are available upon request

Ann Schwartzwalder

Summary:

Master's level Social Worker with hospital, clinical outpatient and home and community based experience. Demonstrates excellent communication and advocacy skills working with all populations across the care continuum.

Knowledge and Expertise:

- Medical Social Work
- Chronic Illness and Disabilities
- Geriatric Social Work
- Team Leadership and Advocacy
- Community Resources
- Transitions of Care

Experience:

Options Counselor/Veteran's Independence Program

May 2016 - present

Crotched Mountain Community Care
Rockingham County Service Link

Program Director

June 2006 - present

Crotched Mountain Community Care

- Oversee statewide care management program supporting elders and adults with chronic illness and disabilities
- Supervise social work/nursing team of care managers
- Coordinate with multiple statewide home care agencies, hospitals and community providers

Care Manager

April 2000 – June 2006

Crotched Mountain Community Care

- Provided advocacy, care coordination and assistance with transitions to elders and adults choosing to remain living in their homes with medical and social supports

Outpatient Psychiatric Social Worker

September 1994 – April 2000

Portsmouth Regional Hospital

- Provided outpatient individual, couple and group psychotherapy

Inpatient Social Worker

January 1987 – September 1994

Portsmouth Regional Hospital

- Provided social work advocacy and discharge planning on the adult and geriatric inpatient units

Education:

Master of Social Work
University of Connecticut

May 1987

Bachelor of Science
Speech and Language Pathology
State University of New York at Geneseo

May 1980

License and Certifications:

New Hampshire Social Work License #413
Maine Social Work License #LC4215
Certified Advanced Social Work Case Manager (C-ASWCM)

References available upon request

Peter Marshall

Experience

August 2016

CMCC/Service Link Options Counselor

November 2007-Present

Assistant Program Director

Crotched Mountain Community Care

Manchester, NH

Assist Program Director with management and oversight of state wide program providing Case Management services to individuals on Choices for Independence Waiver.

Directly responsible for supervision of nine Care Managers serving approximately 360 clients.

January 2006-November 2007

Care Manager

Crotched Mountain Community Care

Portsmouth, NH

Responsible for monitoring, advocacy and oversight of case load of 40-45 individuals on Choices for Independence waiver.

May 2001-October 2005

Director of Client Services

Living Innovations Home Care

Greenland/Salem, NH

Manage and direct Home Care services throughout Southern New Hampshire/Southern Coastal Maine

March 1993-May 2001

Respite Coordinator

Community Developmental Services

Portsmouth, NH

Orchestrated providing short-term care for families with a family member with a developmental disability.

May 1986- March 1993

Case Manager/Liaison to

New Hampshire Hospital

Seacoast Mental Health Center

Portsmouth, NH

Served as case manager in a team approach environment to a caseload of 30-40 adults with mental illness. Liaison duties included discharge and organizational planning for Center clients while inpatient.

Education:

Master's Degree in Psychology

KEY ADMINISTRATIVE PERSONNEL

State of New Hampshire Department of Health and Human Services

Vendor Name: Crotched Mountain Community Care, Inc.

Name of Program/Service: New Hampshire ServiceLink Resource Centers Program

BUDGET PERIOD:		July 1, 2016 through December 31, 2016	
Name & Title Key Administrative Personnel	Annual Salary of Key Administrative Personnel	Percentage of Salary Paid by Contract	Total Salary Amount Paid by Contract
Michael Coughlin, CEO	\$250,000	0.00%	\$0.00
Tom Zubricki, CFO	\$170,000	0.00%	\$0.00
Lisa Perales, Vice President	\$129,000	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$0.00

Key Administrative Personnel are top-level agency leadership (Executive Director, CEO, CFO, etc.). These personnel MUST be listed, **even if no salary is paid from the contract.** Provide their name, title, annual salary and percentage of annual salary paid from the agreement.



**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the New Hampshire ServiceLink Resource Centers Program Contract**

This second Amendment to the New Hampshire ServiceLink Resource Centers Program contract (hereinafter referred to as "Amendment #2") dated this day of February 18, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Crotched Mountain Community Care, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 185 Granite Street, Suite 3C, Manchester NH, 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (item #62) and amended by an agreement (Amendment #1 to the Contract) approved on February 28, 2014 (Item #35), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties;

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional fifteen (15) months and increase the price limitation; and

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: September 30, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$1,563,598.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Wendi Aultman.
4. Form P-37, General Provisions, Item 1.10, to read: (603) 271-9068.
5. Delete Exhibit A Scope of Services and replace with Exhibit A Amendment #1 Scope of Services.
6. Delete Exhibit A-1 Scope of Services.
7. Delete Exhibit B Amendment #1, Method and Conditions Precedent to Payment and replace with Exhibit B Amendment #2, Method and Conditions Precedent to Payment.
8. Delete Exhibit B-7 and replace with Exhibit B-7 Amendment #1.
9. Add Exhibit B-16, Exhibit B-17, and Exhibit B-18.
10. Delete Standard Exhibit C, Special Provisions and replace with Exhibit C, Special Provisions.
11. Delete Standard Exhibit C-1, Additional Special Provisions and replace with Exhibit C-1, Revisions To General Provisions.



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

12. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 9/30/16.
13. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 9/30/16.
14. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.
15. Delete Standard Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement, and replace with Exhibit I, Health Insurance Portability Act Business Associate Agreement.



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

4/3/15
Date

Diane Langley
Diane Langley
Director

Crotched Mountain Community Care, Inc.

2/24/15
Date

Margaret Aris
NAME
TITLE *Vice President Community Services*

Acknowledgement:

State of NH, County of Merrimack on 2/24/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Sarah Dixon, Notary Public
Name and Title of Notary or Justice of the Peace





**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4/20/15
Date

[Signature]
Name: Walter A. York
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit A Amendment #1

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a full service point of access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire Medicaid's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Quarter: A quarter is defined as: July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare & Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

md
2/24/15



Exhibit A Amendment #1

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall provide services defined in this Agreement to the following populations:

- Persons age 60 and over;
- Adults over the age of 18, who are chronically, physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and/or developmental disabilities;
- Veterans;
- People of all ages, income levels and disabilities, including people with dementia and people of different cultures and ethnicities.

3. Geographic Area Served: The Contractor shall provide services as described in this Agreement in the geographic area of Rockingham County. Geographic area is defined as the area focused on client location (City or Town).

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long-term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

- 4.1.1.1. Consideration of all populations served including different age groups, different income levels, different types of disabilities, cultural diversities, and those underserved, and individuals at risk of nursing home placement, family caregivers, advocates, and professionals who serve these populations. Populations shall include all individuals who may or may not meet public assistance requirements, in addition to those that are hard to reach, those who are private payers and want to plan ahead for their long-term needs;
- 4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and
- 4.1.1.3. A feedback loop to modify activities as needed.
- 4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

- 4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.
- 4.1.2.2. Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.
- 4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.
- 4.1.2.4. Contractor shall use the Alliance of Information and Referral Standards and use the Refer7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The Contractor is responsible for:
 - 4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and
 - 4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private



Exhibit A Amendment #1

paying individuals and families; and the database is accessible to the public via a comprehensive website and is user- friendly, searchable and accessible to persons with disabilities.

4.1.2.5. Contractor's staff shall attend trainings as directed by the Department.

4.2. Options Counseling

4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.

4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others whom they may wish to include in the process, such as family members and/or caregivers/support persons.

4.2.3. The Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration for Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards, when they have been released.

4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arrange for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum, the Contractor shall provide:

4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;

4.2.4.2. Special attention to those clients most at risk of institutionalization;

4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in assessing all the pros and cons;

4.2.4.4. Development of action steps toward a goal or a long-term support plan, with assistance in applying and accessing support options when requested;

4.2.4.5. Counseling in a location that fits the needs of the individual being served, such as a private home and office, and to be accessible to the client by phone, email, etc.;

4.2.4.6. Counseling that ensures that clients understand their options by using the Option Counseling Standards.

4.2.5. The Contractor shall provide confidential, objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.

4.2.6. The Contractor shall serve as full service access entry points for individuals and use standard intake and screening instruments defined by the Department.

4.2.7. The Contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.

4.2.8. The Contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.

4.2.9. The Contractor shall be in regular communication with Adult Protection Service offices and will report abuse and neglect of clients immediately to the Adult Protection program.

4.2.10. The Contractor shall include a plan to schedule future contacts and follow-ups according to the needs of the client.

4.3. Streamlined Eligibility Determination for Public Programs

The Contractor will serve as a full service access point/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation



Exhibit A Amendment #1

Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:

4.3.1. Intake and Screening

The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.

4.3.2. Financial and Functional Eligibility Processes

Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.

4.3.2.1.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.

4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:

4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.

4.3.3. Tracking Eligibility Status

4.3.3.1. The Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems, such as New Heights Financial Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.

4.3.3.2. The Contractor may be informed of individuals who are determined ineligible for public LTSS and the ServiceLink Contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.

4.4. Person-Centered Transitions Support

The Contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:

4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.

4.4.2. The Contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.

4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.

4.4.4. The Contract shall:

4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;

4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and



Exhibit A Amendment #1

- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
 - 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
 - Contractor shall involve consumers on a /local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
 - 4.5.1.1. People over age 60
 - 4.5.1.2. Adults over age 18 living with chronic illnesses or disabilities
 - 4.5.1.3. Family members, caregivers, and family caregivers of the target populations
 - 4.5.1.4. Local community providers
 - 4.5.1.5. Representation from cultural and ethnic minorities residing within the community.
 - 4.5.1.6. At least twenty-five (25) percent of the membership must be from the target population.
Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.
 - 4.5.2. Medicaid
 - Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.
 - 4.5.3. Aging and Disability Partners
 - 4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.
 - 4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.
 - 4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.
 - 4.5.4. Other Partners and Stakeholders
 - Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.
- 4.6. New Hampshire Family Caregiver Program
- The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:



Exhibit A Amendment #1

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- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
 - 4.6.6. Determine eligibility for the caregiver programs.
 - 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
 - 4.6.8. Provide information, assistance, and options counseling to caregivers
 - 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
 - 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
 - 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
 - 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum. The Contractor shall:
 - 4.6.12.1. Provide a minimum of one (six (6) week session) Powerful Tools for Caregiver Training to a minimum of ten (10) caregivers completing the workshop series.
 - 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.
- 4.7. New Hampshire State Health Insurance Assistance Program
- The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:
- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
 - 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
 - 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
 - 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
 - 4.7.5. Recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.



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4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education, volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
- 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
- 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
- 4.8.7. Comply with the standards in the SHIP Program Guidance.
- 4.8.8. Recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

4.9. Veterans Directed Home and Community Based Program

The Contractor shall provide Veterans the opportunity to receive home and community based services in a consumer directed fashion that enables them to avoid nursing home placement and to continue to live in their homes and communities. The Contractor shall:

- 4.9.1. Develop and implement a Veterans Directed Home and Community Based (VDHCB) program to provide the services described in Section 4.9.2, in the following ways:
 - 4.9.1.1. Enter into a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and/or the Manchester Veteran's Administration Medical Center (Manchester VAMC). The provider agreement is to be based on the Memorandum of Agreement between the Department and the WRJ and/or Manchester VAMC. Under the provider Agreement, the Contractor shall work with the WRJ VAMC and/or the Manchester VAMC and shall be responsible for the service coordination as defined in Section 4.9.2 below.
 - 4.9.1.2. Establish an advisory group to oversee the development, implementation of the program and provide ongoing feedback for continuous improvement of the program and services. Membership is to include representation from key community resources, local Veterans' organizations, Veterans and families of Veterans utilizing the program, and the public.
 - 4.9.1.3. Establish and maintain a budget for the costs to develop and implement the program as follows:

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- 4.9.1.3.1. Ongoing Staff development and training such as but not limited to, costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program.
 - 4.9.1.3.2. Ongoing Travel costs associated with ongoing program development and implementation such as, but not limited to: Staff mileage to and from training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, Establishing and maintaining a of business processes related to the VD-HCBS Program, such as computer equipment, telephone expenses, and office furniture for new staff.
 - 4.9.1.3.3. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services, in Section 4.9.2.
 - 4.9.1.4. Provide or contract with an agency to provide financial management services to the Veterans. The Contractor cannot implement the VDHCBS program until financial management services are reviewed and approved by the VDHCBS national Readiness Review Process, and reviewed by WRJ and Manchester VAMC and DHHS.
 - 4.9.1.5. Provide a minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to Veterans participating in the program in developing and managing an individual service budget.
 - 4.9.1.5.1. The Contractor shall increase the FTE when the Veterans caseload exceeds 19 Veterans. The contractor shall increase the FTE to provide 4.5 hours per month per veteran.
 - 4.9.1.6. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors are trained in the program practices and procedures prior to service delivery defined in Section 4.9.2.
 - 4.9.1.7. Establish Financial Management Readiness and pass formal readiness review prior to implementation of the program. New FMS agreements must pass formal readiness review,
- 4.9.2. Provide options counseling and assist Veterans in arranging consumer directed services as follows:
- 4.9.2.1. Maintain the provider agreement in Section 4.9.1.1 and the contractor shall be responsible for service coordination for the Veteran as follows:
 - 4.9.2.1.1. Accept referrals of eligible Veterans and their authorized budgets to buy long term supports and services, from at least one of the VAMC in Section 4.9.1.1.
 - 4.9.2.1.2. Provide options counseling to Veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. At a minimum, options counseling shall include an assessment, plan of care and identify type of services to meet the needs to the Veteran to remain in the home and community. The Contractor shall submit the Veteran's plan of care with types of services to the VAMC for approval. The Contractor must obtain budget approval of plan of care from the VAMC before the Veteran receives VD-HCBS supports and services. The Contractor shall comply with the VAMC and the Department's program and policies guide for linking Veterans with needed Long term services and supports and making mutual referrals.



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- 4.9.2.2. Provide or maintain the contract with an agency to provide financial management services. Seek reimbursements for service coordination through the VAMC defined in Section 4.9.1. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services.
 - 4.9.3. Ensure the following:
 - 4.9.3.1. All Veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
 - 4.9.3.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
 - 4.9.3.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
 - 4.9.3.4. Of the Veterans served, there will be a 90 % or better, consumer satisfaction rate.
 - 4.9.4. Comply with procedures for reporting requirements defined by DHHS for monthly "Ticker" reporting requirements defined and required by National VDHCS program administration.
 - 4.9.5. Enter contact data into the Refer 7 data base to increase the amount of resources available by geographic area serve Veterans.
 - 4.9.6. Ensure that documentation required by both the Department and the VAMC is kept current and submitted according to the program requirements.
 - 4.9.7. Participate in continuous process improvement activities with the Department and/or the VAMC to evaluate and improve the quality of the program and its policies and processes by attending meetings, trainings, to include monthly VDHCS Faculty Calls, and related conference calls.
 - 4.9.8. Participate in trainings that aim to improve knowledge of military culture and other related trainings to enhance competencies required to serve our military family and service member population.
- 4.10. Medicare Improvements for Patients and Providers Act (MIPPA).
The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA), services through as follows:
- 4.10.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 4.10.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 4.10.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 4.10.1.3. Promote the Medicare programs described in Section 4.10.1.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:
 - 4.10.2. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
 - 4.10.3. Complete an analysis using available statistics such as Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The



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Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.

- 4.10.4. Assess current and past partnerships with other agencies and community services.
- 4.10.5. Conduct outreach, education and assistance to the target population and geographic area as approved by the Department, based on the Contractor's results of the assessment and analysis described in Section 4.10.2, 4.10.3 and 4.10.4, and to meet the goals in Section 4.10.10. Outreach and education consists of the following, but not limited to:
 - 4.10.5.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 4.10.5.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 4.10.5.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.6. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives. The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.7. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 4.10.1.
 - 4.10.7.1. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
 - 4.10.7.2. The contractor will be responsible for purchasing the media in their local area.
- 4.10.8. Ensure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
- 4.10.9. Complying with procedures for reporting requirements defined by DHHS.
- 4.10.10. Performance Measures: The Contractor will be required to meet or exceed the performance measures described below:



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Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D by eight (8) percent of the total number enrolled in these programs as of September 29, 2014	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 15th of each month.
Performance Measure 2: Implementation of Promotional activities for Medicare's Wellness and Preventive Screening Services	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activities at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in SHIP Mid-Term and annual Performance Grant application to DHHS

4.11. Medicare Supplement Insurance Comparison

- 4.11.1. The Contractor shall provide Medicaid Supplement Insurance Comparison.
- 4.11.2. Notwithstanding Section 3 of Exhibit A, Amendment #1, the Contractor shall provide this service to individuals statewide.
- 4.11.3. The Contractor will collect accurate and timely information about Medicare Supplemental Insurance cost information for Medicare beneficiaries and provide this cost information to the Department's SHIP Program Director and to all the Department's New Hampshire ServiceLink Contractors' who counsel and assist individuals in making decisions about Medicare programs and health plans.
- 4.11.4. The Contractor will compile data related to supplemental insurance premiums in a readable format. Data will be displayed by beneficiary age, the companies authorized to sell supplements in the current calendar year, the policies offered by each company, and the premium amount for each plan by company.
- 4.11.5. The Contractor will update the data each calendar year with the current premium information provided by the New Hampshire Insurance Department.
- 4.11.6. The Contractor will monitor any and all changes in supplemental premium rates authorized by the New Hampshire Insurance Department by requesting timely notification of changes from the New Hampshire Insurance Department.
- 4.11.7. The Contractor will monitor the NH Insurance Department's website each month for changes to supplemental plans. All changes to supplemental insurance premium rates will be communicated to the Department's SHIP Program Director and each ServiceLink Contractor.
- 4.11.8. Each January, or as soon as information is released, the Contractor will provide the Department's SHIP Program Director and each ServiceLink contractor with an electronic version of the current year's data.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.



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- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phone numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route from the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.
- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 5.9 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.

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- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
- 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
- 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
- Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
- 6.5.3. The Department's current hardware standards are as follows:
- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM, 500 GB SATA
 - High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM, 500 GB SATA
 - The State standard is Windows 7, Office 2010 and Internet Explorer 9
- 6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.
- 6.6. Continuous Improvement
- 6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.
- 6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting



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- 7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:
1. Number of individuals served
 2. Number of repeat visits by individuals
 3. Type of information/referral given to individuals
 4. Type of follow up performed
 5. Frequency of follow ups
 6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
 7. The number of individuals diverted from nursing home/institutional settings;
 8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).

7.2. Minimum Reporting Requirements:
 The Table below defines the program reporting data requirements and their source. There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	



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Program Reporting Data Requirement	Data Source
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and consumer satisfaction surveys, customized reports, and Refer7.
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	Refer 7
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 4 formal agreements with major pathways has been established by the completion Date in box 1.7 of the General Provisions, Form P-37.	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



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Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP):	
Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determine future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards as follows:

- 8.1.1. Possess the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- 8.1.2. Ensure the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- 8.1.3. Ensure knowledge about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.



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- 8.1.4. Treat colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.
 - 8.1.5. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
 - 8.1.6. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
 - 8.1.7. Develop a Staffing Contingency Plan, including but not limited to:
 - 8.1.7.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.7.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.7.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.7.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.7.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
 - 8.1.8. Provide staffing models that will be used by the subcontractors, if applicable.
 - 8.1.9. Provide resumes for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
 - 8.1.10. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
 - 8.1.11. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
 - 8.1.12. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
 - 8.1.13. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
 - Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
 - 8.2.1.1. Required Certification:
 - Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
 - 8.2.2. Information, Referral, & Assistance and Awareness



Exhibit A Amendment #1

The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.

8.2.2.1. Required Certification;

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain certification as a State Health Insurance Assistance Program (SHIP)
- Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.

8.2.3. Options Counseling and Person Centered Transition Support

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.



Exhibit A Amendment #1

- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

9.1. Updated Workplan: Within thirty (30) days of the effective date of any amendment to the agreement, the contractor shall submit a revised workplan to DHHS.

10. Cultural Considerations:

The Contractor will 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 effective date of Amendment #2 to the Agreement.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.



Exhibit A Amendment #1

13. Contract Monitoring

- 13.1. The Contractor shall:
- 13.2. Ensure the Department has access sufficient for monitoring of contract compliance requirements as identified in OMB Circular A-133.
- 13.3. Ensure the Department is provided with access that includes but is not limited to:
 - 13.3.1. Data
 - 13.3.2. Financial records
 - 13.3.3. Scheduled access to Contractor work sites/locations/work spaces and associated facilities.
 - 13.3.4. Unannounced access to Contractor work sites/locations/work spaces and associated facilities.
 - 13.3.5. Scheduled phone access to Contractor principals and staff



Exhibit B - Amendment #2

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement, Form P-37, in accordance with the budgets defined in Section 5 below, for the services provided by the Contractor pursuant to Exhibit A, Amendment #1 Scope of Services.
2. Services are funded with New Hampshire General Funds and with federal funds made available by the United States Department of Health and Human Services under:

CFDA #	Federal Agency	Grant Description
93.778		Medicaid Grants
93.667	Administration for Children & Families	Social Services Block Grant
93.052	Administration for Community Living	Family Caregiver Support Title III E
93.517	Administration for Community Living	Aging and Disability Resource Center Options Counseling Enhancement Program
93.324	Administration for Community Living	State Health Insurance Assistance Program
93.048	Administration for Community Living	Senior Medicare Patrol Project
93.071	Administration for Community Living	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

- 2.1. The Contractor agrees to provide the services in Exhibit A, Amendment #1, Scope of Services in compliance with funding requirements.

3. Account Numbers in Block 1.6 of the General Provisions of this Agreement, Form P-37 as follows:

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
Aging and Disability Resource Center Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731



Exhibit B - Amendment #2

4. Payment for said services shall be made as follows:

The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:

Financial Manager
Division of Community Based Care Services
Department of Health and Human Services
129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made cost reimbursement basis only, for allowable expenses based on budgets identified as Exhibits B-1 through Exhibit s B-16. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form.

5.1. Payment for contracted services shall be made on cost reimbursement basis only, for allowable expenses based on the budgets identified as Exhibit B-17 and Exhibit B-18 and in accordance with the Department approved individual program budgets.

5.2. The Contractor will provide invoices on Department supplied forms.

5.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.

7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:

7.1. NH State General Funds SFY14: 47% SFY15: 49%

7.2. Social Services Block Grant SFY14: 15% SFY15: 14%

7.3. Medicaid SFY14: 38% SFY15: 37%

8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:

8.1. Medicaid SFY14: 64% SFY15: 88%

8.2. ADRC Grant SFY14: 36% SFY15: 12%

9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-18 Budgets, to adjust amounts within the budgets and between State Fiscal Years, within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.



Exhibit B - Amendment #2

12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by THE DEPARTMENT.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to THE DEPARTMENT upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
15. Veterans Directed Home and Community Based Program: The funding is from July 1, 2014 to June 30, 2015 for the purposes of developing and implementing the program as defined in Section 4.9.1 of Exhibit A, Amendment #1. Once the program is operational, the contractor shall continue providing the scope of work as defined in Sections 4.9.2 through 4.9.8 of Exhibit A, of Amendment #1, without funding from the Department.

Line Item	Total Program Cost			Contractor Share / Merch			Requested Budget to be Funded by DHS Contract Share		
	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total
1. Total Salary Wages	\$ 155,317.38	\$ -	\$ 155,317.38	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Employee Benefits	\$ 51,760.88	\$ -	\$ 51,760.88	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 1,804.70	\$ -	\$ 1,804.70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ 2,047.52	\$ -	\$ 2,047.52	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchase/Procurement	\$ 960.00	\$ -	\$ 960.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 2,758.98	\$ -	\$ 2,758.98	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14. Travel	\$ 11,283.87	\$ -	\$ 11,283.87	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15. Occupancy	\$ 7,647.66	\$ 6,384.00	\$ 14,031.66	\$ -	\$ 6,384.00	\$ 6,384.00	\$ -	\$ -	\$ -
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 3,313.19	\$ -	\$ 3,313.19	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18. Postage	\$ 1,731.61	\$ -	\$ 1,731.61	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19. Subscriptions	\$ 236.00	\$ -	\$ 236.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ 1,377.94	\$ -	\$ 1,377.94	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Staff Education and Training	\$ 975.06	\$ -	\$ 975.06	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (Specify details in narrative)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Printing and Reproduction	\$ 430.00	\$ -	\$ 430.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29. Advertising	\$ 1,228.88	\$ -	\$ 1,228.88	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30. In-Kind Volunteer time	\$ 527.53	\$ 3,059.70	\$ 3,587.23	\$ -	\$ 3,059.70	\$ 3,059.70	\$ -	\$ -	\$ -
31. Administrative costs for Crocheted Mountain	\$ 22,080.82	\$ 8,000.00	\$ 30,080.82	\$ 8,000.00	\$ -	\$ 8,000.00	\$ -	\$ -	\$ -
TOTAL	\$ 265,472.42	\$ 9,443.70	\$ 274,916.12	\$ 9,443.70	\$ 9,443.70	\$ 17,443.70	\$ 257,472.42	\$ -	\$ 257,472.42
Indirect As A Percent of Direct			3.6%			118.0%			0.0%

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

Bidder/Program Name: Crocheted Mountain Community Care for SIRC - Rockingham

Budget Request for: Options Counseling and Person Centered Transitions Support Program

(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Contractor Initials: 
 Date: 7/24/15

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

Bidder/Program Name: **Crotched Mountain Community Care, Inc.**
 Budget Request for: **Medicare Improvements for Patients and Providers Act (MIPAA)**
 (Name of Program)
 Budget Period: **10/1/14-9/30/15**

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHH Contract Share		
	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total
1. Total Salary/Wages	\$ 9,285	\$ -	\$ 9,285	\$ -	\$ -	\$ -	\$ 9,285	\$ -	\$ 9,285
2. Employee Benefits	\$ 2,245	\$ -	\$ 2,245	\$ -	\$ -	\$ -	\$ 2,245	\$ -	\$ 2,245
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 180	\$ -	\$ 180	\$ -	\$ -	\$ -	\$ 180	\$ -	\$ 180
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Office	\$ 1,250	\$ -	\$ 1,250	\$ -	\$ -	\$ -	\$ 1,250	\$ -	\$ 1,250
Travel	\$ 3,169	\$ -	\$ 3,169	\$ -	\$ -	\$ -	\$ 3,169	\$ -	\$ 3,169
7. Occupancy	\$ 490	\$ -	\$ 490	\$ -	\$ -	\$ -	\$ 490	\$ -	\$ 490
8. Current Expenses	\$ 300	\$ -	\$ 300	\$ -	\$ -	\$ -	\$ 300	\$ -	\$ 300
Telephone	\$ 275	\$ -	\$ 275	\$ -	\$ -	\$ -	\$ 275	\$ -	\$ 275
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 350	\$ -	\$ 350	\$ -	\$ -	\$ -	\$ 350	\$ -	\$ 350
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontract Agreements	\$ 1,755	\$ -	\$ 1,755	\$ -	\$ -	\$ -	\$ 1,755	\$ -	\$ 1,755
13. Other (specify details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 17,544	\$ 1,755	\$ 19,299	\$ -	\$ -	\$ -	\$ 17,544	\$ 1,755	\$ 19,299

#DIV/0!

10.0%

Indirect As A Percent of Direct

Contractor Initials: *MD*
 Date: *2/24/15*

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

Contractor Name: Colcheted Mountain Community Care, Inc.
Program Name: ServiceLink Resource Center
Budget Period: 7/1/15 - 6/30/16

Line Item	Total Program Cost		Contractor Share / Match		TOTAL		Requested Budget to be Funded by DHHH Contract Share	
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed
1. Total Salary Wages	\$ 346,834	\$ -	\$ 346,834	\$ -	\$ 346,834	\$ -	\$ 346,834	\$ -
2. Employee Benefits	\$ 105,406	\$ -	\$ 105,406	\$ -	\$ 105,406	\$ -	\$ 105,406	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 2,738	\$ -	\$ 2,738	\$ -	\$ 2,738	\$ -	\$ 2,738	\$ -
6. Repair and Maintenance	\$ 3,449	\$ -	\$ 3,449	\$ -	\$ 3,449	\$ -	\$ 3,449	\$ -
7. Purchase Depreciation	\$ 2,297	\$ -	\$ 2,297	\$ -	\$ 2,297	\$ -	\$ 2,297	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 6,318	\$ -	\$ 6,318	\$ -	\$ 6,318	\$ -	\$ 6,318	\$ -
14. Lodging	\$ 11,721	\$ -	\$ 11,721	\$ -	\$ 11,721	\$ -	\$ 11,721	\$ -
15. Occupancy	\$ 54,564	\$ -	\$ 54,564	\$ -	\$ 54,564	\$ -	\$ 54,564	\$ -
16. Current Expenses	\$ 2,738	\$ -	\$ 2,738	\$ -	\$ 2,738	\$ -	\$ 2,738	\$ -
17. Telephone	\$ 2,588	\$ -	\$ 2,588	\$ -	\$ 2,588	\$ -	\$ 2,588	\$ -
18. Postage	\$ 487	\$ -	\$ 487	\$ -	\$ 487	\$ -	\$ 487	\$ -
19. Subscriptions	\$ 16	\$ -	\$ 16	\$ -	\$ 16	\$ -	\$ 16	\$ -
20. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing Communications	\$ 2,392	\$ -	\$ 2,392	\$ -	\$ 2,392	\$ -	\$ 2,392	\$ -
25. Staff Education and Training	\$ 1,914	\$ -	\$ 1,914	\$ -	\$ 1,914	\$ -	\$ 1,914	\$ -
26. Subcontract Agreements	\$ 53,831	\$ -	\$ 53,831	\$ -	\$ 53,831	\$ -	\$ 53,831	\$ -
27. Other (specify details in narrative)	\$ 144	\$ -	\$ 144	\$ -	\$ 144	\$ -	\$ 144	\$ -
28. Printing & Reproduction	\$ 1,106	\$ -	\$ 1,106	\$ -	\$ 1,106	\$ -	\$ 1,106	\$ -
29. Advertising	\$ 2,731	\$ -	\$ 2,731	\$ -	\$ 2,731	\$ -	\$ 2,731	\$ -
TOTAL	\$ 553,310	\$ 53,976	\$ 607,286	\$ 53,976	\$ 607,286	\$ 53,976	\$ 553,310	\$ 53,976

MO
Date 2/24/16
Contractor Inc: N/A

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

Contractor Name: Crotched Mountain Community Care, Inc.
Program Name: ServiceLink Resource Center
Budget Period: 7/1/16 - 9/30/16

Line Item	Total Program Cost		Contractor Share / Match		Total		Incremental Budget to be Funded by DHS Contract Share	
	Direct Incremental	Indirect	Direct Incremental	Indirect	Direct Incremental	Indirect	Direct Incremental	Indirect
1. Total Salary/Wages	\$ 86,944	\$ -	\$ 86,944	\$ -	\$ 86,944	\$ -	\$ 86,944	\$ -
2. Employee Benefits	\$ 26,607	\$ -	\$ 26,607	\$ -	\$ 26,607	\$ -	\$ 26,607	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 684	\$ -	\$ 684	\$ -	\$ 684	\$ -	\$ 684	\$ -
6. Repair and Maintenance	\$ 862	\$ -	\$ 862	\$ -	\$ 862	\$ -	\$ 862	\$ -
7. Purchase Deprec. Alloc.	\$ 574	\$ -	\$ 574	\$ -	\$ 574	\$ -	\$ 574	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 1,650	\$ -	\$ 1,650	\$ -	\$ 1,650	\$ -	\$ 1,650	\$ -
14. Travel	\$ 2,930	\$ -	\$ 2,930	\$ -	\$ 2,930	\$ -	\$ 2,930	\$ -
15. Occupancy	\$ 9,148	\$ -	\$ 9,148	\$ -	\$ 9,148	\$ -	\$ 9,148	\$ -
16. Current Expenses	\$ 188	\$ -	\$ 188	\$ -	\$ 188	\$ -	\$ 188	\$ -
17. Telephone	\$ 1,819	\$ -	\$ 1,819	\$ -	\$ 1,819	\$ -	\$ 1,819	\$ -
18. Computer	\$ 122	\$ -	\$ 122	\$ -	\$ 122	\$ -	\$ 122	\$ -
19. Audit and legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Marketing/Communications	\$ 598	\$ -	\$ 598	\$ -	\$ 598	\$ -	\$ 598	\$ -
24. Staff Education and Training	\$ 478	\$ -	\$ 478	\$ -	\$ 478	\$ -	\$ 478	\$ -
25. Sub-contract Agreements	\$ -	\$ 12,934	\$ -	\$ 12,934	\$ -	\$ 12,934	\$ -	\$ 12,934
26. Other (specify details in narrative)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Printing & Reproduction	\$ 276	\$ -	\$ 276	\$ -	\$ 276	\$ -	\$ 276	\$ -
28. Advertising	\$ 683	\$ -	\$ 683	\$ -	\$ 683	\$ -	\$ 683	\$ -
TOTAL	\$ 134,348	\$ 12,934	\$ 147,322	\$ 4,500	\$ 151,822	\$ 4,500	\$ 156,322	\$ 10,434

Contractor Initials: *MA*
Date: 7/24/16



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;



- 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 (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) 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. The Department reserves the right to extend the completion date of the contract for up to fifteen months to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.
4. Subparagraph 14.1.1 of the General Provisions of this contract, is deleted and the following subparagraph is added:
 - 14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence with additional umbrella liability insurance coverage of not less than \$15,000,000;



**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

MK

Date

2/24/15

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:

2/24/15
Date

Margaret Quis
Name:
Title: Vice President Community Services

Exhibit G

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

Contractor Initials MQ

Date 2/24/15



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

- I. "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



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.

md

2/24/15



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.

The State

Signature of Authorized Representative

Name of Authorized Representative

Title of Authorized Representative

Date

[Handwritten Signature]

D Lantry

Director

4/3/15

Crotched Mountain Community Care, Inc.
Name of the Contractor

Signature of Authorized Representative

Name of Authorized Representative

Title of Authorized Representative

Date

Margaret Lins

Margaret Lins

Vice President Community Services

2/24/15



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Crotched Mountain Community Care, Inc. Contract**

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment 1") dated this 5th day of February 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Crotched Mountain Community Care, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 186 Granite Street, Suite 3C, Manchester, New Hampshire 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

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

- 1) Amendment and modification of P-37 "Agreement":
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$824,191.

- 2) Amendment and modification of Exhibit A:
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program
4.6.12 The ServiceLink Contractor shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.

- 3) Adding Exhibit A-1.

- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.

- 5) Adding Exhibit B-11 through B-15.

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

2/10/14 (w)
Date

State of New Hampshire
Department of Health and Human Services
[Signature]
Name
Title

2/10/14
Date

Crotched Mountain Community Care, Inc.
Margaret Aris
NAME
TITLE VP Community Services
Crotched Mtn

Acknowledgement:

State of NH, County of Merrimack on 2/10/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Sarah Dixon, Notary Public
Name and Title of Notary or Justice of the Peace



Contractor Initials: MA
Date: 2/10/14

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

2-11-14
Date

Rosemary Wiene
Name: *Rosemary Wiene*
Title: *Assistant Attorney General*

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services

1. The Medicare Improvements for Patients and Providers Act (MIPPA)
 - 1.1. MIPPA program is to assist Medicare beneficiaries by:
 - 1.1.1. reducing Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 1.1.2. increasing wellness and preventing illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 1.2. Period: Effective Date of Amendment #1 to September 29, 2014.
 - 1.3. The contractor will provide this service to individuals located in the geographic area of Rockingham County.
 - 1.4. The ServiceLink contractor will promote these beneficial programs for people with Medicare, collaborating with community partners to provide outreach, education, and assistance in completing applications for Medicare beneficiaries with limited income. .
 - 1.5. The ServiceLink contractor will initiate outreach contact with low-income individuals who may not have physical access to ServiceLink offices, internet access, or access to a telephone.
 - 1.6. Within 30 days of the effective date of Amendment #1 and upon approval of DHHS, the Contractor shall develop an outreach plan for LIS and MSP, and for preventive services that includes but is not limited to increasing the number of local collaborative partnerships for the purpose of increasing enrollment in these programs and their utilization. At a minimum the plan should be based on the following:
 - 1.6.1. An assessment of past LIS and MSP outreach activities to determine their effectiveness in reaching the target population; i.e., low-income Medicare beneficiaries;
 - 1.6.2. An analysis of Social Security and Centers for Medicaid and Medicare Services statistics to identify and prioritize target areas for outreach;
 - 1.6.3. An assessment of past and current partnerships to determine their effectiveness;
 - 1.6.4. Promoting the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS and collaboration with community health care providers;
 - 1.6.5. Working with the Department's SHIP Program Director, set specific goals for increasing LIS and MSP enrollments at the end of each year of the contract. Goals are to be based on current performance data and Refer 7 reports.
 - 1.6.6. Identify and recruit regional providers interested in assisting with outreach to Medicare beneficiaries, including but not limited to:
 - Community health centers
 - Senior centers
 - Hospitals
 - Physician practices
 - Town managers, town welfare directors and boards of selectmen
 - Emergency personnel
 - Senior housing
 - 1.7. Deliverables:
 - 1.7.1. LIS and MSP Outreach plan that includes but is not limited to the collaboration of new partnerships in order to increase enrollment.
 - 1.7.2. Medicare preventive service promotion activities.
 - 1.7.3. Statewide MIPPA advertising materials.
 - 1.7.4. Community partnership and incentive strategies for the state/county/regions for increasing enrollment into and awareness of LIS/MSP & Medicare Wellness/Prevention Screenings.



1.8. Performance Measures

The Contractor will be required to meet or exceed the performance measures described below:

Performance Measure	How it will be measured
Performance Measure 1: Increasing LIS, MSP, and Medicare Part D enrollment: Rockingham County: 144 individuals enrolled	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 10th of each month.
Performance Measure 2: Implementation of Medicare Preventive Services Promotion activities.	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activity at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and incentive programs and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in CMS SHIP Mid-Term and annual Performance Grant application to DHHS

2. Medicare Supplement Insurance Comparison

2.1. Geographic Area Served: Statewide

2.2. The Contractor will collect accurate and timely information about Medicare Supplemental Insurance cost information for Medicare beneficiaries and provide this cost information to the Department's SHIP Program Director and to all the Department's New Hampshire ServiceLink Contractors who counsel and assist individuals in making decisions about Medicare programs and health plans.

2.3. The Contractor will compile data related to supplemental insurance premiums in a readable format. Data will be displayed by beneficiary age, the companies authorized to sell supplements in the current calendar year, the policies offered by each company, and the premium amount for each plan by company.

2.4. The Contractor will update the data each calendar year with the current premium information provided by the New Hampshire Insurance Department.

2.5. The Contractor will monitor any and all changes in supplemental premium rates authorized by the New Hampshire Insurance Department by requesting timely notification of changes from the New Hampshire Insurance Department.

2.5.1. The Contractor will monitor the NH Insurance Department's website each month for changes to supplemental plans. All changes to supplemental insurance premium rates will be communicated to the Department's SHIP Program Director and each ServiceLink Contractor.

2.5.2. Each January, or as soon as information is released, the Contractor will provide the Department's SHIP Program Director and each ServiceLink contractor with an electronic version of the current year's data.

3. Veterans Directed Home and Community Based Program (VDHCB)

3.1. The Veterans Directed Home and Community Based Program is a consumer-directed program targeted to eligible veterans to offer them alternatives to nursing home care. The Contractor shall be responsible to provide options counseling to veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. Contractor shall follow DHHS protocol for linking Veterans with needed LTSS and making mutual referrals.

3.2. The Veterans Administration is responsible for determining the eligibility of veterans for the program and for authorizing a budget to buy LTSS services. The Veterans Administration will refer eligible veterans with an authorized flexible service budget to the ServiceLink contractor

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- who will be responsible for service coordination and Financial Management Services (FMS) under the "Agency with Choice" model. As part of the Veterans Directed Home and Community Based Program the Contractor shall establish a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and the Manchester Veteran's Administration Medical Center (Manchester VAMC).
- 3.3. Development and implementation of the program begins July 1, 2014.
- 3.4. Within ten (10) days of the effective date in paragraph 3.3 above, the Contractor shall submit their implementation plan for Veterans Directed Home and Community Based Program. The implementation plan shall detail how the Contractor will establish the VDHCBC Program, including staffing, training and a timeline for completion of provider agreement with the VA centers.
- 3.4.1. The Contractor will establish an advisory group to oversee the development and implementation of the program. Membership is to include representation from key community resources, local veterans' organizations, veterans and families of veterans utilizing the program, and the public.
- 3.4.2. The implementation plan shall include startup costs necessary to develop and implement a statewide Veteran-Directed Home and Community Based Care Program. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the veteran's services. For the development and implementation of the program, startup funding is limited to the following:
- 3.4.2.1. Staff development and training: This includes costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program,
- 3.4.2.2. Travel costs associated with capacity building: Staff mileage to training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, and development and implementation of the advisory committee
- 3.4.2.3. Development and implementation of business processes related to the VD-HCBCS Program: computer equipment, telephone expenses, and office furniture for new staff.
- 3.4.3. Contractor shall establish an advisory committee that will include stakeholders and Veterans to provide ongoing feedback for continuous improvement of the program and services.
- 3.4.4. Recruit, hire, and train the minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to veterans participating in the program in developing and managing an individual service budget.
- 3.4.5. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors have been trained to provide initial start-up and collaborative support for the program.
- 3.4.6. Provide or contract with an agency to provide financial management services to assume the roles and responsibilities of an agency with choice model.
- 3.4.7. Enter into an agreement with the local Veterans Administration servicing the area that defines the roles and responsibilities of each party in delivering the program. The agreement is to be based on the Memorandum of Agreement between BEAS and the VAMC.
- 3.4.8. Assure that documentation required by both BEAS and the VA is kept current and submitted according to schedule.
- 3.4.9. Add contact data in Refer 7 to include region-specific resources serving veterans.
- 3.5. Within thirty (30) days from the effective date in paragraph 3.3 above, the Contractor shall have the program infrastructure in place and is actively providing options counseling and assisting veterans in arranging consumer directed services. The Contractor shall be responsible for assuring the following:
- 3.5.1. All veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
- 3.5.2. 100% of services provided are based on the needs and preferences of the participating Veteran.



Exhibit A-1

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- 3.5.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
 - 3.5.4. Of the veterans served, there will be a 90% or better, consumer satisfaction rate.
 - 3.5.5. Procedures for complying with program reporting requirements, which shall be defined by DHHS upon approval of the Contractor's final implementation plan, are in place.
 - 3.5.6. Maintain the Agreement(s) with the local Veterans Administration.
 - 3.5.7. The Contractor will provide this service to Veterans located in the geographic area of Rockingham County.

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Exhibit B Amendment #1

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A and Exhibit A-1 Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project
13AANHMAAA, 13AANHMAADR, IX0CMS331283	93.071	Admin for Community Living & Centers for Medicare & Medicaid Services	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
 The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services
 129 Pleasant Street, Brown Building
 Concord, NH 03301
5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B15. Each budget is specific to a time period



Exhibit B Amendment #1

- as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
 7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
 8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
 9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
 10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-15 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
 11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
 12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
 13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
 14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
 15. The Medicare Improvements for Patients and Providers Act (MIPPA): The funding is from the effective date of Amendment #1 to September 29, 2014.
 16. Veterans Directed Home and Community Based Program: The funding is from July 1, 2014 to October 31, 2014 for the purposes of developing and implementing the program. Once the program is operational, the contractor shall continue providing the scope of work as defined in Section 3.5 of Exhibit A-1, without funding from the Department.

CERTIFICATE OF VOTE

(Corporation without Seal)

1. Benjamin F. GAYMAN, do hereby certify that:
(Name of Clerk of the Corporation; cannot be contract signatory)

1. I am a duly elected Clerk of Secretary of Crotched Mountain Community Care, Inc.
(Corporation Name)

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on July 7, 2000:
(Date)

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

Service link services.

RESOLVED: That the Vice President (Margaret Lins)
(Title of Contract Signatory)

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

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 10th day of February, 2014.
(Date Contract Signed)

4. Margaret Lins is the duly elected Vice President
(Name of Contract Signatory) (Title of Contract Signatory)

of the Corporation.

BFG Secretary
(Signature of Clerk of the Corporation)

STATE OF NEW HAMPSHIRE

County of Hillsborough

The forgoing instrument was acknowledged before me this 10th day of February, 2014.

By Benjamin F. Gayman, Secretary
(Name of Clerk of the Corporation)

Janet E. Poulin
(Notary Public/Justice of the Peace)

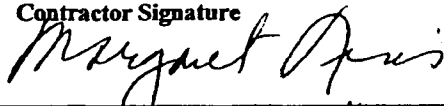
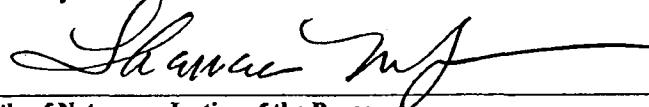
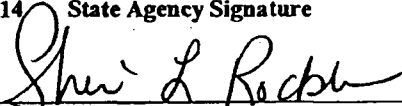
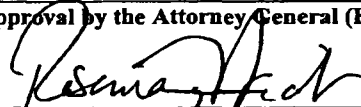
(NOTARY SEAL)

Commission Expires JANET E. POULIN
Notary Public - State of New Hampshire
My Commission Expires August 22, 2017

Subject: New Hampshire ServiceLink Resource Centers Program

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

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Crotched Mountain Community Care, Inc.		1.4 Contractor Address 186 Granite Street, STE 3C Manchester, NH 03101	
1.5 Contractor Phone Number (603) 622-5900	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$791,127.
1.9 Contracting Officer for State Agency Mary Maggioncalda, Administrator		1.10 State Agency Telephone Number 603-271-9096	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Margaret Lewis, VP Community Based Services	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>MERRIMACK</u> On <u>12/5/2013</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] 			
1.13.2 Name and Title of Notary or Justice of the Peace THERESA M. JONES, Notary Public My Commission Expires September 19, 2017			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Sheri L. Rockburn, ^{Assoc Acting} Associate Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  On: 12-5-13			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

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

MA
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8. EVENT OF DEFAULT/REMEDIES.

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

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

Contractor Initials: MO
Date: 12/5/13

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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

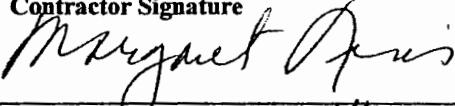
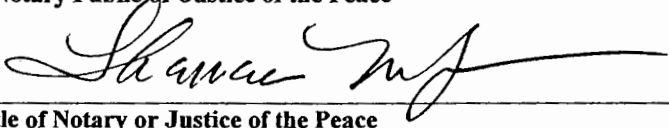
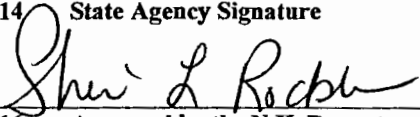
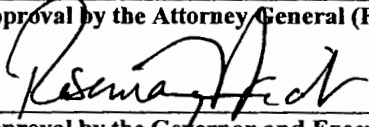
Subject: New Hampshire ServiceLink Resource Centers Program

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Crotched Mountain Community Care, Inc.		1.4 Contractor Address 186 Granite Street, STE 3C Manchester, NH 03101	
1.5 Contractor Phone Number (603) 622-5900	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$791,127.
1.9 Contracting Officer for State Agency Mary Maggioncalda, Administrator		1.10 State Agency Telephone Number 603-271-9096	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Margaret Lewis, VP Community Based Services	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>MERRIMACK</u> On <u>12/5/2013</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] 			
1.13.2 Name and Title of Notary or Justice of the Peace THERESA M. JONES, Notary Public My Commission Expires September 19, 2017			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Sheri L. Rockburn, ^{Assoe Acting} Associate Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  On: <u>12-5-13</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

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

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

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7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials: MA
Date: 12/5/13

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

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9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions



Exhibit A

are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall reach the following covered populations:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Rockingham County.



Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

- 4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs
- 4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and
- 4.1.1.3. A feedback loop to modify activities as needed.
- 4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

- 4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.
- 4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.
- 4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.
- 4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:
 - 4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and
 - 4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



Exhibit A

- 4.2. Options Counseling
 - 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
 - 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
 - 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
 - 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
 - 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
 - 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
 - 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
 - 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



Exhibit A

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- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:
- 4.3.1. Intake and Screening
- 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.
- 4.3.2. Financial and Functional Eligibility Processes
Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.
- 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.
- 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:
- 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.
- 4.3.3. Tracking Eligibility Status
- 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



Exhibit A

- Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.
- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.
- 4.4. Person-Centered Transitions Support
The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:
- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
- 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
- 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
Contractor shall involve consumers on a local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
- People over age 60
 - Adults over age 18 living with chronic illnesses or disabilities



Exhibit A

- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.

4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.

4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.



Exhibit A

4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



Exhibit A

Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



Exhibit A

- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
 - 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
 - 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
 - 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
 - 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phone numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



Exhibit A

- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



Exhibit A

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
 - 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
 - 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
 - Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
 - 6.5.3. The Department's current hardware standards are as follows:
 - Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



Exhibit A

- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
- High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
- The Department does not currently use or support Windows 8.

6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.

6.6. Continuous Improvement

6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.

6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting

- 7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:
1. Number of individuals served
 2. Number of repeat visits by individuals
 3. Type of information/referral given to individuals
 4. Type of follow up performed
 5. Frequency of follow ups
 6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
 7. The number of individuals diverted from nursing home/institutional settings;
 8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



Exhibit A

7.2. Minimum Reporting Requirements:
 The Table below defines the program reporting data requirements and their source.
 There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	



Exhibit A

Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



Exhibit A

Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP): Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determine future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS



Exhibit A

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.

8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

8.1.3. Develop a Staffing Contingency Plan, including but not limited to:

8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;

8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;

8.1.3.3. Discussion of time frames necessary for obtaining replacements;

8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and

8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.

8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.

8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.

8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins



Exhibit A

- providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
 - 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
 - 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.

8.2. The Contractor shall commit staff for the following positions:

8.2.1. Program Management

Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.

8.2.1.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire
- SHIP/SMP certification

8.2.2. Information, Referral, & Assistance and Awareness

The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.

8.2.2.1. Required Certification;

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain certification as a State Health Insurance Assistance Program (SHIP)
- Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.

8.2.3. Options Counseling and Person Centered Transition Support



Exhibit A

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



Exhibit A

State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit A

Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

Assess the ethnic/cultural needs, resources and assets of their community. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment. When feasible and appropriate, provide clients of minimal English skills with interpretation services.

Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

When feasible and appropriate, identify communication access needs for clients who may be deaf and hard of hearing, or have vision or speech impairment and develop an individual communication plan for recipients to receive services identified in Section 3 Statement of Work.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box-1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services

Contractor Initials: *MD*
 Date: *12/5/13*



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by RHHS Contract Share	
	Direct Incremental	Total	Direct Incremental	Total	Direct Incremental	Total
1. Total Salary/Wages	\$ 64,058.59	\$ 64,058.59	-	-	\$ 64,058.59	\$ 64,058.59
2. Employee Benefits	\$ 19,992.88	\$ 19,992.88	-	-	\$ 19,992.88	\$ 19,992.88
3. Consultants	-	-	-	-	-	-
4. Equipment:	-	-	-	-	-	-
Rentals	\$ 503.88	\$ 503.88	-	-	\$ 503.88	\$ 503.88
Repair and Maintenance	\$ 647.52	\$ 647.52	-	-	\$ 647.52	\$ 647.52
Purchase/Depreciation	-	-	-	-	-	-
5. Supplies:	-	-	-	-	-	-
Educational	-	-	-	-	-	-
Lab	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-
Medical	-	-	-	-	-	-
Office	\$ 1,216.00	\$ 1,216.00	-	-	\$ 1,216.00	\$ 1,216.00
6. Travel	\$ 2,356.00	\$ 2,356.00	-	-	\$ 2,356.00	\$ 2,356.00
7. Occupancy	\$ 3,572.00	\$ 3,572.00	\$ 6,384.00	\$ 6,384.00	\$ 3,572.00	\$ 3,572.00
8. Current Expenses	-	-	-	-	-	-
Telephone	\$ 1,482.00	\$ 1,482.00	-	-	\$ 1,482.00	\$ 1,482.00
Postage	\$ 570.00	\$ 570.00	-	-	\$ 570.00	\$ 570.00
Subscriptions	\$ 76.00	\$ 76.00	-	-	\$ 76.00	\$ 76.00
Audit and Legal	-	-	-	-	-	-
Insurance	-	-	-	-	-	-
Board Expenses	-	-	-	-	-	-
9. Software	-	-	-	-	-	-
10. Marketing/Communications	\$ 475.00	\$ 475.00	-	-	\$ 475.00	\$ 475.00
11. Staff Education and Training	\$ 190.00	\$ 190.00	-	-	\$ 190.00	\$ 190.00
12. Subcontracts/Agreements	-	-	-	-	-	-
13. Other specific details mandatory:	-	-	-	-	-	-
Printing and Reproduction	\$ 180.00	\$ 180.00	-	-	\$ 180.00	\$ 180.00
Advertising	\$ 570.38	\$ 570.38	-	-	\$ 570.38	\$ 570.38
In-Kind Volunteer time	\$ 3,059.70	\$ 3,059.70	\$ 3,059.70	\$ 3,059.70	-	-
Administrative costs for Crooked Mountain	\$ 8,589.88	\$ 8,589.88	\$ 3,800.00	\$ 3,800.00	\$ 5,789.88	\$ 5,789.88
TOTAL	\$ 105,490.03	\$ 114,933.73	\$ 3,800.00	\$ 9,443.70	\$ 101,690.03	\$ 101,690.03
Indirect As A Percent of Direct	9.0%	9.0%	248.5%	248.5%	0.0%	0.0%

Bidder/Program Name: Crooked Mountain Community Care for SLRC Rockingham County
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Budget Request for: Information, Referral and Awareness
 (Name of Program)

Budget Period: 1/1/14-6/30/14

Contractor Initials: *MB*
 Date: *12/5/13*

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD									
Bidder/Program Name: Crotched Mountain Community Care for SLRC Rockingham County									
Budget Request for: Options Counseling and Person Centered Transitions Support Program (Name of Program)									
Budget Period: 1/1/14-6/30/14									
Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHHS		Contract Share		Total
	Incremental	Fixed	Incremental	Fixed	Incremental	Fixed	Incremental	Fixed	
1. Total Salary/Wages	\$ 64,058.59	\$ -	\$ -	\$ -	\$ 64,058.59	\$ -	\$ -	\$ -	\$ 64,058.59
2. Employee Benefits	\$ 19,992.88	\$ -	\$ -	\$ -	\$ 19,992.88	\$ -	\$ -	\$ -	\$ 19,992.88
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 503.88	\$ -	\$ -	\$ -	\$ 503.88	\$ -	\$ -	\$ -	\$ 503.88
Repair and Maintenance	\$ 847.52	\$ -	\$ -	\$ -	\$ 847.52	\$ -	\$ -	\$ -	\$ 847.52
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 1,216.00	\$ -	\$ -	\$ -	\$ 1,216.00	\$ -	\$ -	\$ -	\$ 1,216.00
6. Travel	\$ 2,396.00	\$ -	\$ -	\$ -	\$ 2,396.00	\$ -	\$ -	\$ -	\$ 2,396.00
7. Occupancy	\$ 3,572.00	\$ 6,384.00	\$ -	\$ -	\$ 9,956.00	\$ -	\$ -	\$ -	\$ 9,956.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,482.00	\$ -	\$ -	\$ -	\$ 1,482.00	\$ -	\$ -	\$ -	\$ 1,482.00
Postage	\$ 570.00	\$ -	\$ -	\$ -	\$ 570.00	\$ -	\$ -	\$ -	\$ 570.00
Subscriptions	\$ 76.00	\$ -	\$ -	\$ -	\$ 76.00	\$ -	\$ -	\$ -	\$ 76.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 475.00	\$ -	\$ -	\$ -	\$ 475.00	\$ -	\$ -	\$ -	\$ 475.00
11. Staff Education and Training	\$ 190.00	\$ -	\$ -	\$ -	\$ 190.00	\$ -	\$ -	\$ -	\$ 190.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Reproduction	\$ 190.00	\$ -	\$ -	\$ -	\$ 190.00	\$ -	\$ -	\$ -	\$ 190.00
Advertising	\$ 570.38	\$ -	\$ -	\$ -	\$ 570.38	\$ -	\$ -	\$ -	\$ 570.38
In-Kind Volunteer time	\$ -	\$ 3,059.70	\$ -	\$ -	\$ 3,059.70	\$ -	\$ -	\$ -	\$ 3,059.70
Administrative costs for Crotched Mountain	\$ 9,566.98	\$ -	\$ 3,800.00	\$ -	\$ 13,366.98	\$ -	\$ -	\$ -	\$ 13,366.98
TOTAL	\$ 105,490.03	\$ 9,443.70	\$ 114,933.73	\$ -	\$ 114,933.73	\$ 9,443.70	\$ -	\$ 124,377.43	\$ 124,377.43
Indirect As A Percent of Direct	9.0%		248.5%		0.0%		0.0%		0.0%

Contractor Initials: *MS*
Date: 7/25/13

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

Bidder/Program Name: Crochted Mountain Community Care for SLRC Rockingham County

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Contractor Share / Match		Total Program Cost		Total Program Cost		Indirect Fixed	Total	Contractor Share / Match	Total Program Cost		Indirect Fixed	Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed				Direct Incremental	Indirect Fixed		
1. Total Salary/Wages	\$ 8,428.76	\$ -	\$ 8,428.76	\$ -	\$ 8,428.76	\$ -	\$ -	\$ 8,428.76	\$ -	\$ 8,428.76	\$ -	\$ -	\$ 8,428.76
2. Employee Benefits	\$ 2,630.62	\$ -	\$ 2,630.62	\$ -	\$ 2,630.62	\$ -	\$ -	\$ 2,630.62	\$ -	\$ 2,630.62	\$ -	\$ -	\$ 2,630.62
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 66.30	\$ -	\$ 66.30	\$ -	\$ 66.30	\$ -	\$ -	\$ 66.30	\$ -	\$ 66.30	\$ -	\$ -	\$ 66.30
Repair and Maintenance	\$ 85.20	\$ -	\$ 85.20	\$ -	\$ 85.20	\$ -	\$ -	\$ 85.20	\$ -	\$ 85.20	\$ -	\$ -	\$ 85.20
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 160.00	\$ -	\$ 160.00	\$ -	\$ 160.00	\$ -	\$ -	\$ 160.00	\$ -	\$ 160.00	\$ -	\$ -	\$ 160.00
6. Travel	\$ 310.00	\$ -	\$ 310.00	\$ -	\$ 310.00	\$ -	\$ -	\$ 310.00	\$ -	\$ 310.00	\$ -	\$ -	\$ 310.00
7. Occupancy	\$ 470.00	\$ 840.00	\$ 1,310.00	\$ 840.00	\$ 1,310.00	\$ 840.00	\$ 840.00	\$ 470.00	\$ 840.00	\$ 1,310.00	\$ 840.00	\$ 840.00	\$ 470.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 195.00	\$ -	\$ 195.00	\$ -	\$ 195.00	\$ -	\$ -	\$ 195.00	\$ -	\$ 195.00	\$ -	\$ -	\$ 195.00
Postage	\$ 75.00	\$ -	\$ 75.00	\$ -	\$ 75.00	\$ -	\$ -	\$ 75.00	\$ -	\$ 75.00	\$ -	\$ -	\$ 75.00
Subscriptions	\$ 10.00	\$ -	\$ 10.00	\$ -	\$ 10.00	\$ -	\$ -	\$ 10.00	\$ -	\$ 10.00	\$ -	\$ -	\$ 10.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 62.50	\$ -	\$ 62.50	\$ -	\$ 62.50	\$ -	\$ -	\$ 62.50	\$ -	\$ 62.50	\$ -	\$ -	\$ 62.50
11. Staff Education and Training	\$ 25.00	\$ -	\$ 25.00	\$ -	\$ 25.00	\$ -	\$ -	\$ 25.00	\$ -	\$ 25.00	\$ -	\$ -	\$ 25.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Reproduction	\$ 25.00	\$ -	\$ 25.00	\$ -	\$ 25.00	\$ -	\$ -	\$ 25.00	\$ -	\$ 25.00	\$ -	\$ -	\$ 25.00
Advertising	\$ 75.05	\$ -	\$ 75.05	\$ -	\$ 75.05	\$ -	\$ -	\$ 75.05	\$ -	\$ 75.05	\$ -	\$ -	\$ 75.05
Administrative Costs for Crochted Mountain	\$ 1,261.84	\$ -	\$ 1,261.84	\$ -	\$ 1,261.84	\$ -	\$ -	\$ 1,261.84	\$ -	\$ 1,261.84	\$ -	\$ -	\$ 1,261.84
TOTAL	\$ 13,880.27	\$ 840.00	\$ 14,720.27	\$ 840.00	\$ 14,720.27	\$ 840.00	\$ 840.00	\$ 13,880.27	\$ 840.00	\$ 14,720.27	\$ 840.00	\$ 840.00	\$ 13,880.27

Indirect As A Percent of Direct 6.1%

166.0%

0.0%

Contractor Initials: *[Signature]*
Date: 1/22/13

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

Bidder/Program Name: Crooked Mountain Community Care for SLRC Rockingham County

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Bidder/Program		Contractor/Share / Match		Requested Budget to be Funded by DHHS Contract Share	
	Direct Incremental	Total	Direct Incremental	Total	Direct Incremental	Total
1. Total Salary/Wages	\$ 5,057.26	\$ 5,057.26	\$ 703.51	\$ 703.51	\$ 4,353.75	\$ 4,353.75
2. Employee Benefits	\$ 1,578.37	\$ 1,578.37	\$ 316.06	\$ 316.06	\$ 1,262.31	\$ 1,262.31
3. Consultants	-	-	-	-	-	-
4. Equipment:	-	-	-	-	-	-
5. Rental	\$ 39.78	\$ 39.78	-	-	\$ 39.78	\$ 39.78
6. Repair and Maintenance	\$ 51.12	\$ 51.12	-	-	\$ 51.12	\$ 51.12
7. Purchase/Depreciation	-	-	-	-	-	-
8. Supplies:	-	-	-	-	-	-
9. Educational	-	-	-	-	-	-
10. Lab	-	-	-	-	-	-
11. Pharmacy	-	-	-	-	-	-
12. Medical	-	-	-	-	-	-
13. Office	\$ 88.00	\$ 88.00	-	-	\$ 88.00	\$ 88.00
14. Travel	\$ 188.00	\$ 188.00	-	-	\$ 188.00	\$ 188.00
15. Occupancy	\$ 282.00	\$ 282.00	\$ 504.00	\$ 504.00	\$ 282.00	\$ 282.00
16. Current Expenses	-	-	-	-	-	-
17. Telephone	\$ 117.00	\$ 117.00	-	-	\$ 117.00	\$ 117.00
18. Postage	\$ 45.00	\$ 45.00	-	-	\$ 45.00	\$ 45.00
19. Subscriptions	\$ 6.00	\$ 6.00	-	-	\$ 6.00	\$ 6.00
20. Audit and Legal	-	-	-	-	-	-
21. Insurance	-	-	-	-	-	-
22. Board Expenses	-	-	-	-	-	-
23. Software	-	-	-	-	-	-
24. Marketing/Communications	\$ 37.50	\$ 37.50	-	-	\$ 37.50	\$ 37.50
25. Staff Education and Training	\$ 15.00	\$ 15.00	-	-	\$ 15.00	\$ 15.00
26. Subcontracts/Agreements	-	-	-	-	-	-
27. Other (specific details mandatory):	-	-	-	-	-	-
28. Printing and Reproduction	\$ 15.00	\$ 15.00	-	-	\$ 15.00	\$ 15.00
29. Advertising	\$ 45.03	\$ 45.03	-	-	\$ 45.03	\$ 45.03
30. In-Kind Volunteer time	\$ 3,558.80	\$ 3,558.80	\$ 3,558.80	\$ 3,558.80	-	-
31. Administrative costs for Crooked Mountain	\$ 757.10	\$ 757.10	\$ 300.00	\$ 300.00	\$ 457.10	\$ 457.10
TOTAL	\$ 8,328.16	\$ 12,390.96	\$ 1,316.57	\$ 5,382.37	\$ 7,008.59	\$ 7,008.59
Indirect As a Percent of Direct	48.8%	307.9%	4.08280	307.9%	0.0%	0.0%

Contractor Initials: *MS*
Date: *7/25/13*

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

Bidder/Program Name: Crochted Mountain Community Care for SLRC Rockingham County
 Budget Request for: Senior Medicare Patrol Program
 (Name of Program)
 Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHS		Contract Share	Share %
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed		
1. Total Salary/Wages	\$ 8,428.78	\$ -	\$ 8,428.78	\$ -	\$ 1,246.37	\$ -	\$ -	0.0%
2. Employee Benefits	\$ 2,630.62	\$ -	\$ 2,630.62	\$ -	\$ 559.88	\$ -	\$ -	0.0%
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
5. Rental	\$ 66.30	\$ -	\$ 66.30	\$ -	\$ -	\$ 66.30	\$ -	0.0%
6. Repair and Maintenance	\$ 85.20	\$ -	\$ 85.20	\$ -	\$ -	\$ 85.20	\$ -	0.0%
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
8. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Office	\$ 180.00	\$ -	\$ 180.00	\$ -	\$ -	\$ 180.00	\$ -	0.0%
Travel	\$ 310.00	\$ -	\$ 310.00	\$ -	\$ -	\$ 310.00	\$ -	0.0%
Occupancy	\$ 470.00	\$ 840.00	\$ 1,310.00	\$ 840.00	\$ -	\$ 470.00	\$ -	0.0%
9. Current Expenses	\$ 195.00	\$ -	\$ 195.00	\$ -	\$ -	\$ 195.00	\$ -	0.0%
Telephone	\$ 75.00	\$ -	\$ 75.00	\$ -	\$ -	\$ 75.00	\$ -	0.0%
Postage	\$ 10.00	\$ -	\$ 10.00	\$ -	\$ -	\$ 10.00	\$ -	0.0%
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Marketing/Communications	\$ 62.50	\$ -	\$ 62.50	\$ -	\$ -	\$ 62.50	\$ -	0.0%
Staff Education and Training	\$ 25.00	\$ -	\$ 25.00	\$ -	\$ -	\$ 25.00	\$ -	0.0%
Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Printing and Reproduction	\$ 25.00	\$ -	\$ 25.00	\$ -	\$ -	\$ 25.00	\$ -	0.0%
Advertising	\$ 75.05	\$ -	\$ 75.05	\$ -	\$ -	\$ 75.05	\$ -	0.0%
In-Kind Volunteer time	\$ -	\$ 542.50	\$ 542.50	\$ -	\$ -	\$ -	\$ 542.50	0.0%
Administrative costs for Crochted Mountain	\$ 1,261.84	\$ -	\$ 1,261.84	\$ -	\$ 500.00	\$ 761.84	\$ -	0.0%
TOTAL	\$ 13,880.27	\$ 1,382.50	\$ 15,262.77	\$ 1,382.50	\$ 2,306.33	\$ 11,573.84	\$ 3,888.83	0.0%
Indirect As A Percent of Direct					56.8%			0.0%

Contractor Initials: *MM*
 Date: *12/13/13*

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD									
Bidder/Program Name: Crocheted Mountain Community Care for SLRC - Rockingham Budget Request for: Information, Referral and Awareness (Name of Program)									
Budget Period: 7/1/14 - 6/30/15									
Line Item	Direct Incremental	Indirect Fixed	Total Program Cost	Contractor Share / Match	Direct Incremental	Indirect Fixed	Total	Requested Budget to be Funded by DHHS Contract Share Only	Total
1. Total Salary/Wages	\$ 147,639.59	\$ -	\$ 147,639.59	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 147,639.59
2. Employee Benefits	\$ 46,081.84	\$ -	\$ 46,081.84	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 46,081.84
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,060.80	\$ -	\$ 1,060.80	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,060.80
Repair and Maintenance	\$ 1,400.00	\$ -	\$ 1,400.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,400.00
Purchase/Depreciation	\$ 960.00	\$ -	\$ 960.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 960.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 2,560.00	\$ -	\$ 2,560.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,560.00
6. Travel	\$ 4,960.00	\$ -	\$ 4,960.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,960.00
7. Occupancy	\$ 7,520.00	\$ 6,384.00	\$ 13,904.00	\$ 6,384.00	\$ -	\$ -	\$ 6,384.00	\$ -	\$ 7,520.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 3,120.00	\$ -	\$ 3,120.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,120.00
Postage	\$ 1,200.00	\$ -	\$ 1,200.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,200.00
Subscriptions	\$ 160.00	\$ -	\$ 160.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 160.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Marketing/Communications	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00
10. Staff Education and Training	\$ 800.00	\$ -	\$ 800.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 800.00
11. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Other (Specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Reproduction	\$ 400.00	\$ -	\$ 400.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 400.00
Advertising	\$ 1,200.00	\$ -	\$ 1,200.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,200.00
In-Kind Volunteer time	\$ -	\$ 3,059.70	\$ 3,059.70	\$ -	\$ -	\$ -	\$ 3,059.70	\$ -	\$ -
Administrative costs for Crocheted Mountain	\$ 22,006.22	\$ -	\$ 22,006.22	\$ -	\$ 8,000.00	\$ -	\$ 8,000.00	\$ -	\$ 14,006.22
TOTAL	\$ 242,068.45	\$ 8,443.70	\$ 251,512.15	\$ 9,443.70	\$ 8,000.00	\$ -	\$ 17,443.70	\$ 234,068.45	\$ 234,068.45
Indirect As a Percent of Direct		3.9%		118.0%					0.0%

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

Bidder/Program Name: Crooked Mountain Community Care for SLRC - Rockingham

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost		Contract Share/Match		Requested Budget to be Funded by DHHS Contract Share	
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed
1. Total Salary/Wages	\$ 147,839.59	\$ -	\$ -	\$ -	\$ 147,839.59	\$ -
2. Employee Benefits	\$ 46,081.84	\$ -	\$ -	\$ -	\$ 46,081.84	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,060.80	\$ -	\$ -	\$ -	\$ 1,060.80	\$ -
Repair and Maintenance	\$ 1,400.00	\$ -	\$ -	\$ -	\$ 1,400.00	\$ -
Purchase/Depreciation	\$ 960.00	\$ -	\$ -	\$ -	\$ 960.00	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 2,560.00	\$ -	\$ -	\$ -	\$ 2,560.00	\$ -
6. Travel	\$ 4,960.00	\$ -	\$ -	\$ -	\$ 4,960.00	\$ -
7. Occupancy	\$ 7,520.00	\$ 6,384.00	\$ 6,384.00	\$ -	\$ 7,520.00	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 3,120.00	\$ -	\$ -	\$ -	\$ 3,120.00	\$ -
Postage	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ -
Subscriptions	\$ 180.00	\$ -	\$ -	\$ -	\$ 180.00	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -
11. Staff Education and Training	\$ 800.00	\$ -	\$ -	\$ -	\$ 800.00	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Reproduction	\$ 400.00	\$ -	\$ -	\$ -	\$ 400.00	\$ -
Advertising	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ -
In-Kind Volunteer Time	\$ 22,006.22	\$ 3,059.70	\$ 3,059.70	\$ -	\$ 22,006.22	\$ 3,059.70
Administrative costs for Crooked Mountain	\$ 242,068.45	\$ 9,443.70	\$ 9,443.70	\$ 8,000.00	\$ 234,068.45	\$ 14,006.22
TOTAL	\$ 242,068.45	\$ 9,443.70	\$ 9,443.70	\$ 17,443.70	\$ 234,068.45	\$ 23,406.22
Indirect As A Percent of Direct			118.0%			0.0%

Contractor Initials: *MD*
Date: *12/5/13*

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

Bidder/Program Name: Crocheted Mountain Community Care for SLRC - Rockingham

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost		Contractor Shares / Match		Amount Requested Budget to be Funded by DHHS Contract Share	
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed
1. Total Salary/Wages	\$ 25,836.83	\$ -	\$ -	\$ -	\$ 25,836.83	\$ -
2. Employee Benefits	\$ 8,064.32	\$ -	\$ -	\$ -	\$ 8,064.32	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rectal	\$ 185.64	\$ -	\$ -	\$ -	\$ 185.64	\$ -
Repair and Maintenance	\$ 245.00	\$ -	\$ -	\$ -	\$ 245.00	\$ -
Purchase/Depreciation	\$ 188.00	\$ -	\$ -	\$ -	\$ 188.00	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 448.00	\$ -	\$ -	\$ -	\$ 448.00	\$ -
Travel	\$ 868.00	\$ -	\$ -	\$ -	\$ 868.00	\$ -
6. Occupancy	\$ 1,316.00	\$ 840.00	\$ 840.00	\$ -	\$ 1,316.00	\$ -
7. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 546.00	\$ -	\$ -	\$ -	\$ 546.00	\$ -
Postage	\$ 210.00	\$ -	\$ -	\$ -	\$ 210.00	\$ -
Subscriptions	\$ 28.00	\$ -	\$ -	\$ -	\$ 28.00	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Marketing/Communications	\$ 175.00	\$ -	\$ -	\$ -	\$ 175.00	\$ -
10. Staff Education and Training	\$ 140.00	\$ -	\$ -	\$ -	\$ 140.00	\$ -
11. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Other (Specify details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Reproduction	\$ 70.00	\$ -	\$ -	\$ -	\$ 70.00	\$ -
Advertising	\$ 210.00	\$ -	\$ -	\$ -	\$ 210.00	\$ -
Administrative Costs for Crocheted Mountain	\$ 3,851.09	\$ -	\$ 1,400.00	\$ -	\$ 2,451.09	\$ -
TOTAL	\$ 42,361.98	\$ 840.00	\$ 1,400.00	\$ 840.00	\$ 40,961.98	\$ -

Indirect As A Percent of Direct 2.0% 80.0% 0.0%

Contractor Initials: *MTS/13*
Date: *7/1/14*

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

Bidder/Program Name: Crotched Mountain Community Care for SLRC - Rockingham

Budget Request for: State Health Insurance Assistance Program

(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Program Cost		Contractor Share / March		Amount Requested Budget to be Funded by DRHS Contract Share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 14,763.96	\$ -	\$ 3,520.88	\$ -	\$ 11,243.10	\$ -	\$ 11,243.10
2. Employee Benefits	\$ 4,608.19	\$ -	\$ 1,561.83	\$ -	\$ 3,026.36	\$ -	\$ 3,026.36
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 108.08	\$ -	\$ -	\$ -	\$ 108.08	\$ -	\$ 108.08
Repair and Maintenance	\$ 140.00	\$ -	\$ -	\$ -	\$ 140.00	\$ -	\$ 140.00
Purchase/Depreciation	\$ 96.00	\$ -	\$ -	\$ -	\$ 96.00	\$ -	\$ 96.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 256.00	\$ -	\$ -	\$ -	\$ 256.00	\$ -	\$ 256.00
6. Travel	\$ 496.00	\$ -	\$ -	\$ -	\$ 496.00	\$ -	\$ 496.00
7. Occupancy	\$ 752.00	\$ 504.00	\$ -	\$ 504.00	\$ 752.00	\$ -	\$ 752.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 312.00	\$ -	\$ -	\$ -	\$ 312.00	\$ -	\$ 312.00
Postage	\$ 120.00	\$ -	\$ -	\$ -	\$ 120.00	\$ -	\$ 120.00
Subscriptions	\$ 16.00	\$ -	\$ -	\$ -	\$ 16.00	\$ -	\$ 16.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ 100.00
11. Staff Education and Training	\$ 80.00	\$ -	\$ -	\$ -	\$ 80.00	\$ -	\$ 80.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Reproduction	\$ 40.00	\$ -	\$ -	\$ -	\$ 40.00	\$ -	\$ 40.00
Advertising	\$ 120.00	\$ -	\$ -	\$ -	\$ 120.00	\$ -	\$ 120.00
In-Kind Volunteer Time	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative costs for Crotched Mountain	\$ 2,200.62	\$ -	\$ 800.00	\$ -	\$ 1,400.62	\$ -	\$ 1,400.62
TOTAL	\$ 24,208.85	\$ 7,821.60	\$ 5,802.89	\$ 7,621.60	\$ 18,304.16	\$ -	\$ 18,304.16
Indirect As A Percent of Direct		31.5%		128.1%		0.0%	

Contractor Initials: *mb*
Date: *7/25/13*

Exhibit B-10 MM 10/2/13

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

Bidder/Program Name: Cretched Mountain Community Care for SLRC - Rockingham
 Budget Request for: Senior Medicare Patrol Program
 (Name of Program)
 Budget Period: 7/1/14 - 6/30/15

Line Item	Quantity	Unit Price	Total Price	Indirect	Indirect %	Total	Contract Share
1. Total Salary/Wages	18,454.85	\$	18,454.85	605.65	3.3%	19,060.50	17,849.30
2. Employee Benefits	5,760.23	\$	5,760.23	272.10	4.7%	6,032.33	5,488.13
3. Consultants	-	\$	-	-	-	-	-
4. Equipment:	-	\$	-	-	-	-	-
Rental	132.00	\$	132.00	-	-	132.00	132.00
Repair and Maintenance	175.00	\$	175.00	-	-	175.00	175.00
Purchase/Depreciation	120.00	\$	120.00	-	-	120.00	120.00
5. Supplies:	-	\$	-	-	-	-	-
Educational	-	\$	-	-	-	-	-
Lab	-	\$	-	-	-	-	-
Pharmacy	-	\$	-	-	-	-	-
Medical	-	\$	-	-	-	-	-
Office	320.00	\$	320.00	-	-	320.00	320.00
Travel	620.00	\$	620.00	-	-	620.00	620.00
Occupancy	840.00	\$	840.00	-	-	840.00	840.00
7. Current Expenses	-	\$	-	-	-	-	-
Telephone	390.00	\$	390.00	-	-	390.00	390.00
Postage	150.00	\$	150.00	-	-	150.00	150.00
Subscriptions	20.00	\$	20.00	-	-	20.00	20.00
Audit and Legal	-	\$	-	-	-	-	-
Insurance	-	\$	-	-	-	-	-
Board Expenses	-	\$	-	-	-	-	-
9. Software	-	\$	-	-	-	-	-
10. Marketing/Communications	125.00	\$	125.00	-	-	125.00	125.00
11. Staff Education and Training	100.00	\$	100.00	-	-	100.00	100.00
12. Subcontract/Agreements	-	\$	-	-	-	-	-
13. Other (specific details mandatory):	-	\$	-	-	-	-	-
Printing and Reproduction	50.00	\$	50.00	-	-	50.00	50.00
Advertising	150.00	\$	150.00	-	-	150.00	150.00
In-Kind/Volunteer Time	-	\$	-	-	-	-	-
Administrative costs for Cretched Mountain	2,751.38	\$	2,751.38	1,085.00	39.4%	3,836.38	1,751.38
TOTAL	30,258.88	\$	30,258.88	1,877.73	6.2%	32,136.61	28,380.83

Indirect As A Percent of Direct 102.5%

0.0%

Contractor Initials: *MS* Date: *10/2/13*

NH Department of Health and Human Services

STANDARD EXHIBIT C

SPECIAL PROVISIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14.1 The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. Prior Approval and Copyright Ownership:

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

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

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

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

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

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

SPECIAL PROVISIONS – DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

NH Department of Health and Human Services

STANDARD EXHIBIT D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR 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

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

Contractor Initials: MH
Date: 12/5/13

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

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Crotched Mt Community Care From: 1/1/14 To: 6/30/15
 (Contractor Name) (Period Covered by this Certification)

Margaret LINS RN MS - VP Community Based Services
 (Name & Title of Authorized Contractor Representative)

Margaret Lins 12/5/13
 (Contractor Representative Signature) (Date)

Contractor Initials: ML
 Date: 12/5/13

NH Department of Health and Human Services

STANDARD EXHIBIT E

CERTIFICATION REGARDING LOBBYING

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

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

- Programs (indicate applicable program covered):
- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

Contract Period: 1/1/14 through 6/30/2015

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

- (1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
- (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.

Margaret Ann's VP Community Based Services
 (Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

Crotched Mountain Community Care, Inc 12/5/13
 (Contractor Name) (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT F

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

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

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

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

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

<u>Margaret Davis</u> (Contractor Representative Signature)	<u>Margaret Lins V.P. Community Services</u> (Authorized Contractor Representative Name & Title)
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<u>Crotched Mtn. Community Care Inc</u> (Contractor Name)	<u>12/5/13</u> (Date)
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Contractor Initials: MD
 Date: 12/5/13

NH Department of Health and Human Services

STANDARD EXHIBIT G

CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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

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

Margaret Davis (Contractor Representative Signature) Margaret Lewis
VP Community Based Services (Authorized Contractor Representative Name & Title)

Crotched Mountain Community Care, Inc (Contractor Name) 12/5/13 (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Margaret Lins
(Contractor Representative Signature)

Margaret Lins
VP Community Based Services
(Authorized Contractor Representative Name & Title)

Crotched Mt. Comm. Care
(Contractor Name)

12/5/13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

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

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

- a. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec.13404.
- c. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- d. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)b and (3)k herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- f. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- g. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

- h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- i. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

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

(5) **Termination for Cause**

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

(6) **Miscellaneous**

- a. **Definitions and Regulatory References.** All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, and the HITECH Act as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. **Amendment.** Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. **Data Ownership.** The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. **Interpretation.** The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule and the HITECH Act.
- e. **Segregation.** If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. **Survival.** Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

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

Department of Health & Human Services Crochard Mt. Community Care
The State Agency Name Name of the Contractor

Sheri L Rockburn
Signature of Authorized Representative

Margaret Lins
Signature of Authorized Representative

Sheri L. Rockburn
Name of Authorized Representative

Margaret Lins
Name of Authorized Representative

Acting Associate Commissioner
Title of Authorized Representative

VP of Community Based Services
Title of Authorized Representative

12/5/13
Date

12/5/13
Date *ML*

NH Department of Health and Human Services

STANDARD EXHIBIT J

FORM A

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

1. The DUNS number for your entity is: _____

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

NO

_____ YES

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

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

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

_____ NO

_____ YES

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

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

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

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Contractor initials: md
Date: 12/5/13
Page # 2 of Page # 2



**State of New Hampshire
Department of Health and Human Services
Amendment #5 to the New Hampshire ServiceLink Program Contract**

This fifth (5th) Amendment to the New Hampshire ServiceLink Program contract (hereinafter referred to as "Amendment #5") dated this 16th day of August 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Easter Seals New Hampshire, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 555 Auburn Street, Manchester NH 03103.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (Item #62), and amended by agreements (Amendment #1 to the Contract) approved by the Governor and Executive Council on June 4, 2014 (Item #59), (Amendment #2 to the Contract) approved by the Governor and Executive Council on October 1, 2014 (Item #14), (Amendment #3 to the Contract) approved by Governor and Executive Council on May 6, 2015 (Item #23) and (Amendment #4 to the Contract) approved by Governor and Executive Council on October 7, 2015 (Item #10), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties; and

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional three (3) months and increase the price limitation; and

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

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: December 31, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$2,125,628.
3. Delete Exhibit B-17 and replace with Exhibit B-17 Amendment #1.
4. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 12/31/16.
5. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 12/31/16.



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

8/29/16
Date

[Signature]
Name Maureen Ryan
Title Director, Office of Human Services

Easter Seals New Hampshire, Inc.

8/16/2016
Date

[Signature]
Name Elin Treanor
Title CEO

Acknowledgement:

State of NH, County of Andover on 8/16/2016, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

[Signature]
Name and Title of Notary or Justice of the Peace

CYNTHIA ROSS, Notary Public
My Commission Expires March 12, 2019



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 9/4/16

Name: [Signature]
Title: Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____

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

Contractor Name: Easter Seals New Hampshire, Inc.

Program Name: ServiceLink Resource Center

Budget Period: 7/1/16 - 12/31/16

Line Item	Total Program Cost		Contractor Share / Net Cost		Requested Budget to be Provided by Other Contract Share	
	Direct Incremental	Indirect Placed	Direct Incremental	Indirect Placed	Direct Incremental	Indirect Placed
1. Total Salary/Wages	\$ 139,814.00	\$ 13,983.00	\$ -	\$ -	\$ 139,814.00	\$ 13,983.00
2. Employee Benefits	\$ 39,848.00	\$ 3,984.00	\$ -	\$ -	\$ 39,848.00	\$ 3,984.00
3. Consultants	\$ 4,040.00	\$ 404.00	\$ -	\$ -	\$ 4,040.00	\$ 404.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 1,500.00	\$ 150.00	\$ -	\$ -	\$ 1,500.00	\$ 150.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 1,800.00	\$ 180.00	\$ -	\$ -	\$ 1,800.00	\$ 180.00
6. Travel	\$ 1,400.00	\$ 140.00	\$ -	\$ -	\$ 1,400.00	\$ 140.00
7. Occupancy	\$ 17,806.00	\$ 1,780.60	\$ -	\$ -	\$ 17,806.00	\$ 1,780.60
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 3,078.00	\$ 307.80	\$ -	\$ -	\$ 3,078.00	\$ 307.80
Postage	\$ 2,432.00	\$ 243.20	\$ -	\$ -	\$ 2,432.00	\$ 243.20
Subscriptions	\$ 45.00	\$ 5.00	\$ -	\$ -	\$ 45.00	\$ 5.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 8,994.00	\$ 899.40	\$ -	\$ -	\$ 8,994.00	\$ 899.40
11. Staff Education and Training	\$ 1,634.00	\$ 163.40	\$ -	\$ -	\$ 1,634.00	\$ 163.40
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 1,050.00	\$ 105.00	\$ -	\$ -	\$ 1,050.00	\$ 105.00
Volunteer Appreciation	\$ 100.00	\$ 10.00	\$ -	\$ -	\$ 100.00	\$ 10.00
0	\$ 925.00	\$ 92.50	\$ -	\$ -	\$ 925.00	\$ 92.50
TOTAL	\$ 224,466.00	\$ 22,446.60	\$ -	\$ -	\$ 224,466.00	\$ 22,446.60

Indirect As A Percent of Direct 10.0% #DIV/0!

Contractor Initials: *ES*
Date: *8/16/16*

CERTIFICATE OF VOTE

I, Betty Burke, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Easter Seals New Hampshire, Inc.
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on April 13, 2016:
(Date)

RESOLVED: That the CFO
(Title of Contract Signatory)

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

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 16th day of August, 2016.
(Date Contract Signed)

4. Klin Treanor is the duly elected CFO
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Betty Burke
(Signature of the Elected Officer)

STATE OF NH

County of Heesborough

The forgoing instrument was acknowledged before me this 16th day of Aug., 2016.

By Betty Burke
(Name of Elected Officer of the Agency)

Cynthia Ross
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

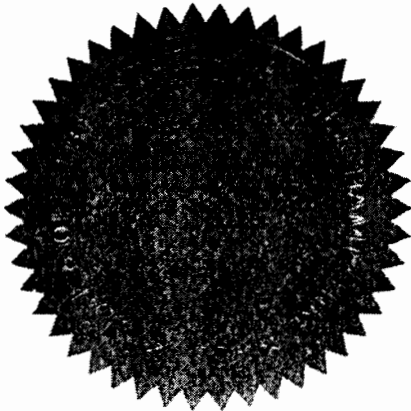
CYNTHIA ROSS, Notary Public
My Commission Expires March 12, 2019

Commission Expires: _____

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 Easter Seals New Hampshire, Inc. is a New Hampshire nonprofit corporation formed November 6, 1967. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 13th day of April A.D. 2016

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

William M. Gardner
Secretary of State

Client#: 497072

EASTESEA7

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/23/2016

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

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

PRODUCER USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123		CONTACT NAME: PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): E-MAIL ADDRESS:	
INSURED Easter Seals NH, Inc. 555 Auburn Street Manchester, NH 03103		INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Insurance Company NAIC # 23850 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDSUBR INSR WYVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab <input checked="" type="checkbox"/> Host Liquor Liab GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X X	PHPK1540533	09/01/2016	09/01/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		PHPK1540533	09/01/2016	09/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		PHUB553571	09/01/2016	09/01/2017	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$ PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				
A	EDP		PHPK1540533	09/01/2016	09/01/2017	\$2,219,050 \$500 Deductible Special Form Incl Theft

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Supplemental Names*:Easter Seals ME, Inc., STS, Inc., Agency Realty, Inc.,Manchester Alcohol Rehabilitation Center, Inc., dba The Farnum Center, Easter Seals VT, Inc.,-The General Liability policy includes a Blanket Automatic Additional Insured Endorsement that provides Additional Insured and a Blanket Waiver of Subrogation status to the Certificate Holder, only when there is a written contract or written agreement between the named insured and the certificate holder that requires such status, and only with regard to the (See Attached Descriptions)

CERTIFICATE HOLDER State of NH Dept. of Health & Human Services Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>E. Gould Jones</i>
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DESCRIPTIONS (Continued from Page 1)

above referenced on behalf of the named insured. The General Liability policy contains a special endorsement with "Primary and Non-Contributory" wording.
Re: 14 Dolphin Circle, Nashua, NH



Mission:

Easter Seals provides exceptional services to ensure that all people with disabilities or special needs and their families have equal opportunities to live, learn, work and play in their communities.

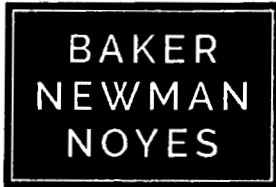
EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

SINGLE AUDIT ACT REPORTS

August 31, 2015

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INDEPENDENT AUDITORS' 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

The Board of Directors
Easter Seals New Hampshire, Inc. and Subsidiaries

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 Easter Seals New Hampshire, Inc. and Subsidiaries (Easter Seals NH), which comprise the consolidated statement of financial position as of August 31, 2015, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated December 10, 2015.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered Easter Seals NH'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 Easter Seals NH's internal control. Accordingly, we do not express an opinion on the effectiveness of Easter Seals NH'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 entity'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.

The Board of Directors
Easter Seals New Hampshire, Inc. and Subsidiaries

Compliance and Other Matters

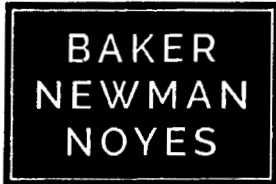
As part of obtaining reasonable assurance about whether Easter Seals NH's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct 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

The 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 entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Manchester, New Hampshire
December 10, 2015

Baker Newman & Noyes
Limited Liability Company



**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR
FEDERAL PROGRAM; REPORT ON INTERNAL CONTROL OVER COMPLIANCE;
AND REPORT ON SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
REQUIRED BY OMB CIRCULAR A-133**

The Board of Directors
Easter Seals New Hampshire, Inc. and Subsidiaries

Report on Compliance for Each Major Federal Program

We have audited Easter Seals New Hampshire, Inc. and Subsidiaries' (Easter Seals NH) compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of Easter Seals NH's major federal programs for the year ended August 31, 2015. Easter Seals NH's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of Easter Seals NH'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 OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 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 Easter Seals NH'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 Easter Seals NH's compliance.

Opinion on Each Major Federal Program

In our opinion, Easter Seals NH complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended August 31, 2015.

Report on Internal Control Over Compliance

Management of Easter Seals NH 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 Easter Seals NH'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 OMB Circular A-133, 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 Easter Seals NH'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.

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 OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by OMB Circular A-133

We have audited the consolidated financial statements of Easter Seals NH as of and for the year ended August 31, 2015, and have issued our report thereon dated December 10, 2015, which contained an unmodified opinion on those consolidated financial statements. 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 is presented for purposes of additional analysis as required by OMB Circular A-133 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 schedule of expenditure of federal awards is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year Ended August 31, 2015

<u>Federal Grantor/Pass-Through Grantor/Program Title</u>	<u>Federal CFDA Number</u>	<u>Pass-Through Entity Identifying Number</u>	<u>Total Federal Expenditures</u>
U.S. Department of Agriculture:			
Passed through the New Hampshire Department of Education:			
Child Nutrition Cluster:			
School Breakfast Program	10.553*	02-6000618	\$ 10,200
National School Lunch Program	10.555*	02-6000618	<u>160,069</u>
Total Child Nutrition Cluster			170,269
Child and Adult Care Food Program	10.558	02-6000618	257,934
Passed through the New York Department of Education:			
Child Nutrition Program:			
Child and Adult Care Food Program	10.558	14-6013200	<u>117,824</u>
Total U.S. Department of Agriculture			546,027
U.S. Department of Homeland Security			
Passed through Orange County United Way:			
Emergency Food & Shelter National Board Program	97.024	13-5596808	<u>1,688</u>
Total U.S. Department of Homeland Security			1,688
U.S. Department of Housing and Urban Development:			
Passed through the City of Manchester Community			
Improvement Program:			
CIP Project – Easter Seals (VNA) Child Care	14.218	02-6000517	27,000
Passed through the New York Office of Mental Retardation			
and Developmental Disabilities:			
Community Development Block / Entitlement Grants	14.218	14-6013200	<u>36,661</u>
Total U.S. Department of Housing and Urban Development			63,661
U.S. Department of Labor:			
Homeless Veteran’s Reintegration Program	17.805	N/A	455,755
Homeless Female Veterans/Veterans with Families	17.805	N/A	258,987
Passed through Easter Seals, Inc.:			
Senior Community Service Employment Program	17.235*	36-2171729	<u>2,950,361</u>
Total U.S. Department of Labor			3,665,103

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (CONTINUED)

Year Ended August 31, 2015

<u>Federal Grantor/Pass-Through Grantor/Program Title</u>	<u>Federal CFDA Number</u>	<u>Pass-Through Entity Identifying Number</u>	<u>Total Federal Expenditures</u>
U.S. Department of Veteran's Affairs:			
Passed through the Harbor Homes Inc.:			
VA Supportive Services for Veteran Families (SSVF)	64.033	02-0351932	\$ 237,890
Passed through University of Vermont & State Agriculture:			
VA Supportive Services for Veteran Families	64.033	03-0179440	3,483
Passed through State of Maine Department of Labor:			
Rural Veterans Coordination Pilot	64.038*	01-6000001	<u>196,882</u>
Total U.S. Department of Veteran's Affairs			438,255
Special Education Cluster:			
U.S. Department of Education:			
Passed through the New York Department of Education:			
Excess Teacher Turnover Prevention – Kessler	84.173	14-6013200	3,959
Excess Teacher Turnover Prevention – Preschool	84.173	14-6013200	11,159
Special Education – Grants to States (IDEA 611)	84.027	13-6007162	7,854
	84.027	13-6007110	1,425
	84.027	13-6007117	1,413
	84.027	13-6007100	1,401
	84.027	14-6001632	16,119
	84.027	13-6001639	2,442
	84.027	14-6010769	342
	84.027	13-1888668	6,827
	84.027	13-6400434	81,678
	84.027	13-6007136	1,590
	84.027	14-6001844	9,162
	84.027	14-6001833	1,392
	84.027	14-1815072	10,428
Special Education – Preschool Grants (IDEA 619)	84.173	13-6007162	1,967
	84.173	13-6007110	288
	84.173	13-6007117	394
	84.173	13-6007100	544
	84.173	14-6001632	3,173
	84.173	13-1888668	1,093
	84.173	14-6010769	116
	84.173	13-6400434	14,528
	84.173	14-6001844	408
	84.173	13-6007183	<u>214</u>
Total Special Education Cluster			179,916

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (CONTINUED)

Year Ended August 31, 2015

<u>Federal Grantor/Pass-Through Grantor/Program Title</u>	<u>Federal CFDA Number</u>	<u>Pass-Through Entity Identifying Number</u>	<u>Total Federal Expenditures</u>
U.S. Department of Health and Human Services:			
Child Care and Development Cluster:			
Passed through the New Hampshire Department of Health and Human Services:			
Child Care and Development Fund	93.596	02-6000618	\$ 690,505
Passed through the New Hampshire Department of Children, Youth and Families:			
Child Care and Development Block Grant	93.575	02-6000618	145,574
Child Care and Development Block Grant	93.575	02-6000618	85,593
Child Care and Development Block Grant	93.575	02-6000618	73,873
Child Care and Development Block Grant	93.575	02-6000619	<u>79,613</u>
Total Child Care and Development Cluster			1,075,158
Passed through the Vermont Department of Social and Rehabilitation Services:			
Foster Care – Title IV – E	93.659	03-6000264	241,308
Promoting Safe and Stable Families	93.556	03-6000264	5,171
Independent Living	93.674	03-6000264	80,544
Passed through the Manchester Community Health Center:			
SAMHSA – Project Launch – NH	93.243	02-0458174	55,321
Passed through the New Hampshire Bureau of Elderly and Adult Services:			
Special Programs for the Aging – Title III, Part B –			
Grants For Supportive Services and Senior Centers	93.044	02-6000618	64,960
Special Programs for the Aging – Title III, Part B –			
Grants For Supportive Services and Senior Centers	93.044	02-6000618	33,621
National Family Caregiver Support	93.052	02-6000618	31,517
Medicare Improvements for Patients and Providers Act –			
Beneficiary Outreach and Assistance (MIPPA)	93.071	02-6000618	22,032
Affordable Care Act – Aging and Disability	93.517	02-6000618	75,464
Social Services Block Grant	93.667	02-6000618	42,725
Social Services Block Grant	93.667	02-6000618	10,037
Medical Assistance Program (Medicaid: Title XIX)	93.778*	02-6000618	146,086
CMS Research, Demonstrations and Evaluations	93.779	02-6000618	17,887
Medicare Improvements for Patients and Providers Act –			
Beneficiary Outreach and Assistance (MIPPA)	93.048	02-6000618	12,193
Centers for Medicare & Medical Services	93.778*	02-6000618	455,976
Passed through the Lakes Region Partnership for Public Health:			
Marketplace Assister Services	93.525	02-6000937	109,054

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (CONTINUED)

Year Ended August 31, 2015

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Total Federal Expenditures
Passed through the New Hampshire Division of Public Health Bureau of Community Health Services, Alcohol & Other Drug Treatment Section:			
Substance Abuse Prevention and Treatment Block Grant	93.959	02-6000618	\$ 304,858
Substance Abuse Prevention and Treatment Project Grant	93.275	02-6000618	(270)
Passed through the New Hampshire Department of Health and Human Services:			
National Guard Military Operations and Maintenance	12.401	02-6000618	115,149
Division of Public Health Services	93.991	02-6000618	17,385
Division of Community-Based Care Services, Bureau of Community-Based Military Programs	93.778*	02-6000618	430,268
Passed through the New Hampshire Department of Children, Youth and Families:			
After Hours Information & Referral Services for the DCYF System to Individuals & Law Enforcement	93.xxx	02-6000618	16,336
Passed through the Commonwealth of Massachusetts Department of Social Services:			
Temporary Assistance to Needy Families	93.558	04-2523961	385,621
Social Services Block Grant	93.667	04-2523961	229,811
Passed through the State of Connecticut Department of Children & Families, Division of Child Welfare & Early and Middle Childhood:			
Visit Coaching Training	93.556	06-1438676	9,285
Passed through the Rhode Island and Providence Plantations Department of Human Services:			
Early Intervention Part C	84.181	05-6000522	<u>47,846</u>
Total U.S. Department of Health and Human Services			<u>4,035,343</u>
Total Federal Expenditures			<u>\$8,929,993</u>

* Major Program

See notes to this schedule.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year Ended August 31, 2015

1. Basis of Accounting

The Schedule of Expenditures of Federal Awards is prepared on the accrual basis of accounting. Consequently, expenditures are recognized when the obligation is incurred. The Schedule of Expenditures of Federal Awards does not include matching amounts that Easter Seals NH expends in connection with its federal programs. Easter Seals NH affiliates that received federal awards that are included in the Schedule of Expenditures of Federal Awards include The Harbor Schools Incorporated, Manchester Alcoholism Rehabilitation Center, Easter Seals New York, Inc., Easter Seals Maine, Inc., Easter Seals Rhode Island, Inc. and Easter Seals Vermont, Inc.

2. Categorization of Expenditures

The categorization of expenditures by program included in the Schedule of Expenditures of Federal Awards is based upon the Catalog of Federal Domestic Assistance (CFDA).

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

Year Ended August 31, 2015

SECTION I – Summary of Audit Results

Financial Statements:

Type of auditor's report issued: *Unmodified opinion*

Internal control over financial reporting:

Material weakness(es) identified? _____ yes X no
Significant deficiency(ies) that are not considered
to be material weaknesses? _____ yes X none reported

Noncompliance material to financial statements noted? _____ yes X no

Federal Awards:

Internal control over major programs:

Material weakness(es) identified? _____ yes X no
Significant deficiency(ies) that are not considered
to be material weaknesses? _____ yes X none reported

Type of auditor's report issued on compliance for
major programs: *Unmodified opinion*

Any audit findings disclosed that are required to be
reported in accordance with Section 510(a) of
Circular A-133? _____ yes X no

Identification of Major Programs:

<u>CFDA #</u>	<u>Name of Federal Program or Cluster</u>
	U.S. Department of Agriculture: Passed through the New Hampshire Department of Education: Child Nutrition Cluster:
10.553	School Breakfast Program
10.555	National School Lunch Program
	U.S. Department of Labor: Passed through Easter Seals, Inc.:
17.235	Senior Community Service Employment Program
	U.S. Department of Veteran's Affairs: Passed through State of Maine Department of Labor:
64.038	Rural Veterans Coordination Pilot

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES
SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)

Year Ended August 31, 2015

<u>CFDA #</u>	<u>Name of Federal Program or Cluster</u>
	U.S. Department of Health and Human Services: Passed through the New Hampshire Bureau of Elderly and Adult Services:
93.778	Medical Assistance Program (Medicaid: Title XIX)
93.778	Centers for Medicare & Medical Services
	Passed through the New Hampshire Department of Health and Human Services:
93.778	Division of Community-Based Care Services, Bureau of Community-Based Military Programs

Dollar threshold used to distinguish
between Type A and Type B programs: \$300,000

Auditee qualified as low-risk auditee? X yes no

SECTION II – Financial Statement Findings

Findings related to the financial statements which are required to be reported in accordance with GAGAS:

None

SECTION III – Federal Award Findings and Questioned Costs

Findings and questioned costs for federal awards which shall include findings as defined in Section 510(a) of Circular No. A-133:

None

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

Year Ended August 31, 2015

Finding 2014-1: Debarment, Title XX Adult Day Program

Federal Program Information:

U.S. Department of Health and Human Services: Passed through the New Hampshire Bureau of Elderly and Adult Services: Social Services Block Grant: Title XX Adult Day Program: CFDA #93.667

Criteria or Specific Requirement:

Review of Vendors

Condition:

Easter Seals NH does not actively monitor activity with its vendors to ensure no debarred or suspended vendors are used for services.

Questioned Costs:

None

Context:

Compliance testing

Effect:

Lack of oversight of vendors used.

Cause:

No policy or procedure has been implemented to monitor vendors for suspension or debarment.

Recommendation:

Easter Seals NH should implement a procedure for reviewing vendors for possible debarment or suspension.

Corrective Action Taken:

A policy and procedure was developed and immediately implemented requiring the Accounts Payable staff to look up new vendors on the SAM website before setting them up or making any payments to them. The contract staff is also required to check the status before establishing or renewing any contract. Staff will document that they are checking the website by dating and initialing whatever documentation they received that prompted the check. The Purchasing Director or her designee will review and confirm in writing that these checks have been performed. Accounts Payable/Purchasing staff will prioritize the vendor list and review all vendors Easter Seals NH does business with that have volume greater than \$25,000 to ensure none are on the Debarred/Suspended list, and will work with IT to develop a way to monitor the entire vendor file on a monthly or quarterly basis for changes in the status of established vendors, possibly subscribing to a third party service.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

Year Ended August 31, 2015

Finding 2014-2 Reporting, Title XX Adult Day Program

Federal Program Information:

U.S. Department of Health and Human Services: Passed through the New Hampshire Bureau of Elderly and Adult Services: Social Services Block Grant: Title XX Adult Day Program: CFDA #93.667

Criteria or Specific Requirement:

Documentation Requirement

Condition:

The Bureau of Elderly and Adult Services released a report dated August 29, 2014 indicating that Easter Seals NH was not in compliance regarding documentation surrounding legal directive. It was noted that Easter Seals NH does not maintain documentation regarding legal directive on the person-centered plan of care form as required.

Questioned Costs:

None

Context:

Compliance testing

Effect:

Legal directive documentation is not maintained in the required format.

Cause:

There is no place on the person-centered plan of care form that asks for information regarding legal directive.

Recommendation:

It is recommended that Easter Seals NH adjust the person-centered plan of care form to document information about legal directive.

Corrective Action Taken:

On the Person Centered Care Plan form under "Program Information" we have added the following:

Name of Guardian/DPOA

Is written directive on file?

We will continue to demonstrate applicable directive as evidenced by his/her signature on the document.

**Easter Seals New Hampshire, 555 Auburn Street, Manchester, NH 03103
2016 Board of Directors**

Chairman

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Richard Rawlings

Barry LaBombarde

Past Chairman

Jim Bee

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Leslie Thompson

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General Counsel &

Assistant Secretary

(non voting member)

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Mike Goduto

Bob Litterst

Larry J. Gammon
Easter Seals New Hampshire, Inc.
555 Auburn Street
Manchester, NH 03103

Employment

7/88 to Present President, Chief Executive Officer

A member of Easter Seals National, the Agency is a comprehensive, multi-facility organization with services throughout New Hampshire, Vermont, New York, Maine, Rhode Island, and Connecticut. Employing over 2000 persons, and operating in excess of 100 million dollars, the Agency has services in Vocational, Educational, Residential, Clinical, Medical, Camping/Recreational, Veterans and Substance Abuse. Position reports to the Chairman of the Board of Directors.

6/85 – 7/88 Executive Vice President

Vice President

8/75 – 6/85 Deputy Executive Director

Easter Seal Society/Goodwill Industries of New Hampshire/Vermont

In progressive management experiences, guided the Agency's programs through a growth from 1+ million dollar budget, and status as one of the most comprehensive service organizations in the country.

Directly responsible to the Executive Director, later President, for supervision of all professional programs of the comprehensive rehabilitation centers, with CARF accreditation in Audiology, Speech Pathology, Social Adjustment, Physical Restoration and Vocational Adjustment. In addition, the Society operates a large day school for handicapped pupils, 3 work adjustment center/sheltered workshops, a comprehensive camping program, retail sales outlets, and a pupil transportation program of 75 students per day. Duties included, but were not limited to, hiring and supervision of staff, program development, budget development and control, procuring funding, and staffing of various Board committees.

9/71 – 8/75 New Hampshire Easter Seal Society for Crippled Children & Adults, Inc.
870 Hayward St.
Manchester, NH 03103

Position: Facilities Director, Easter Seal School

Program Development, supervision and recruitment of staff, screening of pupils; developing budget, and securing funding.

9/70 – 7/71 New Hampshire Department of Education
Keene Public Schools
Keene, NH 03431

Position: Special Education Consultant

1 year study of special education needs of 6 small towns in New Hampshire. Responsible to 6 school boards and the New Hampshire Department of Special Education, Title VI-B Grant.

2/69 – 8/70 Gary Public Schools
Gary, IN

Position: Teacher, Special Education

Classroom teacher, M.R. Summer program for trainable M.R.

9/67 – 1/69 Charlottesville Public Schools
Charlottesville, VA

Position: Teacher M.R. – Department Chairman

Teacher, pre-vocational services, Department Chairman for Junior High age M.R. Director, Summer project (7/68), Title I.

Education

9/62 – 8/66 University of Virginia, Charlottesville, VA
B.S. in Special Education, emphasis in Mental Retardation. All undergraduate courses were at the Master's Level. Dean's List, Junior & Senior years.

9/66 – 8/67 University of Virginia, Charlottesville, VA
36 hours of Graduate School of Education, emphasis in Administration, Testing & Evaluation and Research. Full time graduate scholarship.

Service

National

Chairman, Board of Trustees, CARF, 1990-1991
Member, Board of Trustees, CARF, 1985-1991
Medders Award, Outstanding Easter Seals Executive, 1995
President, Easter Seals Leadership Association, 1998-2000

Local

Queen City Rotary Club, Member
Serenity Place, Board of Directors
Mayor's Task Force/Senior Services
Hillcrest Terrace, Board of Directors
CEO Council
Dartmouth Hitchcock Medical Center – Assembly of Overseers
YMCA Disability Council

Recognition

Non-Profit Business of the Year, *Business NH Magazine*, 2010
Non-Profit Business of the Year, *Business NH Magazine*, 2005
Non-Profit Business of the Decade, *Business NH Magazine*, 2000
Non-Profit Business of the Year, *Business NH Magazine*, 1994

Susan C. Ryan
Chief Operating Officer, Easter Seals New Hampshire

Core Competencies

- 25 years of exceptional results leading Non-Profit, Healthcare, Insurance, Benefits Administration, IT and Financial Services organizations
- Deep experience in planning and implementing complex cross-functional initiatives, strategic growth and successful change management outcomes in dynamic, fast-paced environments, reengineering processes using Six Sigma and Lean Processes
- Collaborative Operations leader actualizing sustainable outcomes in operations, IT and financial goals while increasing scalability
- Charismatic Leader with strong record of success motivating and mentoring high performing individuals and teams

Experience/Accomplishments

Chief Operating Officer
Easter Seals NH

11/2015-present

- Responsible for executive oversight of all consumer programs including Community Based Services (residential and day), Children's Services (EI, Child Development, Autism etc.), Youth Residential/Education, Farnum/Webster Alcohol & Substance abuse, Seniors Day and Home programs, Veterans Count operations, VT, RI and Maine Child & Family Services programs.
- Act as liaison and advocate between Easter Seals NH and all external stakeholders and partners with whom we collaborate

Vice President, National Operations
Zenith-American Solutions

1/2014-11/2015

- Provide direction to 20 national offices with 300+ employees administering health and welfare programs to 3M members
- Provide strategic thought leadership to meet corporate and client goals, create workflows to improve efficiency
- Designed national metrics and associated collection, analysis and distribution processes

Senior Director, Operations Process Improvement and Training
The Elliot Health System (EHS), Manchester NH

4/2011-12/2013

Elliot Hosp. is a 296-bed acute care facility, 3 Urgent Care Facilities, a Level Two Trauma Center and a network of 350+ primary care and specialty providers.

- Built the health systems first Process Improvement team to serve as internal consultants to clinicians, senior administrators, and stakeholders for managing, evaluating, implementing and communicating the outcomes of key strategic, operational, financial, clinical and quality process improvement projects
- Developed and implemented process improvements and standardization of workflows throughout the EHS. Successfully utilized Six Sigma & Lean Methodologies along with superior project management tools to achieve goals ranging from implementation of Multi-discipline Team Rounding on Med/Surg units, Standardized Scanning of Medical Records, ED to Floor RN handoffs using EPIC SBAR, Adapted BOOST Discharge, Multiple labs process improvements, 10 ED projects ranging from Rapid Assessment to OBs/CDU unit development, numerous Revenue Cycle initiatives to ACO program development and organizational redesigns
- Managed Training team to develop and deliver multi-faceted core content to all EHS staff
- Developed outcome measurement and analytic strategies, identification of key metrics and data sources, and established practical data collection and communication plans

Vice President/Sr. Director- SCO ACO Operations, Network Contracting and Clinical Data Analysis
United HealthCare, Waltham MA.

3/2009-3/2011

- Directed Medicaid and Medicare/Healthplan ACO/Senior Care Options operations, including enrollment/eligibility, patient service/care coordination delivery, compliance and state and federal interfaces
- Executed on provider network development, contracting and servicing for all Massachusetts healthcare providers
- Managed business intelligence teams supplying network management and medical expense reporting and analysis
- Lead Six Sigma initiatives implementing cross-functional Lean Processes resulting in higher quality clinical and business outcomes, multi-million dollar savings & revenue opportunities

Vice President- Process Engineering and Operations Design

Fidelity Investments, NH & MA

11/2005-3/2009

- Evolved Enterprise-wide process design, developing methodology, organizational design, metrics, governance tools and tactical execution plans increasing speed to market, decreasing cost per participant and improving product line profitability by 10%
- Identified faulty/missing organizational and enabling IT structures across the company; implemented corporate wide Six Sigma process improvements resulting in resource cost avoidance and improved straight through processing
- Transformed Quality Assurance by flattening roles and increasing reusable work processes. Resulted in 20% headcount reduction, decreased cycle time 30% and increased quality execution for products including Health & Welfare, Payroll, Talent Management, Defined Benefits and Defined Contribution products

Director of Physician Operations and Information Technology

Foundation Medical Partners at Southern NH Medical Center, Nashua, NH

1/2002-11/2005

- Accountable for \$10 million multi-specialty Physician operations P&L, increasing revenue by 10% while decreasing operational budgets by 5%
- Provided leadership and mentoring to more than 30 multi-specialty physicians and 12 multi-site Practice Managers and associated staff.
- Expedited selection and on-time, on-budget implementation of 200 user, multi-site Practice Management & Electronic Billing system resulting in improved revenue of more than \$1M within the first year post implementation
- Led the selection and ongoing implementation of a 350 user, multi-site application and wireless technology to provide Electronic Health Records (EHR/EMR) throughout the continuum of care within a Health System comprised of a 200-bed hospital, 150+ medical providers in 38 multi-specialty practices
- Selected and deployed Dragon Voice Recognition technology for dictation/ transcription for medical providers resulting in \$10,000 in annual savings per medical provider

Vice President, Professional Services

Workspace, Framingham, MA.

11/1999-11/2001

- Designed and managed 100 person Product Implementation Teams and corporate Project Management Office delivering 90% of IT projects on time, scope and budget
- Instituted cross-functional workgroups with Sales, Product development, QA, PM and Implementation resulting in high-functioning teams requiring fewer members while instituting margin-increasing, repeatable best practices
- Responsible for top 5 strategic client base, including General Motors and Daimler Chrysler providing exemplary customer support for enterprise-wide Healthcare portal products servicing over 370,000 participants via an ASP model

Service Delivery Executive (Consultant)

Keane, Inc., Bedford, NH

1/1999-11/1999

- Partnered in strategic planning with CIO, COO and CEOs at key client sites. Specifically targeting NH state government and healthcare organizations for business development, providing executive level expertise focused on opportunity expansion and proposal production
- As Practice Manager for CRM (Customer Relationship Management), developed a sales and service strategy to support the development and integration of CRM into a variety of industries

Executive Director, State of NH

Community Support Network Inc., Concord, NH

12/1997-1/1999

- Creatively challenged the direction of the statewide Board of Directors while reforming and supporting agendas to match strategic plans for \$120 million collaborative of 12 non-profit agencies supplying services and support to people with developmental disabilities; financially supported through Medicaid and matching state funded programs
- Provided individual executive mentoring to the 15 member CEO Board to help ensure the institution of their statewide strategic plans

Elin Treanor
Easter Seals New Hampshire, Inc.
555 Auburn Street
Manchester, NH 03103

CAREER SUMMARY:

Leadership, management and teamwork involving all business related functions and administration. Major emphasis on providing high quality and cost effective services to customers.

SKILLS & EXPERIENCE:

- Accounting, financial reporting, budgeting, internal controls, auditing, cost reporting, variance analysis, accounts payable, purchasing and payroll
- Cash management, investments, borrowing, banking relationships
- Billing, receivables, collections, funding sources, third party reimbursement
- Insurances, contracts, grants, legal issues
- Policies and procedures development, problem solving
- Financial training and consultation
- Strategic and business planning
- Liaison with Board of Directors and Committees

WORK HISTORY:

- | | |
|----------------|---|
| 2012 – Present | Easter Seals New Hampshire, Inc., Manchester, NH
<u>Chief Operating Officer/Chief Financial Officer</u>
Oversee all program and fiscal management of multi-corporate, multi-state entity. |
| 1994 – 2012 | Easter Seals New Hampshire, Inc., Manchester, NH
<u>Senior Vice President & Chief Financial Officer</u>
Oversee fiscal management for 100 million-dollar budget size, multi-corporate, multi-state entity. Also, responsible for reception, maintenance, customer service functions. |
| 1988 – 1994 | Easter Seal Society of NH, Inc., Manchester, NH
<u>Vice President of Finance</u>
Responsible for finance functions and information systems agency wide. Instrumental in major financial turnaround from \$600,000 deficit in 1988 to \$100,000 surplus in 1989 and surpluses every year thereafter. |
| 1984 – 1988 | Easter Seal Society of NH, Inc., Manchester, NH
<u>Controller</u>
Promoted to position with added responsibilities of managing billing function and staff. Converted financial applications to integrated automated systems. Involved in corporate |

reorganizations to multiple entities and external corporate mergers and acquisitions.

1982 – 1984

Easter Seal Society of NH, Inc., Manchester, NH

Chief Accountant

Promoted to supervisory position to manage accounting, payroll, payables, purchasing. Revised budget process, audit work, procedures and monitoring systems.

1981 – 1982

Easter Seal Society of NH, Inc., Manchester, NH

Accountant

Promoted to take charge of general ledger, reconciliations and financial reporting. Established chart of accounts, fund accounting system and internal controls.

1980 – 1981

Easter Seal Society of NH, Inc., Manchester, NH

Internal Auditor

Handled accounts payable, cash flow, grant billing and review of general ledger accounts.

1974 – 1980

Marshalls, Peabody, MA

Senior Clerk

Worked as cashier, customer service representative and bookkeeper, while attending college.

EDUCATION:

1989

New Hampshire College, Hooksett, NH

Masters in Business Administration

1980

Bentley College, Waltham, MA

Bachelor of Science, Accounting Major

1977

North Shore Community College, Beverly, MA

Associates Degree, Accounting Major

SERVICE:

National Easter Seals:

Leader of Northeast Region Chief Financial Officers

Treasurer of Northeast Region Leadership Association

Past Chairman of the Quality Council

Jeannette Davila

CAREER SUMMARY

A passionate executive leader with experience spanning roles in corporate, higher education, nonprofit and community service, with a proven track record of achievement in business strategies, corporate services management, diversity and inclusion, strategic philanthropy and board relations. A groundbreaker in planning and leading institutional initiatives forward successfully and consistently, in tandem with brand, mission and business objectives, while building a socially responsible and culturally diverse organization.

EXPERTISE

- Alliance Development & Community Engagement
- Continuous Improvement & Best Practices
- Change Management & Organizational Effectiveness
- Diversity & Inclusion Business Performance Strategies
- Strategic Partnership Development/Management
- Supplier Development/Supply Chain Management
- Strategic Philanthropy
- Nonprofit Management
- Executive Leadership & Development
- Leadership Team Development
- Government Relations and Coalition Building
- Multi-Brand Management

LEADERSHIP OVERVIEW

Fedcap, New York City, NY

Executive Vice President, Corporate Services

2013-2015

Implemented and directed a new corporate services model to support Fedcap's aggressive growth in rapidly expanding footprint throughout New York, New Jersey, Massachusetts, Washington, DC, Rhode Island, New Hampshire and Florida, while providing services and programs focused on the needs of a diverse workforce and clientele. Directed Senior Leadership team to, amongst other deliverables, support diverse initiatives in core business functions including Communications, Marketing and Development, Human Resources, Real Estate and Facilities Management, Information Technology and Business Development Divisions.

RBS Citizens Financial Group, Manchester, NH

Senior Vice President, Organizational Effectiveness & Development

2010-2012

Partnered with senior executives of cross-functional business units (e.g. Marketing and Communications, Legal, Human Resources and Corporate Finance) with accountability for developing and delivering the learning strategy for the business units, optimizing the organizational structure, establishing shared values, fostering key behaviors, developing leadership skills, leading change, and focusing on employee development, including Citizens commitment to diversity and inclusion among colleagues, customers and the community through innovated programs that serve all segments of the population.

Senior Vice President, Team Leader and Regional Manager, Government and Not-for-Profit Banking Division

1997-2010

Led team in developing and retaining account relationships in Northern New England. Cultivated new emerging markets, customized products and services. Total funds under management exceeded \$2.4 billion, with pre-tax profits of \$18+ million. Developed \$400 million portfolio in Maine with no underlying branch network. Achieved number 3 position in Vermont market, with \$175 million under management and a 25% market share.

EDUCATION AND AWARDS

- President's Award (Leadership award received for role in promoting the College's racial and ethnic diversity initiative, mentoring students and alumni, and chairing the Board's Trusteeship Committee,) Saint Anselm College, 2011

-
- Harvard University Executive Leadership Program, 2004
 - Honorary Doctorate of Humane Letters, Saint Anselm College, 1999
 - Bachelor of Arts in Psychology, Saint Anselm College, 1983

COMMUNITY AND CIVIC SERVICE

- Catholic Medical Center, Board of Directors, 2016-2022
 - Committee Member, Finance, Investment and Development Committees
- Saint Anselm College, Advisor – Diversity Recruitment, Office of the Dean of Admission, 2012
- National Education for Women’s Leadership Program, Center for American Women and Politics, Rutgers University, Faculty in Residence, NH Institute of Politics, 2012-Present
- New Hampshire Scholars Initiative, New Hampshire College & University Council, Steering Committee Member, 2011
- Leadership NH, Graduate, 2011
- Easter Seals New Hampshire, Inc., 75th Anniversary Committee Member, 2010
- Easter Seals New Hampshire, Inc., Board of Directors
 - Planning and Executive Committee, 2002-2008
 - Vice Chairman, 2006-2007
- NH Public Deposit Investment Pool, Advisory Board, 2000-2010
- Greater Manchester Chamber of Commerce, Strategic Planning Committee, 1999-2001
- Saint Anselm College, Board of Trustees, 1995-2014
 - Committee member, Finance, Investment, Advancement, Enrollment Management and Marketing, Corporate Partners, and Trusteeship
- Saint Anselm College, Advisor on Multicultural Affairs, 1990-2013
- Established the Hector and Jean Davila Annual Scholarship at Saint Anselm College, 1995
- YWCA Board of Directors, 1988-1991

SPEAKING ENGAGEMENTS

- Guest speaker, *“Networking: the Power of Building Relationships,”* National Education for Women’s Leadership Program, 2013
- Guest speaker, Southern New Hampshire University’s Organizational Leadership Program, School of Business, 2010-2012
- Keynote address, Transitions Program, Multicultural Center, Saint Anselm College, 2012
- Guest speaker, *“Women’s Leadership Summit,”* Southern New Hampshire University, 2010
- Keynote address, Access Convention, *“Developing 21st Century Workforce Skills,”* NH College & University Council, 2010-2011
- Guest speaker, addressed students within the College Unbound Integrated Studies Program, Southern New Hampshire University, 2009-2012
- Guest speaker, Addressed over 1,000 parents and high school students; *“College Made the Difference,”* NH Higher Education Assistance Foundation *“Destination College”* Convention, 2002
- Guest speaker, *“The Real Big Dig: New Business Development Opportunities in the 21st Century,”* Boston Business Roundtable, 2000
- Commencement speaker, on the Occasion of the 25th Anniversary of Admission of Women to the College, Saint Anselm College, 1999
- Keynote address, New England Network Conference for Students of Color, 1994

LANGUAGES

- English
- Spanish

Tina M. Sharby, PHR
Easter Seals New Hampshire, Inc.
555 Auburn Street
Manchester, NH 03103

Human Resources Professional with multi-state experience working as a strategic partner in all aspects of Human Resources Management.

Areas of expertise include:

Strong analytical and organizational skills	Problem solving and complaint resolution
Ability to manage multiple tasks simultaneously	Policy development and implementation
Employment Law and Regulation Compliance	Compensation and benefits administration
Strategic management, mergers and acquisitions	

PROFESSIONAL EXPERIENCE

Chief Human Resources Officer 2012-Present

Senior Vice President Human Resources
Easter Seals, NH, VT, NY, ME, RI, Harbor Schools & Farnum Center
1998- 2012

Reporting directly to the President with total human resources and administration. Responsible for employee relations, recruitment and retention, compensation, benefits, risk management, health and safety, staff development for over 2100 employees in a six state not-for-profit organization. Developed and implemented human resources policies to meet all organizational, state and federal requirements. Research and implemented an organizational wide benefits plan that is supportive of on-boarding and retention needs.

Developed and implemented a due diligence research and analysis system for assessing merger and acquisition opportunities. Partnered with senior staff team in preparation of strategic planning initiatives.

Member of the organizations Compliance Committee, Wellness Committee and Risk Management Committee. Attended various board meetings as part of the senior management team, and sit on the investment committee of the Board of Directors for Easter Seals NH, Inc.

Human Resources Director
Moore Center Services, Inc., Manchester, NH
1986-1998

Held progressively responsible positions in this not-for-profit organization of 450 employees. Responsible for the development and administration of all Human Resources

activities. Implemented key regulatory compliance programs and developed innovative employee relations initiatives in a rapidly changing business environment. Lead the expansion of the Human Resources department from basic benefit administration to becoming a key advisor to the senior management.

Key responsibilities included benefit design, implementation and administration; workers compensation administration; wage and salary administration, new employee orientation and training; policy development and communication; retirement plan administration; budgetary development; and recruitment.

EDUCATION

Bachelor of Science Degree, Keene State College, 1986
Minor in Human Resources and Safety Management
MS Organizational Leadership, Southern NH University (in process)

ORGANIZATIONS

Manchester Area Human Resource Association
Diversity Chair 2010
Society for Human Resource Management
BIA Human Resources
Health Care & Workforce Development Committee 2009, 2010

Susan L. Silsby

SUMMARY OF QUALIFICATIONS

- Over 25 years of experience in the non-profit industry
- Successful track record in program operations across multiple states
- Strong leadership and managerial skills
- Solid fiscal management ability
- Exceptional customer service skills
- Professional, organized and highly motivated

EDUCATION

University System of New Hampshire Plymouth, New Hampshire
BA in Psychology

Varsity Swimming & Diving, Varsity Field Hockey, Delta Zeta National
Sorority

PROFESSIONAL EXPERIENCE

1988- Present EASTER SEALS NEW HAMPSHIRE

Senior Vice President of Program Services

Plan, develop, implement and monitor program services for adults throughout New Hampshire.

Manage all aspects of operations related to the delivery services including program development, financial management and personnel management.

Analyze trends in referrals, service delivery and funding to develop and implement strategic plans that increase the market share, enhance financial viability and improve public relations.

Report on administrative, financial, and programmatic outcomes.

Initiate and maintain contact with local and state agency representatives, at all levels, to promote Easter Seals services and develop new program opportunities.

Establish and maintain effective and positive relationships with public and private agencies, referring agencies, parents, funders, and community representatives to ensure customer satisfaction and solicit increased referrals

Other positions held: Vice President of Community Based Services, Director of Vocational Services, Direct Support Professional

Vice President of Insurance Operations

8/1986-12/1997

Consolidated Group, Inc. / HealthPlan Services, Framingham, MA.

- Developed business units and led staff of 500+ associates located in 6 culturally diverse offices nationwide including HR, Call Centers, Claims Processing, Enrollment and Systems development for Medical, Dental, Life, STD, LTD and specialized gap insurance products
- Conducted due diligence activities for mergers and integration of acquisitions through employee “culturalization” and best practices
- Instituted shared goals, performance metrics and unit cost reporting resulting in 30% savings in operations
- Demonstrated consistent net improvement of 15% annually of all financial and business goals. Led the design and implementation of several leading edge technologies, applications and process improvements, realizing financial and work-process efficiencies of over 40% from previous year
- Led the acquisition of a \$550 million block of business while managing the opening of two new sites and closure of two others. Hired and trained over 100 new employees within three months while reducing transaction turnaround time from 4 weeks to 5 days. Dealt with closure issues including relocation of accounts and employee layoffs while providing uninterrupted and high satisfaction customer services
- Incorporated a \$35 million block acquisition, including transformation of a new office of 60 employees. In a turnaround move, improved service levels from substandard to exceptional within 60 days while relocating office to a new site

Educational / Affiliations

- BS Organizational Management, Magna Cum Laude, Daniel Webster College
- Masters student-MS Organizational Leadership, Southern NH University
- Certified Six Sigma Black Belt, Proficient in Lean
- Certified Process Master: Dr. Michael Hammers coursework (Prof. MIT)
- Proficient in Word, Excel, PowerPoint, Outlook, Project, Visio and many other IT tools
- Founder, Board Chair and Vocalist with the Bedford Big Band www.BedfordBigBand.com , 1997-2013
- Board of Directors - Girls Inc. NH www.girlsincnewhampshire.org, 2009-2013, Board Chair 2011-2012
- 2013 Woman of Achievement award winner- Girls Inc. National non-profit supplying programs for girls 6-18

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Vendor Name: Easter Seals NH, Inc.

Name of Program/Service: ServiceLink

BUDGET PERIOD			
Name & Title Key Administrative Personnel	Annual Salary of Key Administrative Personnel	Percentage of Salary Paid by Contract	Total Salary Amount Paid by Contract
Larry G. Gammon, President & CEO	\$367,107	0.00%	\$0.00
Susan C. Ryan, COO	\$165,000	0.00%	\$0.00
Elin Treanor, CFO	\$244,800	0.00%	\$0.00
Jeannette Davila, CDO	\$150,000	0.00%	\$0.00
Tina Sharby, CHRO	\$145,656	0.00%	\$0.00
Susan Silsby, SVP Adult Services	\$146,000	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$0.00

Key Administrative Personnel are top-level agency leadership (Executive Director, CEO, CFO, etc.). These personnel **MUST** be listed, even if no salary is paid from the contract. Provide their name, title, annual salary and percentage of annual salary paid from the agreement.



**State of New Hampshire
Department of Health and Human Services
Amendment #4 to the New Hampshire ServiceLink Program Contract**

This fourth (4th) Amendment to the New Hampshire ServiceLink Program contract (hereinafter referred to as "Amendment #4") dated this 19th day of August 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Easter Seals New Hampshire, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 555 Auburn Street, Manchester NH 03103.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (Item #62), and amended by agreements (Amendment #1 to the Contract) approved by the Governor and Executive Council on June 4, 2014 (Item #59), (Amendment #2 to the Contract) approved by the Governor and Executive Council on October 1, 2014 (Item #14), and (Amendment #3 to the Contract) approved by Governor and Executive Council on May 6, 2015 (Item #23), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the agreement by written agreement of the parties upon Governor and Executive Council approval; and

WHEREAS the parties agree to add to the scope of services provided and increase the price limitation; and

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

To amend as follows:

1. Form P-37, General Provisions Block 1.8, to read:
\$2,015,800
2. Add Exhibit A-2, Scope of Services for Sustainable System of Care Improvements for Service Members, Veterans, and their Families.
3. Add Exhibit B-18, Budget for Sustainable System of Care Improvements for Service Members, Veterans, and their Families (SFY 2016).
4. Add Exhibit B-19, Budget for Sustainable System of Care Improvements for Service Members, Veterans, and their Families (SFY 2017).
5. Exhibit B – Amendment #3 , Method and Conditions Precedent to Payment, Paragraph 1 to read:
 1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A Amendment #1 Scope of Services and Exhibit A-2, Scope of Services for Sustainable System of Care Improvements for Service Members, Veterans, and their Families.
6. Exhibit B – Amendment #3, Method and Conditions Precedent to Payment, Paragraph 5 to read:
 5. Payment for contracted services will be made on a cost reimbursement basis for allowable expenses based on the budget line items identified in Exhibits B-1 – B19 and in accordance with the Department approved individual program budgets. Each budget is specific to a time



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program**

period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.

7. Delete Exhibit B – Amendment #3, Method and Conditions Precedent to Payment, Paragraph 5.1.
8. Add Exhibit B – Amendment #3, Method and Conditions Precedent to Payment, Paragraph 17 as follows:
 17. Sustainable System of Care Improvements for Service Members, Veterans, and their Families: The funding is from date of Governor and Executive approval of Amendment #4 to September 30, 2016 for the purposes of developing and implementing sustainable system of care improvements as described in Exhibit A-2, Scope of Services for Sustainable System of Care Improvements for Service Members, Veterans, and their Families. Once the program is operational, the contractor shall continue providing the scope of work as defined, without funding from the Department.



New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

Date 8/28/15

State of New Hampshire
Department of Health and Human Services
Nicholas A. Toumpas
Nicholas A. Toumpas
Commissioner

Date 8/20/15

Easter Seals New Hampshire, Inc.
Elaine
Name ELIN MEANS
Title CEO

Acknowledgement:
State of NH, County of Hillsborough on 8/20/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Alycia D. Monroe
Name and Title of Notary or Justice of the Peace



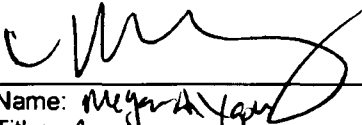


**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

9/13/15
Date

OFFICE OF THE ATTORNEY GENERAL


Name: Meghan H. Taylor
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit A-2

**Scope of Services for Sustainable System of Care Improvements
for Service Members, Veterans, and their Families**

1. Services to Be Provided

- 1.1. The Contractor shall address the immediate need for Care Coordination Services in a manner that effectively integrates NH CarePath access and work with partners to streamline access and create a sustainable and integrated service delivery system that ensures quality of care for New Hampshire's military-veteran population.
- 1.2. The Contractor will provide Care Coordination services for one-hundred and twenty-five (125) Service Members, Veterans, and/or their Families (SMVF).
 - 1.2.1. Services through this contract will only be provided when the Contractor cannot serve the SMVF through other contracts, subcontracts, or other public funding streams.
- 1.3. The Contractor will provide outreach using an experienced intake coordinator and a care coordination team to ensure that SMVF are aware of services and can access care coordination in a timely manner.
- 1.4. The Contractor will triage all referrals, respond to emergent situations rapidly, meet critical and time-sensitive needs, and provide holistic, client-centered local services, with an emphasis on referrals and linkages to long-term sustainable services through the VA (Veterans Administration), CMHCs (Community Mental Health Centers), and other organizations
- 1.5. The Contractor will screen all cases during initial assessment process for needs such as mental health care, health care, respite care, home-based supports, options counseling and other needs that can be met through NH DHHS' long term services and supports program partners.
 - 1.5.1. All cases in need of services that the NH CarePath system can provide will be screened for Medicaid and other state funding eligibility and connected to ServiceLink Options Counseling as warranted.
- 1.6. The Contractor will designate a highly skilled, clinically licensed Care Coordinator to serve as NH CarePath Access Coordinator, who will:
 - 1.6.1. Coordinate directly with the CMHC system through the Statewide CMHC Military Liaison (and possibly the locally-based CMHC Military Liaisons).
 - 1.6.2. Establish direct contact with all CMHC Liaisons and facilitate referrals from the Contractor to the CMHCs whenever appropriate to meet the mental health care needs of SMVF.
 - 1.6.3. Provide information and assistance to other SMVF care coordination and case management providers (Pro-Force, Harbor Homes, Family Resource Center at Gorham, etc.) to enhance referrals to CMHCs.

EG

8/20/20



Exhibit A-2

- 1.6.4. The Contractor will provide an updated contact list of Military-Civilian stakeholders to the Bureau of Community Based Military Programs. This list shall include but not be limited to:
 - 1.6.4.1. Name;
 - 1.6.4.2. Title;
 - 1.6.4.3. Organization Name;
 - 1.6.4.4. Phone number; and
 - 1.6.4.5. Email address.
- 1.6.5. The Contractor will create and conduct a consumer satisfaction survey (hard copy and/or phone) to solicit input from SMVF, on their "experience" accessing services.
 - 1.6.5.1. Survey shall include: the services, process, rating, and changes needed to improve the services/process.
 - 1.6.5.1.1. A draft copy of the survey shall be provided to the Bureau of Community Based Military Programs within sixty (60) days of the amendment approval date.
- 1.7. The Contractor will work with the Bureau of Community Based Military Programs to establish and coordinate a "Sustainable Military Access Task Force". The Task Force will:
 - 1.7.1. Be comprised of leadership-level representatives from organizations that have Military Access-related contracts with NH DHHS, as well as other military-civilian priority organizations, (to possibly include the VA Medical Center, Vet Center, hospitals, Harbor Homes, Family Resource Centers, Veterans Law Project) and others as identified by DHHS;
 - 1.7.2. Be chaired by the Bureau of Community Based Military Programs, or their designee/s;
 - 1.7.3. Carry out the following activities:
 - 1.7.3.1. Establish a mutually understood definition of sustainability to reflect the importance of leveraging existing resources through inter-agency coordination in maximizing sustainable access, as well as the need for sustainable sources of dedicated funding.
 - 1.7.3.2. Establish new protocols and systems that promote easier access points for care to SMVF, inter-referrals, case collaboration, and assist all partners in better identifying, engaging, and serving SMVF.
 - 1.7.3.3. Research, identify and apply for federal grants (through federal agencies such as SAMHSA, DOD, VA, DOL, etc.) as available and appropriate, with proposals that include substantial inter-agency partnerships.



Exhibit A-2

- 1.7.3.3.1. The Contractor will develop and write the proposal/s as needed and directed by the Bureau Chief of Community Based Military Programs.
- 1.7.3.4. Create a Memorandum of Understanding (MOU) that all Task Force Agencies – as appropriate - will sign, to promote further coordination and sustainability efforts beyond the timeframe of this contract.
 - 1.7.3.4.1. MOU's will be completed and signed by June 2016 and represent an additional one-year (or more) commitment after DHHS contract funds have been expended.
 - 1.7.3.4.2. The Contractor will develop and write the MOU, with technical assistance from NAMI New Hampshire as needed and directed by the Bureau Chief of Community Based Military Programs.
- 1.8. The Contractor will coordinate a minimum of four (4) Task Force meetings over the course of the contract period, this will include:
 - 1.8.1. responsibility for scheduling and obtaining the venue;
 - 1.8.2. communication with attendees;
 - 1.8.3. agenda development (with other leadership);
 - 1.8.4. taking the meeting minutes and distributing them after the meeting to the attendees; and
 - 1.8.5. other meeting logistics
- 1.9. Develop, publish and distribute two (2) newsletters that share the activities, accomplishments, and vision of the current military-civilian partnership projects throughout the State.
 - 1.9.1. A copy of the newsletter shall be submitted to the Bureau Chief of Community Based Military Programs for approval prior to publishing.
- 2. Reporting**
 - 2.1. The Contractor will provide a detailed monthly report to the Bureau Chief of Community Based Military Programs which will include but not be limited to:
 - 2.1.1. Type of service provided;
 - 2.1.2. Summary of clients served;
 - 2.1.3. Client demographics;
 - 2.1.4. Financial assistance provided through Veterans Count fund;
 - 2.1.5. Specific client outcomes (securing employment, securing housing, preventing losing housing, accessing mental health care, suicide intervention/prevention); and
 - 2.1.6. Linkages made to Military-Civilian providers.



Exhibit A-2

- 2.2. The Contractor will provide a final report within thirty (30) days of the contract end date which will include a summary of all services, outcomes and linkages.
- 2.3. The Contractor will provide a final report on the Task Force activities, to the Bureau Chief of Community Based Military Programs, which shall include but not be limited to:
 - 2.3.1. Summarizing each partner's project activities and outcomes;
 - 2.3.2. Summative outcomes illustrating how the different projects worked together to achieve project goals;
 - 2.3.3. Information about the Task Force and its' commitment to future sustainability (through the MOU); and
 - 2.3.4. Clear objectives for partners to continue promoting sustainable access through coordinated care, leveraging existing resources, and working together to bring new funding streams into NH to benefit NH SMVF.

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

Bidder/Program Name: Easter Seals New Hampshire, Inc

Budget Request for: BEAS - MIPPA/Service Link Resource Center Program/BIP - Amendment #4

Budget Period: SFY16 - 10/1/15 - 03/31/16

Line Item	Amount	Total Program Cost	Contractor Share / Match	Amount
1. Total Salary/Wages	\$ 120,275.00	\$ 120,275.00	\$ -	\$ 120,275.00
2. Employee Benefits	\$ 34,278.00	\$ 34,278.00	\$ -	\$ 34,278.00
3. Consultants	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 900.00	\$ 900.00	\$ -	\$ 900.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -
Office	\$ 675.00	\$ 675.00	\$ -	\$ 675.00
6. Travel	\$ 2,425.00	\$ 2,425.00	\$ -	\$ 2,425.00
7. Occupancy	\$ 6,215.00	\$ 6,215.00	\$ -	\$ 6,215.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,620.00	\$ 1,620.00	\$ -	\$ 1,620.00
Postage	\$ 90.00	\$ 90.00	\$ -	\$ 90.00
Subscriptions	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -
9. Marketing/Communications	\$ -	\$ -	\$ -	\$ -
10. Staff Education and Training	\$ 3,750.00	\$ 3,750.00	\$ -	\$ 3,750.00
11. Subcontract/Agreements	\$ -	\$ -	\$ -	\$ -
12. Other (specific details mandatory):	\$ 228.00	\$ 228.00	\$ -	\$ 228.00
Printing	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 170,458.00	\$ 170,458.00	\$ -	\$ 170,458.00

Indirect As A Percent of Direct 10.0%

Contractor Initials: *ES*
Date: *8/24/15*

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

Bidder/Program Name: Easter Seals New Hampshire, Inc

Budget Request for: BEAS - MIPPA/Service Link Resource Center Program/BIP - Amendment #4

Budget Period: SFY 17 - 7/1/16 - 6/30/16

Line Item	1	2	3	4	5	6	7	8	9	10	11	12	13	TOTAL
1. Total Subcontract	\$ 40,091.00	\$ 4,095.00	\$ 44,186.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 44,186.00
2. Employee Benefits	\$ 11,426.00	\$ 1,143.00	\$ 12,569.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,569.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchase/Depreciation	\$ 300.00	\$ 30.00	\$ 330.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 330.00
8. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 225.00	\$ 22.00	\$ 247.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 247.00
Travel	\$ 808.00	\$ 80.00	\$ 888.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 888.00
Occupancy	\$ 2,071.00	\$ 207.00	\$ 2,278.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,278.00
Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 540.00	\$ 54.00	\$ 594.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 594.00
Postage	\$ 30.00	\$ 3.00	\$ 33.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 33.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audio and Visual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Staff Education and Training	\$ 1,250.00	\$ 125.00	\$ 1,375.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,375.00
11. Subcontract/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Other (specific details mandatory)	\$ 76.00	\$ 7.00	\$ 83.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 83.00
Printing	\$ 76.00	\$ 7.00	\$ 83.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 83.00
TOTAL	\$ 86,817.00	\$ 5,680.00	\$ 92,497.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 92,497.00

Indirect As A Percent of Direct 10.0%

Contractor Initials ES
Date 12/1/15



State of New Hampshire
Department of Health and Human Services
Amendment #3 to the New Hampshire ServiceLink Resource Centers Program Contract

This third Amendment to the New Hampshire ServiceLink Resource Centers Program contract (hereinafter referred to as "Amendment #3") dated this day of March 30, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Easter Seals New Hampshire, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 55 Auburn Street, Manchester, NH, 03103.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (Item #62), amended by an agreement (Amendment #1 to the Contract) approved on June 4, 2014 (Item #59) and amended by an agreement (Amendment #2 to the Contract) approved on October 1, 2014 (Item #14), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties; and

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional fifteen (15) months and increase the price limitation; and

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: September 30, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$1,765,800.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Eric Borrin, Director Contracts and Procurement.
4. Form P-37, General Provisions, Item 1.10, to read: (603) 271-9558.
5. Delete Exhibit A Scope of Services and replace with Exhibit A Amendment #1 Scope of Services.
6. Delete Amendment #2 - Exhibit A-1 Scope of Services.
7. Delete Amendment #2 - Exhibit B, Method and Conditions Precedent to Payment and replace with Exhibit B Amendment #3, Method and Conditions Precedent to Payment.
8. Delete Exhibit B-7 and replace with Exhibit B-7 Amendment #1.
9. Add Exhibit B-15, Exhibit B-16, and Exhibit B-17.
10. Delete Standard Exhibit C, Special Provisions and replace with Exhibit C, Special Provisions.
11. Delete Standard Exhibit C-1, Additional Special Provisions and replace with Exhibit C-1, Revisions To General Provisions.



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

12. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 9/30/16.
13. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 9/30/16.
14. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.
15. Delete Standard Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement, and replace with Exhibit I, Health Insurance Portability Act Business Associate Agreement.



New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

4/10/15
Date

[Signature]
Diane Langley
Director

Easter Seals New Hampshire, Inc.

3/31/2015
Date

[Signature]
NAME Elin Treanor
TITLE CFO

Acknowledgement:

State of New Hampshire, County of Hillsborough on March 31, 2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Betty R. Burke
Name and Title of Notary or Justice of the Peace





**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 4/20/15

Name: Megan A. York
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____



Exhibit A Amendment #1

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a full service point of access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire Medicaid's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Quarter: A quarter is defined as: July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare & Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.



Exhibit A Amendment #1

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall provide services defined in this Agreement to the following populations:

- Persons age 60 and over;
- Adults over the age of 18, who are chronically, physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and/or developmental disabilities;
- Veterans;
- People of all ages, income levels and disabilities, including people with dementia and people of different cultures and ethnicities.

3. Geographic Area Served: The Contractor shall provide services as described in this Agreement in the geographic area of Hillsborough County (excluding the cities and towns of Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor). Geographic area is defined as the area focused on client location (City or Town).

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long-term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

- 4.1.1.1. Consideration of all populations served including different age groups, different income levels, different types of disabilities, cultural diversities, and those underserved, and individuals at risk of nursing home placement, family caregivers, advocates, and professionals who serve these populations. Populations shall include all individuals who may or may not meet public assistance requirements, in addition to those that are hard to reach, those who are private payers and want to plan ahead for their long-term needs;
- 4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and
- 4.1.1.3. A feedback loop to modify activities as needed.
- 4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

- 4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.
- 4.1.2.2. Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.
- 4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.
- 4.1.2.4. Contractor shall use the Alliance of Information and Referral Standards and use the Refer7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The Contractor is responsible for:
 - 4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and



Exhibit A Amendment #1

- 4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user- friendly, searchable and accessible to persons with disabilities.
- 4.1.2.5. Contractor's staff shall attend trainings as directed by the Department.
- 4.2. Options Counseling
- 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
- 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others whom they may wish to include in the process, such as family members and/or caregivers/support persons.
- 4.2.3. The Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration for Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards, when they have been released.
- 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arrange for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum, the Contractor shall provide:
- 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
- 4.2.4.2. Special attention to those clients most at risk of institutionalization;
- 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in assessing all the pros and cons;
- 4.2.4.4. Development of action steps toward a goal or a long-term support plan, with assistance in applying and accessing support options when requested;
- 4.2.4.5. Counseling in a location that fits the needs of the individual being served, such as a private home and office, and to be accessible to the client by phone, email, etc.;
- 4.2.4.6. Counseling that ensures that clients understand their options by using the Option Counseling Standards.
- 4.2.5. The Contractor shall provide confidential, objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
- 4.2.6. The Contractor shall serve as full service access entry points for individuals and use standard intake and screening instruments defined by the Department.
- 4.2.7. The Contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
- 4.2.8. The Contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.
- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor shall include a plan to schedule future contacts and follow-ups according to the needs of the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a full service access point/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation



Exhibit A Amendment #1

Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:

4.3.1. Intake and Screening

The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.

4.3.2. Financial and Functional Eligibility Processes

Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.

4.3.2.1.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.

4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:

4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.

4.3.3. Tracking Eligibility Status

4.3.3.1. The Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems, such as New Heights Financial Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.

4.3.3.2. The Contractor may be informed of individuals who are determined ineligible for public LTSS and the ServiceLink Contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.

4.4. Person-Centered Transitions Support

The Contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:

4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.

4.4.2. The Contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.

4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.

4.4.4. The Contract shall:

4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;

4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and



Exhibit A Amendment #1

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- 4.4.4.3. Provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
 - 4.4.4.4. Serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
 - Contractor shall involve consumers on a local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
 - 4.5.1.1. People over age 60
 - 4.5.1.2. Adults over age 18 living with chronic illnesses or disabilities
 - 4.5.1.3. Family members, caregivers, and family caregivers of the target populations
 - 4.5.1.4. Local community providers
 - 4.5.1.5. Representation from cultural and ethnic minorities residing within the community.
 - 4.5.1.6. At least twenty-five (25) percent of the membership must be from the target population.
Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.
 - 4.5.2. Medicaid
 - Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.
 - 4.5.3. Aging and Disability Partners
 - 4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.
 - 4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.
 - 4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.
 - 4.5.4. Other Partners and Stakeholders
 - Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.
- 4.6. New Hampshire Family Caregiver Program
- The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:



Exhibit A Amendment #1

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum. The Contractor shall:
 - 4.6.12.1. Provide a minimum of one (six (6) week session) Powerful Tools for Caregiver Training to a minimum of ten (10) caregivers completing the workshop series.
 - 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.
- 4.7. New Hampshire State Health Insurance Assistance Program
The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:
 - 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
 - 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
 - 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
 - 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
 - 4.7.5. Recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.



Exhibit A Amendment #1

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education, volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
- 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
- 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
- 4.8.7. Comply with the standards in the SHIP Program Guidance.
- 4.8.8. Recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

4.9. Veterans Directed Home and Community Based Program

The Contractor shall provide Veterans the opportunity to receive home and community based services in a consumer directed fashion that enables them to avoid nursing home placement and to continue to live in their homes and communities. The Contractor shall:

- 4.9.1. Develop and implement a Veterans Directed Home and Community Based (VDHCB) program to provide the services described in Section 4.9.2, in the following ways:
 - 4.9.1.1. Enter into a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and/or the Manchester Veteran's Administration Medical Center (Manchester VAMC). The provider agreement is to be based on the Memorandum of Agreement between the Department and the WRJ and/or Manchester VAMC. Under the provider Agreement, the Contractor shall work with the WRJ VAMC and/or the Manchester VAMC and shall be responsible for the service coordination as defined in Section 4.9.2 below.
 - 4.9.1.2. Establish an advisory group to oversee the development, implementation of the program and provide ongoing feedback for continuous improvement of the program and services. Membership is to include representation from key community resources, local Veterans' organizations, Veterans and families of Veterans utilizing the program, and the public.
 - 4.9.1.3. Establish and maintain a budget for the costs to develop and implement the program as follows:



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- 4.9.1.3.1. Ongoing Staff development and training such as but not limited to, costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program.
 - 4.9.1.3.2. Ongoing Travel costs associated with ongoing program development and implementation such as, but not limited to: Staff mileage to and from training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, Establishing and maintaining a of business processes related to the VD-HCBS Program, such as computer equipment, telephone expenses, and office furniture for new staff.
 - 4.9.1.3.3. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services, in Section 4.9.2.
 - 4.9.1.4. Provide or contract with an agency to provide financial management services to the Veterans. The Contractor cannot implement the VDHCBS program until financial management services are reviewed and approved by the VDHCBS national Readiness Review Process, and reviewed by WRJ and Manchester VAMC and DHHS.
 - 4.9.1.5. Provide a minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to Veterans participating in the program in developing and managing an individual service budget.
 - 4.9.1.5.1. The Contractor shall increase the FTE when the Veterans caseload exceeds 19 Veterans. The contractor shall increase the FTE to provide 4.5 hours per month per veteran.
 - 4.9.1.6. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors are trained in the program practices and procedures prior to service delivery defined in Section 4.9.2.
 - 4.9.1.7. Establish Financial Management Readiness and pass formal readiness review prior to implementation of the program. New FMS agreements must pass formal readiness review,
- 4.9.2. Provide options counseling and assist Veterans in arranging consumer directed services as follows:
- 4.9.2.1. Maintain the provider agreement in Section 4.9.1.1 and the contractor shall be responsible for service coordination for the Veteran as follows:
 - 4.9.2.1.1. Accept referrals of eligible Veterans and their authorized budgets to buy long term supports and services, from at least one of the VAMC in Section 4.9.1.1.
 - 4.9.2.1.2. Provide options counseling to Veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. At a minimum, options counseling shall include an assessment, plan of care and identify type of services to meet the needs to the Veteran to remain in the home and community. The Contractor shall submit the Veteran's plan of care with types of services to the VAMC for approval. The Contractor must obtain budget approval of plan of care from the VAMC before the Veteran receives VD-HCBS supports and services. The Contractor shall comply with the VAMC and the Department's program and policies guide for linking Veterans with needed Long term services and supports and making mutual referrals.



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- 4.9.2.2. Provide or maintain the contract with an agency to provide financial management services. Seek reimbursements for service coordination through the VAMC defined in Section 4.9.1. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services.
- 4.9.3. Ensure the following:
- 4.9.3.1. All Veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
 - 4.9.3.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
 - 4.9.3.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
 - 4.9.3.4. Of the Veterans served, there will be a 90 % or better, consumer satisfaction rate.
- 4.9.4. Comply with procedures for reporting requirements defined by DHHS for monthly "Ticker" reporting requirements defined and required by National VDHCS program administration.
- 4.9.5. Enter contact data into the Refer 7 data base to increase the amount of resources available by geographic area serve Veterans.
- 4.9.6. Ensure that documentation required by both the Department and the VAMC is kept current and submitted according to the program requirements.
- 4.9.7. Participate in continuous process improvement activities with the Department and/or the VAMC to evaluate and improve the quality of the program and its policies and processes by attending meetings, trainings, to include monthly VDHCS Faculty Calls, and related conference calls.
- 4.9.8. Participate in trainings that aim to improve knowledge of military culture and other related trainings to enhance competencies required to serve our military family and service member population.
- 4.10. Medicare Improvements for Patients and Providers Act (MIPPA).
The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA), services through as follows:
- 4.10.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 4.10.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 4.10.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 4.10.1.3. Promote the Medicare programs described in Section 4.10.1.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:
 - 4.10.2. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
 - 4.10.3. Complete an analysis using available statistics such as Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The



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Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.

- 4.10.4. Assess current and past partnerships with other agencies and community services.
- 4.10.5. Conduct outreach, education and assistance to the target population and geographic area as approved by the Department, based on the Contractor's results of the assessment and analysis described in Section 4.10.2, 4.10.3 and 4.10.4, and to meet the goals in Section 4.10.10. Outreach and education consists of the following, but not limited to:
 - 4.10.5.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 4.10.5.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 4.10.5.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.6. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives. The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.7. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 4.10.1.
 - 4.10.7.1. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
 - 4.10.7.2. The contractor will be responsible for purchasing the media in their local area.
- 4.10.8. Ensure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
- 4.10.9. Complying with procedures for reporting requirements defined by DHHS.
- 4.10.10. Performance Measures: The Contractor will be required to meet or exceed the performance measures described below:



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Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D by eight (8) percent of the total number enrolled in these programs as of September 29, 2014	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 15th of each month.
Performance Measure 2: Implementation of Promotional activities for Medicare's Wellness and Preventive Screening Services	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activities at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in SHIP Mid-Term and annual Performance Grant application to DHHS

- 4.11. The Contractor shall develop and implement a sustainable safety net of services for Service Members/Veterans/Families (SMVF) cases to ensure all NH SMVF can receive culturally competent assistance and comprehensive service coordination in order to gain long-term services and supports (LTSS), regardless of eligibility for other government-funded care coordination programs, by June 30, 2015. All activities, programs, training materials and care coordination work are subject to Department review and approval. The Contractor shall:
- 4.11.1. Collaborate with the Department to ensure coordination and integration of Balanced Incentive Program (BIP) and the No Wrong Door system to:
 - 4.11.1.1. Reduce unnecessary institutional care.
 - 4.11.1.2. Help ensure those in need of Medicaid long-term services have access to alternatives that are less restrictive at a lower-cost.
 - 4.11.2. Provide and/or coordinate statewide training that increases military cultural and clinical competence.
 - 4.11.3. Collaborate with ServiceLink providers to streamline the application, assessment and eligibility process for LTSS to SMVF case members. Collaboration shall include, but not be limited to:
 - 4.11.3.1. Functioning as a No Wrong Door partner to ServiceLink providers.
 - 4.11.3.2. Providing technical assistance to ServiceLink providers statewide, as needed.
 - 4.11.3.3. Assisting ServiceLink providers with care coordination and providing direct support for cases with intense clinical needs.
 - 4.11.3.4. Providing military culture and core competency training to ServiceLink providers to ensure a clear understanding of SMVF pre, during and post deployment needs, as well as the needs of older veterans.
 - 4.11.4. Conduct ServiceLink provider meetings, statewide. The Contractor shall:
 - 4.11.4.1. Coordinate and facilitate a statewide project kickoff meeting.
 - 4.11.4.2. Conduct integrated meetings with each ServiceLink site to address:
 - 4.11.4.2.1. Current SMVF outreach/engagement activities.



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- 4.11.4.2.2. Military cultural awareness.
- 4.11.4.2.3. Other issues relevant to the local SMVF and provider communities.
- 4.11.5. Conduct meetings regarding No Wrong Door partnerships and training needs with organizations that include, but are not limited to:
 - 4.11.5.1. VA, Vet Center and Veteran Service Organizations.
 - 4.11.5.2. National Guard and Reserves.
 - 4.11.5.3. State Office of Veterans Services.
 - 4.11.5.4. Community Mental Health Centers, hospitals, and private practitioners.
- 4.11.6. Attend cross training activities presented by ServiceLink in order to:
 - 4.11.6.1. Provide preliminary screening for LTSS and person-centered counseling.
 - 4.11.6.2. Train other SMVF providers, including the ProForce team carrying out the NH National Guard Care Coordination Program, in the LTSS system and how to effectively partner with other providers and ServiceLink.
- 4.11.7. Provide sufficient Care Coordinator staff to provide:
 - 4.11.7.1. Care coordination and collaborative casework with ServiceLink providers.
 - 4.11.7.2. Referrals for SMVF to community-based services with a seamless transition.
 - 4.11.7.3. Emergency assistance to SMVF.
 - 4.11.7.4. Safety net care coordination and crisis intervention for SMVF no longer eligible for services through the National Guard's Care Coordination Program (ProForce).
 - 4.11.7.5. A liaison who shall work to ensure seamless case transition to ProForce.
 - 4.11.7.6. Mentors to ProForce Care Coordinators to ensure training and supports are available, as needed, during the transition period.
- 4.11.8. Coordinate resources to meet immediate SMVF needs through Veterans Count to:
 - 4.11.8.1. Ensure emergency financial needs are met, including but not limited to, food, housing, transportation, utilities, and other critical needs defined in Veterans Count policies.
 - 4.11.8.2. Support SMVF of all eras to engage in effective planning and service coordination for LTSS.
- 4.11.9. Create outreach materials and resource guides in partnership with ServiceLink for Department approval, which shall include, but not be limited to:
 - 4.11.9.1. Flyers, posters and handouts to engage SMVF and SMVF providers in the No Wrong Door system.
 - 4.11.9.2. Web-based and social media outreach.
- 4.11.10. Develop and coordinate statewide delivery of training curriculum related to military culture and military competency training. The Contractor shall:
 - 4.11.10.1. Use web-based training, as approved by the Department.
 - 4.11.10.2. Coordinate in-person training sessions with the Department, ServiceLink, and ProForce as well as the provider community, which includes but is not limited to Community Mental Health Centers, hospitals, and private practitioners.



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- 4.11.10.3. Coordinate training reimbursement payments with Community Mental Health Centers, hospitals and private practitioners who send staff to attend military culture and military competency training.
- 4.11.10.4. Market the No Wrong Door system, and related training, at all appropriate military-veteran events, forums and drills.
- 4.11.11. Collaborate with the Department and ServiceLink to develop SMVF-specific business rules and protocols for the No Wrong Door system. The Contractor shall:
 - 4.11.11.1. Draft initial policies and protocols for stakeholder review.
 - 4.11.11.2. Coordinate and conduct ServiceLink policy review meetings.
 - 4.11.11.3. Provide drafts of policies to the Department for final approval.
- 4.11.12. Identify providers in SMVF service systems that may be eligible to apply for Medicaid reimbursement in order to assist those providers with securing future funding.
- 4.11.13. Provide a monthly narrative summary report to the Department no later than the 15th of each month that specifies:
 - 4.11.13.1. Project accomplishments and deliverables.
 - 4.11.13.2. Client services provided
- 4.11.14. Conduct a survey of SMVF and civilian providers to assess levels of understanding, satisfaction of services provided and integration with the No Wrong Door system.
- 4.11.15. Provide a final report to the Department no later than thirty (30) days from the contract end date, that includes, but is not limited to:
 - 4.11.15.1. Clients served.
 - 4.11.15.2. ServiceLink cross-referrals.
 - 4.11.15.3. Trainings held.
 - 4.11.15.4. Summary of best practices established and recommendations for implementing sustainable infrastructure changes.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phone numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route from the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



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- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 5.9 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and



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impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.

- 6.5. Information Technology and Management Information Systems
- 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors. Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
- 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
- Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
- 6.5.3. The Department's current hardware standards are as follows:
- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM, 500 GB SATA
 - High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM, 500 GB SATA
 - The State standard is Windows 7, Office 2010 and Internet Explorer 9
- 6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.
- 6.6. Continuous Improvement
- 6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.
- 6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.
7. Performance Tracking and Reporting
- 7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:
1. Number of individuals served
 2. Number of repeat visits by individuals
 3. Type of information/referral given to individuals
 4. Type of follow up performed
 5. Frequency of follow ups
 6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance



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7. The number of individuals diverted from nursing home/institutional settings;
8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).

7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source. There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and consumer satisfaction surveys, customized reports, and Refer7.
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	
% Of persons to have had the opportunity to self-direct their services and supports	



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Program Reporting Data Requirement	Data Source
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 4 formal agreements with major pathways has been established by the completion Date in box 1.7 of the General Provisions, Form P-37.	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
	Customized Report
Number of other caregiver specific training sessions conducted annually	
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7
State Health Insurance Assistance Program (SHIP):	
Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7



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Program Reporting Data Requirement	Data Source
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards as follows:

- 8.1.1. Possess the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- 8.1.2. Ensure the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- 8.1.3. Ensure knowledge about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- 8.1.4. Treat colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.
- 8.1.5. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.6. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.7. Develop a Staffing Contingency Plan, including but not limited to:
 - 8.1.7.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.7.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.7.3. Discussion of time frames necessary for obtaining replacements;



Exhibit A Amendment #1

-
- 8.1.7.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.7.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
 - 8.1.8. Provide staffing models that will be used by the subcontractors, if applicable.
 - 8.1.9. Provide resumes for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
 - 8.1.10. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
 - 8.1.11. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
 - 8.1.12. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
 - 8.1.13. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
 - 8.2.1.1. Required Certification:
 - Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
 - 8.2.2. Information, Referral, & Assistance and Awareness
The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
 - 8.2.2.1. Required Certification:
 - Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
 - 8.2.3. Options Counseling and Person Centered Transition Support
This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.
 - 8.2.3.1. Required Certification:
 - Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
 - Obtain training and certification in Options Counseling within 6 months of hire.



Exhibit A Amendment #1

- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan



Exhibit A Amendment #1

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

9.1. Updated Workplan: Within thirty (30) days of the effective date of any amendment to the agreement, the contractor shall submit a revised workplan to DHHS.

10. Cultural Considerations:

The Contractor will 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 effective date of Amendment #3 to the Agreement.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.

13. Contract Monitoring

13.1. The Contractor shall:

13.2. Ensure the Department has access sufficient for monitoring of contract compliance requirements as identified in OMB Circular A-133.

13.3. Ensure the Department is provided with access that includes but is not limited to:

13.3.1. Data

13.3.2. Financial records

13.3.3. Scheduled access to Contractor work sites/locations/work spaces and associated facilities.

13.3.4. Unannounced access to Contractor work sites/locations/work spaces and associated facilities.

13.3.5. Scheduled phone access to Contractor principals and staff



Exhibit B - Amendment #3

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement, Form P-37, in accordance with the budgets defined in Section 5 below, for the services provided by the Contractor pursuant to Exhibit A, Amendment #1 Scope of Services.
2. Services are funded with New Hampshire General Funds and with federal funds made available by the United States Department of Health and Human Services under:

CFDA #	Federal Agency	Grant Description
93.778		Medicaid Grants
93.667	Administration for Children & Families	Social Services Block Grant
93.052	Administration for Community Living	Family Caregiver Support Title III E
93.517	Administration for Community Living	Aging and Disability Resource Center Options Counseling Enhancement Program
93.324	Administration for Community Living	State Health Insurance Assistance Program
93.048	Administration for Community Living	Senior Medicare Patrol Project
93.071	Administration for Community Living	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)
93.778	Centers for Medicare & Medicaid Services	Balancing Incentive Program

- 2.1. The Contractor agrees to provide the services in Exhibit A, Amendment #1, Scope of Services in compliance with funding requirements.

3. Account Numbers in Block 1.6 of the General Provisions of this Agreement, Form P-37 as follows:

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
Aging and Disability Resource Center Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731
Balancing Incentive Program	05-95-49-490510-29850000-102-500731



Exhibit B - Amendment #3

4. Payment for said services shall be made as follows:

The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:

Financial Manager
Division of Community Based Care Services
Department of Health and Human Services
129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made cost reimbursement basis only, for allowable expenses based on budgets identified as Exhibits B-1 through Exhibits B-14, Amendment #2 Exhibit B-14A, and Exhibit B-15. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form.

5.1. Payment for contracted services shall be made on cost reimbursement basis only, for allowable expenses based on the budgets identified as Exhibit B-16 and Exhibit B-17 and in accordance with the Department approved individual program budgets.

5.2. The Contractor will provide invoices on Department supplied forms.

5.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.

7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:

7.1. NH State General Funds SFY14: 47% SFY15: 49%

7.2. Social Services Block Grant SFY14: 15% SFY15: 14%

7.3. Medicaid SFY14: 38% SFY15: 37%

8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:

8.1. Medicaid SFY14: 64% SFY15: 88%

8.2. ADRC Grant SFY14: 36% SFY15: 12%

9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibits B-1 through Exhibits B-14, Amendment #2 Exhibit B-14A, Exhibit B-15, Exhibit B-16 and Exhibit B-17 Budgets, to adjust amounts within the budgets and between State Fiscal Years, within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost



Exhibit B - Amendment #3

of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.

12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by THE DEPARTMENT.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to THE DEPARTMENT upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
15. Veterans Directed Home and Community Based Program: The funding is from July 1, 2014 to June 30, 2015 for the purposes of developing and implementing the program as defined in Section 4.9.1 of Exhibit A Amendment #1. Once the program is operational, the contractor shall continue providing the scope of work as defined in Sections 4.9.2 through 4.9.8 of Exhibit A Amendment #1, without funding from the Department.
16. The funding for the scope of work for Veterans safety net of services, Exhibit A Amendment #1, Section 4.11 is from the effective date of Amendment #2 to the Agreement through June 30, 2015.

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

Bidder/Program Name: Easter Seals New Hampshire, Inc / Millborough County - east Western Region

Budget Request for: Options Counseling and Person Centered Transitions Support Program

(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by NHRS Contract Share	
	Direct	Total	Direct	Total	Direct	Total
1. Total Salaries/Wages	\$ 10,584.13	\$ 10,584.13	\$ -	\$ -	\$ 10,584.13	\$ 10,584.13
2. Indirect Benefits	\$ 2,780.75	\$ 30,569.27	\$ -	\$ -	\$ 2,780.75	\$ 2,780.75
3. Contracture	\$ 74.21	\$ 74.21	\$ -	\$ -	\$ 74.21	\$ 74.21
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Purchase/Depreciation	\$ 1,022.02	\$ 1,124.22	\$ -	\$ -	\$ 1,022.02	\$ 1,124.22
7. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Educational	\$ 1,041.53	\$ 1,143.68	\$ -	\$ -	\$ 1,041.53	\$ 1,143.68
9. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Office	\$ 2,318.45	\$ 2,591.40	\$ -	\$ -	\$ 2,318.45	\$ 2,591.40
12. Travel	\$ 1,010.58	\$ 1,111.62	\$ -	\$ -	\$ 1,010.58	\$ 1,111.62
13. Occupancy	\$ 1,046.22	\$ 1,508.38	\$ -	\$ -	\$ 1,046.22	\$ 1,508.38
14. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15. Telephone	\$ 2,142.83	\$ 2,357.11	\$ -	\$ -	\$ 2,142.83	\$ 2,357.11
16. Postage	\$ 1,744.71	\$ 1,918.18	\$ -	\$ -	\$ 1,744.71	\$ 1,918.18
17. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Marketing/Communications	\$ 5,425.07	\$ 5,967.58	\$ -	\$ -	\$ 5,425.07	\$ 5,967.58
23. Staff Education and Training	\$ 526.90	\$ 579.78	\$ -	\$ -	\$ 526.90	\$ 579.78
24. Subcontract/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Other (specific details mandatory)	\$ 400.80	\$ 440.88	\$ -	\$ -	\$ 400.80	\$ 440.88
26. Printing	\$ 189.53	\$ 189.53	\$ -	\$ -	\$ 189.53	\$ 189.53
27. Volunteer/Community Education/Registration	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 144,272.72	\$ 181,300.20	\$ -	\$ -	\$ 144,272.72	\$ 181,300.20
						100%

Contractor: Initial Date: *EG* *10/1/15*

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

Bidder/Program Name: **Esser Seals New Hampshire, Inc.**
 Budget Request for: **Medicare Improvements for Patients and Providers Act (MPAA)**
(Name of Program)
 Budget Period: **10/1/14-9/30/15**

Line Item	Direct		Indirect		Total Program Cost	Direct		Indirect		Total	Requested Budget to be Funded by DHHR Contract Means		Total
	Incremental	Placed	Incremental	Placed		Incremental	Placed	Incremental	Placed		Incremental	Placed	
1. Total Salary/Wages	\$ 8,155.70	\$	\$ 8,155.70	\$	\$ 8,155.70	\$	\$	\$ 8,155.70	\$	\$ 8,155.70	\$	\$	\$ 8,155.70
2. Employee Benefits	\$ 2,324.38	\$	\$ 2,324.38	\$	\$ 2,324.38	\$	\$	\$ 2,324.38	\$	\$ 2,324.38	\$	\$	\$ 2,324.38
3. Consultants	\$ 21.66	\$	\$ 21.66	\$	\$ 21.66	\$	\$	\$ 21.66	\$	\$ 21.66	\$	\$	\$ 21.66
4. Equipment													
5. Rental													
6. Repair and Maintenance													
7. Purchase/Depreciation													
8. Supplies													
9. Educational													
10. Lab													
11. Pharmacy													
12. Medical													
13. Office	\$ 72.23	\$	\$ 72.23	\$	\$ 72.23	\$	\$	\$ 72.23	\$	\$ 72.23	\$	\$	\$ 72.23
14. Travel	\$ 96.24	\$	\$ 96.24	\$	\$ 96.24	\$	\$	\$ 96.24	\$	\$ 96.24	\$	\$	\$ 96.24
15. Occupancy	\$ 919.67	\$	\$ 919.67	\$	\$ 919.67	\$	\$	\$ 919.67	\$	\$ 919.67	\$	\$	\$ 919.67
16. Current Expenses													
17. Telephone	\$ 136.51	\$	\$ 136.51	\$	\$ 136.51	\$	\$	\$ 136.51	\$	\$ 136.51	\$	\$	\$ 136.51
18. Postage	\$ 86.67	\$	\$ 86.67	\$	\$ 86.67	\$	\$	\$ 86.67	\$	\$ 86.67	\$	\$	\$ 86.67
19. Subscriptions													
20. Audit and Legal													
21. Insurance													
22. Board Expenses													
23. Software													
24. Marketing/Communications													
25. Staff Education and Training													
26. Subcontracts/Agreements													
27. Other (specify details mandatory):													
28. Volunteer Appreciation													
29. Printing	\$ 43.34	\$	\$ 43.34	\$	\$ 43.34	\$	\$	\$ 43.34	\$	\$ 43.34	\$	\$	\$ 43.34
30. Outreach Messages	\$ 57.79	\$	\$ 57.79	\$	\$ 57.79	\$	\$	\$ 57.79	\$	\$ 57.79	\$	\$	\$ 57.79
TOTAL	\$ 11,818.19	\$	\$ 11,818.19	\$	\$ 11,818.19	\$	\$	\$ 11,818.19	\$	\$ 11,818.19	\$	\$	\$ 11,818.19

Indirect As A Percent of Direct: 10.0%

Contractor Initials: *ES*
 Date: *10/1/14*

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

Contractor Name: Enteric Health New Hampshire, Inc.
Program Name: ServiceLink Resource Center

Budget Period: 7/1/13 - 6/30/18

Line Item	Direct		Indirect		Total		Contractor Share / Match		Total		Requested Budget to be Funded by DHHH Contract Share	
	Instrumental	Personnel	Instrumental	Personnel	Instrumental	Personnel	Instrumental	Personnel	Instrumental	Personnel	Instrumental	Personnel
1. Total Salary/Wages	\$ 27,851	\$ -	\$ -	\$ -	\$ 27,851	\$ -	\$ -	\$ -	\$ -	\$ 27,851	\$ -	\$ 27,851
2. Employee Benefits	\$ 79,644	\$ -	\$ -	\$ -	\$ 79,644	\$ -	\$ -	\$ -	\$ -	\$ 79,644	\$ -	\$ 79,644
3. Consultants	\$ 75	\$ -	\$ -	\$ -	\$ 75	\$ -	\$ -	\$ -	\$ -	\$ 75	\$ -	\$ 75
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Purchases/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Supplies	\$ 399	\$ -	\$ -	\$ -	\$ 399	\$ -	\$ -	\$ -	\$ -	\$ 399	\$ -	\$ 399
8. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Office	\$ 1,002	\$ -	\$ -	\$ -	\$ 1,002	\$ -	\$ -	\$ -	\$ -	\$ 1,002	\$ -	\$ 1,002
12. Travel	\$ 3,600	\$ -	\$ -	\$ -	\$ 3,600	\$ -	\$ -	\$ -	\$ -	\$ 3,600	\$ -	\$ 3,600
13. Accounting	\$ 26,164	\$ -	\$ -	\$ -	\$ 26,164	\$ -	\$ -	\$ -	\$ -	\$ 26,164	\$ -	\$ 26,164
14. Contract Expenses	\$ 3,000	\$ -	\$ -	\$ -	\$ 3,000	\$ -	\$ -	\$ -	\$ -	\$ 3,000	\$ -	\$ 3,000
15. Misc	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16. Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Liquid Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Swagers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. 10. Mentoring/Communications	\$ 498	\$ -	\$ -	\$ -	\$ 498	\$ -	\$ -	\$ -	\$ -	\$ 498	\$ -	\$ 498
23. 11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. 12. SecureContractAgreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. 13. Other (Specify details in addendum)	\$ 1,248	\$ -	\$ -	\$ -	\$ 1,248	\$ -	\$ -	\$ -	\$ -	\$ 1,248	\$ -	\$ 1,248
26. Training	\$ 399	\$ -	\$ -	\$ -	\$ 399	\$ -	\$ -	\$ -	\$ -	\$ 399	\$ -	\$ 399
27. Vendor Appreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 391,378	\$ -	\$ -	\$ -	\$ 391,378	\$ -	\$ -	\$ -	\$ -	\$ 391,378	\$ -	\$ 391,378

10.0%

Indirect As A Percent of Direct

83
Date: 3/31/14



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;

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- 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.

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3/31/2015



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

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3/15/2015

New Hampshire Department of Health and Human Services
Exhibit C



- 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.

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3/31/2015



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. The Department reserves the right to extend the completion date of the contract for up to fifteen months to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.
4. Subparagraph 14.1.1 of the General Provisions of this contract, is deleted and the following subparagraph is added:
 - 14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence with additional umbrella liability insurance coverage of not less than \$15,000,000;

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4/9/2015



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

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

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

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

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

Exhibit G

Contractor Initials

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

Date

3/31/2015

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: Easter Seals NH, Inc

Date 3/31/2015

Elin Treanor
Name: Elin Treanor
Title: CFD

Exhibit G

Contractor Initials ET

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

Date 3/31/2015



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.

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3/31/2015



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;
 - 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



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.

3/2014

Contractor Initials

ET

Date 3/31/2015



Exhibit I

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

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

Department of Health & Human Services
The State

Easter Seals NH, Inc
Name of the Contractor

[Signature]
Signature of Authorized Representative

[Signature]
Signature of Authorized Representative

D. Langley
Name of Authorized Representative

Elin Treanor
Name of Authorized Representative

Director
Title of Authorized Representative

CEO
Title of Authorized Representative

4/14/15
Date

3/31/2015
Date

3
44

file copy



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

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9520 1-800-852-3345 Ext. 9520
Fax: 603-271-4643 TDD Access: 1-800-735-2964

Nicholas A. Toumpas
Commissioner

Diane Langley
Director

September 12, 2014

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

10-1-12/
Item 14

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services to enter into a **sole source** amendment to an existing agreement with Easter Seals New Hampshire, Inc. (Vendor # 177204), 555 Auburn Street, Manchester, NH 03103, for the provision of a Military Veteran Access to No Wrong Door program that includes a provision for providing and coordinating cross training to other ServiceLink Resource Centers, Civilian Providers, and Military-Veteran Providers statewide in order to ensure continuation of community-based services to veterans, service members and their families, by increasing the price limitation by \$500,000 from \$697,547 to \$1,197,547 effective upon Governor and Executive Council approval, with no change to the end date of June 30, 2015.

The original contract was approved by the Governor and Executive Council on December 20, 2013 (Item #62) and subsequently amended on June 4, 2014 (Item #59).

Funds are available in the following accounts for State Fiscal Year 2015.
(See attachment for Fiscal Details.)

EXPLANATION

This request is **sole source** because it increases the original contract amount by more than ten percent (10%). This sole source amendment increases funding for services that provide and/or coordinate military culture training; core competence training; and technical assistance to ServiceLink Resource Centers. Additionally, the Contractor will coordinate statewide training to civilian service providers and work to develop a partnership with the federal contractor, ProForce, that is responsible for the new National Guard Care Coordination Program.

ProForce is a Service-Disabled Veteran-Owned Small Business that has a strong background in case management, as well as a history in partnering with the Veterans' Administration and with the National Guard Bureau's Child & Youth Programs nationwide. The

Contractor will partner with ProForce in order to create a safety net for individuals who are found ineligible for care coordination through ProForce. Additionally, the Contractor will work with ProForce by providing information, training, and access to long-term support services for military personnel and their families pre, during and post deployment who are eligible for case management services through ProForce.

The Contractor is one (1) of eight (8) ServiceLink Resource Center contractors. In addition to providing services through the ServiceLink Resource Center, the Contractor has developed, piloted and implemented the statewide Deployment Cycle Support Care Coordination Program since 2008. The Deployment Cycle Support Care Coordination Program builds a community-based support system, which integrates current veteran services with existing service delivery systems while allowing local access for a full-spectrum of care. The Deployment Cycle Support Care Coordination Program supports families and military members pre, during and post deployment. Crisis prevention for families and military members is addressed through early development of care plans by professional care coordinators. The care plan is a risk assessment tool used to organize support services early, thereby reducing the overall number of emergency situations for service members and families involved in the war effort. Care coordinators proactively address care plan needs and refer individuals to community-based care services or provide further treatment. The Deployment Cycle Support Care Coordination Program, in partnership with the New Hampshire National Guard and the Department, will be replaced with a federally contracted care coordination program administered by ProForce, effective October 1, 2014.

In order to ensure a smooth transition as well as a strong and integrated safety net, the Contractor will partner with the New Hampshire National Guard, ServiceLink and ProForce to ensure that all programs have a full spectrum of understanding of military culture, as well as the services available to military personnel, veterans and their families. The Contractor will also coordinate statewide core competency training sessions for civilian providers, which include Community Mental Health Centers, hospitals, and private practitioners.

The Contractor will provide services through the Department's No Wrong Door single entry process system that educates, informs and guides consumers and stakeholders regarding available Medicaid community long-term services and supports, some of which are listed below.

- Evidenced Based Care Transitions

This service increases the options counseling and person centered transitions support services by directly working with individuals who are in hospitals, assisting them in transitioning from the hospital setting back into the community.

- Medicare Improvements for Patients and Providers Act

This service enhances counseling to Medicare Beneficiaries by directly working with low income individuals to help them reduce their cost share portion of healthcare premiums and to assist them in enrolling in these cost savings Medicare programs.

- Veterans Directed Home and Community Based Program

This service expands the service coordination offered to veterans and their families, by finding respite and supplemental services to help them stay in the community.

The long-term support services listed above can be cumbersome to navigate. The Contractor will assist in establishing an integrated referral process to seamlessly transition military personnel and their families from the Deployment Cycle Support Care Coordination Program to the newly established National Guard' care coordination program, administered by ProForce, or to ServiceLink. The Contractor will assist with coordination of services for veterans of all eras through the No Wrong Door system to ensure service members, veterans and their families have access to long term support services, and critical ancillary services related to employment, housing, counseling, suicide prevention and other critical needs.

This Contractor has established services that assist military personnel and families affected by deployment, such as financial assistance through the Veterans Count program. The Contractor's collaborative partnerships, experience and military cultural competence is unique due to its development and implementation of the Deployment Cycle Support Care Coordination Program. The Contractor's experience gained through the Deployment Cycle Support Care Coordination Program uniquely positions this Contractor to be able to provide cross training to ServiceLink Resource Centers and ProForce, as well as to be able to coordinate statewide training for civilian providers.

The Contractor will work with existing and new programs to help ensure a sustainable framework for access to long term support services by New Hampshire service members, veterans and their families by educating ProForce care coordinators in long term support services available in New Hampshire through community-based and other services unique to this State. Likewise, because the Contractor is a ServiceLink Resource Center provider, this Contractor will be equipped to educate other ServiceLink Resource Center providers on the military culture unique to service members, veterans and their families. The Contractor will also coordinate statewide training and training supports to civilian providers to further ensure integrated access to long term support services for this population.

The Contractor will create outreach materials and resource guides in partnership with ServiceLink to ensure public awareness and access of Long Term Support Services available in New Hampshire. Ensuring access to the resources available in different arenas will assist in educating the public on services available to military personnel and their families.

Should the Governor and Executive Council determine to not approve this request, over one hundred (100) Deployment Cycle Support Care Coordination Program cases no longer eligible for services under the new federal program could stop receiving care coordination for long term support services, which would negatively impact the citizens of New Hampshire, especially military personnel, veterans and their families. Further, future service members, veterans and their families would be unable to have access to these critical services available through a comprehensive safety net. Moreover, without providing and coordinating statewide training, providers would lack the full spectrum of knowledge regarding military/veteran issues; New Hampshire-specific community-based services; and New Hampshire-specific long term support services available through the No Wrong Door single entry process system. The indirect impact of loss of supports could be devastating to military and civilian citizens statewide.

Area served: Statewide

Source of funds: 72.98% Federal Funds
27.02% General Funds

In the event federal funds become no longer available, general funds will not be requested to support this request.

Respectfully submitted,



Sheri L. Rockburn
Chief Financial Officer

Approved by:



Nicholas A. Toumpas
Commissioner

Fiscal Details for Easter Seals New Hampshire Inc. (Vendor #177204)

05-95-48-481010-9565 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SERVICELINK (100% General Funds)

Fiscal Year	Class/Object	Class Title	Activity Code	Current Modified Amount	Increase/Decrease Amount	Revised Modified Amount
2014	102-500734	Contracts for Program Svcs		\$43,850.80	\$0	\$43,850.80
2015	102-500734	Contracts for Program Svcs		\$85,235.23	\$0	\$85,235.23
		<i>Subtotal</i>		\$129,086.03	\$0	\$129,086.03

05-95-48-481510-6180 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: ELDERLY AND ADULT SERVICES, MEDICAL SERVICES, LTC ASSESSMENT AND COUNSELING (50% Federal Funds –CFDA# 93.778 Grant # , 50% General Funds)

Fiscal Year	Class/Object	Class Title	Activity Code	Current Modified Amount	Increase/Decrease Amount	Revised Modified Amount
2014	550-500398	Assessment & Counseling	48130280	\$ 94,992.73	\$0	\$ 94,992.73
2015	550-500398	Assessment & Counseling	48130280	\$219,997.83	\$0	\$219,997.83
		<i>Subtotal</i>		\$314,990.56	\$0	\$314,990.56

05-95-48-481510-9255 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICE BLOCK GRANT (44.31% Federal Funds – CFDA# 93.667 – G-1301NHSOSR, 55.69% General Funds)

Fiscal Year	Class/Object	Class Title	Activity Code	Current Modified Amount	Increase/Decrease Amount	Revised Modified Amount
2014	545-500387	I & R Contracts	48130205	\$14,053.23	\$0	\$14,053.23
2015	545-500387	I & R Contracts	48130205	\$24,838.66	\$0	\$24,838.66
		<i>Subtotal</i>		\$38,891.89	\$0	\$38,891.89

Fiscal Details for Easter Seals New Hampshire Inc. (Vendor #177204)

05-95-48-481510-7872 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS (92% Federal Funds –CFDA# 93.052, Grant # 14AANHT3FC, 8% General Funds)

Fiscal Year	Class/Object	Class Title	Activity Code	Current Modified Amount	Increase/ Decrease Amount	Revised Modified Amount
2014	072-500575	Grants - Federal	48130293	\$33,783.79	\$0	\$33,783.79
2014	570-500928	Family Caregiver	48130316	\$19,587.04	\$0	\$19,587.04
2015	072-500575	Grants - Federal	48130293	\$40,329.29	\$0	\$40,329.29
2015	570-500928	Family Caregiver	48130316	\$38,621.06	\$0	\$38,621.06
		Subtotal		\$132,321.18	\$0	\$132,321.18

05-95-48-481010-8925 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, MEDICAL SERVICE GRANTS (100% Federal Funds – CFDA# 93.779, Grant # 1N0CMS020220)

Fiscal Year	Class/Object	Class Title	Activity Code	Current Modified Amount	Increase/ Decrease Amount	Revised Modified Amount
2014	102-500731	Contracts for Program Services	48130461	\$14,911.91	\$0	\$14,911.91
2015	102-500731	Contracts for Program Services	48130461	\$25,948.65	\$0	\$25,948.65
		Subtotal		\$40,860.56	\$0	\$40,860.56

05-95-48-481010-3317 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT-SMPP (75% Federal Funds – CFDA# 93.048 Grant# 90MP0176, 25% General Funds)

Fiscal Year	Class/Object	Class Title	Activity Code	Current Modified Amount	Increase/ Decrease Amount	Revised Modified Amount
2014	102-500731	Contracts for Program Services	48130207	\$8,499.81	\$0	\$8,499.81
2015	102-500731	Contracts for Program Services	48130207	\$10,396.97	\$0	\$10,396.97
		Subtotal		\$18,896.78	\$0	\$18,896.78

Fiscal Details for Easter Seals New Hampshire Inc. (Vendor #177204)

05-95-48-481010-8888 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT-MIPPA (100% Federal Funds – CFDA # 93.071, Grant# 13AANHMAAA, 13AANHMADR, IX0CMS331283)

Fiscal Year	Class/Object	Class Title	Activity Code	Current Modified Amount	Increase/ Decrease Amount	Revised Modified Amount
2014	102-500731	Contracts for Program Services	48461012 48461002 48461003	\$13,500	\$0	\$13,000
2015	102-500731	Contracts for Program Services	48461012 48461002 48461003	\$ 9,000	\$0	\$ 9,000
		Subtotal		\$22,500	\$0	\$22,500

05-95-49-490510-29850000-102-500731 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF COMM BASED SVC, COMMUNITY BASED CARE SERVICES, BALANCE INCENTIVE PROGRAM BIP, (100% Federal Funds- CFDA# 93.778, FAIN# 05-1405NHBIPP)

Fiscal Year	Class/Object	Class Title	Activity Code	Current Modified Amount	Increase/ Decrease Amount	Revised Modified Amount
2015	102-500731	Contracts for Program Services	49053316	\$0	\$500,000	\$500,000
		Subtotal		\$0	\$0	\$500,000
		Total		\$697,547	\$500,000	\$1,197,547



State of New Hampshire
Department of Health and Human Services
Amendment #2 to the ServiceLink Program Contract

This 2st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment #2") dated this 1st day of October 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Easter Seals New Hampshire, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 535 Auburn Street, Manchester, NH 03103.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, and amended by an agreement (Amendment #1 to the Contract) approved on June 4, 2014 (Item #59), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the agreement by written instrument of the parties upon approval of the Governor and Executive Council; and

WHEREAS the parties agree to revise the scope of services to be performed and increase the price limitation; and

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

To amend as follows:

- 1) Form P-37, General Provisions, Block 1.8, to read:
\$1,197,547
- 2) Delete Exhibit A-1, Scope of Services and replace with Amendment #2 – Exhibit A-1, Scope of Services.
- 3) Delete Exhibit B Amendment #1, Method and Conditions Precedent to Payment and replace with Amendment #2 – Exhibit B, Method and Conditions Precedent to Payment.
- 4) Add Amendment #2 - Exhibit B-14A, Budget for Military Veteran Access to No Wrong Door.

New Hampshire Department of Health and Humans Services
New Hampshire ServiceLink Program



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

9/17/14
Date

State of New Hampshire
Department of Health and Human Services

Sheri L. Rockburn
Sheri L. Rockburn
Chief Financial Officer

9/11/2014
Date

Easter Seals of New Hampshire, Inc.

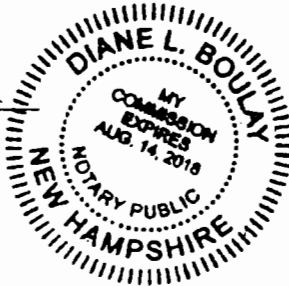
Elin Medina
NAME Elin Medina
TITLE CTO

Acknowledgement:

State of New Hampshire County of Hillsborough on 9/11/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Diane L. Boulay
Name and Title of Notary or Justice of the Peace



New Hampshire Department of Health and Humans Services
New Hampshire ServiceLink Program



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

9/18/14
Date

[Signature]
Name: Megan A. Staple
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services

1. The Contractor shall provide Veterans the opportunity to receive home and community based services in a consumer directed fashion that enables them to avoid nursing home placement and to continue to live in their homes and communities.
 - 1.1. Develop and implement a VDHCBS program to provide the services described in paragraph 1.2, in the following ways:
 - 1.1.1. Enter into a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and/or the Manchester Veteran's Administration Medical Center (Manchester VAMC). The agreement is to be based on the Memorandum of Agreement between the Department and the WRJ and/or Manchester VAMC. Under the Agreement, the contractor shall be responsible for service coordination in paragraph 1.2.
 - 1.1.2. Establish an advisory group to oversee the development, implementation of the program and provide ongoing feedback for continuous improvement of the program and services. Membership is to include representation from key community resources, local Veterans' organizations, Veterans and families of Veterans utilizing the program, and the public.
 - 1.1.3. Establish a budget for the costs to develop and implement the program. The Department provides funding for the development and implementation limited to the following:
 - 1.1.3.1. Staff development and training: This includes costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program.
 - 1.1.3.2. Travel costs associated with capacity building: Staff mileage to training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, and development and implementation of the advisory committee.
 - 1.1.3.3. Development and implementation of business processes related to the VD-HCBS Program: computer equipment, telephone expenses, and office furniture for new staff.
 - 1.1.3.4. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services, in paragraph 1.2.
 - 1.1.4. Provide or contract with an agency to provide financial management services in accordance with the roles and responsibilities of an agency with choice model.
 - 1.1.5. Provide a minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to Veterans participating in the program in developing and managing an individual service budget.

ET

9/11/2014



- 1.1.6. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors have been trained to provide initial start-up and collaborative support for the program.
- 1.1.7. Within ninety (90) days from the effective date of the contract, the contractor will complete a Program orientation and participate in a readiness review by the Department, in accordance with the Program/Policy Guide.
- 1.1.8. Reviews will be conducted by monthly face to face meetings, conference calls and webinars.
- 1.2. Have the program infrastructure in place within ninety (90) days from the effective date of the contract and is actively providing options counseling and assisting Veterans in arranging consumer directed services by:
 - 1.2.1. Maintain the provider agreement in paragraph 1.1 and the contractor shall be responsible for service coordination for the Veteran by:
 - 1.2.1.1. Accept referrals of eligible Veterans from at least one of the VAMC in paragraph 1.1. The Veterans Administration is responsible for determining the eligibility of Veterans for the program and for authorizing a budget to buy long term supports and services for the Veteran. The Veterans Administration will refer eligible Veterans with an authorized flexible service budget to the contractor.
 - 1.2.1.2. Provide options counseling to Veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. At a minimum, options counseling shall include an assessment, plan of care and identify type of services to meet the needs to the Veteran to remain in the home and community. The Contractor shall submit the Veteran's plans of care with types of services to the VAMC for approval before the Veteran receives services. The Contractor shall comply with the VAMC and the Department's program and policies guide for linking Veterans with needed Long term services and supports and making mutual referrals.
 - 1.2.1.3. Provide or maintain the contract with an agency to provide financial management services in accordance with the roles and responsibilities of an agency with choice model.
 - 1.2.1.4. Seek reimbursements for service coordination through the VAMC. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services.
 - 1.2.2. Assure the following:
 - 1.2.2.1. All Veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
 - 1.2.2.2. 100% of services provided are based on the needs and preferences of the participating Veteran.



- 1.2.2.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
- 1.2.2.4. Of the Veterans served, there will be a 90 % or better, consumer satisfaction rate.
- 1.2.3. Comply with procedures for reporting requirements defined by DHHS.
- 1.2.4. Provide this service to individuals located in the cities and towns in the geographic area of Hillsborough (excluding the towns of Western Hillsborough defined as: Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor).
- 1.2.5. Enter contact data into the Refer 7 data base to increase the amount of resources available within a geographic area in Section 1.2.4 to serve Veterans.
- 1.2.6. Assure that documentation required by both the Department and the VAMC is kept current and submitted according to the program and policy guide.
- 1.3. Participate in continuous process improvement activities with the Department and/or the VAMC to evaluate and improve the quality of the program and its policies and processes by attending monthly meetings, trainings, and conference calls.
2. The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA) services as follows:
 - 2.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 2.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 2.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 2.2. Promote the Medicare programs described in Section 2.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:
 - 2.2.1. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
 - 2.2.2. Complete an analysis of Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.



- 2.2.3. Assess current and past partnerships with other agencies and community services.
- 2.3. The Department will review the contractor's results of the assessment and analysis described in Section 2.2 and will determine the best outreach approaches, target population and geographic area for the contractor to conduct outreach, education and assistance to meet the goals in Section 2.7 Performance Measures. Outreach and education consists of the following, but not limited to:
- 2.3.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 2.3.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 2.3.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 2.1
 - 2.3.4. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives. The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 2.1.
 - 2.3.5. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 2.1.
 - 2.3.6. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
 - 2.3.7. The contractor will be responsible for purchasing the media in their local area.
- 2.4. Insure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
- 2.5. Complying with procedures for reporting requirements defined by DHHS.
- 2.6. Provide service to individuals located in the cities and towns in the geographic area of Hillsborough (excluding the towns of Western Hillsborough defined as: Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor).
- 2.7. Performance Measures :



The Contractor will be required to meet or exceed the performance measures described below:

Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D: Hillsborough County: 159	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 10th of each month.
Performance Measure 2: Implementation of Medicare Preventive Services Promotion activities.	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activity at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and incentive programs and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in CMS SHIP Mid-Term and annual Performance Grant application to DHHS

3. The Contractor shall develop and implement a sustainable safety net of services for Service Members/Veterans/Families (SMVF) cases to ensure all NH SMVF can receive culturally competent assistance and comprehensive service coordination in order to gain long-term services and supports (LTSS), regardless of eligibility for other government-funded care coordination programs. All activities, programs, training materials and care coordination work are subject to Department review and approval. The Contractor shall:

3.1. Collaborate with the Department to ensure coordination and integration of Balanced Incentive Program (BIP) and the No Wrong Door system to:

3.1.1. Reduce unnecessary institutional care.

3.1.2. Help ensure those in need of Medicaid long-term services have access to alternatives that are less restrictive at a lower-cost.

3.2. Provide and/or coordinate statewide training that increases military cultural and clinical competence.

3.3. Collaborate with ServiceLink providers to streamline the application, assessment and eligibility process for LTSS to SMVF case members. Collaboration shall include, but not be limited to:

3.3.1. Functioning as a No Wrong Door partner to ServiceLink providers.

3.3.2. Providing technical assistance to ServiceLink providers statewide, as needed.

3.3.3. Assisting ServiceLink providers with care coordination and providing direct support for cases with intense clinical needs.

3.3.4. Providing military culture and core competency training to ServiceLink providers to ensure a clear understanding of SMVF pre, during and post deployment needs, as well as the needs of older veterans.

3.4. Conduct ServiceLink provider meetings, statewide. The Contractor shall:

3.4.1. Coordinate and facilitate a statewide project kickoff meeting.

Easter Seals New Hampshire, Inc.

Contractor Initials

ES



Amendment #2 - Exhibit A-1

- 3.4.2. Conduct integrated meetings with each ServiceLink site to address:
 - 3.4.2.1. Current SMVF outreach/engagement activities.
 - 3.4.2.2. Military cultural awareness.
 - 3.4.2.3. Other issues relevant to the local SMVF and provider communities.
- 3.5. Conduct meetings regarding No Wrong Door partnerships and training needs with organizations that include, but are not limited to:
 - 3.5.1. VA, Vet Center and Veteran Service Organizations.
 - 3.5.2. National Guard and Reserves.
 - 3.5.3. State Office of Veterans Services.
 - 3.5.4. Community Mental Health Centers, hospitals, and private practitioners.
- 3.6. Attend cross training activities presented by ServiceLink in order to:
 - 3.6.1. Provide preliminary screening for LTSS and person-centered counseling.
 - 3.6.2. Train other SMVF providers, including the ProForce team carrying out the NH National Guard Care Coordination Program, in the LTSS system and how to effectively partner with other providers and ServiceLink.
- 3.7. Provide sufficient Care Coordinator staff to provide:
 - 3.7.1. Care coordination and collaborative casework with ServiceLink providers.
 - 3.7.2. Referrals for SMVF to community-based services with a seamless transition.
 - 3.7.3. Emergency assistance to SMVF.
 - 3.7.4. Safety net care coordination and crisis intervention for SMVF no longer eligible for services through the National Guard's Care Coordination Program (ProForce).
 - 3.7.5. A liaison who shall work to ensure seamless case transition to ProForce.
 - 3.7.6. Mentors to ProForce Care Coordinators to ensure training and supports are available, as needed, during the transition period.
- 3.8. Coordinate resources to meet immediate SMVF needs through Veterans Count to:
 - 3.8.1. Ensure emergency financial needs are met, including but not limited to, food, housing, transportation, utilities, and other critical needs defined in Veterans Count policies.
 - 3.8.2. Support SMVF of all eras to engage in effective planning and service coordination for LTSS.
- 3.9. Create outreach materials and resource guides in partnership with ServiceLink for Department approval, which shall include, but not be limited to:
 - 3.9.1. Flyers, posters and handouts to engage SMVF and SMVF providers in the No Wrong Door system.
 - 3.9.2. Web-based and social media outreach.
- 3.10. Develop and coordinate statewide delivery of training curriculum related to military culture and military competency training. The Contractor shall:

Easter Seals New Hampshire, Inc.

Contractor Initials ES

Amendment #2 - Exhibit A-1

Page 6 of 7

Date 9/11/2014



- 3.10.1. Use web-based training, as approved by the Department.
- 3.10.2. Coordinate in-person training sessions with the Department, ServiceLink, and ProForce as well as the provider community, which includes but is not limited to Community Mental Health Centers, hospitals, and private practitioners.
- 3.10.3. Coordinate training reimbursement payments with Community Mental Health Centers, hospitals and private practitioners who send staff to attend military culture and military competency training.
- 3.10.4. Market the No Wrong Door system, and related training, at all appropriate military-veteran events, forums and drills.
- 3.11. Collaborate with the Department and ServiceLink to develop SMVF-specific business rules and protocols for the No Wrong Door system. The Contractor shall:
 - 3.11.1. Draft initial policies and protocols for stakeholder review.
 - 3.11.2. Coordinate and conduct ServiceLink policy review meetings.
 - 3.11.3. Provide drafts of policies to the Department for final approval.
- 3.12. Identify providers in SMVF service systems that may be eligible to apply for Medicaid reimbursement in order to assist those providers with securing future funding.
- 3.13. Provide a monthly narrative summary report to the Department no later than the 15th of each month that specifies:
 - 3.13.1. Project accomplishments and deliverables.
 - 3.13.2. Client services provided
- 3.14. Conduct a survey of SMVF and civilian providers to assess levels of understanding, satisfaction of services provided and integration with the No Wrong Door system.
- 3.15. Provide a final report to the Department no later than thirty (30) days from the contract end date, that includes, but is not limited to:
 - 3.15.1. Clients served.
 - 3.15.2. ServiceLink cross-referrals.
 - 3.15.3. Trainings held.
 - 3.15.4. Summary of best practices established and recommendations for implementing sustainable infrastructure changes.

ET

9/11/2014



Amendment #2 - Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A and Exhibit A-1 Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project
13AANHMAAA, 13AANHMANDR, IX0CMS331283	93.071	Admin for Community Living & Centers for Medicare & Medicaid Services	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)
140SNHBIPP	93.778	Centers for Medicare & Medicaid Services	Balancing Incentive Program

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731
Balancing Incentive Program	05-95-49-490510-29850000-102-500731



Amendment #2 - Exhibit B

4. Payment for said services shall be made as follows:

The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. The invoice must be submitted to:

Financial Manager
Division of Community Based Care Services
Department of Health and Human Services
129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B14. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
7.1. NH State General Funds SFY14: 47% SFY15: 49%
7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
8.1. Medicaid SFY14: 64% SFY15: 88%
8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-14 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.



Amendment #2 - Exhibit B

13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
15. The Medicare Improvements for Patients and Providers Act (MIPPA): The funding is from the effective date of Amendment #1 to September 29, 2014.
16. Veterans Directed Home and Community Based Program: The funding is from July 1, 2014 to June 30, 2015 for the purposes of developing and implementing the program as defined in Section 1.1 and 1.3 of Exhibit A-1. Once the program is operational, the contractor shall continue providing the scope of work as defined in Section 1.2 of Exhibit A-1, without funding from the Department.

Amendment #2 Exhibit B-14A

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

Bidder/Program Name: Easter Seals New Hampshire, Inc
Budget Request for: Military Veteran Access "No Wrong Door"
Budget Period: 10/1/14-9/30/15

Line Item	2014 Actual	2014 Budget	2015 Actual	2015 Budget	2016 Actual	2016 Budget	2017 Actual	2017 Budget
1. Total Salary/Wages	\$ 247,525.77	\$ 247,525.77	\$ 247,525.77	\$ 247,525.77	\$ 247,525.77	\$ 247,525.77	\$ 247,525.77	\$ 247,525.77
2. Employee Benefits	\$ 70,544.84	\$ 70,544.84	\$ 70,544.84	\$ 70,544.84	\$ 70,544.84	\$ 70,544.84	\$ 70,544.84	\$ 70,544.84
3. Contractual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00
A. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00
B. Travel	\$ 11,282.82	\$ 11,282.82	\$ 11,282.82	\$ 11,282.82	\$ 11,282.82	\$ 11,282.82	\$ 11,282.82	\$ 11,282.82
7. Contingency	\$ 7,830.00	\$ 7,830.00	\$ 7,830.00	\$ 7,830.00	\$ 7,830.00	\$ 7,830.00	\$ 7,830.00	\$ 7,830.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 5,882.22	\$ 5,882.22	\$ 5,882.22	\$ 5,882.22	\$ 5,882.22	\$ 5,882.22	\$ 5,882.22	\$ 5,882.22
Postage	\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
12. Subcontract/Agreements	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
13. Other (specify state mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00
Training Reimbursement Payments	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00
TOTAL	\$ 464,545.46	\$ 464,545.46	\$ 464,545.46	\$ 464,545.46	\$ 464,545.46	\$ 464,545.46	\$ 464,545.46	\$ 464,545.46

Indirect As A Percent of Direct 10.0%

#DIV/0!

10.0%

Contractor Initials: *ES*
Date: *9/11/2014*



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

BUREAU OF ELDERLY & ADULT SERVICES

Nicholas A. Toumpas
 Commissioner

Diane Langley, Director
 Sheri Rockburn, Director

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-9203 1-800-351-1888
 Fax: 603-271-4643 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

59 MOT
 6/4/14

May 6, 2014

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

REQUESTED ACTION

100% Federal funds

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into Amendments with four ServiceLink Resource Center vendors to provide information and access to long-term supports and services to all citizens in New Hampshire by increasing the price limitation by \$110,586, from \$4,665,594 to \$4,776,180 in the aggregate, effective upon approval of Governor and Executive Council through June 30, 2015.

Summary of contracted amounts by vendor:

Vendor	Current Budget	Increase/Decrease Amount	Revised Modified Budget
Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners of Strafford County	\$ 347,772	\$ 26,543	\$ 374,315
Community Action Program Belknap and Merrimack Counties, Inc.	\$ 486,527	\$ 30,000	\$ 516,527
Crotched Mountain Community Care, Inc.	\$ 824,191	\$ 0	\$ 824,191
Easter Seals of New Hampshire, Inc.	\$ 655,047	\$ 42,500	\$ 697,547
Grafton County Senior Citizens Council, Inc.	\$ 486,063	\$ 0	\$ 486,063
Lakes Region Partnership for Public Health, Inc.	\$ 701,558	\$ 0	\$ 701,558
Monadnock Collaborative	\$ 871,286	\$ 11,543	\$ 882,829
Tri County Community Action Program, Inc.	\$ 293,150	\$ 0	\$ 293,150
Total	\$4,665,594	\$110,586	\$4,776,180

Funds to support this request are available in the following accounts in State Fiscal Years 2014 and 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

Please see attachment for fiscal details

EXPLANATION

This requested action seeks approval of four (4) amendments that represent the \$110,586 total anticipated to be spent in specific geographic locations of the state, by adding the Medicare Improvements for Patients and Providers Act and/or the Veterans Directed Home and Community Based Program scope of work. These amendments will expand the services to geographic areas of the state that are currently not available to citizens of New Hampshire, and subsequently allow these two services to be offered statewide.

The original agreements were approved by Governor and Executive Council on December 20, 2013, item #62, as a result of a procurement process. On February 28, 2014, item #35, amendments were completed for six of the eight of the ServiceLink contractors to expand services to specific geographic regions of the state by offering Evidenced Based Care Transitions, State Health Insurance Program Trainer, Medicare Improvements for Patients and Providers Act and/or the Veterans Directed Home and Community Based Program.

Medicare Improvements for Patients and Providers Act

This service enhances counseling to Medicare Beneficiaries by directly working with low income individuals to help them reduce their cost share portion of healthcare premiums and to assist them in enrolling in these cost savings Medicare programs. This service will be offered to citizens located in the geographic regions of Merrimack, Strafford, and Hillsborough, Sullivan, and Cheshire Counties. Four contractors were selected (see Summary of Applicants) that represent \$60,586.

Veterans Directed Home and Community Based Program

This service expands the service coordination offered to Veterans and their families to find respite and supplemental services to help them stay in the community. The ServiceLink Contracts will develop and implement this program for Veterans residing in Merrimack, Strafford, and Hillsborough Counties. This service is currently slated to start in Rockingham County in SFY 15 and is operational in Belknap, Carroll, Coos, Grafton, Sullivan Counties and the Monadnock Region. Three contractors were selected (see Summary of Applicants) that represent \$50,000.

Performance Measures

The additional services described above expand upon the existing scope of services included in the current ServiceLink contracts. Performance will be measured by the following:

- Contractor shall track and report to Department on the number of people they serve in the different age groups, with different types of disabilities and to show that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS.
- Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance;
- The number of individuals diverted from nursing home/institutional settings;
- The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 6, 2014
Page 3

Should Governor and Executive Council decide not to authorize this request, New Hampshire citizens who utilize services at ServiceLink Resource Centers may not be able to access these specialized services that support them remaining in the community and assist them in reducing their healthcare costs under Medicare. Additionally, it is likely that readmissions to hospitals may increase and could consequently increase financial costs to hospitals for preventable readmissions. This decision would also increase County budgets to provide for those low income individuals who will depend on Medicaid for their nursing home care.

These contractors were selected through a Request for Application. The Department issued a Request for Applications on April 8, and April 17, 2014, for the Veterans Directed Home and Community Based Services and Medicare Improvements for Patients and Providers Act, respectively, to seek ServiceLink Resource Center contractors to provide these services in the geographic regions not currently receiving these services. (See Summary of Applicants)

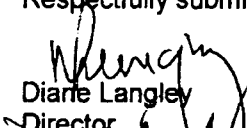
The contracts include an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

Area Served: See attached Bid Summary.

Source of Funds: 100% Federal funds.

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

Respectfully submitted,


Diane Langley
Director

Approved by:


Nicholas A. Toumpas
Commissioner



State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Easter Seals of New Hampshire Inc. Contract

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment #1") dated this 1st day of May 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Easter Seals of New Hampshire, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 55 Auburn Street, Manchester, NH 03103.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

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

- 1) Amendment and modification of P-37 "Agreement":
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$697,547.
- 2) Amendment and modification of Exhibit A:
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program
4.6.12 The ServiceLink Contract shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.
- 3) Adding Exhibit A-1.
- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.
- 5) Adding Exhibits B-11 through B-13.

New Hampshire Department of Health and Humans Services
New Hampshire ServiceLink Program



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/7/14
Date

NAME
TITLE

[Handwritten Signature]

Easter Seals of New Hampshire, Inc.

5/6/2014
Date

NAME Elin Treanor
TITLE CFO

[Handwritten Signature]

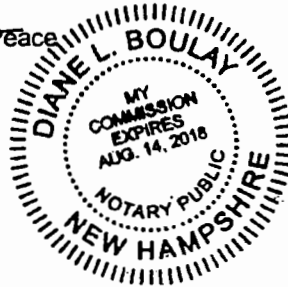
Acknowledgement:

State of New Hampshire, County of Hillsborough on 5/6/2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

[Handwritten Signature]

Name and Title of Notary or Justice of the Peace



New Hampshire Department of Health and Humans Services
New Hampshire ServiceLink Program



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

5-14-14
Date

Rosemary Wiant
Name: Rosemary Wiant
Title: Assistant Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: EW
Date: 5-16-14



Scope of Services

1. The Contractor shall provide Veterans the opportunity to receive home and community based services in a consumer directed fashion that enables them to avoid nursing home placement and to continue to live in their homes and communities.
 - 1.1. Develop and implement a VDHCBS program to provide the services described in paragraph 1.2, in the following ways:
 - 1.1.1. Enter into a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and/or the Manchester Veteran's Administration Medical Center (Manchester VAMC). The agreement is to be based on the Memorandum of Agreement between the Department and the WRJ and/or Manchester VAMC. Under the Agreement, the contractor shall be responsible for service coordination in paragraph 1.2.
 - 1.1.2. Establish an advisory group to oversee the development, implementation of the program and provide ongoing feedback for continuous improvement of the program and services. Membership is to include representation from key community resources, local Veterans' organizations, Veterans and families of Veterans utilizing the program, and the public.
 - 1.1.3. Establish a budget for the costs to develop and implement the program. The Department provides funding for the development and implementation limited to the following:
 - 1.1.3.1. Staff development and training: This includes costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program.
 - 1.1.3.2. Travel costs associated with capacity building: Staff mileage to training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, and development and implementation of the advisory committee.
 - 1.1.3.3. Development and implementation of business processes related to the VD-HCBS Program: computer equipment, telephone expenses, and office furniture for new staff.
 - 1.1.3.4. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services, in paragraph 1.2.
 - 1.1.4. Provide or contract with an agency to provide financial management services in accordance with the roles and responsibilities of an agency with choice model.
 - 1.1.5. Provide a minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to Veterans participating in the program in developing and managing an individual service budget.
 - 1.1.6. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors have been trained to provide initial start-up and collaborative support for the program.
 - 1.1.7. Within ninety (90) days from the effective date of the contract, the contractor will complete a Program orientation and participate in a readiness review by the Department, in accordance with the Program/Policy Guide.
 - 1.1.8. Reviews will be conducted by monthly face to face meetings, conference calls and webinars.

ES

5/16/2014



Exhibit A-1

- 1.2. Have the program infrastructure in place within ninety (90) days from the effective date of the contract and is actively providing options counseling and assisting Veterans in arranging consumer directed services by:
 - 1.2.1. Maintain the provider agreement in paragraph 1.1 and the contractor shall be responsible for service coordination for the Veteran by:
 - 1.2.1.1. Accept referrals of eligible Veterans from at least one of the VAMC in paragraph 1.1. The Veterans Administration is responsible for determining the eligibility of Veterans for the program and for authorizing a budget to buy long term supports and services for the Veteran. The Veterans Administration will refer eligible Veterans with an authorized flexible service budget to the contractor.
 - 1.2.1.2. Provide options counseling to Veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. At a minimum, options counseling shall include an assessment, plan of care and identify type of services to meet the needs to the Veteran to remain in the home and community. The Contractor shall submit the Veteran's plans of care with types of services to the VAMC for approval before the Veteran receives services. The Contractor shall comply with the VAMC and the Department's program and policies guide for linking Veterans with needed Long term services and supports and making mutual referrals.
 - 1.2.1.3. Provide or maintain the contract with an agency to provide financial management services in accordance with the roles and responsibilities of an agency with choice model.
 - 1.2.1.4. Seek reimbursements for service coordination through the VAMC. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services.
 - 1.2.2. Assure the following:
 - 1.2.2.1. All Veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
 - 1.2.2.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
 - 1.2.2.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
 - 1.2.2.4. Of the Veterans served, there will be a 90 % or better, consumer satisfaction rate.
 - 1.2.3. Comply with procedures for reporting requirements defined by DHHS.
 - 1.2.4. Provide this service to individuals located in the cities and towns in the geographic area of Hillsborough (excluding the towns of Western Hillsborough defined as: Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor).
 - 1.2.5. Enter contact data into the Refer 7 data base to increase the amount of resources available within a geographic area in Section 1.2.4 to serve Veterans.
 - 1.2.6. Assure that documentation required by both the Department and the VAMC is kept current and submitted according to the program and policy guide.
- 1.3. Participate in continuous process improvement activities with the Department and/or the VAMC to evaluate and improve the quality of the program and its policies and processes by attending monthly meetings, trainings, and conference calls.

ET

5/16/2014



2. The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA) services as follows:
 - 2.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 2.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 2.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 2.2. Promote the Medicare programs described in Section 2.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:
 - 2.2.1. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
 - 2.2.2. Complete an analysis of Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.
 - 2.2.3. Assess current and past partnerships with other agencies and community services.
 - 2.3. The Department will review the contractor's results of the assessment and analysis described in Section 2.2 and will determine the best outreach approaches, target population and geographic area for the contractor to conduct outreach, education and assistance to meet the goals in Section 2.7 Performance Measures. Outreach and education consists of the following, but not limited to:
 - 2.3.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 2.3.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 2.3.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 2.1
 - 2.3.4. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority



Exhibit A-1

- Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives. The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 2.1.
- 2.3.5. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 2.1.
 - 2.3.6. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
 - 2.3.7. The contractor will be responsible for purchasing the media in their local area.
 - 2.4. Insure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
 - 2.5. Complying with procedures for reporting requirements defined by DHHS.
 - 2.6. Provide service to individuals located in the cities and towns in the geographic area of Hillsborough (excluding the towns of Western Hillsborough defined as: Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor).
 - 2.7. Performance Measures :
 The Contractor will be required to meet or exceed the performance measures described below:

Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D: Hillsborough County: 159	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 10th of each month.
Performance Measure 2: Implementation of Medicare Preventive Services Promotion activities.	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activity at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and incentive programs and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in CMS SHIP Mid-Term and annual Performance Grant application to DHHS



Exhibit B Amendment #1

Method and Conditions Precedent to Payment

- The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A and Exhibit A-1 Scope of Services.
- Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project
13AANHMAAA, 13AANHMANDR, 1X0CMS331283	93.071	Admin for Community Living & Centers for Medicare & Medicaid Services	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731

- Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services
 129 Pleasant Street, Brown Building
 Concord, NH 03301
- Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B13. Each budget is specific to a time period



Exhibit B Amendment #1

- as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
 7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
 8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
 9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
 10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-13 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
 11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
 12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
 13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
 14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
 15. The Medicare Improvements for Patients and Providers Act (MIPPA): The funding is from the effective date of Amendment #1 to September 29, 2014.
 16. Veterans Directed Home and Community Based Program: The funding is from July 1, 2014 to June 30, 2015 for the purposes of developing and implementing the program as defined in Section 1.1 and 1.3 of Exhibit A-1. Once the program is operational, the contractor shall continue providing the scope of work as defined in Section 1.2 of Exhibit A-1, without funding from the Department.

**Exhibit B-11
Amendment #1**

BUDGET FORM

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

Bidder Name: Easter Seals New Hampshire, Inc.

Budget Request for: Veterans Directed Home and Community Based Services
(Name of RFP)

Budget Period: 7/1/14 through June 30, 2015

Line Item	Direct		Total	Allocation Method to Indirect Cost
	Independent	Fixed		
1. Total Salary/Wages	\$ 10,296.50	\$ 1,029.65	\$ 11,326.15	
2. Employee Benefits	\$ 2,924.20	\$ 292.42	\$ 3,216.62	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 1,336.77	\$ 133.68	\$ 1,470.45	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 50.00	\$ 5.00	\$ 55.00	
6. Travel	\$ 1,060.80	\$ 106.08	\$ 1,166.88	
7. Occupancy		\$ -	\$ -	
8. Current Expenses		\$ -	\$ -	
Telephone	\$ 413.06	\$ 41.30	\$ 454.36	
Postage	\$ 187.50	\$ 18.75	\$ 206.25	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,000.00	\$ 100.00	\$ 1,100.00	
11. Staff Education and Training	\$ 337.50	\$ 33.75	\$ 371.25	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Printing	\$ 575.49	\$ 57.55	\$ 633.04	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 18,181.82	\$ 1,818.18	\$ 20,000.00	

Indirect As A Percent of Direct

10.0%

**Exhibit B-12
Amendment #1**

BUDGET FORM

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

Applicant Name: Easter Seals New Hampshire, Inc.

Medicare Improvements for Patients and Providers Act
Budget Request for: (MIPPA) Services
(Name of RFA)

Budget Period: Effective date of contract through June 30, 2014

Line Item	Direct	Indirect	Total	Allocation Method to Indirect Budget Line
1. Total Salary/Wages	\$ 1,585.83	\$ 158.58	\$ 1,744.41	
2. Employee Benefits	\$ 450.38	\$ 45.04	\$ 495.42	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 2,000.00	\$ 200.00	\$ 2,200.00	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 1,035.00	\$ 103.50	\$ 1,138.50	
6. Travel	\$ 104.00	\$ 10.40	\$ 114.40	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ 147.52	\$ 14.75	\$ 162.27	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 5,250.00	\$ 525.00	\$ 5,775.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Outreach meetings	\$ 1,200.00	\$ 120.00	\$ 1,320.00	
Printing	\$ 500.00	\$ 50.00	\$ 550.00	
	\$ -	\$ -	\$ -	
TOTAL	\$ 12,272.73	\$ 1,227.27	\$ 13,500.00	

Indirect As A Percent of Direct

10.0%

**Exhibit B-13
Amendment #1**

BUDGET FORM

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

Bidder Name: Easter Seals New Hampshire, Inc.

Medicare Improvements for Patients and Providers Act
Budget Request for: (MIPPA) Services
(Name of RFA)

Budget Period: 7/1/14 through September 29, 2014

Item	Direct	Indirect	Total	Allocation Factor to Indirect Expenses (%)
1. Total Salary/Wages	\$ 4,833.00	\$ 483.30	\$ 5,316.30	
2. Employee Benefits	\$ 1,372.57	\$ 137.26	\$ 1,509.83	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 70.25	\$ 7.02	\$ 77.27	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ 450.00	\$ 45.00	\$ 495.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,006.00	\$ 100.60	\$ 1,106.60	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Outreach meetings	\$ 450.00	\$ 45.00	\$ 495.00	
Printing	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 8,181.82	\$ 818.18	\$ 9,000.00	

Indirect As A Percent of Direct

10.0%



62

GAC
10-20-13

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
BUREAU OF ELDERLY & ADULT SERVICES

Nicholas A. Toumpas
 Commissioner

Nancy L. Rollins
 Associate
 Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-9203 1-800-351-1888
 Fax: 603-271-4643 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

December 5, 2013

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into Agreements with vendors to have ServiceLink Resource Centers in designated communities serving as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and ServiceLink Resource Centers also function as a single point of entry for access to Medicaid long-term support programs and benefits, with a price limitation of \$4,334,595 to be effective January 1, 2014 or upon the date of Governor and Executive Council approval, whichever is later through June 30, 2015.

Summary of contracted amounts by vendor:

Vendor	Amount
Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	\$347,772
Community Action Program Belknap and Merrimack Counties, Inc.	\$478,594
Crotched Mountain Community Care, Inc.	\$791,127
Easter Seals New Hampshire, Inc.	\$655,047
Grafton County Senior Citizens Council, Inc.	\$460,601
Lakes Region Partnership for Public Health, Inc.	\$597,849
Monadnock Collaborative	\$719,365
Tri-County Community Action Program, Inc.	\$284,240
Total	\$4,334,595

Funds to support this request are anticipated to be available in the following accounts in State Fiscal Year 2014 and 2015 and are subject to the availability of the federal funding to the Department, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

Please see attachment for fiscal details.

EXPLANATION

The Department is requesting that the Governor and Executive Council approve eight (8) Agreements that represent \$4,334,595 total anticipated to be spent statewide to provide the ServiceLink Resource Center Program in New Hampshire. As a group, these Contractors will provide statewide coverage to people in New Hampshire and to their out-of-state friend and family members by providing the following services as part of the ServiceLink Program: Information, Referral and Assistance, Options Counseling and Person Centered Transition Support, Family Caregiver Supports and Services, Counseling for Medicare Beneficiaries, and Senior Medicare Patrol.

Populations Served:

The populations served under these contracts are:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about Long Term Services and Supports;
- Individuals with intellectual, physical, and developmental disabilities;
- Veterans; and
- People of all ages, income levels and disabilities.

The ServiceLink Resource Center Contractors will:

- Serve as a highly visible and trusted place for people of all ages to turn to for objective and unbiased information on the full range of long term care supports and services
- Promote awareness of the various options available to people in their community
- Link individuals with needed services
- Provide person-centered one-on-one assistance and decision support to individuals
- Serve as a full service access point to all long-term supports and services
- Create formal relationships between and among the major pathways people travel while transitioning from one setting of care to another
- Ensure services adhere to the highest standards and produce measureable results

No Wrong Door for Citizens of New Hampshire

The ServiceLink Resource Center contractors will operate as a full service single access point for individuals to inquire about community long term supports and services. Individuals shall experience a streamlined eligibility determination, options counseling and enrollment process through standardized processes specified by the State of NH DHHS. The Aging and Disability Resource Centers will follow standardized processes established by NH DHHS for providing information, referrals and eligibility determinations so that individuals accessing the system at different locations experience a similar process and are provided a consistent core set of information about community Long Term Services and Supports options in the state. The Aging and Disability Resource Centers will assist and support an individual's applications for financial and functional assessments for public programs. The goal is that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

Contractors shall support the No Wrong Door by the following criteria:

- Coordinate with existing community long term support and service (LTSS) counseling entities and initiatives;

- Have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance;
- Ensure that a consistent experience and core set of information is provided to all individuals;
- Coordinate both the financial and functional assessment and eligibility determination process from start to finish, utilizing a single contact for the individual;

Performance Measures

- Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS.
- Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance;
- The number of individuals diverted from nursing home/institutional settings;
- The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).

Should Governor and Executive Council decide not to authorize this request, the Department would have to design and implement an alternative method of complying with RSA 151-E:5, which mandates that it establish a system of community based information and referral services for elderly and chronically ill adults. This has the potential of incurring additional State funds for additional positions to take on the roles, responsibilities, and activities described above. The Department would be vulnerable to losing federal discretionary funds through the Balancing Incentive Program and the State Innovation Model Program, which both rely on the ServiceLink network as the platform for implementing the No Wrong Door model and Options Counseling Model. It is likely that admissions to nursing homes and hospitals would increase because there would be no statewide mechanism in the community to advise people of home and community based options and assist them to access these options. The unintended consequences would increase the State's Medicaid expenditures.

These contractors were selected through a competitive bid process. The Department issued a Request for Proposal published on the Department's website October 18, 2013, and notified potential bidders. The Department received eight (8) proposals. The evaluation committee recommended awarding agreements to all eight (8) Contractors. (See Bid Summary).

The proposal was evaluated and scored using a consensus model. Four Department staff evaluated the proposals on its technical merits consistent with the criteria for evaluation of Technical Proposal as specified in the Request for Proposals. These staffs' experiences included quality management, operational management and strategic planning over client services, and social work. Two Department staff, with over twenty years' experience as certificated accountants, evaluated the proposal's cost. (See Bid Summary)

The proposal and subsequently the contracts include an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of work, and subsequent approval by the Governor and Executive Council.

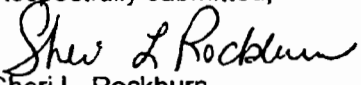
Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
December 5, 2013
Page 4

Area Served: Statewide.

Source of Funds: 54% Federal funds and 46% General funds.

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

Respectfully submitted,


Sheri L. Rockburn
Acting Associate Commissioner

Approved by:


Nicholas A. Toumpas
Commissioner

New Hampshire DHHS Contract Unit
 New Hampshire ServiceLink Program
 RFP 14-DHHS-DCBCS-BEAS-03
 Bid Summary

	Core Services	Maximum Possible Score	Technical Score	Cost Score	Total Score	Geographic Area to be Served
	Bidder		1250	104.35	1354.35	
1	Community Action Program Belknap and Merrimack Counties, Inc.		940	78	1018	Merrimack County
2	Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners		1158	80	1238	Strafford County
3	Crotched Mountain Community Care, Inc.		1090	82.5	1172.5	Rockingham County
4	Easter Seals New Hampshire, Inc.		955	76	1031	Hillsborough County (excluding: 12 Cities and Towns in Western part of the County: Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor)
5	Grafton County Senior Citizens Council, Inc.		1125	78.5	1203.5	Grafton County, and two towns in Sullivan County (Grantham and Plainfield)
6	Lakes Region Partnership for Public Health, Inc.		1005	77.5	1082.5	Belknap and Carroll County
7	Monadnock Collaborative		1088	90	1178	Cheshire County, 12 Cities and towns in Western Hillsborough County (Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor) and all of Sullivan County (excluding two towns: Grantham and Plainfield)
8	Tri-County Community Action Program, Inc.		940	74	1014	Coos County

Technical Proposal Evaluation Team:

Carol Sideris, Director of Client Services

Michael Kelly, Division of Community Based Care, Program Specialist – Quality Management Review

Denise Pliska, Bureau of Elderly and Adult Services, District Office Supervisor of Adult Protection Services

Patricia Jackson, Bureau of Homeless and Housing, Program Planning and Review Specialist

Cost Proposal Team:

Ann Driscoll, Bureau of Elderly and Adult Services, Administrator and Certified Public Accountant

Donna Ferland, New Hampshire Hospital, Financial Manager and Certified Public Accountant

FINANCIAL DETAIL ATTACHMENT SHEET

**05-95-48-481010-9565 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
 IHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SERVICELINK (100% General
 Funds)**

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$45,560.23
102-500734	Contracts for Program Services	2015	\$73,886.01
		Subtotal	\$119,446.24

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$26,543.55
102-500734	Contracts for Program Services	2015	\$50,596.11
		Subtotal	\$77,139.66

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$47,773.71
102-500734	Contracts for Program Services	2015	\$113,874.54
		Subtotal	\$161,648.25

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$43,850.80
102-500734	Contracts for Program Services	2015	\$85,235.23
		Subtotal	\$129,086.03

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$4,461.39
102-500734	Contracts for Program Services	2015	\$8,452.96
		Subtotal	\$12,914.35

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$29,413.08
102-500734	Contracts for Program Services	2015	\$68,229.34
		Subtotal	\$97,642.42

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$36,812.08
102-500734	Contracts for Program Services	2015	\$77,025.44
		Subtotal	\$113,837.52

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$18,583.97
102-500734	Contracts for Program Services	2015	\$28,700.70
		Subtotal	\$47,284.67

Total 9565	\$758,999.14
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05-95-48-481510-6180 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: ELDERLY AND ADULT SERVICES, MEDICAL SERVICES, LTC ASSESSMENT AND
COUNSELING (50% Federal Funds; 50% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$52,108.03
550-500398	Assessment & Counseling	2015	\$102,351.27
		Subtotal	\$154,459.30

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$43,781.78
550-500398	Assessment & Counseling	2015	\$96,117.28
		Subtotal	\$139,899.06

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$103,489.90
550-500398	Assessment & Counseling	2015	\$293,917.84
		Subtotal	\$397,407.74

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$94,992.73
550-500398	Assessment & Counseling	2015	\$219,997.83
		Subtotal	\$314,990.56

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$70,670.65
550-500398	Assessment & Counseling	2015	\$187,172.17
		Subtotal	\$257,842.82

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$72,396.82
550-500398	Assessment & Counseling	2015	\$117,724.75
		Subtotal	\$190,121.57

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$79,026.42
550-500398	Assessment & Counseling	2015	\$159,456.44
		Subtotal	\$238,482.86

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$39,245.63
550-500398	Assessment & Counseling	2015	\$86,664.22
		Subtotal	\$125,909.85

Total 6180	\$1,819,113.76
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05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICE BLOCK GRANT (44.31% Federal Funds; 55.69% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Amounts
545-500387	I & R Contracts	2013	\$14,601.06
545-500387	I & R Contracts	2014	\$21,531.35
		Subtotal	\$36,132.41

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Amounts
545-500387	I & R Contracts	2013	\$8,506.63
545-500387	I & R Contracts	2014	\$14,744.37
		Subtotal	\$23,251.00

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Amounts
545-500387	I & R Contracts	2013	\$15,310.44
545-500387	I & R Contracts	2014	\$33,184.53
		Subtotal	\$48,494.97

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Amounts
545-500387	I & R Contracts	2013	\$14,053.23
545-500387	I & R Contracts	2014	\$24,838.66
		Subtotal	\$38,891.89

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Amounts
545-500387	I & R Contracts	2013	\$1,429.78
545-500387	I & R Contracts	2014	\$2,463.30
		Subtotal	\$3,893.08

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Amounts
545-500387	I & R Contracts	2013	\$9,426.25
545-500387	I & R Contracts	2014	\$19,882.92
		Subtotal	\$29,309.17

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Amounts
545-500387	I & R Contracts	2013	\$11,797.47
545-500387	I & R Contracts	2014	\$22,446.22
		Subtotal	\$34,243.69

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Amounts
545-500387	I & R Contracts	2013	\$5,955.76
545-500387	I & R Contracts	2014	\$8,363.76
		Subtotal	\$14,319.52

Total 9255	\$228,535.73
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05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS (84% Federal Funds; 16% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Amounts
072-500575	Grants - Federal	2014	\$8,673.63
570-500928	Family Caregiver	2014	\$22,651.86
072-500575	Grants - Federal	2015	\$6,024.62
570-500928	Family Caregiver	2015	\$41,218.00
		Subtotal	\$78,568.11

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Amounts
072-500575	Grants - Federal	2014	\$12,668.04
570-500928	Family Caregiver	2014	\$8,750.00
072-500575	Grants - Federal	2015	\$7,542.24
570-500928	Family Caregiver	2015	\$16,500.00
		Subtotal	\$45,460.28

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Amounts
072-500575	Grants - Federal	2014	\$36,806.11
570-500928	Family Caregiver	2014	\$13,380.27
072-500575	Grants - Federal	2015	\$27,159.99
570-500928	Family Caregiver	2015	\$40,961.98
		Subtotal	\$118,308.35

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account		Class Title	State Fiscal Year	Amounts
072-500575		Grants - Federal	2014	\$33,783.79
570-500928		Family Caregiver	2014	\$19,587.04
072-500575		Grants - Federal	2015	\$20,329.29
570-500928		Family Caregiver	2015	\$38,621.06
			Subtotal	\$112,321.18

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account		Class Title	State Fiscal Year	Amounts
072-500575		Grants - Federal	2014	\$38,042.87
570-500928		Family Caregiver	2014	\$22,447.49
072-500575		Grants - Federal	2015	\$23,721.48
570-500928		Family Caregiver	2015	\$47,532.85
			Subtotal	\$131,744.69

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account		Class Title	State Fiscal Year	Amounts
072-500575		Grants - Federal	2014	\$27,584.85
570-500928		Family Caregiver	2014	\$38,988.00
072-500575		Grants - Federal	2015	\$8,609.99
570-500928		Family Caregiver	2015	\$78,360.00
			Subtotal	\$153,542.84

Monadnock Collaborative (Vendor # 159303)

Class/Account		Class Title	State Fiscal Year	Amounts
072-500575		Grants - Federal	2014	\$27,953.64
570-500928		Family Caregiver	2014	\$34,453.80
072-500575		Grants - Federal	2015	\$13,205.70
570-500928		Family Caregiver	2015	\$70,338.63
			Subtotal	\$145,951.77

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Amounts
072-500575	Grants - Federal	2014	\$13,743.26
570-500928	Family Caregiver	2014	\$11,902.00
072-500575	Grants - Federal	2015	\$8,497.43
570-500928	Family Caregiver	2015	\$23,410.00
		Subtotal	\$57,552.69

Total 7872	\$843,449.91
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05-95-48-481010-8925 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, MEDICAL SERVICE GRANTS (100% Federal Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$11,445.94
102-500731	Contracts for Program Services	2015	\$21,299.00
		Subtotal	\$32,744.94

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$10,913.00
102-500731	Contracts for Program Services	2015	\$17,986.00
		Subtotal	\$28,899.00

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$7,008.59
102-500731	Contracts for Program Services	2015	\$18,304.16
		Subtotal	\$25,312.75

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$14,911.91
102-500731	Contracts for Program Services	2015	\$25,948.65
		Subtotal	\$40,860.56

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$11,052.67
102-500731	Contracts for Program Services	2015	\$21,519.85
		Subtotal	\$32,572.52

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$21,164.00
102-500731	Contracts for Program Services	2015	\$46,976.00
		Subtotal	\$68,140.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$42,112.84
102-500731	Contracts for Program Services	2015	\$79,020.32
		Subtotal	\$121,133.16

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$6,371.15
102-500731	Contracts for Program Services	2015	\$11,087.20
		Subtotal	\$17,458.35

Total 8925	\$367,121.28
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05-95-48-481010-3317 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS
GRANT - SMPP (75% Federal Funds; 25% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$17,946.00
102-500731	Contracts for Program Services	2015	\$39,297.00
		Subtotal	\$57,243.00

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$10,813.00
102-500731	Contracts for Program Services	2015	\$22,310.00
		Subtotal	\$33,123.00

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$11,573.94
102-500731	Contracts for Program Services	2015	\$28,381.00
		Subtotal	\$39,954.94

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$8,499.81
102-500731	Contracts for Program Services	2015	\$10,396.97
		Subtotal	\$18,896.78

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$9,460.04
102-500731	Contracts for Program Services	2015	\$12,173.50
		Subtotal	\$21,633.54

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$16,869.00
102-500731	Contracts for Program Services	2015	\$42,224.00
		Subtotal	\$59,093.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$21,800.22
102-500731	Contracts for Program Services	2015	\$43,915.78
		Subtotal	\$65,716.00

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$9,688.86
102-500731	Contracts for Program Services	2015	\$12,026.06
		Subtotal	\$21,714.92

Total 3317	\$317,375.18
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GRAND TOTAL	\$4,334,595.00
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Subject: New Hampshire ServiceLink Resource Centers Program

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Easter Seals New Hampshire, Inc.		1.4 Contractor Address 55 Auburn Street Manchester, NH 03103-4800	
1.5 Contractor Phone Number (603) 623-8863	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$655,047.
1.9 Contracting Officer for State Agency <i>Mary Maggioncalda</i>		1.10 State Agency Telephone Number 271-9096	
1.11 Contractor Signature <i>Elin Treanor</i>		1.12 Name and Title of Contractor Signatory Elin Treanor, CFD	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Hillsborough</u> On <u>12/3/13</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] <i>Wendy M. Boelee</i>			
1.13.2 Name and Title of Notary or Justice of the Peace WENDY M. BOELEE, Notary Public My Commission Expires: Oct. 21, 2014			
1.14 State Agency Signature <i>Sh L Rock</i>		1.15 Name and Title of State Agency Signatory <i>Sheri L. Rockland Acting Associate Commissioner</i>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: <i>Rosemary Hild</i> On: <i>12-4-13 RW</i>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

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

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials:

Date:

ET
12/31/05

8. EVENT OF DEFAULT/REMEDIES.

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

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions



Exhibit A

are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall reach the following covered populations:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Hillsborough County (excluding the cities and towns of Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor).



Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

- 4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs
- 4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and
- 4.1.1.3. A feedback loop to modify activities as needed.
- 4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

- 4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.
- 4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.
- 4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.
- 4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:
 - 4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and
 - 4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



Exhibit A

- 4.2. Options Counseling
 - 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
 - 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
 - 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
 - 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
 - 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
 - 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
 - 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
 - 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



Exhibit A

- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.

- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:

- 4.3.1. Intake and Screening

- 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.

- 4.3.2. Financial and Functional Eligibility Processes

Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.

- 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.
- 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:
 - 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.

- 4.3.3. Tracking Eligibility Status

- 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



Exhibit A

Eligibility System, NH Easy, and other program specific systems.
Designated staff will be trained and have access to these systems.

- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.

4.4. Person-Centered Transitions Support

The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:

- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
 - 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
 - 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
 - 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.

4.5. Consumer Populations and Partnerships

4.5.1. Consumer Populations

Contractor shall involve consumers on a local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:

- People over age 60
- Adults over age 18 living with chronic illnesses or disabilities



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- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.

4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.

4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.



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4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



Exhibit A

Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



Exhibit A

- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
 - 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
 - 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
 - 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
 - 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phone numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



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- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



Exhibit A

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
 - 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
 - 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
 - Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
 - 6.5.3. The Department's current hardware standards are as follows:
 - Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



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- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
- High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
- The Department does not currently use or support Windows 8.

6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.

6.6. Continuous Improvement

6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.

6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting

7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:

1. Number of individuals served
2. Number of repeat visits by individuals
3. Type of information/referral given to individuals
4. Type of follow up performed
5. Frequency of follow ups
6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
7. The number of individuals diverted from nursing home/institutional settings;
8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



Exhibit A

7.2. Minimum Reporting Requirements:
 The Table below defines the program reporting data requirements and their source.
 There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	

Contractor Initials: *EF*
 Date: *12/18/13*



Exhibit A

Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



Exhibit A

Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP): Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS



Exhibit A

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

- 8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.3. Develop a Staffing Contingency Plan, including but not limited to:
 - 8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.3.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
- 8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins



Exhibit A

- providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support



Exhibit A

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



Exhibit A

State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit A

Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:
Assess the ethnic/cultural needs, resources and assets of their community.
Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
When feasible and appropriate, provide clients of minimal English skills with interpretation services.
Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.
When feasible and appropriate, identify communication access needs for clients who may be deaf and hard of hearing, or have vision or speech impairment and develop an individual communication plan for recipients to receive services identified in Section 3 Statement of Work.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1NOCMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services

Contractor Initials: *ET*
 Date: 12/31/2013



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

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

Bidder/Program Name: **Earns Basis New Hampshire, Inc / Hillsborough County - act Western Region**

Budget Request for: **Information, Referral and Awareness**
(Name of Program)

Budget Period: **1/1/14-4/30/14**

Line Item	Description	Quantity	Unit Price	Total	Category	Sub-Category	Other	Total	Category	Sub-Category	Other
1.	Total Salary/Wages	3	5,735.64	17,206.92	1			17,206.92	1		
2.	Employee Benefits	3	1,528.84	4,586.52	1			4,586.52	1		
3.	Consultants	3	353.42	1,060.26	1			1,060.26	1		
4.	Equipment	3			1				1		
	Rental	3			1				1		
	Repair and Maintenance	3			1				1		
	Purchase/Operation	3			1				1		
5.	Supplies	3	766.33	2,298.99	1			2,298.99	1		
	Educational	3			1				1		
	Lab	3			1				1		
	Pharmacy	3			1				1		
	Medical	3			1				1		
	Office	3			1				1		
6.	Travel	3	342.85	1,028.55	1			1,028.55	1		
7.	Occupancy	3	608.97	1,826.91	1			1,826.91	1		
8.	Current Expenses	3	4,262.85	12,788.55	1			12,788.55	1		
	Telephone	3	398.68	1,196.04	1			1,196.04	1		
	Postage	3	723.73	2,171.19	1			2,171.19	1		
	Subscriptions	3			1				1		
	Audit and Legal	3			1				1		
	Insurance	3			1				1		
	Board Expenses	3			1				1		
9.	Software	3			1				1		
10.	Marketing/Communications	3			1				1		
11.	Staff Education and Training	3	1,568.07	4,704.21	1			4,704.21	1		
12.	Subcontracts/Agreements	3			1				1		
13.	Other (Specify costs mandatory)	3			1				1		
	Printing	3	1,878.76	5,636.28	1			5,636.28	1		
	Volunteer/Community Education/Recognition	3	268.27	804.81	1			804.81	1		
	Office setup & moving	3			1				1		
	TOTAL			84,884.33				84,884.33			
	Indirect As A Percent of Direct								10.0%		
				9,297.28				92,181.61			

Contractor Initials: *[Signature]*
Date: *12/3/13*

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

Bidder/Program Name: Essex State New Hampshire, Inc / Hillsborough County - excl Western Region
Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Proposer)

Budget Period: 1/1/14-12/31/14

Line Item	Quantity	Unit Price	Total Price	Category	Percentage	Total Budget
1. Total Salary/Wages	57,356.84	\$	57,356.84	Personnel	57.35684%	57,356.84
2. Employee Benefits	15,528.84	\$	15,528.84	Personnel	15.52884%	15,528.84
3. Consultants	353.42	\$	353.42	Personnel	0.35342%	353.42
4. Equipment	-	\$	-	Equipment	0%	-
5. Rental	-	\$	-	Rental	0%	-
6. Repair and Maintenance	786.35	\$	786.35	Repairs	0.78635%	786.35
7. Purchases/Depreciation	-	\$	-	Purchases	0%	-
8. Supplies	964.87	\$	964.87	Supplies	0.96487%	964.87
9. Educational	-	\$	-	Educational	0%	-
10. Lab	-	\$	-	Lab	0%	-
11. Pharmacy	-	\$	-	Pharmacy	0%	-
12. Medical	-	\$	-	Medical	0%	-
13. Office	342.88	\$	342.88	Office	0.34288%	342.88
14. Travel	609.97	\$	609.97	Travel	0.60997%	609.97
15. Occupancy	4,282.86	\$	4,282.86	Occupancy	4.28286%	4,282.86
16. Current Expenses	-	\$	-	Current Expenses	0%	-
17. Telephone	396.68	\$	396.68	Telephone	0.39668%	396.68
18. Postage	723.73	\$	723.73	Postage	0.72373%	723.73
19. Subscriptions	-	\$	-	Subscriptions	0%	-
20. Audit and Legal	-	\$	-	Audit and Legal	0%	-
21. Insurance	-	\$	-	Insurance	0%	-
22. Board Expenses	-	\$	-	Board Expenses	0%	-
23. Software	-	\$	-	Software	0%	-
24. Meetings/Communications	-	\$	-	Meetings/Communications	0%	-
25. Staff Education and Training	1,588.07	\$	1,588.07	Staff Education and Training	0.158807%	1,588.07
26. Subcontracts/Agreements	-	\$	-	Subcontracts/Agreements	0%	-
27. Other specific grants mandatory	-	\$	-	Other specific grants mandatory	0%	-
28. Printing	1,828.78	\$	1,828.78	Printing	0.182878%	1,828.78
29. Volunteer/Community Education/Recognition	288.27	\$	288.27	Volunteer/Community Education/Recognition	0.0028827%	288.27
30. Office setup & moving	-	\$	-	Office setup & moving	0%	-
TOTAL	84,864.38	\$	84,864.38	TOTAL	100%	84,864.38

Indirect As A Percent of Direct: 10.0%

Contractor Initials: *ES*
Date: *1/23/14*

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

Bidder/Program Name: Eastern Basins New Hampshire, Inc / Hillsborough County - ascl Western Region

Budget Request for: Family Caregiver Program
 (Name of Program)

Budget Period: 1/1/14-12/31/14

Line Item	Quantity	Unit Price	Total Price	Percent of Total	Other	Total	Percent of Total
1. Total Salary/Wages	15,638.12	\$	1,564,411	81.3%		1,564,411	81.3%
2. Employee Benefits	2,488.50	\$	248,850	13.1%		248,850	13.1%
3. Consultants	70.84	\$	7,084	0.4%		7,084	0.4%
4. Equipment		\$					
5. Rental		\$					
6. Repair and Maintenance		\$					
7. Purchase/Dispensation	182.07	\$	18,207	1.0%		18,207	1.0%
8. Supplies	193.87	\$	19,387	1.0%		19,387	1.0%
9. Educational		\$					
10. Lab		\$					
11. Pharmacy		\$					
12. Medical		\$					
13. Office	72.42	\$	7,242	0.4%		7,242	0.4%
14. Travel	12.28	\$	1,228	0.1%		1,228	0.1%
15. Occupancy	3,241.74	\$	324,174	17.0%		324,174	17.0%
16. Current Expenses	80.88	\$	8,088	0.4%		8,088	0.4%
17. Telephone	143.28	\$	14,328	0.7%		14,328	0.7%
18. Subscriptions		\$					
19. Audit and Legal		\$					
20. Insurance	295.00	\$	29,500	1.5%		29,500	1.5%
21. Software		\$					
22. Printing/Communications		\$					
23. Post Education and Training	314.71	\$	31,471	1.6%		31,471	1.6%
24. Miscellaneous Payments		\$					
25. Other (Specify details immediately)		\$					
26. Printing	327.31	\$	32,731	1.7%		32,731	1.7%
27. Ventilation/Community Education/Recognition	60.02	\$	6,002	0.3%		6,002	0.3%
28. Other (Specify details immediately)		\$					
TOTAL		\$	1,911,440	100%		1,911,440	100%

Indirect At A Percent of Direct

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

Bidder/Program Name: Easter Seals New Hampshire, Inc./ Hillsborough County - east Western Region

Budget Request for: State Health Insurance Assistance Program

Name of Program

Budget Period: 1/1/14-12/31/14

Line Item	Description	Quantity	Unit Price	Total	Contractor/Hours	Date	Contractor/Hours	Date
1	Total Salary/Wages	889.37	\$	889.37	889.37		889.37	
2	Employee Benefits	255.43	\$	255.43	255.43		255.43	
3	Consultants	6.22	\$	6.22	6.22		6.22	
4	Equipment		\$					
5	Supplies	13.50	\$	13.50	13.50		13.50	
6	Travel	10.22	\$	10.22	10.22		10.22	
7	Occupancy	71.44	\$	71.44	71.44		71.44	
8	Current Expenses		\$					
9	Telephone	8.72	\$	8.72	8.72		8.72	
10	Printing	12.16	\$	12.16	12.16		12.16	
11	Subscriptions		\$					
12	Insurance		\$					
13	Board Expenses		\$					
14	Software		\$					
15	Marketing/Communications		\$					
16	Staff Education and Training	262.12	\$	262.12	262.12		262.12	
17	Subcontracts/Agreements		\$					
18	Other (specific dollar mandatory)		\$					
19	Printing	272.80	\$	272.80	272.80		272.80	
20	Volunteer/Community Education/Recognition	5.00	\$	5.00	5.00		5.00	
21	Office setup & moving		\$					
TOTAL			\$	1,355.64	1,355.64		1,355.64	
	Indirect As A Percent of Direct		\$	10.0%			10.0%	

Contractor/Hours: 14,311.81
 Date: 1/1/14

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

Bidder/Program Name: Easter Seals New Hampshire, Inc / Hillsborough County - east Western Region

Budget Request for: Senior Medicare Patrol Program
 (Name of Program)

Budget Period: 1/1/14-3/31/14

Use Category	Code	Description	Quantity	Unit Price	Total Price	Contract Share	State Share	Federal Share	Total
1	5	Total Salary/Wages	10,720.15	1	4,625.00	447.84	5,110.51	511.08	5,631.55
2	5	Employee Benefits	3,767.84	1	1,314.00	131.40	1,451.94	145.40	1,599.36
3	5	Contractors	4.58	1	-	-	45.83	4.58	50.19
4	5	Equipment	-	1	-	-	-	-	-
5	5	Repair and Maintenance	-	1	-	-	-	-	-
6	5	Purchase/Depreciation	76.84	1	-	-	76.84	7.68	84.52
7	5	Supplies	81.82	1	-	-	81.82	9.17	100.99
8	5	Lab	-	1	-	-	-	-	-
9	5	Pharmacy	-	1	-	-	-	-	-
10	5	Medical	-	1	-	-	-	-	-
11	5	Office	34.44	1	-	-	34.44	3.44	37.88
12	5	Travel	58.20	1	-	-	58.20	5.82	64.02
13	5	Occupancy	5,874.34	1	5,227.00	-	606.67	40.87	447.34
14	5	Cultural Expenses	-	1	-	-	-	-	-
15	5	Telephone	38.24	1	-	-	38.24	3.82	42.06
16	5	Postage	68.87	1	-	-	68.87	6.88	75.76
17	5	Subscriptions	-	1	-	-	-	-	-
18	5	Insurance	-	1	-	-	-	-	-
19	5	Audit and Legal	-	1	-	-	-	-	-
20	5	Board Expenses	642.00	1	642.00	-	-	-	-
21	5	Software	-	1	-	-	-	-	-
22	5	Marketing/Communications	-	1	-	-	-	-	-
23	5	Staff Education and Training	148.21	1	-	-	148.21	14.82	164.13
24	5	Subcontract/Agreements	-	1	-	-	-	-	-
25	5	Other (Specify: (include mandatory))	-	1	-	-	-	-	-
26	5	Printing	155.18	1	-	-	155.18	15.52	170.70
27	5	Volunteer/Community Education/Recognition	476.46	1	448.00	-	28.46	2.85	31.31
28	5	Office setup & moving	-	1	-	-	-	-	-
29	5	TOTAL	19,845.11	1	12,237.02	624.00	7,727.11	722.76	8,499.81
30	5	Indirect At A Percent of Direct	-	1	-	4.8%	-	-	10.0%

3
 Contractor Inmate
 Deloitte

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

Side/Program Name: **Easter Seals New Hampshire, Inc / Hillsborough County - escl Western Region**

Budget Request for: **Family Caregiver Program**
(Name of Program)

Budget Period: **7/1/14 - 6/30/15**

Line Item	1	2	3	4	5	6	7	8	9	10	11	12	13	Other	Subtotal	Percent of Direct
1. Total Salary/Wages	32,042.81	3,203.89	35,246.70	4,324.00	4,767.00	27,708.91	4,767.00	30,475.91	2,770.89	33,246.80	30,475.91	3,770.89	30,475.91	3,770.89	30,475.91	100.00%
2. Employee Benefits	5,086.13	508.52	5,594.65	1,231.00	1,354.00	3,855.13	1,231.00	5,086.13	345.52	5,431.65	5,086.13	345.52	5,431.65	345.52	5,431.65	100.00%
3. Consultants	72.67	7.27	78.94	-	-	72.67	-	72.67	7.27	78.94	72.67	7.27	78.94	7.27	78.94	100.00%
4. Equipment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Rental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Repairs and Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Purchase/Depreciation	75.74	7.58	83.32	-	-	75.74	-	75.74	7.58	83.32	75.74	7.58	83.32	7.58	83.32	100.00%
8. Supplies	124.02	12.40	136.42	-	-	124.02	-	124.02	12.40	136.42	124.02	12.40	136.42	12.40	136.42	100.00%
9. Educational	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Lab	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. Pharmacy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. Medical	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13. Other	118.06	11.81	130.87	-	-	118.06	-	118.06	11.81	130.87	118.06	11.81	130.87	11.81	130.87	100.00%
14. Travel	215.72	21.57	237.29	-	-	215.72	-	215.72	21.57	237.29	215.72	21.57	237.29	21.57	237.29	100.00%
15. Occupancy	3,248.11	178.81	3,426.92	1,460.00	1,460.00	1,788.11	1,460.00	1,788.11	178.81	1,966.92	1,788.11	178.81	1,966.92	178.81	1,966.92	100.00%
16. Current Expenses	222.81	22.28	245.09	-	-	222.81	-	222.81	22.28	245.09	222.81	22.28	245.09	22.28	245.09	100.00%
17. Telephone	248.84	24.88	273.72	-	-	248.84	-	248.84	24.88	273.72	248.84	24.88	273.72	24.88	273.72	100.00%
18. Postage	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. Subscriptions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. Audit and Legal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Insurance	295.00	-	295.00	-	-	295.00	-	295.00	-	295.00	295.00	-	295.00	-	295.00	100.00%
22. Bond Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23. Software	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
24. Other	198.43	19.84	218.27	-	-	198.43	-	198.43	19.84	218.27	198.43	19.84	218.27	19.84	218.27	100.00%
25. 10. Marketing/Communications	183.55	18.36	201.91	-	-	183.55	-	183.55	18.36	201.91	183.55	18.36	201.91	18.36	201.91	100.00%
26. 11. Staff Education and Training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
27. 12. Subcontract/Agreements	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
28. 13. Other (Specify details mandatory)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
29. Printing	234.94	23.49	258.43	-	-	234.94	-	234.94	23.49	258.43	234.94	23.49	258.43	23.49	258.43	100.00%
30. Volunteer/Community Education/Recognition	1,484.11	6.31	1,490.42	1,431.00	1,431.00	63.11	1,431.00	63.11	6.31	69.42	1,431.00	6.31	69.42	6.31	69.42	100.00%
TOTAL	43,881.04	4,687.82	47,568.86	8,743.00	8,743.00	38,825.86	8,743.00	38,825.86	8,743.00	47,568.86	38,825.86	8,743.00	47,568.86	8,743.00	47,568.86	100.00%
Indirect As A Percent of Direct	-	-	-	8.4%	8.4%	-	8.4%	-	8.4%	-	-	8.4%	-	-	-	-

Contractor Initials: *EAJ*
Date: *10/15/2013*

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

Bidder/Program Name: Easter Seals New Hampshire, Inc / Hillsborough County - east Western Region

Budget Request for: State Health Insurance Assistance Program
 (Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Request	Current Year	Next Year	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17	Year 18	Year 19	Year 20	Year 21	Year 22	Year 23	Year 24	Year 25	Year 26	Year 27	Year 28	Year 29	Year 30	Total
1. Total Salary/Wages	10,331.48	1,832.15	17,864.83	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17,864.83
2. Employee Benefits	4,837.71	483.77	5,102.58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,102.58
3. Consultants	51.85	5.18	51.85	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	51.85
4. Equipment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Rent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Utilities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Repairs and Maintenance	55.81	5.58	55.81	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	55.81	
8. Depreciation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Supplies/Operational	81.54	8.15	100.88	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.88	
10. Lab	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
11. Pharmacy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
12. Medical	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
13. Office	87.88	8.79	96.67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	96.67	
14. Travel	159.23	15.92	175.15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	175.15	
15. Occupancy	1,319.80	131.98	1,451.88	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,451.88	
16. Current Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17. Telephone	184.32	18.43	184.32	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	184.32	
18. Postage	183.10	18.31	201.41	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	201.41	
19. Subscriptions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. Audit and Legal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Board Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23. Software	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
24. Marketing/Communications	148.47	14.85	163.32	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	163.32	
25. Staff Education and Training	135.48	13.55	149.03	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	149.03	
26. Subcontract/Agreements	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
27. Other Discrete (state mandatory)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
28. Printing	173.42	17.34	190.76	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	190.76	
29. Volunteer/Community Education/Recognition	48.59	4.86	53.45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	53.45	
TOTAL	23,889.48	2,388.97	25,278.45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25,278.45	

#DIV/0!

10.0%

Indirect At A Percent of Direct

27
 Contractor Invoice Date: 7/3/15

NH Department of Health and Human Services

STANDARD EXHIBIT C

SPECIAL PROVISIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14.1 The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. Prior Approval and Copyright Ownership:

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

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

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

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

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

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

Contractor Initials:
Date: 12/3/2013

SPECIAL PROVISIONS – DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

NH Department of Health and Human Services

STANDARD EXHIBIT D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR 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

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

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

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

555 Auburn St Manchester, NH 03103

70 Temple St Nashua, NH 03060

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

Easton Seals NH, Inc From: effective date of contract To: 12/30/15
 (Contractor Name) (Period Covered by this Certification)

Ellen Tremper CEO
 (Name & Title of Authorized Contractor Representative)

Ellen Tremper 12/3/2013
 (Contractor Representative Signature) (Date)

Contractor Initials: ET
 Date: 12/3/2013

NH Department of Health and Human Services

STANDARD EXHIBIT E

CERTIFICATION REGARDING LOBBYING

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

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

- Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

Contract Period: effective date of contract through 6/30/15

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-1.)
(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.

[Signature]
(Contractor Representative Signature)

Elin Treanor CFO
(Authorized Contractor Representative Name & Title)

Easter Seals NH, Inc
(Contractor Name)

12/31/13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT F

CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

Contractor Initials: ET

Date: 12-13/2013

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

Contractor Initials: ET

Date: 12/3/013

LOWER TIER COVERED TRANSACTIONS

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

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

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

Elin Treanor (Contractor Representative Signature) *Elin Treanor, CFO* (Authorized Contractor Representative Name & Title)

East-Seals NH, Inc (Contractor Name) *11/3/2013* (Date)

Contractor Initials: *ET*
Date: *11/3/2013*


NH Department of Health and Human Services

STANDARD EXHIBIT G

**CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE**

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

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



(Contractor Representative Signature)

Elin Treaner, CEO

(Authorized Contractor Representative Name & Title)

Easter Seals NH Inc

(Contractor Name)

12/3/2013

(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

[Handwritten Signature] Elin Treanor, CEO
(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

Easter Seals NH, Inc 12/31/2013
(Contractor Name) (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreasonable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) Use and Disclosure of Protected Health Information.

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402 of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

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

(3) Obligations and Activities of Business Associate.

- a. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec. 13404.
- c. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- d. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)b and (3)k herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- f. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- g. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

- h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- i. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) **Obligations of Covered Entity**

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

(5) **Termination for Cause**

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

(6) **Miscellaneous**

- a. **Definitions and Regulatory References.** All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, and the HITECH Act as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. **Amendment.** Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. **Data Ownership.** The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. **Interpretation.** The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule and the HITECH Act.
- e. **Segregation.** If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. **Survival.** Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

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

Department of Health & Human Services Easter Seals NH, Inc
The State Agency Name Name of the Contractor

Shari L. Rockburn
Signature of Authorized Representative

Elin Treanor
Signature of Authorized Representative

Shari L. Rockburn
Name of Authorized Representative

Elin Treanor
Name of Authorized Representative

Acting Associate Commissioner
Title of Authorized Representative

CEO
Title of Authorized Representative

12/4/13
Date

12/3/2013
Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

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

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

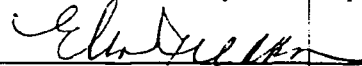
In accordance with 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

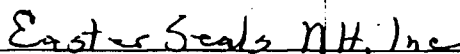
- 1) Name of entity
- 2) Amount of award
- 3) Funding agency
- 4) NAICS code for contracts / CFDA program number for grants
- 5) Program source
- 6) Award title descriptive of the purpose of the funding action
- 7) Location of the entity
- 8) Principle place of performance
- 9) Unique identifier of the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


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

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

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

 _____ Elin Treanor, CFO
(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

 _____
(Contractor Name) (Date)

Contractor initials: 
Date: 12/13/2013
Page # _____ of Page # _____

NH Department of Health and Human Services

STANDARD EXHIBIT J

FORM A

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

1. The DUNS number for your entity is:

08-557-3467

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

NO

YES

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

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

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

NO

YES

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

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

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

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Contractor initials: ET

Date: 12/31/03

Page # _____ of Page # _____



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the New Hampshire ServiceLink Resource Centers Program Contract**

This third Amendment to the New Hampshire ServiceLink Resource Centers Program contract (hereinafter referred to as "Amendment #3") dated this 16th day of August 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Grafton County Senior Citizens Council, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 10 Campbell Street, Lebanon, NH, 03766.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (Item #62) and amended by an agreement (Amendment #1 to the Contract) approved by Governor and Executive Council on February 28, 2014 (Item #35) and (Amendment #2 to the Contract) approved Governor and Executive Council on May 6, 2015 (Item #23), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties; and

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional three (3) months and increase the price limitation; and

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

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: December 31, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$972,473.
3. Delete Exhibit B-16 and replace with Exhibit B-16 Amendment #1.
4. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 12/31/16.
5. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 12/31/16.



New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

8/29/14
Date

Moll Ryan
Name Mawleen Ryan
Title Director, Office of Human Services

Grafton County Senior Citizens Council, Inc.

August 17, 2016
Date

Roberta J. Berner
NAME Roberta J. Berner
TITLE Executive Director

Acknowledgement:

State of NH, County of Grafton on August 17, 2016, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Betsy L. Cheney
Name and Title of Notary or Justice of the Peace

BETSEY L. CHENEY
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My commission expires June 19, 2018

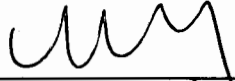


**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 9/4/14


Name: Megan A. Dign
Title: Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____

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

Contractor Name: Grafton County Senior Citizens Council, Inc.

Program Name ServiceLink Resource Center

Budget Period: 7/1/16 - 12/31/16

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHHHS Contract Share	
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed
1. Total Salary/Wages	\$ 101,146.00	\$ 5,554.55	\$ 106,700.55	\$ -	\$ 101,146.00	\$ 1,884.00
2. Employee Benefits	\$ 22,261.17	\$ 942.87	\$ 23,204.04	\$ 2,907.17	\$ 19,354.00	\$ 320.00
3. Consultants	\$ -	\$ 39.87	\$ 39.87	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 149.25	\$ 36.38	\$ 185.63	\$ 11.25	\$ 138.00	\$ 23.00
Repair and Maintenance	\$ 1,774.25	\$ 483.36	\$ 2,257.61	\$ 56.25	\$ 1,718.00	\$ 96.00
Purchase/Depreciation	\$ 700.00	\$ 154.19	\$ 854.19	\$ 154.19	\$ 700.00	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 1,228.32	\$ 96.60	\$ 1,324.92	\$ 792.32	\$ 436.00	\$ 34.00
6. Travel	\$ 6,992.02	\$ 121.20	\$ 7,113.22	\$ 123.02	\$ 6,859.00	\$ 39.00
7. Occupancy	\$ 25,565.03	\$ 181.62	\$ 25,746.65	\$ 2,433.03	\$ 23,132.00	\$ 48.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,342.50	\$ 13.82	\$ 1,356.32	\$ 882.50	\$ 450.00	\$ 6.00
Postage	\$ 377.50	\$ 160.33	\$ 537.83	\$ 27.50	\$ 350.00	\$ 64.00
Subscriptions	\$ 27.50	\$ 445.84	\$ 473.34	\$ 27.50	\$ -	\$ 406.00
Audit and Legal	\$ 202.50	\$ 613.75	\$ 816.25	\$ 380.75	\$ -	\$ 233.00
Insurance	\$ 850.96	\$ 210.84	\$ 1,061.80	\$ 452.96	\$ 398.00	\$ 74.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 562.50	\$ 106.77	\$ 669.27	\$ 562.50	\$ -	\$ 14.00
11. Staff Education and Training	\$ 462.00	\$ -	\$ 462.00	\$ -	\$ 462.00	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Website Maintenance	\$ 112.00	\$ 5.69	\$ 117.69	\$ -	\$ 112.00	\$ -
Staff Recruitment/Payroll Expense	\$ 377.50	\$ 26.71	\$ 404.21	\$ 7.50	\$ 370.00	\$ 14.00
Bank & Other Fees	\$ -	\$ 142.59	\$ 142.59	\$ -	\$ -	\$ 30.00
TOTAL	\$ 164,121.00	\$ 9,336.88	\$ 173,457.88	\$ 8,486.00	\$ 155,635.00	\$ 3,287.00

Indirect As A Percent of Direct 5.7% 71.3% 2.1%

Contractor Initials: *RJB*
 Date: *8-17-16*

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 GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC. is a New Hampshire nonprofit corporation formed July 13, 1972. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 14th day of April A.D. 2016

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

William M. Gardner
Secretary of State

Grafton County Senior Citizens Council, Inc.

ABSTRACT OF CORPORATE MINUTES

By action taken in accordance with the by-laws, the Board of Directors of Grafton County Senior Citizens Council, Inc. adopted the following resolution effective April 28, 2014.

Resolved, that any one of the President, Vice President, Treasurer, or Executive Director is authorized on behalf of GCSCC, Inc. to accept grants and awards from, and to enter into contracts and contract amendments with, the State of New Hampshire, and to sign and otherwise fully execute such acceptances and contracts, and contract amendments or modifications thereto, and any related documents requested by the State of New Hampshire. This authorization shall continue until revoked by vote of this governing board.

I certify the foregoing vote is still in effect and has not been revoked, rescinded or modified.

I further certify that Roberta Berner is the duly elected President/Vice President/Treasurer/Executive Director of this corporation and is still qualified and serving in such capacity.

August 17, 2016
(Date)

Flora Meyer, Treasurer
Officer-Title
Flora Meyer, Treasurer

“No corporate seal.”

STATE OF NEW HAMPSHIRE

COUNTY OF GRAFTON

On August 17, 2016, before the undersigned officer personally appeared the person identified in the foregoing certificate, known to me (or satisfactorily proven) to be the Clerk/Secretary of the corporation identified in the foregoing certificate, and acknowledged that he/she executed the foregoing certificate.

In witness whereof I hereunto set my hand and official seal.

Betsy L. Cheney
Notary Public/Justice of the Peace

Date of expiration:

BETSEY L. CHENEY
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My commission expires June 19, 2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/25/2016

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

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

PRODUCER Kinney Pike/Hartford The Junction Market Place 1011 North Main Street White River Junction, VT 05001 Sandra D. Delisle	CONTACT NAME: Sandra D. Delisle	FAX (A/C, No): 802-296-6126
	PHONE (A/C, No, Ext): 802-295-3329	E-MAIL ADDRESS: sdelisle@kinneypike.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Grafton County Senior Citizens Council Inc - PO Box 433 Lebanon, NH 03766	INSURER A: Hanover Insurance Company	22292
	INSURER B: Riverport Insurance Company	36684
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			ZBV-8862911-05	10/25/2015	10/25/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ABV8808402-05	10/25/2015	10/25/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			UHV 8882696-05	10/25/2015	10/25/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WC2883005759-03	11/13/2015	11/13/2016	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Workers Compensation Statutory Coverage applies in NH. No Excluded Officers.

CERTIFICATE HOLDER

CANCELLATION

STATENH State of NH Dept. of Health & Human Services 129 Pleasant St Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Sandra D Delisle</i>
--	--

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Supporting Aging in Community

Horse Meadow Senior Center
(N. Haverhill 787-2539)

Linwood Area Senior Services
(Lincoln 745-4705)

Littleton Area Senior Center
(Littleton 444-6050)

Mascoma Area Senior Center
(Canaan 523-4333)

Newfound Area Senior Services
(Bristol 744-8395)

Orford Area Senior Services
(Orford 353-9107)

Plymouth Regional Senior Center
(Plymouth 536-1204)

Upper Valley Senior Center
(Lebanon 448-4213)

Sponsoring

RSVP & The Volunteer Center
(toll-free 877-711-7787)

ServiceLink of Grafton County
(toll-free 866-634-9412)

Grafton County

Senior Citizens Council, Inc.
is an equal opportunity provider.

2016-17 Board of Directors

Patricia Brady, *President*

Larry Kelly, *Vice President*

Flora Meyer, *Treasurer*

Bob Muh, *Secretary*

Ralph Akins

Neil Castaldo

Ellen Flaherty

Carol Govoni

Clark Griffiths

Dick Jaeger

Craig Labore

Steve Marion

Rick Peck

Becky Smith

Frank Thibodeau

Roberta Berner, *Executive Director*

STATEMENT OF PURPOSE

The purpose of Grafton County Senior Citizens Council is to develop, strengthen and provide programs and services which support the health, dignity and independence of older adults and adults with disabilities living in our communities.

GCSCC assumes an advocacy and leadership position with respect to identifying the needs and concerns of older persons and individuals with disabilities and informing the public of such needs.

GCSCC supports the concept of community focal points on aging wherein individuals may obtain access to comprehensive, community based services, and participate in activities that enhance their dignity, support their independence and encourage their involvement in the community.

GCSCC provides specific programs, services and educational opportunities in a variety of settings according to the availability of resources, and will pursue its mission in the most cost effective manner and through collaboration with other organizations.

Programs and services are based upon the following values:

- Older adults and adults with disabilities are individuals and adults with ambitions, capabilities and creative capacities.
- Older adults and persons with disabilities are capable of continued growth and development.
- Older adults and adults with disabilities, like all people, have certain basic needs, including opportunities for relationships and to experience a sense of achievement.
- Older adults and adults with disabilities, like all people, need access to sources of information, help for personal and family problems and the opportunity to learn from individuals coping with similar experiences.
- Older adults and adults with disabilities have a right to make choices and to be part of decision-making processes regarding issues which affect their lives.
- GCSCC will create and maintain a climate of respect, trust and support, and will provide opportunities for all individuals to exercise their skills and develop their potential as experienced adults, within the context of the whole community to which they belong and to which they bring their wisdom, experience and insight.

G:\Word Processing\GCSCC\Mission.doc.

GRAFTON COUNTY SENIOR
CITIZENS COUNCIL, INC.

FINANCIAL STATEMENTS
September 30, 2015 and 2014

SINGLE AUDIT REPORTS
September 30, 2015

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ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

6A HILLS AVENUE
CONCORD, NEW HAMPSHIRE 03301
TELEPHONE (603) 228-5400
FAX # (603) 226-3532

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER OF THE PRIVATE
COMPANIES PRACTICE SECTION

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Grafton County Senior Citizens Council, Inc.
Lebanon, New Hampshire

Report on the Financial Statements

We have audited the accompanying financial statements Grafton County Senior Citizens Council, Inc. (a nonprofit organization), which comprise the statement of financial position as of September 30, 2015 and the related statement of activities and changes in net assets, statement of functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with 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 financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our 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 financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Grafton County Senior Citizens Council, Inc. as of September 30, 2015 and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited Grafton County Senior Citizens Council, Inc's 2014 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated February 3, 2015. In our opinion, the summarized comparative information presented herein as of and for the year ended September 30, 2014, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matters

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

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated January 14, 2016, on our consideration of Grafton County Senior Citizens Council, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on 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 Grafton County Senior Citizens Council, Inc.'s internal control over financial reporting and compliance.

Rowley & Associates, PC

Rowley & Associates, P.C.
Concord, New Hampshire
January 14, 2016

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
 STATEMENTS OF FINANCIAL POSITION
 September 30, 2015 and 2014
 See Independent Auditor's Report

ASSETS	<u>2015</u>	<u>2014</u>
CURRENT ASSETS		
Cash, unrestricted	\$ 17,670	\$ 10,615
Cash, board designated	47,249	40,340
Cash, temporarily restricted	14,586	19,689
Investments	324,889	383,299
Investments, Endowment	237,609	292,850
Accounts receivable	20,741	20,843
Grants receivable	361,398	173,644
Inventories	22,154	23,026
Prepaid expenses	89,993	30,990
	<u>1,136,289</u>	<u>995,296</u>
LAND, BUILDING AND EQUIPMENT, at cost		
Land, buildings and improvements	2,497,855	2,494,394
Equipment	277,640	281,936
Vehicles	451,971	451,971
Construction in progress	131,293	3,850
Accumulated depreciation	(1,661,168)	(1,524,139)
	<u>1,697,591</u>	<u>1,708,012</u>
Total Assets	<u>2,833,880</u>	<u>2,703,308</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	91,384	50,603
Accrued expenses	136,648	114,222
Deferred revenue	35,738	32,408
Line of credit	119,985	70,000
Security deposits	325	325
	<u>384,080</u>	<u>267,558</u>
NET ASSETS		
Unrestricted		
Operating	13,814	(13,808)
Board designated	471,088	571,866
Investment in fixed assets	1,697,591	1,708,012
	<u>2,182,493</u>	<u>2,266,070</u>
Temporarily restricted	128,648	25,057
Permanently restricted	138,659	144,623
	<u>2,449,800</u>	<u>2,435,750</u>
Total Liabilities and Net Assets	<u>\$ 2,833,880</u>	<u>\$ 2,703,308</u>

The notes to consolidated financial statements are an integral part of this statement

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
 STATEMENT OF ACTIVITIES
 Year Ended September 30, 2015
 With Comparative Totals For Year Ended September 30, 2014
 See Independent Auditor's Report

	2015			2014	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Memorandum Total	Memorandum Total
SUPPORT, REVENUES AND GAINS					
SUPPORT					
Contributions:					
Local government agencies	\$ 366,070	\$ -	\$ -	\$ 366,070	\$ 346,905
Senior center activities	71,323	-	-	71,323	98,319
Program participant	268,650	-	-	268,650	274,572
General contributions and other	327,458	11,950	-	339,408	353,192
Contributions, non-cash	341,943	150,000	-	491,943	261,172
Special events	32,086	-	-	32,086	33,293
Bequests	38,328	-	-	38,328	1,413
United Way agencies	30,442	8,584	-	39,026	36,302
Governmental programs and fees for contract services	2,100,351	40,000	-	2,140,351	1,902,934
	<u>3,576,651</u>	<u>210,534</u>	<u>-</u>	<u>3,787,185</u>	<u>3,308,102</u>
REVENUES AND GAINS					
Rental	23,370	-	-	23,370	28,864
Interest and dividends	18,120	-	2,645	20,765	24,620
Net realized and unrealized gain (loss) on investments	(31,534)	-	(8,013)	(39,547)	36,435
Gain (loss) on disposal of fixed assets	-	-	-	-	656
	<u>9,956</u>	<u>-</u>	<u>(5,368)</u>	<u>4,588</u>	<u>90,575</u>
TOTAL SUPPORT, REVENUES AND GAINS	<u>3,586,607</u>	<u>210,534</u>	<u>(5,368)</u>	<u>3,791,773</u>	<u>3,398,677</u>
Net Assets Released From Donor Imposed Restrictions	107,539	(106,943)	(596)	-	-
EXPENSES					
PROGRAM SERVICES					
Senior transportation	639,230	-	-	639,230	620,960
Nutrition programs	2,086,373	-	-	2,086,373	1,976,706
Social services programs	118,042	-	-	118,042	128,614
Service Link	458,129	-	-	458,129	406,068
RSVP programs	110,893	-	-	110,893	98,700
Senior center activities	29,971	-	-	29,971	59,491
	<u>3,442,638</u>	<u>-</u>	<u>-</u>	<u>3,442,638</u>	<u>3,290,539</u>
SUPPORTING SERVICES					
Management and general	302,522	-	-	302,522	286,122
Fundraising	32,563	-	-	32,563	31,001
	<u>335,085</u>	<u>-</u>	<u>-</u>	<u>335,085</u>	<u>317,123</u>
TOTAL EXPENSES	<u>3,777,723</u>	<u>-</u>	<u>-</u>	<u>3,777,723</u>	<u>3,607,662</u>
NET INCREASE (DECREASE) IN NET ASSETS	<u>(83,577)</u>	<u>103,591</u>	<u>(5,964)</u>	<u>14,050</u>	<u>(208,985)</u>
NET ASSETS, BEGINNING OF YEAR	<u>2,266,070</u>	<u>25,057</u>	<u>144,623</u>	<u>2,435,750</u>	<u>2,644,735</u>
NET ASSETS, END OF YEAR	<u>\$ 2,182,493</u>	<u>\$ 128,648</u>	<u>\$ 138,659</u>	<u>\$ 2,449,800</u>	<u>\$ 2,435,750</u>

The notes to consolidated financial statements are an integral part of this statement

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
STATEMENTS OF CASH FLOWS
For the Years Ended September 30, 2015 and 2014
See Independent Auditor's Report

	<u>2015</u>	<u>2014</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase (decrease) in net assets	\$ 14,050	\$ (208,985)
Adjustments to reconcile change in net assets to net unrestricted cash provided by operating activities:		
Depreciation	144,325	159,100
Gain on sale of investments	(1,082)	(76,689)
Unrealized loss on investments	40,629	40,254
Gain on disposal of fixed assets	-	(656)
Contributions of fixed assets	(104,378)	(1)
Change in cash restricted	5,103	(14,325)
(Increase) decrease in operating assets		
Accounts receivable	102	2,244
Grants receivable	(187,754)	20,758
Inventories	872	1,465
Prepaid expenses	(59,003)	(21,567)
Increase (decrease) in operating liabilities		
Accounts payable - trade	40,781	4,708
Accrued expenses	22,426	(42,481)
Security deposits	-	-
Deferred revenue	3,330	32,408
Net cash used by operating activities	<u>(80,599)</u>	<u>(103,767)</u>
CASH FLOW FROM INVESTING ACTIVITIES:		
Proceeds from sales on investments and Endowment	624,888	597,438
Purchases of investments and Endowment	(550,784)	(586,127)
Proceeds from sales of fixed assets	-	656
Cash paid for purchases of fixed assets	(29,526)	(4,999)
Net cash provided by investing activities	<u>44,578</u>	<u>6,968</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Net proceeds from line of credit	<u>49,985</u>	<u>70,000</u>
Net increase (decrease) in unrestricted cash	13,964	(26,799)
Unrestricted cash, beginning of year	<u>50,955</u>	<u>77,754</u>
Unrestricted cash, end of year	<u>\$ 64,919</u>	<u>\$ 50,955</u>
SUPPLEMENTAL SCHEDULE OF CASH FLOW INFORMATION		
Cash paid for interest	<u>\$ 3,508</u>	<u>\$ 2,750</u>
Non cash contributions	<u>\$ 491,943</u>	<u>\$ 261,172</u>
Cost of fixed assets acquired	133,904	5,000
Donation of fixed assets	104,378	1
Net cash paid for fixed assets	<u>\$ 29,526</u>	<u>\$ 4,999</u>

The notes to consolidated financial statements are an integral part of this statement

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2015 and 2014

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of Grafton County Senior Citizens Council, Inc. (hereinafter referred to as the "Organization" or the "Council") have been prepared in conformity with Generally Accepted Accounting Principles (GAAP) as applied to not-for-profits. The Financial Accounting Standards Board (FASB) is the accepted standard-setting body for establishing accounting and financial reporting principles for not-for-profits. The more significant of the FASB's generally accepted accounting principles applicable to the Council, and the Council's conformity with such principles, are described below. These disclosures are an integral part of the Council's financial statements.

A. NATURE OF ACTIVITIES, PURPOSE AND CONCENTRATIONS

The Grafton County Senior Citizens Council, Inc. is a "not-for-profit" organization, which provides community-based services to older individuals in Grafton County, New Hampshire. These services include transportation, nutrition, and physical and social activities. The Council's program support is derived primarily from federally funded fee for service contracts and grants through the State of New Hampshire, and is supplemented by participant program related contributions. The Council also receives mission critical program support from area towns, agencies, United Way and Grafton County. The Council also allows the area Senior Centers to generate program support for activities specific to the area centers.

B. PROMISE TO GIVE

The Organization has adopted FASB ASC 958-605-20, "Accounting for Contributions Received and Contributions Made." In accordance with FASB ASC 958-605-20, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence or nature of any donor restrictions. Time-restricted contributions are required to be reported as temporarily restricted support and are then reclassified to unrestricted net assets upon expiration of time restriction. Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets. The organization uses the allowance method for recognition of uncollectable amounts. There were no uncollectable amounts at September 30, 2015 and 2014, respectively.

C. USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures. Accordingly, actual results could differ from those estimates.

D. BASIS OF ACCOUNTING

The financial statements of the Organization have been prepared in the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities. Consequently, revenues are recognized when earned and expenses are recognized when incurred.

E. FINANCIAL STATEMENT PRESENTATION

The Council is required to report 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. In addition, the Council is required to present a statement of cash flows. The Council additionally maintains a classification of land, building and equipment within its unrestricted net asset statements of activity, which is combined into total unrestricted net assets.

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2015 and 2014

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

F. IN-KIND CONTRIBUTIONS

Contributed Services

The Council receives donated services from a substantial number of unpaid volunteers who have made significant contributions of their time to the general operations of the Council. No amounts have been recognized in the accompanying statement of activities because the criterion for recognition of such volunteer effort is that services must be specialized skills, which would be purchased if not donated. Service contributed for the year ended September 30, 2015 and 2014 amounted to 63,072 and 55,870 hours, respectively and are valued at \$7.25 per hour for a total of \$457,272 and \$405,058, respectively.

Contributed goods

The Council receives donated goods throughout the year. Contributed goods can include food supplies and equipment. For financial reporting purposes the items contributed have been recorded at their fair market value at the date of the contribution. Any equipment contributed is capitalized and depreciated over its estimated useful life.

For the year ended September 30, 2015 contributed food, supplies, and fixed assets were \$319,423, \$6,842 and \$165,678, respectively. For the year ended September 30, 2014 contributed food, supplies, and fixed assets were \$253,780, \$7,391 and \$1, respectively.

G. INCOME TAXES

The exempt status of the Council is based upon the terms of an original Internal Revenue Service determination letter, dated July 1972, in which the Council maintained that it is an organization that operates exclusively for religious, charitable and educational purposes (as more fully defined in Internal Revenue Code Section 501(c)(3)). The Council has maintained that it is not a "private foundation" under Section 509(a)(2). The Council is required to file annual information returns for tax-exempt organizations with the Internal Revenue Service as well as the Department of Charitable Trusts of the New Hampshire Attorney General's Office. The council qualifies for the charitable contribution deduction under Section 170(b)(1)(A).

H. INVESTMENTS

The Council has adopted FASB ASC 958-320, "Accounting for Certain Investments Held by Not-for-Profit Organizations." Under FASB ASC 958-320, investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets. Investment income and gains restricted by a donor are reported as increase in unrestricted net assets if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

I. CASH, CASH EQUIVALENTS AND INVESTMENTS

For purposes of the Statements of Cash Flows, the Council considers all highly liquid investments (short-term investments such as certificates of deposits and money market accounts) with an initial maturity of three months or less to be cash equivalents. There were no cash equivalents as of September 30, 2015 and 2014.

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2015 and 2014

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

J. ACCOUNTS RECEIVABLE

Accounts receivable are comprised of amounts due from customers for services provided. The Council considers accounts receivable to be fully collectible; accordingly, no allowance for doubtful accounts has been established. If accounts become uncollectible, they will be charged to operations when that determination is made. Collections on accounts previously written off are included in revenue as received.

K. GRANTS RECEIVABLE

The grants receivable consist of amounts to be received by the Council from Federal and State governments. The amounts to be received include receivables for program services already rendered under contract agreements with the government. No allowance for doubtful accounts has been established for accounts receivable.

L. LAND, BUILDINGS, AND EQUIPMENT

Land, buildings and equipment are recorded at cost at the date of acquisition or fair market value at the date of the gift. The Council's policy is to capitalize all land, buildings and equipment in excess of \$1,000 (lesser individual item amounts are generally expensed) and to depreciate these assets using the straight-line method of depreciation over their estimated useful lives as follows:

	<u>Years</u>
Buildings and improvements	7-50
Equipment	5-20
Vehicles	5-7

Depreciation expense recorded by the Council for the years ended September 30, 2015 and 2014 was \$144,325 and \$159,101, respectively.

M. ALLOWANCE FOR DOUBTFUL ACCOUNTS

The Council provides, when necessary, for an allowance for doubtful accounts when accounts or pledges receivable are not deemed fully collectible. At September 30, 2015 and 2014, there was no allowance for doubtful accounts.

N. INVENTORY

Inventory is stated at the lower of cost (specific identification method) or market and is comprised of food items.

2. SUBSEQUENT EVENT

The Organization's management has evaluated subsequent events through January 14, 2016, which is the date the financial statements were available to be issued. It has been determined that no subsequent events matching this criterion occurred during this period.

3. FUNCTIONAL EXPENSES

Expenses by function have been allocated between program and supporting services classifications on the basis of time records, units of service and estimates made by the Council's management.

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO FINANCIAL STATEMENTS
 Years Ended September 30, 2015 and 2014

4. INVESTMENTS AND INVESTMENTS, ENDOWMENT

The Council maintains individual and pooled investments containing both restricted and unrestricted funds. Investment income, gains, losses, and management fees of any pool are allocated to activities based on each activity's pro-rata share (on dollar and time basis) in the pool. Investments in marketable equity securities and marketable debt securities are carried at fair market value determined by "quoted market prices" per unit (share) as of the balance sheet date. All other investments are stated at cost. Donated investments are recorded at the "fair market value" as of the date of receipt. Investment income, realized and unrealized gains, losses, dividends and interest unrestricted activities are recorded as operating activities. Investment interest and dividend income on restricted activities is added to, or deducted from, the appropriate activity.

All investments are unrestricted, board designated. Investments were comprised of the following:

	<u>2015</u>	<u>2014</u>
Investments:		
Money Markets	\$ 31,305	\$ 29,678
Bond Mutual Funds	192,020	247,031
ETFs	<u>132,869</u>	<u>136,268</u>
	356,194	412,976
Less amounts included in cash	<u>(31,305)</u>	<u>(29,678)</u>
Total	<u>\$324,889</u>	<u>\$383,299</u>

FASB Accounting Standards Codification Topic 820-10 *Fair Value Measurements* defines fair value, requires expanded disclosures about fair value measurements, and establishes a three-level hierarchy for fair value measurements based on the observable inputs to the valuation of an asset or liability at the measurement date. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. It prioritizes the inputs to the valuation techniques used to measure fair value by giving the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurement).

Under Topic 820-10, the three levels of the fair value hierarchy are as follows:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Organization has the ability to access at the measurement date.

Level 2 inputs are inputs other than quoted prices included in Level 1 that are either directly or indirectly observable for the assets or liabilities.

Level 3 inputs are unobservable inputs for the assets or liabilities.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

All investments are measured at Level 1. Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets. None of the investments are Level 2 or Level 3 investments.

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO FINANCIAL STATEMENTS
 Years Ended September 30, 2015 and 2014

4. INVESTMENTS AND INVESTMENTS, ENDOWMENT (Continued)

The Investment, Endowment was comprised of the following:

	<u>2015</u>	<u>2014</u>
Investment , Endowment		
Money Markets	\$ 15,944	\$ 10,662
Bonds	-	10,262
Bond Mutual Funds	114,699	134,987
ETFs	<u>122,910</u>	<u>147,601</u>
	253,553	303,512
Less amounts included in cash	<u>(15,944)</u>	<u>(10,662)</u>
Total	<u>\$237,609</u>	<u>\$292,850</u>

Endowment Funds and Net Assets

In August 2008, the Financial Accounting Standards Board issued FASB Accounting Standards Codification Topic 958-205 “*Endowments of Not-for-Profit Organizations: Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act, and Enhanced Disclosures for All Endowment Funds*” (FASB ASC Topic 958-205).

Topic 958-205 provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA). Topic 958-205 also requires additional disclosures about an organization’s endowment funds (both donor-restricted endowment funds and board-designated endowment funds) whether or not the organization is subject to UPMIFA.

The State of New Hampshire enacted UPMIFA effective July 1, 2008, the provisions of which apply to endowment funds existing on or established after that date. The Organization has adopted Topic 958-205. The Organization’s endowment consists of donated common stocks and purchased mutual funds established for a variety of purposes that support the Organization’s mission. Its endowment includes both donor-restricted and funds designated by the Board of Directors to function as endowments. As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors of the Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulation to the contrary. As a result of this interpretation, the Organization classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- 1) The duration and preservation of the various funds
- 2) The purposes of the donor-restricted endowment funds
- 3) General economic conditions
- 4) The possible effect of inflation and deflation
- 5) The expected total return from income and the appreciation of investments
- 6) Other resources of the Organization
- 7) The investment policies of the Organization

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO FINANCIAL STATEMENTS
 Years Ended September 30, 2015 and 2014

4. INVESTMENTS AND INVESTMENTS, ENDOWMENT (Continued)

Investment Return Objectives, Risk Parameters and Strategies

The Endowment Fund was established to provide a source of continued support for the service provided by the Council. The finance committee has the authority to invest in mutual funds, cash or cash equivalents or Electronically Traded Funds (ETF) in proportions at their discretion. The Endowment Fund is invested with a recommended mix of approximately 50% equities, 40% fixed income and 10% cash and cash equivalents.

Spending Policy

The spending policy is to take distributions of annual amounts of 5% of the trailing eight quarter average value of the fund assets. However, 83% of the balance of the fund may be spent if authorized by a majority vote of the Board of Directors. The remainder of the fund is made up of permanently restricted funds. These permanently restricted funds allow for the earnings to be released for spending each year.

The composition of endowment net assets and the changes in endowment net assets as of September 30, 2015 and 2014 are as follows:

	<u>Board Designated</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, September 30, 2013	\$152,944	\$140,126	\$293,070
Net, contributions (withdrawals)	(6,524)	-	(6,524)
Investment income	5,499	4,835	10,334
Net appreciation	4,321	7,154	11,475
Withdrawals in accordance with spending policy	<u>(8,013)</u>	<u>(7,492)</u>	<u>(15,505)</u>
Endowment net assets, September 30, 2014	\$148,227	\$144,623	\$292,850
Net, contributions/withdrawals	(37,273)	-	(37,273)
Investment income	3,699	2,645	6,344
Net depreciation	(7,690)	(8,013)	(15,703)
Withdrawals in accordance with spending policy	<u>(8,013)</u>	<u>(596)</u>	<u>(8,609)</u>
Endowment net assets, September 30, 2015	<u>\$ 98,950</u>	<u>\$138,659</u>	<u>\$237,609</u>

5. CONCENTRATION OF CREDIT RISK

At September 30, 2015 and 2014, the carrying amounts and bank balances with financial institutions of the Council's cash deposits are categorized by "credit risk" as follows:

Category 1 Deposits that are insured by the Federal Deposit Insurance Corporation (FDIC) or collateralized by securities held by the Council (or its agent) in the Council's name.

Category 2 Deposits that are uninsured and collateralized by securities that are held by the pledging institution's trust department (or agent) in the Council's name.

Category 3 Deposits that are uninsured and uncollateralized or collateralized by securities that are held by the pledging institution's trust department (or agent) but not in the Council's name.

At September 30, 2015 and 2014, the Organization had no uninsured cash balances, respectively

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO FINANCIAL STATEMENTS
 Years Ended September 30, 2015 and 2014

6. LINE OF CREDIT

The Council has a \$200,000 line of credit at an area bank, unsecured, with a variable interest rate equal to the Wall Street Journal Prime Index. The line of credit expires September 15, 2016. The interest rate at September 30, 2015 and 2014 was 3.25%, respectively. Interest payments are required monthly. The outstanding balance as of September 30, 2015 and 2014 was \$119,985 and \$70,000, respectively.

7. LEASE OBLIGATION

In May 2011, the Council entered into an agreement to lease property in Littleton over twenty years in an amount equal to the tax assessment of the property, payable in monthly installments. During the years ended September 30, 2015 and 2014, respectively, the Council expensed rent in the amount of \$4,200 related to the lease.

In July 2014 the Council renewed its lease of property in Littleton for three years. The lease expires in June 2017. During the years ended September 30, 2015 and 2014, respectively, the Council expensed rent in the amount of \$13,271 and \$13,797 related to the lease, respectively.

In January 2014 the Council signed a four-year lease of property in Lincoln, New Hampshire. The lease agreement expires in December 2018. During the years ended September 30, 2015 and 2014, respectively, the Council expensed rent in the amount of \$12,035 and \$11,976 related to this lease.

In October 2015 the Council entered into a one-year lease of property in Bristol, New Hampshire. During the years ended September 30, 2015 and 2014, respectively, the Council expensed rent in the amount of \$10,800 related to this lease.

In January 2014 the Council entered into a one-year agreement to lease property in Orford, New Hampshire. The agreement expires in January 2016. During the years ended September 30, 2015 and 2014, respectively, the Council expensed rent in the amount of \$4,980 related to the lease.

Future minimum lease payments on the above leases as of September 30 are:

2016	\$ 43,028
2017	20,003
2018	16,235
2019	4,200
2020	4,200
Thereafter	<u>65,800</u>
	<u>\$153,466</u>

The Council also leases office equipment under short-term operating lease agreements.

8. CONTINGENT LIABILITIES

Grants often require the fulfillment of certain conditions as set forth in the instrument of the grant. Failure to fulfill the conditions could result in the return of the funds to the grantors. Although the return of the funds is a possibility, the Board of Directors deems the contingency unlikely, since by accepting the grants and their terms, it has made a commitment to fulfill the provisions of the grant.

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO FINANCIAL STATEMENTS
 Years Ended September 30, 2015 and 2014

9. ECONOMIC DEPENDENCY

The Council receives a substantial amount of its revenues and support under federal and state funded fee for service contracts, grants and programs (primarily passed through the State of New Hampshire). If a significant reduction or delay in the level of support were to occur, it may have an effect on the Council's programs and activities.

The following reflects activity for the year ended September 30, 2015:

Federal and State Funded Contracts, Grants and Programs	\$2,140,351
Percentage of Total Support and Revenues	56%

10. TEMPORARILY RESTRICTED, PERMANENTLY RESTRICTED & BOARD-DESIGNATED NET ASSETS

Board designated net assets consist of the following at September 30:

	<u>2015</u>	<u>2014</u>
Investment reserve	\$ 126,092	\$ 111,285
Mascoma area reserve	19,551	24,616
Plymouth reserve	8,371	10,567
Littleton reserve	147,321	205,318
Horse Meadow reserve	54,859	61,191
GCSCC Endowment fund	<u>114,894</u>	<u>158,889</u>
Total board designated net assets	<u>\$ 471,088</u>	<u>\$ 571,866</u>

Temporarily restricted net assets consist of the following at September 30:

	<u>2015</u>	<u>2014</u>
Plymouth deck fund	\$ 3,335	\$ 3,335
Plymouth refrigerator	1,604	1,604
Service Corps	2,777	13,000
Haverhill activity room	-	1,200
Lebanon transportation	300	300
Tree harp	5,120	250
Kitchen	85	-
Basket Raffle	1,365	-
United Way receivable	8,584	5,368
GC Emergency Food & Shelter receivable	4,178	-
Grafton County CDBG receivable	61,300	-
USDA Grant receivable	<u>40,000</u>	<u>-</u>
Total temporarily restricted net assets	<u>\$128,648</u>	<u>\$ 25,057</u>

Permanently restricted net assets consist of the following at September 30:

	<u>2015</u>	<u>2014</u>
Clapper Memorial Fund	\$ 29,419	\$ 30,620
Jean Clay fund	<u>109,240</u>	<u>114,003</u>
Total temporarily restricted net assets	<u>\$ 138,659</u>	<u>\$ 144,623</u>

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO FINANCIAL STATEMENTS
 Years Ended September 30, 2015 and 2014

11. FAIR VALUE MEASUREMENTS

In accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*, the Council is required to disclose certain information about its financial assets and liabilities. Fair values of assets measured on a recurring basis at September 30 were as follows:

	<u>Fair Value</u>	Quoted Prices in Active Markets For Identical Assets (Level 1)	Significant other Observable Inputs (Level 2)
<u>2015</u>			
Investments	\$ 562,498	\$ 562,498	\$ -
Accounts receivable	20,741	-	20,741
Grants receivable	<u>361,398</u>	<u>-</u>	<u>361,398</u>
	<u>\$ 944,637</u>	<u>\$ 562,498</u>	<u>\$ 382,139</u>
 <u>2014</u>			
Investments	\$ 676,149	\$ 676,149	\$ -
Accounts receivable	20,843	-	20,843
Grants receivable	<u>173,644</u>	<u>-</u>	<u>173,644</u>
	<u>\$ 870,636</u>	<u>\$ 676,149</u>	<u>\$ 194,487</u>

Fair values for investments were determined by reference to quoted market prices and other relevant information generated by market transactions. The fair value of accounts and grants receivable are estimated at the present value of expected future cash flows.

12. TAX EXEMPT STATUS

The Organization is a public charity exempt from Federal income tax under Section 501 (c) (3) of the Internal Revenue Code. The Organization does not believe it has done anything during the past year that would jeopardize its tax exempt status at either the state or Federal level. The Organization reports its activities to the IRS in an annual information return. These filings are subject to review by the taxing authorities and the federal income tax returns for 2014, 2013, and 2012 are subject to examination by the IRS, generally for three years after they were filed.

In accordance with FASB ASC 740-10, Accounting for Uncertainty in Income Taxes, the Organization is under the opinion that there are no unsustainable positions that have been taken in regards to federal or state income tax reporting requirements. Accordingly, management is not aware of any unrecognized tax benefits or liabilities that should be recognized in the accompanying statements.

13. COMPENSATED ABSENCES

Employees of the Organization are entitled to paid vacation depending on job classification, length of service, and other factors. The statement of financial position reflects accrued vacation earned, but unpaid as of September 30, 2015 and 2014 in the amounts of \$87,051 and \$86,894, respectively.

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2015 and 2014

14. COMMUNITY DEVELOPMENT INVESTMENT TAX CREDIT PROGRAM CONTRACT

The Organization entered into a community development investment tax credit program contract with the Community Development Finance Authority (CDFA). The contract is for a revitalization project that began in July 2014 and will end in July 2019. The contract was awarded to the Organization to provide funding toward senior citizen facility improvements at six of the Organization's sites. The total funds awarded for the project, net of a 20% program fee to CDFFA are \$414,874.

CDFFA is funding the award by providing NH tax credits to third-party donors. Donors who contribute to this project receive NH tax credits for future use. CDFFA holds the funds on behalf of the Organization.

CDFFA is making this grant contingent on the project's ability to obtain firm commitments in the amounts necessary to complete the project and will not release any tax credit funds held by CDFFA until firm commitments are documented and provided to CDFFA from the sources, or from acceptable substitute sources. All tax credit funds must be raised by Grafton County Senior Citizens Council, Inc. prior to release of funds to ensure project completion. Because of the contingent nature of this project, no amount has been included in the financial statements.

As of September 30, 2015 the Organization had met the first fundraising goal of \$187,500 of which \$150,000 of those funds are available for use when all contingent circumstances are met. The organization continues to raise funds.

15. RECLASSIFICATION

Certain amounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

6A HILLS AVENUE
CONCORD, NEW HAMPSHIRE 03301
TELEPHONE (603) 228-5400
FAX # (603) 226-3532

MEMBER OF THE PRIVATE
COMPANIES PRACTICE SECTION

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
Grafton County Senior Citizens Council, Inc.
Lebanon, New Hampshire

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 financial statements of Grafton County Senior Citizens Council, Inc. (a nonprofit organization), which comprise the statement of financial position as of September 30, 2015, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated January 14, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Grafton County Senior Citizens Council, Inc.'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 financial statements, but not for the purpose of expressing an opinion on the effectiveness of Grafton County Senior Citizens Council, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of the Grafton County Senior Citizens Council, Inc.'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 entity'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 Grafton County Senior Citizens Council, Inc.'s 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

The 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.

Rowley & Associates, PC

Rowley & Associates, P.C.
Concord, New Hampshire
January 14, 2016

ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

6A HILLS AVENUE
CONCORD, NEW HAMPSHIRE 03301
TELEPHONE (603) 228-5400
FAX # (603) 226-3532

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER OF THE PRIVATE
COMPANIES PRACTICE SECTION

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133

To the Board of Directors
Grafton County Senior Citizens Council, Inc.
Lebanon, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited Grafton County Senior Citizens Council, Inc.'s compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of Grafton County Senior Citizens Council, Inc.'s major federal programs for the year ended September 30, 2015. Grafton County Senior Citizens Council, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Grafton County Senior Citizens Council, 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 OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 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 Grafton County Senior Citizens Council, 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 Grafton County Senior Citizens Council, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, Grafton County Senior Citizens Council, Inc. complied, in all material respects, with the types of 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, 2015.

Report on Internal Control over Compliance

Management of Grafton County Senior Citizens Council, 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 Grafton County Senior Citizens Council, 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 OMB Circular A-133, 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 Grafton County Senior Citizens Council, 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.

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 OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Rowley & Associates, PC

Rowley & Associates, P.C.
Concord, New Hampshire
January 14, 2016

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
Year Ended September 30, 2015

SECTION I – SUMMARY OF AUDITOR’S RESULTS

1. The auditor’s report expresses an unqualified opinion on the financial statements of Grafton County Senior Citizens Council, Inc.
2. No significant deficiencies relating to the audit of the financial statements are reported in the Independent Auditor’s Report.
3. No instances of noncompliance material to the financial statements of Grafton County Senior Citizens Council, Inc., which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. No significant deficiencies relating to the audit of the major federal award programs are reported in the Independent Auditor’s Report on Compliance With Requirements That Could Have a Direct and Material Effect on Each Major Program and on Internal Control Over Compliance in Accordance With OMB Circular A-133.
5. The auditor’s report on compliance for the major federal award programs for Grafton County Senior Citizens Council, Inc. expresses an unqualified opinion on all major federal programs.
6. Audit findings that are required to be reported in accordance with Section 510(a) of OMB Circular A-133 are reported in this Schedule.
7. The programs tested as major programs was:

Federal Program Cluster:

Title IIIB, Supportive Services and Senior Center	93.044
Title IIIC, Nutrition Services	93.045
Nutrition Services Incentive Program – Food Distribution	93.053

8. The threshold used for distinguishing between Type A and B programs was: \$300,000.
9. Grafton County Senior Citizens Council, Inc. qualified as a low-risk auditee.

SECTION II – FINANCIAL STATEMENT FINDINGS

No Matters Were Reported

SECTION III – FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

No Matters Were Reported

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 Year Ended September 30, 2015

<u>Federal Grantor/Pass-Through Grantor/Program or Cluster Title</u>	<u>Federal CFDA #</u>	<u>Federal Expenditures</u>
AGING-CLUSTER		
US DEPARTMENT OF HEALTH AND HUMAN SERVICES <i>Passed through the NH Department of Health and Human Services</i>		
Title IIIB, Supportive Services and Senior Centers	93.044	\$ 133,130
Title IIIC, Nutrition Services Incentive Program	93.045	407,236
Nutrition Services Incentive Program - Food Distribution	93.053	<u>133,148</u>
TOTAL AGING-CLUSTER		<u>673,514</u>
OTHER PROGRAMS		
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE <i>Direct Program</i>		
Title IIA, Retired and Senior Volunteer Program (RSVP)	94.002	92,767
US DEPARTMENT OF HEALTH AND HUMAN SERVICES <i>Passed through the Lakes Region Partnership for Public Health, Inc.</i>		
State Planning & Establishment Grants for the Affordable Care Act's Exchanges	93.525	62,339
<i>Passed through the NH Department of Health and Human Services</i>		
Title XX, Social Services Block Grant	93.667	<u>131,798</u>
TOTAL OTHER PROGRAMS		<u>286,904</u>
TOTAL EXPENDITURES OF FEDERAL AWARDS		<u><u>\$ 960,418</u></u>

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2015

NOTE 1 – BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards includes the federal grant activity on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Therefore, some amounts presented in this schedule may differ from amounts presented in the financial statements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, *Cost Principles for Non-profit Organizations*, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

NOTE 3 – RECONCILIATION TO FINANCIAL STATEMENT AMOUNT

The total expenditures of federal awards per the accompanying schedule of expenditures of federal awards reconcile to the “Statement of Activities as follows:

Federal Funding Portion of Expenditures of Award Programs	\$960,418
Non-Federal Funding Portion of Expenditures of Award Programs	1,448,583
Program Income Included in Determination of Program Expenditures for Purposes of OMB Circular A-133 and Compliance Supplement	<u>(268,650)</u>
Governmental Programs and Fees for Services	<u><u>\$2,140,351</u></u>

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
BOARD OF DIRECTORS
2016/2019

Year/ Committee	Term	Board Member	Year/ Committee	Term	Board Member
		↓			↓
2016-2018 President	2 nd 2018	Patricia Brady	Program Planning & Evaluation	1 st 2018 (filling unexpired term)	Ellen Flaherty, Co-Director Dartmouth Centers for Health & Aging One Medical Center Drive Lebanon, NH 03756 603-653-3475 ellen.flaherty@hitchcock.org
2016-2018 Vice President Governance (chair) Facilities	2 nd 2018	Larry Kelly		1 st 2019	Carol Govoni
2015-2017 Treasurer Chair, Finance	2 nd 2017	Flora Meyer	Finance Facilities (co-chair) Marketing & Development	3 rd 2018	Clark Griffiths
2016-2018 Secretary Personnel Marketing & Development	2017 (filling unexp. term)	Bob Muh	Facilities (co-chair) Past President (2006-2010)	2 nd 2018	Richard G. Jaeger
Facilities	2 nd 2019	Ralph Akins	Program Planning & Evaluation (Chair)	1 st 2018	Craig Labore, Administrator Grafton County Nursing Home 3855 Dartmouth College Highway North Haverhill, NH 03774 603-787-6971 x4000 clabore@co.grafton.nh.us
	1 st 2019	Neil Castaldo		1 st 2019	Steve Marion

Marketing & Development	1 st 2019	Rick Peck Director of Leadership Initiatives & Gift Planning Office of Development and Alumni Relations Geisel School of Medicine/ Dartmouth-Hitchcock HB 7070 One Medical Center Drive Lebanon, NH 03756 603-653-0735 Richard.C.Peck@hitchcock.org		
Governance	2 nd 2017	Becky Smith, Executive Director/CEO Kendal at Hanover 80 Lyme Road Hanover, NH 03755 603-643-7014 rsmith@kah.kendal.org		
Finance Facilities	2 nd 2018	Frank Thibodeau		
Roberta J. Berner, Executive Director Grafton County Senior Citizens Council, Inc. 10 Campbell St., PO Box 433 Lebanon, NH 03766 603-448-4897 (work); rberner@gcsc.org				

ROBERTA J. BERNER

Professional Experience

- 1999- **Grafton County Senior Citizens Council** Lebanon, NH
Executive Director (2003-)
- CEO of nonprofit organization that provides a wide range of community-based services for elders in Grafton County, NH: work directly with Board of Directors and Board committees; represent the agency regionally and statewide; primary spokesperson for agency; manage budget of \$4 million, staff of more than 100, volunteer force of 1,000; with the Board direct programmatic, personnel, financial, and other managerial directions and decisions.
- Director of Marketing and Development (1999-2003)**
- Responsible for all private fund development and public relations: capital campaigns, annual fund, grant research and development, market development, annual report, other publications, media liaison; worked closely with Board of Directors and Board committees
- 1995-1998 **Middle Mississippi Girl Scout Council** Jackson, MS
Director of Fund Development and Public Relations
- Responsible for all fund raising and public relations; worked closely with Board of Directors and conducted volunteer trainings
- 1992-1994, 1988-1991 **Mississippi Forestry Association** Jackson, MS
Director of Communications
- Produced quarterly four-color trade magazine; responsible for special projects including music video, media relations, grants development; worked with board committee
- 1987-1998 **Other Professional Contracts & Positions** Jackson, MS
- | | |
|--------------------------------|--|
| Fund Development Officer | Foundation for the Mid South |
| Grants Development Coordinator | City of Jackson |
| Instructor | Department of History, Hinds Community College |
| Arts Education Coordinator | Arts Alliance of Jackson & Hinds County |
| Grants Writer | Tougaloo College, Planetarium, Jackson State Univ. |
| Editor | Mississippi Foundation for Public Broadcasting |
- 1985-1987 **Ohio Regional Association of Concert and Lecture Enterprises (Ohio Arts Presenters Network)** Columbus, OH
Executive Director
- Chief executive of trade organization for presenters of the performing arts, artists, and arts-related agencies; affiliate of Ohio Arts Council
- 1985-1987 **Other Professional Contracts** Columbus, OH
- | | |
|---------------------|----------------------------|
| Publications Editor | Columbus Jewish Foundation |
| | Columbus Museum of Art |
- 1980-1984 **Minnesota Council on Foundations** Minneapolis, MN
Program Associate, Public Programs
- Produced newspaper for private funders and nonprofit organizations in the Twin Cities; planned and executed grants workshops with Foundation Center staff; produced directory of Minnesota foundations

1978-1980 **Minneapolis Federation for Jewish Service** Minneapolis, MN
Director of Public Relations

- Supported annual \$10 million campaign with media relations, publications development, meeting planning

1974-1984 **Other Professional Contracts & Positions** Minneapolis-St. Paul, MN

Public Information Officer	Sea Grant Program, University of Minnesota
Public Relations Writer	Cardiac Pacemakers, Inc.
Publications Editor	Enablers, Inc.
Instructor	Writing Lab, University of Minnesota
Reporter	Southside News
Teaching Assistant	American Studies, University of Minnesota

1970-1974 **Gainesville Sun** Gainesville, FL
Reporter

- Features writer, news reporter

Education

M.A. American Studies, University of Minnesota 1977
Admitted to doctoral program; concentration: social welfare history

B.A. History, University of Florida 1974
Highest honors, departmental honors, Mortar Board, Danforth nominee

Professional Awards, Honors, Memberships

2014-present	Governor's Commission on Medicaid Care Management, Commissioner
2014	Micah Award, United Valley Interfaith Project
2013-present	Grafton-Coos Regional Coordinating Committee for Community Transportation, Secretary-Treasurer
2013-present	Executive Committee, Upper Valley Public Health Advisory Council
2011	Alumnus of Notable Achievement, Univ. of Minnesota, College of Liberal Arts
2010	Faculty, Institute for Life-Long Learning at Dartmouth
2010, 2011	Faculty, Aging in America Conference (NCOA/ASA)
2009-2015	Board of Directors, Kendal at Hanover; 2013-Chair, Governance Committee
2008-2014	State Coordinating Committee for Community Transportation, NH
2006-2010	President, New Hampshire Coalition of Aging Services
2006-2008	Governor's Task Force on Community Transportation, NH
2007-2014	Lebanon Rotary Club
2005-2006	Leadership New Hampshire
1998-2005	Lebanon Public Library Board of Trustees
2003-2005	CATV Board of Directors
2001-2003	Upper Valley Planned Giving Council, secretary
1995-1998	National Society of Fund-Raising Executives, board of directors, Mississippi chapter
1989, 1993	International Association of Business Communicators, Mississippi awards for best four-color magazine, best communications program
1979-1984	Women in Communications, Inc., Twin Cities Chapter award for best overall communications program, 1984 President, 1982-83 Officer and board member, 1979-1983
1979	National Council of Jewish Federations, outstanding newspaper award
1977, 1978	Minnesota Education Association awards for youth services newsletter

Alison H. Morgan

CAREER OBJECTIVE

To continue in the field of Social Services preferably in administration.

EXPERIENCE

ServiceLink of Grafton County Director July, 2014 – Present

Hiring and supervision of staff, establish and monitor program budget, work in collaboration with ServiceLink Advisory Board, GCSCC Board of Directors and the Department of Health and Human Services in developing and carrying out services as outlined in the agreement with the Department.

Southern New Hampshire Services – Housing May, 2013 - Present

Responsible for eligibility for independent senior housing, implementation of HUD and EIV regulations.

State of New Hampshire – Head Start State Collaboration Office May, 2013 – October, 2013

Contract position to research and analyze data on School Readiness and Family Engagement collected by the five New Hampshire Head Start programs and the Department of Education to determine outcomes in each area.

Tri County Community Action Head Start September, 1993 – May, 2013

2002 – 2013 Program Director

Established and monitored program budget, grant writing, training for all staff and volunteers, on-going training and technical assistance to the CAP Board of Directors, creation and implementation of program goals, research and development of the Community Needs Assessment for the three Northern New Hampshire Counties, established policies and procedures for volunteers, created collaborative agreements with school departments and community agencies, interpretation and implementation of federal and state regulations, program design and management.

1999 - 2002 Assistant Director

Clinical supervision of Area Coordinators/Service Managers, established training for all staff based on identified needs and mandates, designed and implemented personnel appraisal process, monitored training budget.

1994 – 1999 Family Services Manager/Area Coordinator

Established and monitored social services delivery systems, provided training and technical assistance to Managers and staff, provided direct supervision to local site staff in all component areas (Education, Nutrition, Transportation, Health), established and monitored child abuse and neglect policies and procedures.

1993 – 1994 Family Support Coordinator

Recruitment and registration of children and families entering into the program, assisting families with on-going social service, health and nutrition needs, community advocacy and developing and working with volunteer parent groups.

Loon Mountain Corporation

November, 1991 – September, 1993

Director, Children's Programs

Established and supervised programs for children 6 weeks to 12 years old.

**State of New Hampshire – Division for Children
Youth and Families**

June, 1983 – November, 1991

Supervisor

Supervision of direct service workers and child protection workers in all areas of community networking and coordination of services to families, implementation of state and federal law, managed budgets and provided training on local and state levels.

Nashua Children's Association, Nashua New Hampshire

September, 1982 – June, 1983

Family Counselor

Provided direct services for families with children at risk of being placed out of the home, intake and referrals, established policies and procedures, developed monthly statistical reports for the Board of Directors.

Youth Adult Council, Westport, Connecticut

August, 1981 – September, 1982

Family Services Coordinator

Crisis counseling for youth under the age of 18 and their families, career counseling, job placements, design and implementation of educational and recreational programs, grant writing.

EDUCATION

University of Connecticut

Graduate School of Social Work – 16 credits

Southern Connecticut State University

BS – Accredited degree in Social Work with double minor in Child Psychology and Sociology. 1981

Graduated with honors.

HONORS and AWARDS

Who's Who in American Colleges and Universities, 1981

Head Start Social Services Competency Based Panel Member, Washington, DC

New England Head Start Association – NH Director Representative 2006 – 2013

Treasurer 2008 - 2012

COMMUNITY SERVICE

Board of Director's Chairperson, Franconia Children's Center 1994 – 1997 and present

Vice Chairperson, Lafayette Regional School Parent's Association 2000 – 2004

Volunteer Coordinator, Profile Booster Club 2006 – 2010

Annual fundraiser volunteer for Franconia Food Pantry 2010 - present

Betsey L. Cheney

OBJECTIVE

To work for a business that I can respect and where I am respected as a person; with leadership that expresses clear goals and rules; where I can use my abilities and experience to become an essential member of a smooth running team.

EXPERIENCE

Finance

Director

2009 – Current

Grafton County Senior Citizens Council, Inc., Lebanon, NH

Responsibilities: Under the general direction of the Executive Director, oversees the accounting, budget, financial reporting and audit activities of the Grafton County Senior Citizens Council. Financial Software used: QuickBooks

1992-2009

Finance

Manager

2005 –2009

Vermont Public Transportation Association, White River Jct., VT

Responsibilities: Oversee a modular fund accounting system covering a budget in excess of \$10 million subject to governmental audit standards. Perform all duties necessary from daily entries into subsidiary ledgers to analyze and provide monthly financial statements to the Board. Modules included Accounts Payable, Accounts Receivable, Payroll and General Ledger. Financial Software used: Microsoft Great Plains Dynamics. Coordinate and execute the closing of the current office with the current ongoing demands of business.

**Medicaid Program
Coordinator**
1997 – 2005

Responsibilities: Oversee the Medicaid Program. Research and compile data as requested by Executive Director, Board of Directors, and State Officials. Develop new software with computer consultant for reconciling and reporting statistical data in a progressive manner. Answer Medicaid/Reach Up questions from Brokers, drivers and clients. Seek approval from Medicaid for Client's out-of-state trips, and mediate conflicts between the aforementioned parties. Bill Ladies First Program for trips provided by Brokers, update statistical data and provide data needed for contract renegotiation. Reconcile month's end financial accounts in Accounts Receivable, Accounts Payable, and analyze financial data for Finance Manager as requested. Back up to Finance Manager. Financial Software used: Real World and Microsoft Great Plains Dynamics.

Medicaid

Assistant

1992 – 1997

Responsibilities: Reconcile Medicaid Remittance Advise from Electronic Data Systems (EDS) to each Broker's Program Reports and prepare documentation for payment. Bill Reach Up trips and assist in the payment process of bills as needed. Enter information and compile monthly statistical reports for billed Medicaid and Reach Up trips for Brokers. Maintain backup files for Medicaid/Reach Up Program.

Accounts

Payable

1988 – 1989

The Hitchcock Clinic, Hanover, NH

Responsibilities: Match incoming invoices and purchase orders. Code and data entry of invoices for payment and general ledger distribution. Proof voucher printouts, issuance of checks, disbursement registers, and resolution of problems with patients and vendors.

EDUCATION

Plymouth State College, Plymouth, N.H., B.S. Business Administration, Accounting, 1978

Lebanon College, Lebanon, N.H., Computer Certificate Program, 1992

KEY ADMINISTRATIVE PERSONNEL

State of New Hampshire Department of Health and Human Services

Vendor Name: Grafton County Senior Citizens Council, Inc.

Name of Program/Service: New Hampshire ServiceLink Resource Centers Program

BUDGET PERIOD:	July 1, 2016 through December 31, 2016		
Name & Title Key Administrative Personnel	Annual Salary of Key Administrative Personnel	Percentage of Salary Paid by Contract	Total Salary Amount Paid by Contract
Roberta Berner, Executive Director	\$36,618	14.94%	\$5,470.73
Michael King, Director of Operations	\$13,260	14.26%	\$1,890.88
Carole Zangla, Associate Director*	\$5,096	14.26%	\$726.69
Betsey Cheney, Finance Director	\$25,480	14.26%	\$3,633.45
In process of hiring, Accounting Specialist	\$16,640	14.26%	\$2,372.86
Thomas Caputo, Accounting/Payroll	\$7,426	14.26%	\$1,058.95
Chris Finer, Data Systems Coordinator	\$19,542	10.80%	\$2,110.54
Elizabeth Fraser, Data Specialist	\$4,093	14.26%	\$583.66
In process of hiring, Development Director	\$14,092	14.26%	\$2,009.52
Sharon Dunbar, Human Resources*	\$3,619	14.26%	\$516.07
Michelle Grabowski, Events Coordinator**	\$4,933	14.26%	\$703.45
Jill Vahey, Safety Officer***	\$499	14.26%	\$71.16
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$21,147.94

Key Administrative Personnel are top-level agency leadership (Executive Director, CEO, CFO, etc.). These personnel MUST be listed, **even if no salary is paid from the contract.** Provide their name, title, annual salary and percentage of annual salary paid from the agreement.

*Associate Director and Human Resources Director work 80% for a senior center, 20% for administration

**Events Coordinator works 70% for a senior center and 30% for administration.

***Safety Officer works 97.5% for a senior center and 2.5% for administration



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the New Hampshire ServiceLink Resource Centers Program Contract**

This second Amendment to the New Hampshire ServiceLink Resource Centers Program contract (hereinafter referred to as "Amendment #2") dated this day of March 17, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Grafton County Senior Citizens Council, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 10 Campbell Street, Lebanon, NH, 03766.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (Item #62) and amended by an agreement (Amendment #1 to the Contract) approved on February 28, 2014 (Item #35), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties; and

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional fifteen (15) months and increase the price limitation; and

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: September 30, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$894,472.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Eric Borrin, Director Contracts and Procurement.
4. Form P-37, General Provisions, Item 1.10, to read: (603) 271-9558.
5. Delete Exhibit A Scope of Services and replace with Exhibit A Amendment #1 Scope of Services.
6. Delete Exhibit A-1 Scope of Services.
7. Delete Exhibit B Amendment #1, Method and Conditions Precedent to Payment and replace with Exhibit B Amendment #2, Method and Conditions Precedent to Payment.
8. Delete Exhibit B-7 and replace with Exhibit B-7 Amendment #1.
9. Add Exhibit B-14, Exhibit B-15, and Exhibit B-16.
10. Delete Standard Exhibit C, Special Provisions and replace with Exhibit C, Special Provisions.
11. Delete Standard Exhibit C-1, Additional Special Provisions and replace with Exhibit C-1, Revisions To General Provisions.



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

12. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 9/30/16.
13. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 9/30/16.
14. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.
15. Delete Standard Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement, and replace with Exhibit I, Health Insurance Portability Act Business Associate Agreement.



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

4/3/15
Date

Diane Langley
Diane Langley
Director

Grafton County Senior Citizens Council, Inc.

3-18-2015
Date

Roberta J. Berner
NAME *Roberta J. Berner*
TITLE *Executive Director*

Acknowledgement:

State of NH, County of Grafton on 3/18/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Betsey L. Cheney
Name and Title of Notary or Justice of the Peace

**BETSEY L. CHENEY
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My commission expires June 19, 2018**



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4/20/15
Date

[Signature]
Name: Megan A. York
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit A Amendment #1

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a full service point of access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire Medicaid's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Quarter: A quarter is defined as: July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare & Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.



Exhibit A Amendment #1

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall provide services defined in this Agreement to the following populations:

- Persons age 60 and over;
- Adults over the age of 18, who are chronically, physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and/or developmental disabilities;
- Veterans;
- People of all ages, income levels and disabilities, including people with dementia and people of different cultures and ethnicities.

3. Geographic Area Served: The Contractor shall provide services as described in this Agreement in the geographic area of Grafton County and the towns of Grantham and Plainfield in Sullivan County. Geographic area is defined as the area focused on client location (City or Town).

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long-term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

- 4.1.1.1. Consideration of all populations served including different age groups, different income levels, different types of disabilities, cultural diversities, and those underserved, and individuals at risk of nursing home placement, family caregivers, advocates, and professionals who serve these populations. Populations shall include all individuals who may or may not meet public assistance requirements, in addition to those that are hard to reach, those who are private payers and want to plan ahead for their long-term needs;
- 4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and
- 4.1.1.3. A feedback loop to modify activities as needed.
- 4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

- 4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.
- 4.1.2.2. Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.
- 4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.
- 4.1.2.4. Contractor shall use the Alliance of Information and Referral Standards and use the Refer7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The Contractor is responsible for:
 - 4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and
 - 4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private



Exhibit A Amendment #1

paying individuals and families; and the database is accessible to the public via a comprehensive website and is user- friendly, searchable and accessible to persons with disabilities.

4.1.2.5. Contractor's staff shall attend trainings as directed by the Department.

4.2. Options Counseling

4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.

4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others whom they may wish to include in the process, such as family members and/or caregivers/support persons.

4.2.3. The Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration for Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards, when they have been released.

4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arrange for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum, the Contractor shall provide:

4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;

4.2.4.2. Special attention to those clients most at risk of institutionalization;

4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in assessing all the pros and cons;

4.2.4.4. Development of action steps toward a goal or a long-term support plan, with assistance in applying and accessing support options when requested;

4.2.4.5. Counseling in a location that fits the needs of the individual being served, such as a private home and office, and to be accessible to the client by phone, email, etc.;

4.2.4.6. Counseling that ensures that clients understand their options by using the Option Counseling Standards.

4.2.5. The Contractor shall provide confidential, objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.

4.2.6. The Contractor shall serve as full service access entry points for individuals and use standard intake and screening instruments defined by the Department.

4.2.7. The Contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.

4.2.8. The Contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.

4.2.9. The Contractor shall be in regular communication with Adult Protection Service offices and will report abuse and neglect of clients immediately to the Adult Protection program.

4.2.10. The Contractor shall include a plan to schedule future contacts and follow-ups according to the needs of the client.

4.3. Streamlined Eligibility Determination for Public Programs

The Contractor will serve as a full service access point/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation



Exhibit A Amendment #1

Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:

4.3.1. Intake and Screening

The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.

4.3.2. Financial and Functional Eligibility Processes

Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.

4.3.2.1.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.

4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:

4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.

4.3.3. Tracking Eligibility Status

4.3.3.1. The Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems, such as New Heights Financial Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.

4.3.3.2. The Contractor may be informed of individuals who are determined ineligible for public LTSS and the ServiceLink Contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.

4.4. Person-Centered Transitions Support

The Contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:

4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.

4.4.2. The Contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.

4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.

4.4.4. The Contract shall:

4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;

4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and



Exhibit A Amendment #1

- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
 - 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
 - Contractor shall involve consumers on a /local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
 - 4.5.1.1. People over age 60
 - 4.5.1.2. Adults over age 18 living with chronic illnesses or disabilities
 - 4.5.1.3. Family members, caregivers, and family caregivers of the target populations
 - 4.5.1.4. Local community providers
 - 4.5.1.5. Representation from cultural and ethnic minorities residing within the community.
 - 4.5.1.6. At least twenty-five (25) percent of the membership must be from the target population.
Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.
 - 4.5.2. Medicaid
 - Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.
 - 4.5.3. Aging and Disability Partners
 - 4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.
 - 4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.
 - 4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.
 - 4.5.4. Other Partners and Stakeholders
 - Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.
- 4.6. New Hampshire Family Caregiver Program
- The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:



Exhibit A Amendment #1

-
- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
 - 4.6.6. Determine eligibility for the caregiver programs.
 - 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
 - 4.6.8. Provide information, assistance, and options counseling to caregivers
 - 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
 - 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
 - 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
 - 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum. The Contractor shall:
 - 4.6.12.1. Provide a minimum of one (six (6) week session) Powerful Tools for Caregiver Training to a minimum of ten (10) caregivers completing the workshop series.
 - 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.
- 4.7. New Hampshire State Health Insurance Assistance Program
- The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:
- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
 - 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
 - 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
 - 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
 - 4.7.5. Recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.



Exhibit A Amendment #1

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education, volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
- 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
- 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
- 4.8.7. Comply with the standards in the SHIP Program Guidance.
- 4.8.8. Recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

4.9. Veterans Directed Home and Community Based Program

The Contractor shall provide Veterans the opportunity to receive home and community based services in a consumer directed fashion that enables them to avoid nursing home placement and to continue to live in their homes and communities. The Contractor shall:

- 4.9.1. Develop and implement a Veterans Directed Home and Community Based (VDHCB) program to provide the services described in Section 4.9.2, in the following ways:
 - 4.9.1.1. Enter into a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and/or the Manchester Veteran's Administration Medical Center (Manchester VAMC). The provider agreement is to be based on the Memorandum of Agreement between the Department and the WRJ and/or Manchester VAMC. Under the provider Agreement, the Contractor shall work with the WRJ VAMC and/or the Manchester VAMC and shall be responsible for the service coordination as defined in Section 4.9.2 below.
 - 4.9.1.2. Establish an advisory group to oversee the development, implementation of the program and provide ongoing feedback for continuous improvement of the program and services. Membership is to include representation from key community resources, local Veterans' organizations, Veterans and families of Veterans utilizing the program, and the public.
 - 4.9.1.3. Establish and maintain a budget for the costs to develop and implement the program as follows:



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- 4.9.1.3.1. Ongoing Staff development and training such as but not limited to, costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program.
 - 4.9.1.3.2. Ongoing Travel costs associated with ongoing program development and implementation such as, but not limited to: Staff mileage to and from training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, Establishing and maintaining a of business processes related to the VD-HCBS Program, such as computer equipment, telephone expenses, and office furniture for new staff.
 - 4.9.1.3.3. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services, in Section 4.9.2.
 - 4.9.1.4. Provide or contract with an agency to provide financial management services to the Veterans. The Contractor cannot implement the VDHCB program until financial management services are reviewed and approved by the VDHCB national Readiness Review Process, and reviewed by WRJ and Manchester VAMC and DHHS.
 - 4.9.1.5. Provide a minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to Veterans participating in the program in developing and managing an individual service budget.
 - 4.9.1.5.1. The Contractor shall increase the FTE when the Veterans caseload exceeds 19 Veterans. The contractor shall increase the FTE to provide 4.5 hours per month per veteran.
 - 4.9.1.6. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors are trained in the program practices and procedures prior to service delivery defined in Section 4.9.2.
 - 4.9.1.7. Establish Financial Management Readiness and pass formal readiness review prior to implementation of the program. New FMS agreements must pass formal readiness review,
- 4.9.2. Provide options counseling and assist Veterans in arranging consumer directed services as follows:
- 4.9.2.1. Maintain the provider agreement in Section 4.9.1.1 and the contractor shall be responsible for service coordination for the Veteran as follows:
 - 4.9.2.1.1. Accept referrals of eligible Veterans and their authorized budgets to buy long term supports and services, from at least one of the VAMC in Section 4.9.1.1.
 - 4.9.2.1.2. Provide options counseling to Veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. At a minimum, options counseling shall include an assessment, plan of care and identify type of services to meet the needs to the Veteran to remain in the home and community. The Contractor shall submit the Veteran's plan of care with types of services to the VAMC for approval. The Contractor must obtain budget approval of plan of care from the VAMC before the Veteran receives VD-HCBS supports and services. The Contractor shall comply with the VAMC and the Department's program and policies guide for linking Veterans with needed Long term services and supports and making mutual referrals.



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- 4.9.2.2. Provide or maintain the contract with an agency to provide financial management services. Seek reimbursements for service coordination through the VAMC defined in Section 4.9.1. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services.
 - 4.9.3. Ensure the following:
 - 4.9.3.1. All Veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
 - 4.9.3.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
 - 4.9.3.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
 - 4.9.3.4. Of the Veterans served, there will be a 90 % or better, consumer satisfaction rate.
 - 4.9.4. Comply with procedures for reporting requirements defined by DHHS for monthly "Ticker" reporting requirements defined and required by National VDHCS program administration.
 - 4.9.5. Enter contact data into the Refer 7 data base to increase the amount of resources available by geographic area serve Veterans.
 - 4.9.6. Ensure that documentation required by both the Department and the VAMC is kept current and submitted according to the program requirements.
 - 4.9.7. Participate in continuous process improvement activities with the Department and/or the VAMC to evaluate and improve the quality of the program and its policies and processes by attending meetings, trainings, to include monthly VDHCS Faculty Calls, and related conference calls.
 - 4.9.8. Participate in trainings that aim to improve knowledge of military culture and other related trainings to enhance competencies required to serve our military family and service member population.
- 4.10. Medicare Improvements for Patients and Providers Act (MIPPA).
The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA), services through as follows:
- 4.10.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 4.10.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 4.10.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 4.10.1.3. Promote the Medicare programs described in Section 4.10.1.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:
 - 4.10.2. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
 - 4.10.3. Complete an analysis using available statistics such as Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The



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Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.

- 4.10.4. Assess current and past partnerships with other agencies and community services.
- 4.10.5. Conduct outreach, education and assistance to the target population and geographic area as approved by the Department, based on the Contractor's results of the assessment and analysis described in Section 4.10.2, 4.10.3 and 4.10.4, and to meet the goals in Section 4.10.10. Outreach and education consists of the following, but not limited to:
 - 4.10.5.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 4.10.5.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 4.10.5.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.6. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives. The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.7. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 4.10.1.
 - 4.10.7.1. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
 - 4.10.7.2. The contractor will be responsible for purchasing the media in their local area.
- 4.10.8. Ensure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
- 4.10.9. Complying with procedures for reporting requirements defined by DHHS.
- 4.10.10. Performance Measures: The Contractor will be required to meet or exceed the performance measures described below:



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Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D by eight (8) percent of the total number enrolled in these programs as of September 29, 2014	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 15th of each month.
Performance Measure 2: Implementation of Promotional activities for Medicare's Wellness and Preventive Screening Services	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activities at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in SHIP Mid-Term and annual Performance Grant application to DHHS

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phones numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route from the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.
- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 5.9 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans



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- Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
 - 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
 - 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
 - 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
 - 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
 - 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
 - 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
 - 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors. Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
 - 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
 - Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with



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- Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
- 6.5.3. The Department's current hardware standards are as follows:
- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM, 500 GB SATA
 - High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM, 500 GB SATA
 - The State standard is Windows 7, Office 2010 and Internet Explorer 9
- 6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.
- 6.6. Continuous Improvement
- 6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.
- 6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.
7. Performance Tracking and Reporting
- 7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:
1. Number of individuals served
 2. Number of repeat visits by individuals
 3. Type of information/referral given to individuals
 4. Type of follow up performed
 5. Frequency of follow ups
 6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
 7. The number of individuals diverted from nursing home/institutional settings;
 8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).
- 7.2. Minimum Reporting Requirements:
The Table below defines the program reporting data requirements and their source. There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits

New Hampshire Department of Health and Human Services
 New Hampshire ServiceLink Program



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Program Reporting Data Requirement	Data Source
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and consumer satisfaction surveys, customized reports, and Refer7.
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 4 formal agreements with major pathways has been established by the completion Date in box 1.7 of the General Provisions, Form P-37.	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	



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Program Reporting Data Requirement	Data Source
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7
State Health Insurance Assistance Program (SHIP):	
Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template



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Program Reporting Data Requirement	Data Source
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards as follows:

- 8.1.1. Possess the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- 8.1.2. Ensure the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- 8.1.3. Ensure knowledge about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- 8.1.4. Treat colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.
- 8.1.5. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.6. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.7. Develop a Staffing Contingency Plan, including but not limited to:
 - 8.1.7.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.7.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.7.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.7.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.7.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
- 8.1.8. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.9. Provide resumes for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.10. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.11. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.12. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.13. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and



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requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.

8.2. The Contractor shall commit staff for the following positions:

8.2.1. Program Management

Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.

8.2.1.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire
- SHIP/SMP certification

8.2.2. Information, Referral, & Assistance and Awareness

The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.

8.2.2.1. Required Certification;

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain certification as a State Health Insurance Assistance Program (SHIP)
- Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.

8.2.3. Options Counseling and Person Centered Transition Support

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.



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- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

- 9.1. Updated Workplan: Within thirty (30) days of the effective date of any amendment to the agreement, the contractor shall submit a revised workplan to DHHS.

10. Cultural Considerations:

The Contractor will 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 effective date of Amendment #2 to the Agreement.



Exhibit A Amendment #1

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.

13. Contract Monitoring

13.1. The Contractor shall:

13.2. Ensure the Department has access sufficient for monitoring of contract compliance requirements as identified in OMB Circular A-133.

13.3. Ensure the Department is provided with access that includes but is not limited to:

13.3.1. Data

13.3.2. Financial records

13.3.3. Scheduled access to Contractor work sites/locations/work spaces and associated facilities.

13.3.4. Unannounced access to Contractor work sites/locations/work spaces and associated facilities.

13.3.5. Scheduled phone access to Contractor principals and staff



Exhibit B - Amendment #2

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement, Form P-37, in accordance with the budgets defined in Section 5 below, for the services provided by the Contractor pursuant to Exhibit A, Amendment #1 Scope of Services.
2. Services are funded with New Hampshire General Funds and with federal funds made available by the United States Department of Health and Human Services under:

CFDA #	Federal Agency	Grant Description
93.778		Medicaid Grants
93.667	Administration for Children & Families	Social Services Block Grant
93.052	Administration for Community Living	Family Caregiver Support Title III E
93.517	Administration for Community Living	Aging and Disability Resource Center Options Counseling Enhancement Program
93.324	Administration for Community Living	State Health Insurance Assistance Program
93.048	Administration for Community Living	Senior Medicare Patrol Project
93.071	Administration for Community Living	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

- 2.1. The Contractor agrees to provide the services in Exhibit A, Amendment #1, Scope of Services in compliance with funding requirements.
3. Account Numbers in Block 1.6 of the General Provisions of this Agreement, Form P-37 as follows:

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
Aging and Disability Resource Center Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731



Exhibit B - Amendment #2

4. Payment for said services shall be made as follows:

The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:

Financial Manager
Division of Community Based Care Services
Department of Health and Human Services
129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made cost reimbursement basis only, for allowable expenses based on budgets identified as Exhibits B-1 through Exhibit s B-14. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form.
- 5.1. Payment for contracted services shall be made on cost reimbursement basis only, for allowable expenses based on the budgets identified as Exhibit B-15 and Exhibit B-16 and in accordance with the Department approved individual program budgets.
- 5.2. The Contractor will provide invoices on Department supplied forms.
- 5.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
- 7.1. NH State General Funds SFY14: 47% SFY15: 49%
- 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
- 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
- 8.1. Medicaid SFY14: 64% SFY15: 88%
- 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-16 Budgets, to adjust amounts within the budgets and between State Fiscal Years, within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.



Exhibit B - Amendment #2

12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by THE DEPARTMENT.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to THE DEPARTMENT upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
15. Veterans Directed Home and Community Based Program: The funding is from July 1, 2014 to June 30, 2015 for the purposes of developing and implementing the program as defined in Section 4.9.1 of Exhibit A, Amendment #1. Once the program is operational, the contractor shall continue providing the scope of work as defined in Sections 4.9.2 through 4.9.8 of Exhibit A, of Amendment #1, without funding from the Department.

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

Bidder/Program Name: **OCSCC/BLRC Grafton**
 Budget Request for: **Options Counseling and Person Centered Transitions Support Program**
 (Name of Program)
 Budget Period: **7/1/14 - 6/30/15**

Line Item	Description	Amount	Percent of Direct	Amount	Percent of Direct	Amount	Percent of Direct
1.	Total Salary/Wages	\$ 113,070.88	15.06157%	\$ 128,132.45	15.06157%	\$ 128,132.45	15.06157%
2.	Employee Benefits	\$ 26,006.30	3.46416%	\$ 29,470.46	3.46416%	\$ 29,470.46	3.46416%
3.	Consultants	\$ -	0.00000%	\$ 50.00	0.00000%	\$ 50.00	0.00000%
4.	Equipment:	\$ -	0.00000%	\$ -	0.00000%	\$ -	0.00000%
5.	Rental	\$ 375.00	0.48827%	\$ 404.00	0.48827%	\$ 404.00	0.48827%
6.	Repair and Maintenance	\$ 4,395.00	5.72222%	\$ 4,416.00	5.32168%	\$ 4,416.00	5.32168%
7.	Purchase/Depreciation	\$ 9,014.59	11.77000%	\$ 9,090.59	11.00000%	\$ 9,090.59	11.00000%
8.	Supplies:	\$ -	0.00000%	\$ -	0.00000%	\$ -	0.00000%
9.	Educational	\$ -	0.00000%	\$ -	0.00000%	\$ -	0.00000%
10.	Lab	\$ -	0.00000%	\$ -	0.00000%	\$ -	0.00000%
11.	Pharmacy	\$ -	0.00000%	\$ -	0.00000%	\$ -	0.00000%
12.	Medical	\$ -	0.00000%	\$ -	0.00000%	\$ -	0.00000%
13.	Office	\$ 5,031.26	6.55556%	\$ 5,031.26	6.00000%	\$ 5,031.26	6.00000%
14.	Travel	\$ 18,692.00	24.44444%	\$ 18,731.00	22.50000%	\$ 18,731.00	22.50000%
15.	Occupancy	\$ 18,396.00	23.88889%	\$ 18,554.00	22.50000%	\$ 18,554.00	22.50000%
16.	Current Expenses	\$ -	0.00000%	\$ -	0.00000%	\$ -	0.00000%
17.	Telephone	\$ 2,026.00	2.65556%	\$ 2,026.00	2.43750%	\$ 2,026.00	2.43750%
18.	Postage	\$ 903.00	1.17778%	\$ 903.00	1.09375%	\$ 903.00	1.09375%
19.	Subscriptions	\$ -	0.00000%	\$ -	0.00000%	\$ -	0.00000%
20.	Audit and Legal	\$ 771.00	1.00000%	\$ 786.00	0.95625%	\$ 786.00	0.95625%
21.	Insurance	\$ 1,477.00	1.92222%	\$ 1,477.00	1.78125%	\$ 1,477.00	1.78125%
22.	Board Expenses	\$ -	0.00000%	\$ -	0.00000%	\$ -	0.00000%
23.	Software	\$ -	0.00000%	\$ -	0.00000%	\$ -	0.00000%
24.	Marketing/Communications	\$ 3,806.67	4.96667%	\$ 3,806.67	4.58125%	\$ 3,806.67	4.58125%
25.	Staff Education and Training	\$ 1,696.00	2.22222%	\$ 1,703.00	2.06250%	\$ 1,703.00	2.06250%
26.	Subcontract/Agreements	\$ -	0.00000%	\$ -	0.00000%	\$ -	0.00000%
27.	Other (specify details mandatorily):	\$ -	0.00000%	\$ -	0.00000%	\$ -	0.00000%
28.	Website Maintenance	\$ 183.00	0.23750%	\$ 183.00	0.22125%	\$ 183.00	0.22125%
29.	Staff Recruitment/Payroll Expense	\$ 894.00	1.16667%	\$ 894.00	1.08750%	\$ 894.00	1.08750%
30.	Volunteer Recognition	\$ 195.00	0.25556%	\$ 195.00	0.23625%	\$ 195.00	0.23625%
31.	TOTAL	\$ 206,841.70	27.00000%	\$ 228,353.43	27.00000%	\$ 228,353.43	27.00000%
32.	Indirect As A Percent of Direct	\$ -	0.00000%	\$ -	0.00000%	\$ -	0.00000%
33.	TOTAL	\$ 206,841.70	27.00000%	\$ 228,353.43	27.00000%	\$ 228,353.43	27.00000%

RJB
3-17-15
Contractor Initials: _____
Date: _____

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

Bidder/Program Name: Crotten County Senior Citizens Council, Inc.
 Budget Request for: Medicare Improvements for Patients and Providers Act (MIPAA)
 (Name of Program)

Budget Period: 10/1/14-9/30/15

Line Item	Description	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
1.	Total Salary/Wages	\$ 5,684.40	51.96%	\$ 5,736.36	51.96%	\$ 5,684.40	51.96%	\$ 5,736.36	51.96%
2.	Employee Benefits	\$ 1,302.30	11.89%	\$ 1,302.19	11.89%	\$ 1,302.30	11.89%	\$ 1,302.19	11.89%
3.	Consultants	\$ -	-	\$ 74.36	0.68%	\$ -	-	\$ 74.36	0.68%
4.	Equipment:	\$ -	-	\$ -	-	\$ -	-	\$ -	-
5.	Rental	\$ 4.80	0.04%	\$ 4.89	0.04%	\$ 4.80	0.04%	\$ 4.99	0.04%
6.	Repair and Maintenance	\$ 6.93	0.06%	\$ 11.36	0.10%	\$ 6.93	0.06%	\$ 11.36	0.10%
7.	Purchase/Depreciation	\$ 1,790.00	16.27%	\$ 1,802.17	16.27%	\$ 1,790.00	16.27%	\$ 1,802.17	16.27%
8.	Supplies:	\$ -	-	\$ -	-	\$ -	-	\$ -	-
9.	Educational	\$ -	-	\$ -	-	\$ -	-	\$ -	-
10.	Lab	\$ -	-	\$ -	-	\$ -	-	\$ -	-
11.	Pharmacy	\$ -	-	\$ -	-	\$ -	-	\$ -	-
12.	Medical	\$ -	-	\$ -	-	\$ -	-	\$ -	-
13.	Office	\$ 827.88	7.54%	\$ 826.79	7.54%	\$ 827.88	7.54%	\$ 826.79	7.54%
14.	Travel	\$ 486.00	4.41%	\$ 480.49	4.41%	\$ 486.00	4.41%	\$ 480.49	4.41%
15.	Occupancy	\$ 79.47	0.72%	\$ 82.94	0.75%	\$ 79.47	0.72%	\$ 82.94	0.75%
16.	Current Expenses	\$ -	-	\$ -	-	\$ -	-	\$ -	-
17.	Telephone	\$ 16.93	0.15%	\$ 17.53	0.16%	\$ 16.93	0.15%	\$ 17.53	0.16%
18.	Postage	\$ 3.30	0.03%	\$ 6.45	0.06%	\$ 3.30	0.03%	\$ 6.45	0.06%
19.	Subscriptions	\$ -	-	\$ 0.66	0.00%	\$ -	-	\$ 0.66	0.00%
20.	Audit and Legal	\$ -	-	\$ 15.23	0.14%	\$ -	-	\$ 15.23	0.14%
21.	Insurance	\$ 21.70	0.20%	\$ 25.55	0.23%	\$ 21.70	0.20%	\$ 25.55	0.23%
22.	Board Expenses	\$ -	-	\$ -	-	\$ -	-	\$ -	-
23.	Software	\$ -	-	\$ -	-	\$ -	-	\$ -	-
24.	Marketing/Communications	\$ 1,500.00	13.64%	\$ 1,500.00	13.64%	\$ 1,500.00	13.64%	\$ 1,500.00	13.64%
25.	Staff Education and Training	\$ 250.00	2.28%	\$ 250.00	2.28%	\$ 250.00	2.28%	\$ 250.00	2.28%
26.	Subcontracts/Agreements	\$ -	-	\$ -	-	\$ -	-	\$ -	-
27.	Other (Specify details mandatory):	\$ -	-	\$ -	-	\$ -	-	\$ -	-
28.	Staff Recognition	\$ 250.00	2.28%	\$ 250.00	2.28%	\$ 250.00	2.28%	\$ 250.00	2.28%
29.	Staff Recruitment/Payroll Expense	\$ -	-	\$ -	-	\$ -	-	\$ -	-
30.	TOTAL	\$ 12,213.51	100.00%	\$ 12,408.00	100.00%	\$ 12,213.51	100.00%	\$ 12,408.00	100.00%
31.	Indirect As A Percent of Direct	\$ -	-	\$ 162.49	1.31%	\$ -	-	\$ 162.49	1.31%

Contractor Initials: *RFB*
Date: *3/11/15*

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

Contractor Name: Grafton County Senior Citizens Council, Inc.

Program Name: ServiceLink Resource Center

Budget Period: 7/1/15 - 6/30/16

	Direct Personnel	Direct Materials	Indirect Personnel	Indirect Materials	Indirect	Total
1. Total Salary/Wages	\$ 197,402	\$ -	\$ 215,853	\$ -	\$ -	\$ 413,255
2. Employee Benefits	49,351	3,131	52,482	11,401	279	111,644
3. Consultants	-	-	206	61	-	267
4. Equipment:	-	-	-	-	-	-
Rental	315	79	394	15	17	720
Repair and Maintenance	3,722	1,737	5,459	139	271	11,328
Purchase/Depreciation	1,400	712	2,112	132	132	4,476
5. Supplies:	-	-	-	-	-	-
Educational	-	-	-	-	-	-
Lab	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-
Medical	-	-	-	-	-	-
Office	3,448	299	3,747	50	19	7,553
6. Travel	10,097	365	10,462	12	12	21,013
7. Occupancy	19,103	630	19,733	1,692	131	21,259
8. Current Expenses	-	-	-	-	-	-
Telephone	4,447	39	4,486	351	5	5,328
Postage	768	484	1,252	26	98	2,538
Subscriptions	110	182	292	32	32	624
Audit and Legal	900	1,916	2,816	35	418	5,675
Insurance	2,606	698	3,304	131	67	4,806
Board Expenses	-	-	-	-	-	-
Software	-	-	-	-	-	-
10. Maintaining/Communications	2,250	409	2,659	-	49	3,367
11. Staff Education and Training	925	-	925	-	925	1,850
12. Subcontracts/Agreements	-	-	-	-	-	-
13. Other (specific details mandatory):	-	-	-	-	-	-
Website Maintenance	-	-	-	-	-	-
Staff Recruitment/Parol Expense	784	78	862	40	47	1,049
Bank & Other Fees	-	511	511	-	55	1,077
TOTAL	297,608	29,975	327,594	13,660	1,702	670,539
Indirect As A Percent of Direct			10.1%			
			12.3%			

Contractor Initials: *RJB*
 Date: *5-15-15*

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

Contractor Name: Grafton County Senior Citizens Council, Inc.
Program Name: Services/Link Resource Center
Budget Period: 7/1/16 - 6/30/16

Line Item	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
1. Total Salary/Wages	\$ 4,613		\$ 4,613		\$ 4,613		\$ 4,613	
2. Employee Benefits	\$ 763		\$ 763		\$ 763		\$ 763	
3. Consultants	\$ 51		\$ 51		\$ 51		\$ 51	
4. Equipment:								
Rental	\$ 80		\$ 80		\$ 80		\$ 80	
Repair and Maintenance	\$ 915		\$ 915		\$ 915		\$ 915	
Purchase/Depreciation	\$ 350		\$ 350		\$ 350		\$ 350	
5. Supplies:								
Educational								
Lab								
Pharmacy								
Medical								
Office	\$ 860		\$ 860		\$ 860		\$ 860	
6. Travel	\$ 2,524		\$ 2,524		\$ 2,524		\$ 2,524	
7. Occupancy	\$ 14,195		\$ 14,195		\$ 14,195		\$ 14,195	
8. Current Expenses:								
Telephone	\$ 1,113		\$ 1,113		\$ 1,113		\$ 1,113	
Postage	\$ 192		\$ 192		\$ 192		\$ 192	
Subscriptions	\$ 28		\$ 28		\$ 28		\$ 28	
Audit and Legal	\$ 225		\$ 225		\$ 225		\$ 225	
Insurance	\$ 652		\$ 652		\$ 652		\$ 652	
Board Expenses								
9. Software								
10. Marketing/Communications	\$ 563		\$ 563		\$ 563		\$ 563	
11. Staff Education and Training	\$ 231		\$ 231		\$ 231		\$ 231	
12. Subcontracts/Agreements								
13. Other (specific details mandatory):								
Website Maintenance	\$ 8		\$ 8		\$ 8		\$ 8	
Staff Recruitment/Psychol Expense	\$ 192		\$ 192		\$ 192		\$ 192	
Bank & Other Fees	\$ 128		\$ 128		\$ 128		\$ 128	
TOTAL	\$ 65,040	8.5%	\$ 65,040	8.5%	\$ 65,040	8.5%	\$ 65,040	8.5%
Indirect At A Percent of Direct								

Contractor Initials: *RJB*
Date: *3-1-15*



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;



- 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.

New Hampshire Department of Health and Human Services
Exhibit C



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. The Department reserves the right to extend the completion date of the contract for up to fifteen months to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.
4. Subparagraph 14.1.1 of the General Provisions of this contract, is deleted and the following subparagraph is added:
 - 14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence with additional umbrella liability insurance coverage of not less than \$2,000,000;



**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 RJB

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: *Grafton County Senior Citizens Council, Inc.*

3-18-15
Date

Roberta J. Berner
Name: *Roberta J. Berner*
Title: *Executive Director*

Exhibit G

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

Contractor Initials *RJB*



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

- I. “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



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.

The State

D. Langley

Signature of Authorized Representative

Director

Name of Authorized Representative

D. Langley

Title of Authorized Representative

4/3/15

Date

*Grafton County Senior
Citizens Council, Inc.*

Name of the Contractor

Roberta J. Berner

Signature of Authorized Representative

Roberta J. Berner

Name of Authorized Representative

Executive Director

Title of Authorized Representative

3-18-15

Date



State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Grafton County Senior Citizens Council, Inc. Contract

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment 1") dated this 5th day of February 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Grafton County Senior Citizens Council, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 10 Campbell Street, Lebanon, New Hampshire 03766.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

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

- 1) Amendment and modification of P-37 "Agreement":
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$486,063.
- 2) Amendment and modification of Exhibit A:
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program
4.6.12 The ServiceLink Contractor shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.
- 3) Adding Exhibit A-1.
- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.
- 5) Adding Exhibits B-11 through B-13.

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

2/10/14
Date

State of New Hampshire
Department of Health and Human Services

[Signature]
Name
Title

Grafton County Senior Citizens Council, Inc.

2-10-14
Date

Robuta J. Burns, Executive Director
NAME
TITLE

Acknowledgement:
State of New Hampshire County of Grafton on 2-10-14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

[Signature]
Name and Title of Notary or Justice of the Peace

VICTORIA M. WEEKS
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My commission expires June 19, 2018

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

2-11-14
Date

Rosemary Wiant
Name: *Rosemary Wiant*
Title: *Assistant Attorney General*

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services

1. The Medicare Improvements for Patients and Providers Act (MIPPA)
 - 1.1. MIPPA program is to assist Medicare beneficiaries by:
 - 1.1.1. reducing Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 1.1.2. increasing wellness and preventing illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 1.2. Period: Effective Date of Amendment #1 to September 29, 2014.
 - 1.3. The contractor will provide this service to individuals located in the geographic area of Grafton County and the towns of Grantham and Plainfield in Sullivan County.
 - 1.4. The ServiceLink contractor will promote these beneficial programs for people with Medicare, collaborating with community partners to provide outreach, education, and assistance in completing applications for Medicare beneficiaries with limited income. .
 - 1.5. The ServiceLink contractor will initiate outreach contact with low-income individuals who may not have physical access to ServiceLink offices, internet access, or access to a telephone.
 - 1.6. Within 30 days of the effective date of Amendment #1 and upon approval of DHHS, the Contractor shall develop an outreach plan for LIS and MSP, and for preventive services that includes but is not limited to increasing the number of local collaborative partnerships for the purpose of increasing enrollment in these programs and their utilization. At a minimum the plan should be based on the following:
 - 1.6.1. An assessment of past LIS and MSP outreach activities to determine their effectiveness in reaching the target population; i.e., low-income Medicare beneficiaries;
 - 1.6.2. An analysis of Social Security and Centers for Medicaid and Medicare Services statistics to identify and prioritize target areas for outreach;
 - 1.6.3. An assessment of past and current partnerships to determine their effectiveness;
 - 1.6.4. Promoting the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS and collaboration with community health care providers;
 - 1.6.5. Working with the Department's SHIP Program Director, set specific goals for increasing LIS and MSP enrollments at the end of each year of the contract. Goals are to be based on current performance data and Refer 7 reports.
 - 1.6.6. Identify and recruit regional providers interested in assisting with outreach to Medicare beneficiaries, including but not limited to:
 - Community health centers
 - Senior centers
 - Hospitals
 - Physician practices
 - Town managers, town welfare directors and boards of selectmen
 - Emergency personnel
 - Senior housing
 - 1.7. Deliverables:
 - 1.7.1. LIS and MSP Outreach plan that includes but is not limited to the collaboration of new partnerships in order to increase enrollment.
 - 1.7.2. Medicare preventive service promotion activities.
 - 1.7.3. Statewide MIPPA advertising materials.
 - 1.7.4. Community partnership and incentive strategies for the state/county/regions for increasing enrollment into and awareness of LIS/MSP & Medicare Wellness/Prevention Screenings.



1.8. Performance Measures

The Contractor will be required to meet or exceed the performance measures described below:

Performance Measure	How it will be measured
Performance Measure 1: Increasing LIS, MSP, and Medicare Part D enrollment: Grafton County: 157 individuals enrolled	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 10th of each month.
Performance Measure 2: Implementation of Medicare Preventive Services Promotion activities.	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activity at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and incentive programs and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in CMS SHIP Mid-Term and annual Performance Grant application to DHHS

2. Veterans Directed Home and Community Based Program (VDHCB)

2.1. The Veterans Directed Home and Community Based Program is a consumer-directed program targeted to eligible veterans to offer them alternatives to nursing home care. The Contractor shall be responsible to provide options counseling to veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. Contractor shall follow DHHS protocol for linking Veterans with needed LTSS and making mutual referrals.

2.2. The Veterans Administration is responsible for determining the eligibility of veterans for the program and for authorizing a budget to buy LTSS services. The Veterans Administration will refer eligible veterans with an authorized flexible service budget to the ServiceLink contractor who will be responsible for service coordination and Financial Management Services (FMS) under the "Agency with Choice" model. As part of the Veterans Directed Home and Community Based Program the Contractor shall establish a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and the Manchester Veteran's Administration Medical Center (Manchester VAMC).

2.3. Within ten (10) days of the effective date of Amendment #1, the Contractor shall submit their implementation plan for Veterans Directed Home and Community Based Program. The implementation plan shall detail how the Contractor will establish the VDHCB Program, including staffing, training and a timeline for completion of provider agreement with the VA centers.

2.3.1. The Contractor will establish an advisory group to oversee the development and implementation of the program. Membership is to include representation from key community resources, local veterans' organizations, veterans and families of veterans utilizing the program, and the public.

2.3.2. The implementation plan shall include startup costs necessary to develop and implement a statewide Veteran-Directed Home and Community Based Care Program. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the veteran's services. For the development and implementation of the program, startup funding is limited to the following:

2.3.2.1. Staff development and training: This includes costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program,

2.3.2.2. Travel costs associated with capacity building: Staff mileage to training sites, staff mileage related to providing education and outreach to the public about the program,



- assisting the Veteran in getting services and in identifying service providers and services, and development and implementation of the advisory committee
- 2.3.2.3. Development and implementation of business processes related to the VD-HCBS Program: computer equipment, telephone expenses, and office furniture for new staff.
- 2.3.3. Contractor shall establish an advisory committee that will include stakeholders and Veterans to provide ongoing feedback for continuous improvement of the program and services.
- 2.3.4. Recruit, hire, and train the minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to veterans participating in the program in developing and managing an individual service budget.
- 2.3.5. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors have been trained to provide initial start-up and collaborative support for the program.
- 2.3.6. Provide or contract with an agency to provide financial management services to assume the roles and responsibilities of an agency with choice model.
- 2.3.7. Enter into an agreement with the local Veterans Administration servicing the area that defines the roles and responsibilities of each party in delivering the program. The agreement is to be based on the Memorandum of Agreement between BEAS and the VAMC.
- 2.3.8. Assure that documentation required by both BEAS and the VA is kept current and submitted according to schedule.
- 2.3.9. Add contact data in Refer 7 to include region-specific resources serving veterans.
- 2.4. Within thirty (30) days from the effective date of Amendment #1, the Contractor shall have the program infrastructure in place and is actively providing options counseling and assisting veterans in arranging consumer directed services. The Contractor shall be responsible for assuring the following:
- 2.4.1. All veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
- 2.4.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
- 2.4.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
- 2.4.4. Of the veterans served, there will be a 90 % or better, consumer satisfaction rate.
- 2.4.5. Procedures for complying with program reporting requirements, which shall be defined by DHHS upon approval of the Contractor's final implementation plan, are in place.
- 2.4.6. Maintain the Agreement with the local Veterans Administration.
- 2.4.7. The Contractor shall provide this service to Veterans located in the geographic area of Grafton County and the towns of Grantham and Plainfield in Sullivan County.



Exhibit B Amendment #1

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A, and A-1 Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1NOCMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project
13AANHMAAA, 13AANHMAADR, IX0CMS331283	93.071	Admin for Community Living & Centers for Medicare & Medicaid Services	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services
 129 Pleasant Street, Brown Building
 Concord, NH 03301
5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B13. Each budget is specific to a time period



Exhibit B Amendment #1

as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.

6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-13 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
15. The Medicare Improvements for Patients and Providers Act (MIPPA): The funding is from the effective date of Amendment #1 to September 29, 2014.
16. Veterans Directed Home and Community Based Program: The funding is from the effective date of Amendment #1 through June 30, 2014, for the purposes of developing and implementing the program. Once the program is operational, the contractor shall continue providing the scope of work as defined in Section 2.4 of Exhibit A-1, without funding from the Department.

Grafton County Senior Citizens Council, Inc.

ABSTRACT OF CORPORATE MINUTES

The following is a true abstract from minutes of meeting

of the Board of Directors of Grafton County Senior Citizens Council, Inc.
(Name of Governing Board) (Name of Corporation)

on February 25, 2003 which was duly called at
which a quorum was present:

“On motion duly made and seconded, it was voted to authorize

the President/Vice President/Treasurer/Executive Director, to accept grants and awards and enter into contracts, and contract amendments from time to time with the New Hampshire Department of Health and Human Services, Bureau of Elderly and Adult Services to sign and otherwise fully execute such acceptances and contracts, and contract amendments or modifications thereto, and any related documents requested by the Bureau of Elderly and Adult Services; this authorization to continue until revoked by vote of this governing board.

I certify the foregoing vote is still in effect and has not been revoked, rescinded or modified.

I further certify that Roberta Berner is the duly elected President/Vice President/Treasurer/ Executive Director of this corporation and is still qualified and serving in such capacity.

Feb. 10th 2014.
(Date)

Carol P. Berner
Secretary

“No corporate seal.”

STATE OF NEW HAMPSHIRE

COUNTY OF GRAFTON

On Feb 10th 2014, 2014, before the undersigned officer personally appeared the person identified in the foregoing certificate, known to me (or satisfactorily proven) to be the Clerk/Secretary of the corporation identified in the foregoing certificate, and acknowledged that she executed the foregoing certificate.

In witness whereof I hereunto set my hand and official seal.

Victoria Weeks
Notary Public/Justice of the Peace

My commission expires: June 19, 2018.

VICTORIA M. WEEKS
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My commission expires June 19, 2018

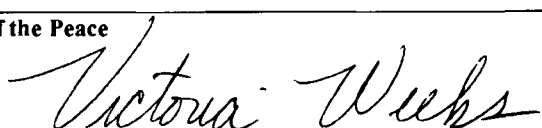
Subject: New Hampshire ServiceLink Resource Centers Program

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Grafton County Senior Citizens Council, Inc.		1.4 Contractor Address 10 Campbell Street PO Box 433 Lebanon, NH 03766	
1.5 Contractor Phone Number (603) 448-4897	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$460,601.
1.9 Contracting Officer for State Agency <i>Mary Maggincalda</i>		1.10 State Agency Telephone Number <i>603-271-9096</i>	
1.11 Contractor Signature <i>Roberta J. Berner</i>		1.12 Name and Title of Contractor Signatory <i>Roberta J. Berner Executive Director</i>	
1.13 Acknowledgement: State of <u>N.H.</u> , County of <u>Grafton</u> On <u>12-4-13</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal]		 VICTORIA M. WEEKS NOTARY PUBLIC STATE OF NEW HAMPSHIRE My commission expires June 18, 2018	
1.13.2 Name and Title of Notary or Justice of the Peace <i>Victoria Weeks, Notary.</i>			
1.14 State Agency Signature <i>Sheri L. Rockburn</i>		1.15 Name and Title of State Agency Signatory <i>Sheri L. Rockburn Acting Associate Commissioner</i>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: <i>Rosemary...</i> On: <i>12-4-13</i>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

RJB
12-4-13

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

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

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials: RGB
Date: 12-4-13

8. EVENT OF DEFAULT/REMEDIES.

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

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

Contractor Initials: RAM
Date: 12-4-13

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions



Exhibit A

are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall reach the following covered populations:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Grafton County and the towns of Grantham and Plainfield in Sullivan County.



Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

- 4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs
- 4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and
- 4.1.1.3. A feedback loop to modify activities as needed.
- 4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

- 4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.
- 4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.
- 4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.
- 4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:
 - 4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and
 - 4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



Exhibit A

- 4.2. Options Counseling
 - 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
 - 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
 - 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
 - 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
 - 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
 - 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
 - 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
 - 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



Exhibit A

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- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:
- 4.3.1. Intake and Screening
- 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.
- 4.3.2. Financial and Functional Eligibility Processes
Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.
- 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.
- 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:
- 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.
- 4.3.3. Tracking Eligibility Status
- 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



Exhibit A

- Eligibility System, NH Easy, and other program specific systems.
Designated staff will be trained and have access to these systems.
- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.
- 4.4. Person-Centered Transitions Support
The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:
- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
- 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
- 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
Contractor shall involve consumers on a /local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
- People over age 60
 - Adults over age 18 living with chronic illnesses or disabilities



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- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.

4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.

4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.



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4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



Exhibit A

Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



Exhibit A

- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
 - 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
 - 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
 - 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
 - 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phone numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



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- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



Exhibit A

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
 - 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
 - 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
 - Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
 - 6.5.3. The Department's current hardware standards are as follows:
 - Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



Exhibit A

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- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
 - High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
 - The Department does not currently use or support Windows 8.
- 6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.
- 6.6. Continuous Improvement
- 6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.
- 6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.
7. Performance Tracking and Reporting
- 7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:
1. Number of individuals served
 2. Number of repeat visits by individuals
 3. Type of information/referral given to individuals
 4. Type of follow up performed
 5. Frequency of follow ups
 6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
 7. The number of individuals diverted from nursing home/institutional settings;
 8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



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7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source.

There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	



Exhibit A

Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



Exhibit A

Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP): Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS



Exhibit A

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.

8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

8.1.3. Develop a Staffing Contingency Plan, including but not limited to:

8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;

8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;

8.1.3.3. Discussion of time frames necessary for obtaining replacements;

8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and

8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.

8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.

8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.

8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins



Exhibit A

-
- providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support



Exhibit A

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



Exhibit A

State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit A

Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

Assess the ethnic/cultural needs, resources and assets of their community. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment. When feasible and appropriate, provide clients of minimal English skills with interpretation services.

Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

When feasible and appropriate, identify communication access needs for clients who may be deaf and hard of hearing, or have vision or speech impairment and develop an individual communication plan for recipients to receive services identified in Section 3 Statement of Work.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services

Contractor Initials: RJB
 Date: 12/4/13



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

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

Bidder/Program Name: GCSCC/SLRC Grafton
 Budget Request for: Information, Referral and Awareness
 (Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Fiscal Program Cont.		Fiscal Program Cont.		Fiscal Program Cont.		Fiscal Program Cont.		Fiscal Program Cont.		Fiscal Program Cont.		Fiscal Program Cont.		Fiscal Program Cont.		Fiscal Program Cont.		
	Direct	Indirect	Direct	Indirect	Direct	Indirect	Direct	Indirect	Direct	Indirect	Direct	Indirect	Direct	Indirect	Direct	Indirect	Direct	Indirect	
	Incremental	Fixed	Incremental	Fixed	Incremental	Fixed	Incremental	Fixed	Incremental	Fixed	Incremental	Fixed	Incremental	Fixed	Incremental	Fixed	Incremental	Fixed	Total
1. Total Salary/Wages	\$ 6,716.84	\$ -	\$ 7,271.27	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,271.27
2. Employee Benefits	\$ 1,544.87	\$ 127.52	\$ 1,872.39	\$ 127.52	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,000.00
3. Consultants	\$ -	\$ 7.00	\$ 7.00	\$ 7.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 13.00	\$ 4.00	\$ 17.00	\$ 4.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 21.00
Repair and Maintenance	\$ 36.00	\$ 3.00	\$ 39.00	\$ 3.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 42.00
Purchase/Depreciation	\$ -	\$ 46.00	\$ 46.00	\$ 46.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 92.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 83.00	\$ 15.00	\$ 98.00	\$ 15.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 113.00
6. Travel	\$ 300.00	\$ 8.00	\$ 308.00	\$ 8.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 316.00
7. Occupancy	\$ 473.00	\$ 15.00	\$ 488.00	\$ 15.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 503.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 72.00	\$ 1.00	\$ 73.00	\$ 1.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 74.00
Postage	\$ 32.00	\$ 10.00	\$ 42.00	\$ 10.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 52.00
Subscriptions	\$ 19.00	\$ 4.00	\$ 23.00	\$ 4.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 27.00
Audit and Legal	\$ 28.00	\$ 3.00	\$ 31.00	\$ 3.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 34.00
Insurance	\$ 53.00	\$ 14.00	\$ 67.00	\$ 14.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 81.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ 27.00	\$ 27.00	\$ 27.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 27.00
10. Marketing/Communications	\$ -	\$ 2.00	\$ 2.00	\$ 2.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4.00
11. Staff Education and Training	\$ -	\$ 1.00	\$ 1.00	\$ 1.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specify details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Website Maintenance	\$ 7.00	\$ 8.00	\$ 15.00	\$ 8.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 23.00
Staff Recruitment/Payroll Expense	\$ 58.00	\$ 14.00	\$ 72.00	\$ 14.00	\$ 26.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 98.00
Volunteer Recognition	\$ 12.00	\$ -	\$ 12.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12.00
TOTAL	\$ 9,487.71	\$ 881.98	\$ 10,369.69	\$ 881.98	\$ 815.73	\$ 307.52	\$ 815.73	\$ 307.52	\$ 815.73	\$ 307.52	\$ 815.73	\$ 307.52	\$ 815.73	\$ 307.52	\$ 815.73	\$ 307.52	\$ 815.73	\$ 307.52	\$ 10,994.41
Indirect As A Percent of Direct																			9.1%
																			58.6%
																			6.2%

Contractor Initials: *AC JB*
Date: 12-4-13

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHS Contract Share		Total
	Direct Incremented	Indirect Fixed	Direct Incremented	Indirect Fixed	Direct Incremented	Indirect Fixed	
1. Total Salary/Wages	\$ 49,724.74	\$ 6,182.82	\$ -	\$ -	\$ 49,724.74	\$ 6,182.82	\$ 55,907.56
2. Employee Benefits	\$ 11,436.69	\$ 1,417.40	\$ -	\$ -	\$ 11,436.69	\$ 1,417.40	\$ 12,854.09
3. Consultants	\$ -	\$ 83.00	\$ -	\$ -	\$ -	\$ 83.00	\$ 83.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 159.00	\$ 43.00	\$ -	\$ -	\$ 159.00	\$ 43.00	\$ 202.00
Repair and Maintenance	\$ 423.00	\$ 33.00	\$ -	\$ -	\$ 423.00	\$ 33.00	\$ 456.00
Purchase/Depreciation	\$ 4,400.00	\$ 506.00	\$ -	\$ -	\$ 4,400.00	\$ 506.00	\$ 4,906.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 2,283.00	\$ 160.00	\$ -	\$ -	\$ 2,283.00	\$ 160.00	\$ 2,443.00
6. Travel	\$ 89.00	\$ 89.00	\$ -	\$ -	\$ 89.00	\$ 89.00	\$ 178.00
7. Occupancy	\$ 3,225.00	\$ 3,225.00	\$ -	\$ -	\$ 3,225.00	\$ 3,225.00	\$ 6,450.00
8. Current Expenses	\$ 9,596.00	\$ 161.00	\$ -	\$ -	\$ 9,596.00	\$ 161.00	\$ 9,757.00
Telephone	\$ 850.00	\$ 7.00	\$ -	\$ -	\$ 850.00	\$ 7.00	\$ 857.00
Postage	\$ 379.00	\$ 111.00	\$ -	\$ -	\$ 379.00	\$ 111.00	\$ 490.00
Subscriptions	\$ 218.00	\$ 45.00	\$ -	\$ -	\$ 218.00	\$ 45.00	\$ 263.00
Audit and Legal	\$ 323.00	\$ 31.00	\$ -	\$ -	\$ 323.00	\$ 31.00	\$ 354.00
Insurance	\$ 619.00	\$ 161.00	\$ -	\$ -	\$ 619.00	\$ 161.00	\$ 780.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ 297.00	\$ -	\$ -	\$ -	\$ 297.00	\$ 297.00
9. Marketing/Communications	\$ 10,180.57	\$ 21.00	\$ -	\$ -	\$ 10,180.57	\$ 21.00	\$ 10,201.57
10. Staff Education and Training	\$ 900.00	\$ 9.00	\$ -	\$ -	\$ 900.00	\$ 9.00	\$ 909.00
11. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Website Maintenance	\$ 76.00	\$ 90.00	\$ -	\$ -	\$ 76.00	\$ 90.00	\$ 166.00
Staff Recruitment/Payroll Expense	\$ 646.00	\$ 158.00	\$ -	\$ -	\$ 646.00	\$ 158.00	\$ 804.00
Volunteer Recognition	\$ 163.00	\$ 163.00	\$ -	\$ -	\$ 163.00	\$ 163.00	\$ 326.00
TOTAL	\$ 95,542.00	\$ 9,865.02	\$ -	\$ -	\$ 95,542.00	\$ 9,865.02	\$ 105,407.02

Indirect As A Percent of Direct 10.0%

10.0%

#DIV/0!

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

Bidder/Program Name: GCSCC/SILRC Grafton
Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 1/1/14-4/30/14

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

Bidder/Program Name: **OCSCC/LRC Grafton**
 Budget Request for: **Family Caregiver Program**
 (Name of Program)
 Budget Period: **1/1/14-4/30/14**

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 13,691.86	\$ 1,310.16	\$ 15,002.02	-	-	-	\$ 13,691.86	\$ 1,310.16	\$ 15,002.02
2. Employee Benefits	\$ 3,149.13	\$ 301.34	\$ 3,450.47	-	-	-	\$ 3,149.13	\$ 301.34	\$ 3,450.47
3. Consultants	-	-	-	-	-	-	-	-	-
4. Equipment:	-	-	-	-	-	-	-	-	-
Rentals	\$ 34.00	\$ 9.00	\$ 43.00	-	-	-	\$ 34.00	\$ 9.00	\$ 43.00
Repair and Maintenance	\$ 90.00	\$ 7.00	\$ 97.00	-	-	-	\$ 90.00	\$ 7.00	\$ 97.00
Purchases/Depreciation	-	\$ 108.00	\$ 108.00	-	-	-	-	\$ 108.00	\$ 108.00
5. Supplies	-	-	-	-	-	-	-	-	-
Educational	-	-	-	-	-	-	-	-	-
Lab	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-
Medical	-	-	-	-	-	-	-	-	-
Office	\$ 230.00	\$ 34.00	\$ 264.00	-	-	-	\$ 230.00	\$ 34.00	\$ 264.00
6. Travel	\$ 750.00	\$ 15.00	\$ 765.00	-	-	-	\$ 750.00	\$ 15.00	\$ 765.00
7. Occupancy	\$ 1,424.00	\$ 34.00	\$ 1,458.00	-	-	-	\$ 1,424.00	\$ 34.00	\$ 1,458.00
8. Current Expenses	-	-	-	-	-	-	-	-	-
Telephone	\$ 191.00	\$ 1.00	\$ 192.00	-	-	-	\$ 191.00	\$ 1.00	\$ 192.00
Postage	\$ 81.00	\$ 24.00	\$ 105.00	-	-	-	\$ 81.00	\$ 24.00	\$ 105.00
Subscriptions	\$ 47.00	\$ 9.00	\$ 56.00	-	-	-	\$ 47.00	\$ 9.00	\$ 56.00
Audit and Legal	\$ 89.00	\$ 7.00	\$ 96.00	-	-	-	\$ 89.00	\$ 7.00	\$ 96.00
Insurance	\$ 132.00	\$ 34.00	\$ 166.00	-	-	-	\$ 132.00	\$ 34.00	\$ 166.00
Board Expenses	-	-	-	-	-	-	-	-	-
Software	-	\$ 63.00	\$ 63.00	-	-	-	-	\$ 63.00	\$ 63.00
9. Marketing/Communications	\$ 364.00	\$ 4.00	\$ 368.00	-	-	-	\$ 364.00	\$ 4.00	\$ 368.00
10. Staff Education and Training	-	\$ 2.00	\$ 2.00	-	-	-	-	\$ 2.00	\$ 2.00
11. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
12. Other (Specify details mandatory):	-	-	-	-	-	-	-	-	-
Website Maintenance	\$ 18.00	-	\$ 18.00	-	-	-	\$ 18.00	-	\$ 18.00
Staff Recruitment/Payroll Expense	\$ 140.00	\$ 34.00	\$ 174.00	-	-	-	\$ 140.00	\$ 34.00	\$ 174.00
Volunteer Recognition	\$ 34.00	-	\$ 34.00	-	-	-	\$ 34.00	-	\$ 34.00
TOTAL	\$ 20,432.99	\$ 2,814.80	\$ 22,447.79	-	-	-	\$ 20,432.99	\$ 2,814.80	\$ 22,447.79

Indirect As A Percent of Direct 9.9% #DIV/0!

Contractor initials: **RJB**
 Date: **12-4-13**

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

Bidder/Program Name: GBCCC/SLRC Grafton
 Budget Request for: State Health Insurance Assistance Program
 (Name of Program)

Budget Period: 1/1/14-4/30/14

Line Item	2014 Program Cost			Contractor Share / Sublet			Requestor Budget to be Funded by DRG Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 735.18	\$ -	\$ 735.18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Employee Benefits	\$ 1,882.03	\$ 2,052.03	\$ 3,934.06	\$ -	\$ -	\$ -	\$ 170.00	\$ 1,882.03	\$ 2,052.03
3. Consultants	\$ -	\$ 10.00	\$ 10.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 20.00	\$ 5.00	\$ 25.00	\$ 20.00	\$ 5.00	\$ 25.00	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 54.00	\$ 4.00	\$ 58.00	\$ 40.26	\$ 4.00	\$ 44.26	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ 81.00	\$ 81.00	\$ -	\$ 81.00	\$ 81.00	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 139.00	\$ 19.00	\$ 158.00	\$ 139.00	\$ 19.00	\$ 158.00	\$ -	\$ -	\$ -
6. Travel	\$ 450.00	\$ 8.00	\$ 458.00	\$ 450.00	\$ 8.00	\$ 458.00	\$ -	\$ -	\$ -
7. Occupancy	\$ 918.00	\$ 19.00	\$ 937.00	\$ 918.00	\$ 19.00	\$ 937.00	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 109.00	\$ 1.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 1.00	\$ 109.00	\$ 109.00
Postage	\$ 48.00	\$ 13.00	\$ 61.00	\$ -	\$ -	\$ -	\$ 13.00	\$ 48.00	\$ 61.00
Subscriptions	\$ 28.00	\$ 5.00	\$ 33.00	\$ -	\$ -	\$ -	\$ 5.00	\$ 28.00	\$ 33.00
Audit and Legal	\$ 41.00	\$ 4.00	\$ 45.00	\$ -	\$ -	\$ -	\$ 4.00	\$ 41.00	\$ 45.00
Insurance	\$ 79.00	\$ 19.00	\$ 98.00	\$ 79.00	\$ 19.00	\$ 98.00	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ 35.00	\$ 35.00	\$ -	\$ 35.00	\$ 35.00	\$ -	\$ -	\$ -
Marketing/Communications	\$ -	\$ 2.00	\$ 2.00	\$ -	\$ 2.00	\$ 2.00	\$ -	\$ -	\$ -
Staff Education and Training	\$ -	\$ 1.00	\$ 1.00	\$ -	\$ 1.00	\$ 1.00	\$ -	\$ -	\$ -
Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Website Maintenance	\$ 9.00	\$ 11.00	\$ 20.00	\$ -	\$ -	\$ -	\$ 11.00	\$ 9.00	\$ 20.00
Staff Recruitment/Payroll Expense	\$ 78.00	\$ 19.00	\$ 97.00	\$ 78.00	\$ 19.00	\$ 97.00	\$ -	\$ -	\$ -
Volunteer Recognition	\$ 20.00	\$ -	\$ 20.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 12,057.76	\$ 1,146.18	\$ 13,203.94	\$ 1,744.26	\$ 406.06	\$ 2,150.32	\$ 10,315.43	\$ 735.18	\$ 11,052.87
Indirect As A Percent of Direct		9.5%		23.3%	7.2%				

Contractor Initials: *RJB*
Date: *12-4-13*

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

Bidder/Program Name: GSCC/SJLRC Grafton
Budget Request for: Senior Medicare Patrol Program
(Name of Program)
Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHS Contract Share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 5,574.79	\$ 6,180.52	-	-	\$ 5,574.79	\$ 6,180.52	\$ 11,755.31
2. Employee Benefits	\$ 1,282.20	\$ 1,421.52	-	-	\$ 1,282.20	\$ 1,421.52	\$ 2,703.72
3. Consultants	\$ -	\$ 6.00	-	-	\$ -	\$ 6.00	\$ 6.00
4. Equipment	\$ -	\$ -	-	-	\$ -	\$ -	\$ -
5. Rental	\$ 15.00	\$ 19.00	-	-	\$ 15.00	\$ 19.00	\$ 34.00
6. Repair and Maintenance	\$ 40.00	\$ 43.00	-	-	\$ 40.00	\$ 43.00	\$ 83.00
7. Purchase/Depreciation	\$ -	\$ 50.00	-	-	\$ -	\$ 50.00	\$ 50.00
8. Supplies	\$ -	\$ -	-	-	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	-	-	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	-	-	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	-	-	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	-	-	\$ -	\$ -	\$ -
13. Office	\$ 104.00	\$ 122.00	\$ 104.00	\$ -	\$ -	\$ -	\$ 226.00
14. Travel	\$ 7.00	\$ 7.00	-	-	\$ 7.00	\$ 7.00	\$ 14.00
15. Occupancy	\$ 568.00	\$ 582.00	-	-	\$ 568.00	\$ 582.00	\$ 1,150.00
16. Current Expenses	\$ -	\$ -	-	-	\$ -	\$ -	\$ -
17. Telephone	\$ 83.00	\$ 84.00	-	-	\$ 83.00	\$ 84.00	\$ 167.00
18. Postage	\$ 40.00	\$ 51.00	-	-	\$ 40.00	\$ 51.00	\$ 91.00
19. Subscriptions	\$ 21.00	\$ 25.00	-	-	\$ 21.00	\$ 25.00	\$ 46.00
20. Audit and Legal	\$ 31.00	\$ 34.00	-	-	\$ 31.00	\$ 34.00	\$ 65.00
21. Insurance	\$ 151.00	\$ 167.00	-	-	\$ 151.00	\$ 167.00	\$ 318.00
22. Board Expenses	\$ -	\$ -	-	-	\$ -	\$ -	\$ -
23. Software	\$ 1,154.00	\$ 28.00	-	-	\$ 1,154.00	\$ 28.00	\$ 1,182.00
24. Marketing/Communications	\$ 200.00	\$ 201.00	-	-	\$ 200.00	\$ 201.00	\$ 401.00
25. Staff Education and Training	\$ -	\$ -	-	-	\$ -	\$ -	\$ -
26. Subcontracts/Agreements	\$ -	\$ -	-	-	\$ -	\$ -	\$ -
27. Other (specific details mandatory):	\$ 9.00	\$ 9.00	-	-	\$ 9.00	\$ 9.00	\$ 18.00
28. Website Maintenance	\$ 78.00	\$ 94.00	-	-	\$ 78.00	\$ 94.00	\$ 172.00
29. Staff Recruiting/Travel Expense	\$ 20.00	\$ 20.00	-	-	\$ 20.00	\$ 20.00	\$ 40.00
30. Volunteer Recognition	\$ -	\$ -	-	-	\$ -	\$ -	\$ -
TOTAL	\$ 9,993.99	\$ 10,337.04	\$ 1,417.00	\$ 60.00	\$ 8,576.99	\$ 10,337.04	\$ 18,914.03
Indirect As A Percent of Direct		9.4%	4.2%		10.3%		

Contractor Initials: *KJB*
Date: *12-23-13*

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

Bidder/Program Name: GCSCC/SILRC Draft

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 7/1/14 - 6/30/16

Line Item	Total Program Cost		Contractor Other? Select:		Requested Budget to be Provided by DHEC Contract Show		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 13,701.48	\$ 1,272.95	\$ 14,974.43	\$ -	\$ 13,701.48	\$ 1,272.95	\$ 14,974.43
2. Employee Benefits	\$ 3,151.34	\$ 292.78	\$ 3,444.12	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ 17.00	\$ 17.00	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 31.00	\$ 9.00	\$ 40.00	\$ 9.00	\$ -	\$ -	\$ 49.00
6. Repair and Maintenance	\$ 21.00	\$ 7.00	\$ 28.00	\$ 7.00	\$ 31.00	\$ -	\$ 69.00
7. Purchase/Depreciation	\$ -	\$ 105.00	\$ 105.00	\$ -	\$ 21.00	\$ -	\$ 126.00
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. L&D	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 330.00	\$ 33.00	\$ 363.00	\$ -	\$ -	\$ -	\$ 363.00
14. Travel	\$ 1,222.00	\$ 14.00	\$ 1,236.00	\$ -	\$ 1,222.00	\$ -	\$ 2,458.00
15. Occupancy	\$ 1,461.00	\$ 33.00	\$ 1,494.00	\$ 733.00	\$ 668.00	\$ -	\$ 2,162.00
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 170.00	\$ 1.00	\$ 171.00	\$ -	\$ -	\$ -	\$ 171.00
18. Postage	\$ 76.00	\$ 23.00	\$ 99.00	\$ -	\$ 1.00	\$ -	\$ 100.00
19. Subscriptions	\$ -	\$ 9.00	\$ 9.00	\$ -	\$ 23.00	\$ -	\$ 32.00
20. Audit and Legal	\$ 65.00	\$ 6.00	\$ 71.00	\$ -	\$ 9.00	\$ -	\$ 80.00
21. Insurance	\$ 124.00	\$ 33.00	\$ 157.00	\$ -	\$ 6.00	\$ -	\$ 163.00
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ 33.00	\$ -	\$ 33.00
23. Software	\$ -	\$ 43.00	\$ 43.00	\$ -	\$ -	\$ -	\$ 43.00
24. Marketing/Communications	\$ -	\$ 4.00	\$ 4.00	\$ -	\$ 4.00	\$ -	\$ 8.00
25. Staff Education and Training	\$ -	\$ 2.00	\$ 2.00	\$ -	\$ -	\$ -	\$ 2.00
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (Specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Website Maintenance	\$ 15.00	\$ 18.00	\$ 33.00	\$ -	\$ -	\$ -	\$ 51.00
29. Staff Recruiter/Payroll Expense	\$ 76.00	\$ 33.00	\$ 109.00	\$ 76.00	\$ 18.00	\$ -	\$ 153.00
30. Volunteer Recognition	\$ 16.00	\$ 7.43	\$ 23.43	\$ -	\$ 7.43	\$ -	\$ 30.86
TOTAL	\$ 20,399.82	\$ 1,957.73	\$ 22,357.55	\$ 4,237.77	\$ 622.78	\$ 1,272.95	\$ 27,291.05

Indirect As A Percent of Direct 9.6%

7.8%

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

Bidder/Program Name: OCS/CS/LRC Grafton

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHHS Contract Where	
	Direct Incremental	Indirect Flies	Direct Incremental	Indirect Flies	Direct Incremental	Indirect Flies
1. Total Salary/Wages	\$ 113,070.88	\$ 15,081.57	\$ 128,132.45	\$ -	\$ 113,070.88	\$ 15,081.57
2. Employee Benefits	\$ 28,006.30	\$ 3,484.16	\$ 29,470.46	\$ -	\$ 28,006.30	\$ 3,484.16
3. Consultants	\$ -	\$ 50.00	\$ 50.00	\$ -	\$ -	\$ 50.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rentals	\$ 378.00	\$ 26.00	\$ 404.00	\$ -	\$ 378.00	\$ 26.00
Repair and Maintenance	\$ 252.00	\$ 20.00	\$ 272.00	\$ -	\$ 252.00	\$ 20.00
Purchase/Depreciation	\$ 600.00	\$ 76.00	\$ 676.00	\$ -	\$ 600.00	\$ 76.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 3,928.00	\$ 20.00	\$ 3,948.00	\$ -	\$ 3,928.00	\$ 20.00
6. Travel	\$ 13,692.00	\$ 39.00	\$ 13,731.00	\$ -	\$ 13,692.00	\$ 39.00
7. Occupancy	\$ 18,399.00	\$ 155.00	\$ 18,554.00	\$ -	\$ 18,399.00	\$ 155.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 2,026.00	\$ 13.00	\$ 2,039.00	\$ -	\$ 2,026.00	\$ 13.00
Postage	\$ 903.00	\$ 70.00	\$ 973.00	\$ -	\$ 903.00	\$ 70.00
Subscriptions	\$ -	\$ 55.00	\$ 55.00	\$ -	\$ -	\$ 55.00
Audit and Legal	\$ 771.00	\$ 25.00	\$ 796.00	\$ -	\$ 771.00	\$ 25.00
Insurance	\$ 1,477.00	\$ 152.00	\$ 1,629.00	\$ -	\$ 1,477.00	\$ 152.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ 80.00	\$ 80.00	\$ -	\$ -	\$ 80.00
9. Marketing/Communications	\$ 1,550.00	\$ 15.00	\$ 1,565.00	\$ -	\$ 1,550.00	\$ 15.00
10. Staff Education and Training	\$ 688.00	\$ 5.00	\$ 703.00	\$ -	\$ 688.00	\$ 5.00
11. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Website Maintenance	\$ 183.00	\$ 60.00	\$ 243.00	\$ -	\$ 183.00	\$ 60.00
Staff Recruitment/ payroll Expense	\$ 684.00	\$ 45.00	\$ 729.00	\$ -	\$ 684.00	\$ 45.00
Volunteer Recognition	\$ 195.00	\$ 195.00	\$ 390.00	\$ -	\$ 195.00	\$ 195.00
TOTAL	\$ 188,023.18	\$ 19,411.73	\$ 204,434.91	\$ -	\$ 188,023.18	\$ 19,411.73
		10.5%		#DIV/0!		10.5%

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

Bidder/Program Name: GC8CC/SLRC Oration
 Budget Request for: Family Caregiver Program
 (Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share 7 Month			Requested Budget to be Provided By DHS/Contractor Share		
	Direct Incremental	Indirect Pooled	Total	Direct Incremental	Indirect Pooled	Total	Direct Incremental	Indirect Pooled	Total
1. Total Salary/Wages	\$ 27,087.56	\$ 3,500.63	\$ 30,588.19	-	-	-	\$ 27,087.56	\$ 3,500.63	\$ 30,588.19
2. Employee Benefits	\$ 6,225.54	\$ 805.12	\$ 7,030.66	-	-	-	\$ 6,225.54	\$ 805.12	\$ 7,030.66
3. Consultants	-	-	-	-	-	-	-	-	-
4. Equipment:	-	-	-	-	-	-	-	-	-
Rental	\$ 88.00	\$ 12.00	\$ 100.00	-	-	-	\$ 88.00	\$ 12.00	\$ 100.00
Repair and Maintenance	\$ 59.00	\$ 9.00	\$ 68.00	-	-	-	\$ 59.00	\$ 9.00	\$ 68.00
Purchase/Depreciation	-	\$ 20.00	\$ 20.00	-	-	-	-	\$ 20.00	\$ 20.00
5. Supplies	-	-	-	-	-	-	-	-	-
Educational	-	-	-	-	-	-	-	-	-
Lab	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-
Medical	-	-	-	-	-	-	-	-	-
Office	\$ 912.00	\$ 27.00	\$ 939.00	-	-	-	\$ 912.00	\$ 27.00	\$ 939.00
6. Travel	\$ 3,277.00	\$ 15.00	\$ 3,292.00	-	-	-	\$ 3,277.00	\$ 15.00	\$ 3,292.00
7. Occupancy	\$ 3,875.00	\$ 32.00	\$ 3,907.00	-	-	-	\$ 3,875.00	\$ 32.00	\$ 3,907.00
8. Current Expenses	-	-	-	-	-	-	-	-	-
Telephone	\$ 470.00	\$ 4.00	\$ 474.00	-	-	-	\$ 470.00	\$ 4.00	\$ 474.00
Postage	\$ 210.00	\$ 12.00	\$ 222.00	-	-	-	\$ 210.00	\$ 12.00	\$ 222.00
Subscriptions	-	\$ 5.00	\$ 5.00	-	-	-	-	\$ 5.00	\$ 5.00
Audit and Legal	\$ 178.00	\$ 14.00	\$ 192.00	-	-	-	\$ 178.00	\$ 14.00	\$ 192.00
Insurance	\$ 343.00	\$ 35.00	\$ 378.00	-	-	-	\$ 343.00	\$ 35.00	\$ 378.00
Board Expenses	-	-	-	-	-	-	-	-	-
Software	-	\$ 10.00	\$ 10.00	-	-	-	-	\$ 10.00	\$ 10.00
Marketing/Communications	-	\$ 5.00	\$ 5.00	-	-	-	-	\$ 5.00	\$ 5.00
11. Staff Education and Training	-	\$ 3.00	\$ 3.00	-	-	-	-	\$ 3.00	\$ 3.00
12. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
13. Other (specify details mandatory):	-	-	-	-	-	-	-	-	-
Website Maintenance	\$ 43.00	\$ 5.00	\$ 48.00	-	-	-	\$ 43.00	\$ 5.00	\$ 48.00
Staff Recruitment/Payroll Expense	\$ 209.00	\$ 10.00	\$ 219.00	-	-	-	\$ 209.00	\$ 10.00	\$ 219.00
Volunteer Recognition	\$ 44.00	-	\$ 44.00	-	-	-	\$ 44.00	-	\$ 44.00
TOTAL	\$ 43,002.18	\$ 4,838.75	\$ 47,840.93	-	-	-	\$ 43,002.18	\$ 4,838.75	\$ 47,840.93
Indirect As A Percent of Direct								10.5%	

Line Item	Total Program Cost		Contractor Share / Month		Response Budget to be Funded by DHS Contract Share		
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 18,124.60	\$ 2,016.13	\$ 18,124.60	\$ 2,016.13	\$ -	\$ -	
2. Employee Benefits	\$ 4,188.86	\$ 463.71	\$ 4,188.86	\$ 463.71	\$ -	\$ -	
3. Consultants	\$ -	\$ 10.00	\$ -	\$ 10.00	\$ -	\$ -	
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Rental	\$ 51.00	\$ 14.00	\$ 51.00	\$ 14.00	\$ -	\$ -	
Repair and Maintenance	\$ 34.00	\$ 11.00	\$ 34.00	\$ 11.00	\$ -	\$ -	
Purchases/Depreciation	\$ -	\$ 60.00	\$ -	\$ 60.00	\$ -	\$ -	
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
6. Office	\$ 528.00	\$ 43.00	\$ 528.00	\$ 43.00	\$ -	\$ -	
7. Travel	\$ 1,834.00	\$ 23.00	\$ 1,834.00	\$ 23.00	\$ -	\$ -	
8. Current Expenses	\$ 2,238.00	\$ 53.00	\$ 2,238.00	\$ 53.00	\$ -	\$ -	
Telephone	\$ 271.00	\$ 2.00	\$ 271.00	\$ 2.00	\$ -	\$ -	
Postage	\$ 121.00	\$ 30.00	\$ 121.00	\$ 30.00	\$ -	\$ -	
Subscriptions	\$ -	\$ 15.00	\$ -	\$ 15.00	\$ -	\$ -	
Audit and Legal	\$ 103.00	\$ 10.00	\$ 103.00	\$ 10.00	\$ -	\$ -	
Insurance	\$ 198.00	\$ 53.00	\$ 198.00	\$ 53.00	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ 30.00	\$ -	\$ 30.00	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ 7.00	\$ -	\$ 7.00	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ 3.00	\$ -	\$ 3.00	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
13. Other specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Website Maintenance	\$ 25.00	\$ 10.00	\$ 25.00	\$ 10.00	\$ -	\$ -	
Staff Recruitment/Payroll Expense	\$ 119.00	\$ 20.00	\$ 119.00	\$ 20.00	\$ -	\$ -	
Volunteer Recognition	\$ 27.00	\$ -	\$ 27.00	\$ -	\$ -	\$ -	
TOTAL	\$ 27,838.28	\$ 2,072.84	\$ 27,838.28	\$ 2,072.84	\$ 19,862.72	\$ 2,016.13	
				10.3%			
Indirect As A Percent of Direct				10.3%			

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

Bidder/Program Name: GCSCC/SLRC Graffon
Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 7/1/16 - 6/30/16

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

Bidder/Program Name: OCS CC/LIRC Griffin
Budget Request for: Senior Medicare Patrol Program
(Name of Program)
Budget Period: 7/1/16 - 6/30/18

Line Item	Total Program Cost		Contractor Share (Match)		Incremental Budget to be Funded by Direct Contract Share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 915.79	\$ 9,449.51	\$ -	\$ -	\$ -	\$ -	\$ 9,449.51
2. Employee Benefits	\$ 210.63	\$ 2,173.38	\$ -	\$ -	\$ -	\$ -	\$ 2,173.38
3. Consultants	\$ 2.00	\$ 2.00	\$ -	\$ -	\$ -	\$ -	\$ 2.00
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 23.00	\$ 23.00	\$ -	\$ -	\$ -	\$ -	\$ 23.00
6. Repair and Maintenance	\$ 5.00	\$ 5.00	\$ -	\$ -	\$ -	\$ -	\$ 5.00
7. Purchase/Depreciation	\$ 35.00	\$ 35.00	\$ -	\$ -	\$ -	\$ -	\$ 35.00
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 238.00	\$ 262.00	\$ 24.00	\$ -	\$ -	\$ -	\$ 262.00
14. Travel	\$ 10.00	\$ 642.00	\$ 10.00	\$ 378.50	\$ -	\$ -	\$ 388.50
15. Occupancy	\$ 1,013.00	\$ 1,013.00	\$ 24.00	\$ -	\$ -	\$ -	\$ 1,037.00
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 83.00	\$ 84.00	\$ -	\$ -	\$ -	\$ -	\$ 84.00
18. Postage	\$ 55.00	\$ 12.00	\$ -	\$ -	\$ -	\$ -	\$ 67.00
19. Subscriptions	\$ -	\$ 7.00	\$ -	\$ -	\$ -	\$ -	\$ 7.00
20. Audit and Legal	\$ 47.00	\$ 52.00	\$ -	\$ -	\$ -	\$ -	\$ 99.00
21. Insurance	\$ 90.00	\$ 114.00	\$ -	\$ -	\$ -	\$ -	\$ 204.00
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ 20.00	\$ -	\$ -	\$ -	\$ -	\$ 20.00
24. Marketing/Communications	\$ -	\$ 3.00	\$ -	\$ -	\$ -	\$ -	\$ 3.00
25. Staff Education and Training	\$ -	\$ 1.00	\$ -	\$ -	\$ -	\$ -	\$ 1.00
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specify details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Website Maintenance	\$ 10.00	\$ 6.00	\$ -	\$ -	\$ -	\$ -	\$ 16.00
29. Staff Recruitment/Payroll Expense	\$ 12.00	\$ 12.00	\$ -	\$ -	\$ -	\$ -	\$ 24.00
30. Volunteer Recognition	\$ -	\$ 6.27	\$ -	\$ -	\$ -	\$ -	\$ 6.27
TOTAL	\$ 12,926.48	\$ 14,249.90	\$ 1,868.77	\$ 407.63	\$ 11,257.71	\$ 2,078.49	\$ 12,175.50

Indirect As A Percent of Direct 8.1%

Contractor Initials: *RJB*
Date: *12-4-13*

NH Department of Health and Human Services

STANDARD EXHIBIT C

SPECIAL PROVISIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14.1 The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. Prior Approval and Copyright Ownership:

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

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

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

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

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

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

SPECIAL PROVISIONS – DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

NH Department of Health and Human Services

STANDARD EXHIBIT D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR 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

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

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

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

10 Campbell St, Lebanon, NH 03766
262 Cottage St, Suite 661, Littleton, NH 03561

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

Grafton County
Senior Citizens Council, Inc.

From: 1/1/14 To: 6/30/15

(Contractor Name)

(Period Covered by this Certification)

Roberta J. Berner, Executive Director

(Name & Title of Authorized Contractor Representative)

Roberta J. Berner

(Contractor Representative Signature)

12-4-13

(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT E

CERTIFICATION REGARDING LOBBYING

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

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

- Programs (indicate applicable program covered):
- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

Contract Period: 1/1/14 through 6/30/15

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.

Roberta J. Berner
(Contractor Representative Signature)

Roberta J. Berner, Executive Director
(Authorized Contractor Representative Name & Title)

Grafton County
Senior Citizens Council, Inc.
(Contractor Name)

12-4-13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT F

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

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

Contractor Initials: RJB

Date: 12-4-13

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

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

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

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

<i>Roberta J. Berner</i>	<i>Roberta J. Berner, Executive Director</i>
(Contractor Representative Signature)	(Authorized Contractor Representative Name & Title)
<i>Grafton County Senior Citizens Council, Inc.</i>	<i>12-4-13</i>
(Contractor Name)	(Date)

Contractor Initials: *RJB*
 Date: *12-4-13*

NH Department of Health and Human Services
STANDARD EXHIBIT G
CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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

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

<u>Roberta J. Berner</u> (Contractor Representative Signature)	<u>Roberta J. Berner, Executive Director</u> (Authorized Contractor Representative Name & Title)
<u>Grafton County</u> <u>Senior Citizens Council, Inc.</u> (Contractor Name)	<u>12-4-13</u> (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Roberta J. Berner
(Contractor Representative Signature)

Roberta J. Berner, Executive Director
(Authorized Contractor Representative Name & Title)

Grafton County
Senior Citizens Council, Inc.
(Contractor Name)

12-4-13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreasonable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) Use and Disclosure of Protected Health Information.

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402 of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

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

(3) Obligations and Activities of Business Associate.

- a. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec.13404.
- c. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- d. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)b and (3)k herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- f. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- g. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

- h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- i. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

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

(5) **Termination for Cause**

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

(6) **Miscellaneous**

- a. **Definitions and Regulatory References.** All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, and the HITECH Act as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. **Amendment.** Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. **Data Ownership.** The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. **Interpretation.** The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule and the HITECH Act.
- e. **Segregation.** If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. **Survival.** Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

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

<u>Department of Health & Human Services</u>	<u>Gratton County</u>
The State Agency Name	Name of the Contractor

Sheri L. Rockburn
Signature of Authorized Representative

Roberta J. Berner
Signature of Authorized Representative

Sheri L. Rockburn
Name of Authorized Representative

Roberta J. Berner
Name of Authorized Representative

Acting Assock Commissioner
Title of Authorized Representative

Executive Director
Title of Authorized Representative

12/4/13
Date

12-4-13
Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

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

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

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

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

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

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

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

Roberta J. Berner Roberta J. Berner, Executive Director
(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

Grafton County Senior Citizens Council, Inc. 12-4-13
(Contractor Name) (Date)

Contractor initials: RJB
Date: 12-4-13
Page # 1 of Page # 2

NH Department of Health and Human Services

STANDARD EXHIBIT J

FORM A

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

1. The DUNS number for your entity is: 028411510

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

NO

YES

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

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

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

NO

YES

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

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

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

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Contractor initials: RJB
Date: 12-4-13
Page # 2 of Page # 2



State of New Hampshire
Department of Health and Human Services
Amendment #3 to the New Hampshire ServiceLink Resource Centers Program Contract

This third Amendment to the New Hampshire ServiceLink Resource Centers Program contract (hereinafter referred to as "Amendment #3") dated this 16th day of August 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lakes Region Partnership for Public Health, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 67 Water Street, Suite 105, Laconia, NH, 03246.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (Item #62) and amended by an agreement (Amendment #1 to the Contract) approved on February 28, 2014 (Item #35) and amended by an agreement (Amendment #2 to the Contract) approved on May 6, 2015 (Item #23), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties; and

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional three (3) months and increase the price limitation; and

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

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: December 31, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$1,418,779.
3. Delete Exhibit B-17 and replace with Exhibit B-17 Amendment #1.
4. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 12/31/16.
5. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 12/31/16.



New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

8/29/14
Date

Maura Ryan
NAME Maura Ryan
TITLE Director, Office of Human Services

Lakes Region Partnership for Public Health, Inc.

8/22/16
Date

Alida J Millham
NAME ALIDA MILLHAM
TITLE Pres / Bd of Dir

Acknowledgement:

State of New Hampshire County of Belknap on Aug 22, 2016, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Colleen A. Drovin
Name and Title of Notary or Justice of the Peace



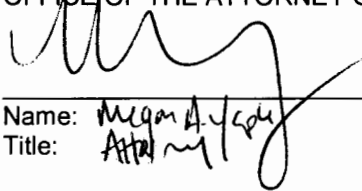


**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 9/4/14


Name: Megan A. J. [unclear]
Title: Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____

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

Contractor Name: Lakes Region Partnership for Public Health, Inc.

Program Name ServiceLink Resource Center

Budget Period: 7/1/16 - 12/31/16

Line Item	Total Program Cost			Contractor Share / Match			Reimbursement to be Provided by SHHS Contract Effect		
	Direct Reimbursement	Indirect Plans	Total	Direct Reimbursement	Indirect Plans	Total	Direct Reimbursement	Indirect Plans	Total
1. Total Salary/Wages	\$ 139,141.00	\$ -	\$ 139,141.00	\$ -	\$ -	\$ -	\$ 139,141.00	\$ -	\$ 139,141.00
2. Employee Benefits	\$ 30,578.00	\$ -	\$ 30,578.00	\$ -	\$ -	\$ -	\$ 30,578.00	\$ -	\$ 30,578.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,922.00	\$ -	\$ 1,922.00	\$ -	\$ -	\$ -	\$ 1,922.00	\$ -	\$ 1,922.00
Repair and Maintenance	\$ 2,377.00	\$ -	\$ 2,377.00	\$ -	\$ -	\$ -	\$ 2,377.00	\$ -	\$ 2,377.00
Purchase/Depreciation	\$ 252.00	\$ -	\$ 252.00	\$ -	\$ -	\$ -	\$ 252.00	\$ -	\$ 252.00
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 2,732.00	\$ -	\$ 2,732.00	\$ -	\$ -	\$ -	\$ 2,732.00	\$ -	\$ 2,732.00
6. Travel	\$ 6,757.00	\$ -	\$ 6,757.00	\$ -	\$ -	\$ -	\$ 6,757.00	\$ -	\$ 6,757.00
7. Occupancy	\$ 16,419.00	\$ -	\$ 16,419.00	\$ -	\$ -	\$ -	\$ 16,419.00	\$ -	\$ 16,419.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,481.00	\$ -	\$ 1,481.00	\$ -	\$ -	\$ -	\$ 1,481.00	\$ -	\$ 1,481.00
Postage	\$ 825.00	\$ -	\$ 825.00	\$ -	\$ -	\$ -	\$ 825.00	\$ -	\$ 825.00
Subscriptions	\$ 345.00	\$ -	\$ 345.00	\$ -	\$ -	\$ -	\$ 345.00	\$ -	\$ 345.00
Audit and Legal	\$ 2,978.00	\$ -	\$ 2,978.00	\$ -	\$ -	\$ -	\$ 2,978.00	\$ -	\$ 2,978.00
Insurance	\$ 1,677.00	\$ -	\$ 1,677.00	\$ -	\$ -	\$ -	\$ 1,677.00	\$ -	\$ 1,677.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 363.00	\$ -	\$ 363.00	\$ -	\$ -	\$ -	\$ 363.00	\$ -	\$ 363.00
10. Marketing/Communications	\$ 293.00	\$ -	\$ 293.00	\$ -	\$ -	\$ -	\$ 293.00	\$ -	\$ 293.00
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Specify details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Internet and Web	\$ 1,276.00	\$ -	\$ 1,276.00	\$ -	\$ -	\$ -	\$ 1,276.00	\$ -	\$ 1,276.00
Finance, Accounting & Contract Management	\$ -	\$ 25,141.00	\$ 25,141.00	\$ -	\$ -	\$ -	\$ -	\$ 25,141.00	\$ 25,141.00
TOTAL	\$ 297.00	\$ -	\$ 297.00	\$ -	\$ -	\$ -	\$ 297.00	\$ -	\$ 297.00
TOTAL	\$ 209,713.00	\$ 25,141.00	\$ 234,854.00	\$ -	\$ -	\$ -	\$ 209,713.00	\$ 25,141.00	\$ 234,854.00

Indirect As A Percent of Direct

12.0%

#DIV0!

12.0%

Contractor Initials: *HL*
 Date: 8-22-16

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 Lakes Region Partnership for Public Health, Inc. is a New Hampshire nonprofit corporation formed April 21, 2005. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 21st day of June A.D. 2016

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, David Emberley, of Lakes Region Partnership for Public Health, Inc. , do hereby certify that:

1. I am the duly elected Treasurer of the Lakes Region Partnership for Public Health, Inc;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation duly held on September 24, 2015;

RESOLVED: That this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services;

RESOLVED: That the President and/or Vice President is hereby authorized on behalf of this corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. Alida Millham is the duly elected President and Karin Salome is the duly elected Vice President of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of August 22, 2016.

IN WITNESS WHEREOF, I have hereunto set my hand as the ^{Treasurer}~~Secretary~~ of the corporation this day of August 22, 2016.

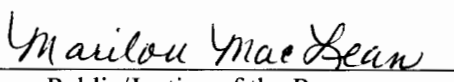


Treasurer, Board of Directors

(CORPORATE SEAL)
STATE OF NH
COUNTY OF BELKNAP

The foregoing instrument was acknowledged before me this 22th day of August, 2016 by David Emberley.





Notary Public/~~Justice of the Peace~~
My Commission Expires: Sept. 17, 2019

Lakes Region Partnership for Public Health, Inc.

Mission: To improve the health and well being of the Region through inter-organizational collaboration and community and public health improvement activities.

Lakes Region Partnership for Public Health, Inc.

D/B/A Partnership for Public Health

Financial Statements

With Schedule of Expenditures of Federal Awards

June 30, 2015

(With Comparative Information for June 30, 2014)

and

Independent Auditor's Report

**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***

**Report on Compliance for Each Major Federal Program
and Report on Internal Control Over Compliance**

Schedule of Findings and Questioned Costs

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
FINANCIAL STATEMENTS
June 30, 2015
(With Comparative Information for June 30, 2014)**

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health

Report on the Financial Statements

We have audited the accompanying financial statements of Lakes Region Partnership for Public Health, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2015, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with 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 financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our 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 financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Lakes Region Partnership for Public Health, Inc. as of June 30, 2015, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Comparative Information

The financial information for June 30, 2014 has been derived from Lakes Region Partnership for Public Health, Inc.'s fiscal year 2014 financial statements, which were audited by a predecessor auditor. An unmodified opinion was issued on those financial statements dated November 3, 2014. We were not engaged to audit, review, or apply any procedures on the June 30, 2014 financial statements of the Entity and, accordingly, we do not express an opinion or any other form of assurance on the 2014 financial statements as a whole.

Other Matters

Supplementary Information

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

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 5, 2015, on our consideration of Lakes Region Partnership for Public Health, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements. 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 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 Lakes Region Partnership for Public Health, Inc.'s internal control over financial reporting and compliance.


Manchester, New Hampshire
November 5, 2015

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
STATEMENT OF FINANCIAL POSITION
June 30, 2015
(With Comparative Information for June 30, 2014)

ASSETS		
	<u>2015</u>	<u>2014</u>
CURRENT ASSETS:		
Cash	\$ 184,022	\$ 272,749
Investments	30,033	-
Contracts receivable	411,275	190,624
Prepaid expenses	<u>17,300</u>	<u>20,475</u>
TOTAL CURRENT ASSETS	<u>642,630</u>	<u>483,848</u>
PROPERTY AND EQUIPMENT:		
Leasehold improvements	4,561	4,561
Furniture and equipment	14,510	14,510
Office equipment	<u>17,808</u>	<u>25,909</u>
	36,879	44,980
Less accumulated depreciation	<u>(25,675)</u>	<u>(35,130)</u>
PROPERTY AND EQUIPMENT, NET	<u>11,204</u>	<u>9,850</u>
OTHER NONCURRENT ASSETS:		
Deposit	<u>3,236</u>	<u>2,499</u>
TOTAL OTHER NONCURRENT ASSETS	<u>3,236</u>	<u>2,499</u>
TOTAL ASSETS	<u>\$ 657,070</u>	<u>\$ 496,197</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable	\$ 222,022	\$ 161,075
Accrued payroll	20,222	18,184
Accrued compensated absences	20,215	21,545
Accrued other expenses	15,000	15,358
Deferred contract revenue	119,979	116,576
Fiduciary funds	<u>26,045</u>	<u>28,839</u>
TOTAL CURRENT LIABILITIES	<u>423,483</u>	<u>361,577</u>
TOTAL LIABILITIES	<u>423,483</u>	<u>361,577</u>
NET ASSETS:		
Temporarily restricted	9,047	8,188
Unrestricted	<u>224,540</u>	<u>126,432</u>
TOTAL NET ASSETS	<u>233,587</u>	<u>134,620</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 657,070</u>	<u>\$ 496,197</u>

See notes to financial statements

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
STATEMENT OF ACTIVITIES
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)

	<u>2015</u>	<u>2014</u>
CHANGES IN UNRESTRICTED NET ASSETS:		
SUPPORT AND REVENUE		
Contributions	\$ 48,050	\$ 20,675
In-kind support	44,943	83,098
Federal funds	1,565,608	1,091,796
State funds	223,253	194,222
Private grants and awards	83,078	112,471
Special events	7,054	3,632
Agent fees	147,392	91,694
Miscellaneous income	1,181	3,127
Interest income	77	40
TOTAL UNRESTRICTED SUPPORT AND REVENUE	<u>2,120,636</u>	<u>1,600,755</u>
NET ASSETS RELEASED FROM RESTRICTIONS:		
Satisfaction of donor restrictions	<u>6,390</u>	<u>2,548</u>
TOTAL NET ASSETS RELEASED FROM RESTRICTIONS	<u>6,390</u>	<u>2,548</u>
TOTAL UNRESTRICTED REVENUES AND OTHER SUPPORT	<u>2,127,026</u>	<u>1,603,303</u>
EXPENSES:		
Program services	1,783,369	1,406,247
Management and general	245,549	176,849
Fundraising and development	-	1,483
TOTAL EXPENSES	<u>2,028,918</u>	<u>1,584,579</u>
TOTAL INCREASE IN UNRESTRICTED NET ASSETS	<u>98,108</u>	<u>18,724</u>
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	7,249	3,632
Net assets released from restrictions	<u>(6,390)</u>	<u>(2,548)</u>
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	<u>859</u>	<u>1,084</u>
CHANGE IN NET ASSETS	98,967	19,808
NET ASSETS, JULY 1	<u>134,620</u>	<u>114,812</u>
NET ASSETS, JUNE 30	<u>\$ 233,587</u>	<u>\$ 134,620</u>

See notes to financial statements

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
STATEMENT OF CASH FLOWS
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)

	<u>2015</u>	<u>2014</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 98,967	\$ 19,808
Adjustments to Reconcile Increase in Net Assets to to Net Cash (Used) Provided by Operating Activities:		
Depreciation	3,926	4,726
Change in assets and liabilities:		
Accounts receivable	(220,651)	(57,865)
Prepaid expenses	3,175	(11,137)
Deposit	(737)	-
Accounts payable	60,947	122,559
Accrued liabilities	350	12,111
Deferred contract revenue	3,403	16,725
Fiduciary passthrough	(2,794)	(868)
Net Cash (Used) Provided by Operating Activities	<u>(53,414)</u>	<u>106,059</u>
 Cash Flows From Investing Activities:		
Purchase of investments	(30,033)	-
Purchase of property and equipment	(5,280)	-
Net Cash (Used) by Investing Activities	<u>(35,313)</u>	<u>-</u>
 Net (decrease) increase in cash	(88,727)	106,059
 Cash, beginning of year	<u>272,749</u>	<u>166,690</u>
Cash, ending of year	<u>\$ 184,022</u>	<u>\$ 272,749</u>
 Supplemental Disclosures:		
In-kind donations received	\$ 44,943	\$ 83,098
In-kind expenses	(44,943)	(83,098)
	<u>\$ -</u>	<u>\$ -</u>

See notes to financial statements

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)**

NOTE 1--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and Purpose

Lakes Region Partnership for Public Health, Inc. (the Entity) was organized on May 21, 2005 to improve the health and well-being of the Lakes Region through inter-organizational collaboration and community and public health improvement activities.

Accounting Policies

The accounting policies of the Entity conform to accounting principles generally accepted in the United States of America as applicable to non-profit entities. The following is a summary of significant accounting policies.

Basis of Presentation

The financial statements have been prepared in accordance with the reporting pronouncements pertaining to Not-for-Profit Entities included within the FASB Accounting Standards Codification (FASB ASC 958-205). Under FASB ASC 958-205, the Entity is required to report 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.

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

Revenues from program services are recorded when earned. Other miscellaneous revenues are recorded upon receipt.

Contributions

The Entity accounts for contributions received in accordance with FASB ASC 958-605, *Accounting for Contributions Received and Contributions Made*. Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions.

Recognition of Donor Restrictions

Contributions are recognized when the donor makes a promise to give to the Entity that is, in substance, unconditional. Contributions that are restricted by the donor are reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor restricted support is reported as an increase in temporarily or permanently restricted net assets

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)**

depending on the nature of the restriction. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Cash and Cash Equivalents

For the purpose of the statement of cash flows, cash and equivalents consists of demand deposits, cash on hand and all highly liquid investments with a maturity of 90 days or less.

Investments

Investments, which consist principally of certificates of deposit, are carried at their market value at June 30, 2015.

Property and Equipment

Property and equipment are stated at cost. Donated property and equipment is recorded at fair value determined as of the date of the donation. The Entity's policy is to capitalize expenditures for equipment and major improvements and to charge to operations currently for expenditures which do not extend the lives of related assets in the period incurred. Depreciation is computed using the straight-line method at rates intended to amortize the cost of related assets over their estimated useful lives as follows:

	<u>Years</u>
Leasehold improvements	10-15
Furniture and equipment	5-15
Office equipment	5-10

Depreciation expense was \$3,926 and \$4,726 for the years ended June 30, 2015 and 2014, respectively.

Compensated Absences

Employees of the Entity working full-time and part-time employees working at least 20 hours per week are entitled to paid time off. Vacation time is earned from the first day of work. A maximum of 160 hours can be earned based on years of service while 80 hours can be carried over and accumulated to the next year. Accumulated vacation time is payable upon termination of employment with proper notice. The Entity accrues accumulated vacation wages accordingly.

Donated Services, Materials and Facilities

The Entity receives significant volunteer time and efforts. The value of these volunteer efforts, while critical to the success of its mission, is not reflected in the financial statements since it does not meet the criteria necessary for recognition according to generally accepted accounting principles. Donated goods and professional services are recorded as both revenue and expense at estimated fair value.

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)**

Functional Allocation of Expenses

The costs of providing the various programs and supporting services have been summarized on a functional basis. Accordingly, certain costs have been allocated on the statement of functional expenses among the programs and supporting services based on percentage allocations determined by the Entity's management.

Bad Debts

The Entity uses the reserve method for accounting for bad debts. No allowance has been recorded as of June 30, 2015 and 2014, because management of the Entity believes that all outstanding receivables are fully collectible.

Estimates

The preparation of 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 could differ from those estimates.

Income Taxes

The Entity has received a determination letter from the Internal Revenue Service stating that it qualifies for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code for any exempt function income. In addition, the Entity is not subject to state income taxes. Accordingly, no provision has been made for Federal or State income taxes.

The FASB adopted Accounting Standards Codification Topic 740 entitled *Accounting for Income Taxes* which requires the Entity to report uncertain tax positions for financial reporting purposes. FASB ASC 740 prescribes rules regarding how the Entity should recognize, measure and disclose in its financial statements, tax positions that were taken or will be taken on the Entity's tax returns that are reflected in measuring current or deferred income tax assets and liabilities. Differences between tax positions taken in a tax return and amounts recognized in the financial statements will generally result in an increase in a liability for income tax payable or a reduction in a deferred tax asset or an increase in a deferred tax liability. The Entity does not have any material unrecognized tax benefits. As of June 30, 2015, the tax years ending June 30, 2014, 2013 and 2012 remain subject to possible examination by major tax jurisdictions.

Fair Value of Financial Instruments

Cash and equivalents, accounts receivable, accounts payable and accrued expenses are carried in the financial statements at amounts which approximate fair value due to the inherently short-term nature of the transactions. The fair values determined for financial instruments are estimates, which for certain accounts may differ significantly from the amounts that could be realized upon immediate liquidation.

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)**

Reclassification

Certain reclassifications have been made to the June 30, 2014 financial statement presentation to correspond to the current year format. These reclassifications had no effect on the change in net assets for the year ending June 30, 2014, as previously reported.

NOTE 2--CONCENTRATION OF CREDIT RISK

The Entity maintains bank deposits at local financial institutions located in New Hampshire. The Entity's demand deposits are insured by the Federal Deposit Insurance Corporation (FDIC) up to a total of \$250,000. The balances in excess of federally insured limits for the Entity were \$0 and \$28,606 at June 30, 2015 and 2014, respectively.

NOTE 3--INVESTMENTS

Fair Value Measurements

The Entity reports under the Fair Value Measurements pronouncements of the FASB Accounting Standards Codification (FASB ASC 820) which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs of valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below.

Level 1 - Inputs to the valuation methodology are unadjusted, quoted prices in active markets for identical assets or liabilities at the measurement date.

Level 2 – Inputs to the valuation include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities that are not active;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs at the closing price reported on the active market on which the individual securities are traded.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)

Following is a description of the valuation methodologies used for assets measured at fair value.

Certificates of Deposit: Valued at acquisition cost plus accrued interest which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Entity’s assets at fair value:

<u>Assets at Fair Value as of June 30, 2015</u>	
	<u>Level 1</u>
Certificates of Deposit	<u>\$ 30,033</u>

Investment Valuation and Income Recognition

The Entity’s investments as of June 30, 2015 are stated at fair value. Interest income is recorded on the accrual basis.

NOTE 4--DEFERRED INCOME

Deferred income of \$119,979 as of June 30, 2015, represents unearned grant revenue on contracts from various funding agencies.

NOTE 5--LINE OF CREDIT

The Entity has a \$50,000 line of credit with Bank of New Hampshire with an interest rate of 5.25%. The interest rate is based on the Wall Street Journal Prime Rate as published in the Wall Street Journal, which was 5.25% at June 30, 2015. At June 30, 2015 and 2014, the balance of the line of credit was \$0.

NOTE 6--TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consist of the following donor restricted funding at June 30, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Family Caregivers Network	\$ 2,323	\$ 3,877
Volunteer CERT	873	571
N4A	1,006	1,006
CERT	4,611	2,500
Other	<u>234</u>	<u>234</u>
	<u>\$ 9,047</u>	<u>\$ 8,188</u>

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)**

NOTE 7--CONCENTRATION OF REVENUE RISK

The Entity's primary source of revenues is fees and grants received from the State of New Hampshire and directly from the federal government. During the years ended June 30, 2015 and 2014, the Entity recognized revenue of \$1,788,861 (84.4%) and \$1,286,018 (80.3%), respectively, from fees and grants from governmental agencies. Revenue is recognized as earned under the terms of the grant contracts and is received on a cost reimbursement basis. Other support originates from other program services, contributions, in-kind donations, and other income.

NOTE 8--LEASE COMMITMENTS

The Entity entered into a lease for office space located in Tamworth, NH with monthly lease payments of \$1,533. Lease expense for the year ended June 30, 2015 was \$19,449.

The Entity also has two leases for office space in Laconia, NH. The first lease has monthly payments of \$2,030 through August 31, 2015. The second lease for additional office space was entered into on June 1, 2015 for a 3 year term. Monthly lease payments are \$737. Lease expense for the year ended June 30, 2015 for these two leases was \$25,209.

The following is a schedule, by years, of the future minimum payments for operating leases:

Year Ended <u>June 30,</u>	Annual <u>Lease Commitments</u>
2016	\$ 34,070
2017	20,812
2018	11,344

NOTE 9--CONTINGENCIES

The Entity participates in a number of federally assisted grant programs. These programs are subject to financial and compliance audits by the grantors or their representatives. The amounts, if any, of additional expenses which may be disallowed by the granting agency cannot be determined at this time, although the Entity expects such amounts, if any, to be immaterial.

NOTE 10--SUBSEQUENT EVENTS

Subsequent events have been evaluated through November 5, 2015, which is the date the financial statements were available to be issued.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
SCHEDULE OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2015

	<u>Program Services</u>	<u>Management and General</u>	<u>Total Expenses</u>
SALARIES AND RELATED EXPENSES:			
Salaries	\$ 556,944	\$ 152,786	\$ 709,730
Employee benefits	71,445	8,527	79,972
Payroll taxes	44,726	12,513	57,239
	<u>673,115</u>	<u>173,826</u>	<u>846,941</u>
OTHER EXPENSES:			
Professional fees	7,274	15,075	22,349
Office expense	16,819	929	17,748
Program supplies	9,453	32	9,485
Contract service	878,367	41,169	919,536
Occupancy	57,219	1,672	58,891
Donated program services	41,173	3,770	44,943
Communications expense	13,043	520	13,563
Staff education/meetings	39,009	652	39,661
Repair and maintenance	14,993	-	14,993
Miscellaneous	2,587	5,366	7,953
Insurance	8,003	2,538	10,541
Equipment purchase/rent	13,659	-	13,659
Postage	3,766	-	3,766
Depreciation	3,926	-	3,926
Dues	963	-	963
Total	<u>\$ 1,783,369</u>	<u>\$ 245,549</u>	<u>\$ 2,028,918</u>

SCHEDULE I

Lakes Region Partnership for Public Health, Inc.

d/b/a Partnership for Public Health

Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2015

Federal Granting Agency/Recipient State Agency/Grant Program/State Grant Number	Federal Catalogue Number	<u>Expenditures</u>
DEPARTMENT OF AGRICULTURE		
Pass Through Payments from the University of New Hampshire State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561	\$ 3,022
Total Department of Agriculture		<u>3,022</u>
DEPARTMENT OF VETERANS AFFAIRS		
Pass Through Payments from the New Hampshire Department of Health and Human Services Veterans Medical Care Benefits	64.009	<u>503,622</u>
Total Department of Veterans Affairs		<u>503,622</u>
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
Received directly from U.S. Treasury Department Medical Reserve Corps Small Grant Program #5MRCSG101005-04 #1H1TEP150026-01	93.008	3,930 <u>1,559</u> <u>5,489</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services Special Programs for the Aging Title IV and Title II Discretionary Projects #90MP0176	93.048	31,768
Pass Through Payments from the New Hampshire Department of Health and Human Services through the New Hampshire Easter Seals Special Programs for the Aging Title IV and Title II Discretionary Projects	93.048	5,400 <u>37,168</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services National Family Caregiver Support, Title III, Part E #13AANHT3SP	93.052	<u>57,299</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services Public Health Emergency Preparedness #010-090-51710000	93.069	<u>67,388</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services Environmental Public Health and Emergency Response #UEIEH001046	93.070	<u>1,828</u>

See notes to schedule of expenditures of federal awards

SCHEDULE I

Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health
Schedule of Expenditures of Federal Awards (Continued)
 For the Year Ended June 30, 2015

Federal Granting Agency/Recipient State Agency/Grant Program/State Grant Number	Federal Catalogue Number	<u>Expenditures</u>
DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)		
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Medicare Enrollment Assistance Program #IX0CMS331283	93.071	<u>21,936</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Substance Abuse and Mental Health Services - Projects of Regional and National Significance	93.243	<u>17,904</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Immunization Cooperative Agreements #010-090-5178000	93.268	<u>10,500</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Affordable Care Act - Aging and Disability Resource Center #90R00028	93.517	<u>82,543</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
State Planning and Establishment Grants for the Affordable Care Act Exchanges	93.525	<u>674,603</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Social Services Block Grant #1301NHSOSR	93.667	<u>8,586</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Preventive Health and Health Services Block Grant funded solely with Preventive and Public Health Funds (PPHF) #B01OT009037	93.758	<u>8,076</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Medical Assistance Program #61805505039B	93.778	60,832
Pass Through Payments from the New Hampshire Department of Health and Human Services through the New Hampshire Easter Seals		
Medical Assistance Program Ask the Question	93.778	<u>11,566</u>
		<u>72,398</u>

See notes to schedule of expenditures of federal awards

SCHEDULE I

Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2015

Federal Granting Agency/Recipient State Agency/Grant Program/State Grant Number	Federal Catalogue Number	<u>Expenditures</u>
DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)		
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations #1NoCMS0220220-21-009	93.779	<u>47,199</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
National Bioterrorism Hospital Preparedness Program #05-95-90-902510-5171	93.889	<u>10,000</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Block Grants for Prevention and Treatment of Substance Abuse #10250073495848502	93.959	<u>73,280</u>
Received directly from U.S. Treasury Department		
Preventive Health and Health Services Block Grant	93.991	<u>1,900</u>
Total Department of Health and Human Services		<u>1,198,097</u>
DEPARTMENT OF HOMELAND SECURITY		
Pass Through Payments from the New Hampshire Department of Safety		
Emergency Management Performance Grants #02-23-23-236010	97.042	<u>1,889</u>
Pass Through Payments from the New Hampshire Department of Safety		
Homeland Security Grant Program	97.067	<u>4,800</u>
Total Department of Homeland Security		<u>6,689</u>
Total Federal Financial Assistance		<u>\$ 1,711,430</u>

See notes to schedule of expenditures of federal awards

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
June 30, 2015

NOTE 1--GENERAL

The accompanying Schedule of Expenditures of Federal Awards presents the activity of all federal financial assistance programs of Lakes Region Partnership for Public Health, Inc. The Entity's reporting entity is defined in Note 1 to the Entity's financial statements. All federal financial assistance passed through other governmental agencies is included in this schedule.

NOTE 2--BASIS OF ACCOUNTING

The accompanying Schedule of Expenditures of Federal Awards is presented using the accrual basis of accounting, which is described in Note 1 to the Entity's financial statements.

NOTE 3--RELATIONSHIP TO FINANCIAL STATEMENTS

The recognition of expenditures of federal awards is included in fees and grants from governmental agencies.

**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***

Independent Auditor's Report

To the Board of Directors
Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health

We have audited, 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, the financial statements of Lakes Region Partnership for Public Health, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2015, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 5, 2015.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Lakes Region Partnership for Public Health, Inc.'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 financial statements, but not for the purpose of expressing an opinion on the effectiveness of Lakes Region Partnership for Public Health, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Lakes Region Partnership for Public Health, Inc.'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 entity'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 Lakes Region Partnership for Public Health, Inc.'s 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

The 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 entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Vachon Clukey & Company PC

Manchester, New Hampshire
November 5, 2015

**REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM
AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE**

Independent Auditor's Report

To the Board of Directors
Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health

Report on Compliance for Each Major Federal Program

We have audited Lakes Region Partnership for Public Health, Inc.'s compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on Lakes Region Partnership for Public Health, Inc.'s major federal programs for the year ended June 30, 2015. Lakes Region Partnership for Public Health, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for Lakes Region Partnership for Public Health, 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 OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 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 Lakes Region Partnership for Public Health, 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 the major federal programs. However, our audit does not provide a legal determination of Lakes Region Partnership for Public Health, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, Lakes Region Partnership for Public Health, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal programs for the year ended June 30, 2015.

Report on Internal Control Over Compliance

Management of Lakes Region Partnership for Public Health, 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 Lakes Region Partnership for Public Health, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on the major federal programs 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 OMB Circular A-133, 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 Lakes Region Partnership for Public Health, 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.

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 OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Vachon Clukay & Company PC

Manchester, New Hampshire
November 5, 2015

**Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health
Schedule of Findings and Questioned Costs
Year Ended June 30, 2015**

Section I--Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unmodified
 Internal control over financial reporting:
 Material weakness(es) identified? _____yes X no
 Significant deficiency(ies) identified
 not considered to be material weaknesses? _____yes X none reported
 Noncompliance material to financial statements noted? _____yes X no

Federal Awards

Internal Control over major programs:
 Material weakness(es) identified? _____yes X no
 Significant deficiency(ies) identified
 not considered to be material weaknesses? _____yes X none reported
 Type of auditor's report issued on compliance
 for major programs: Unmodified
 Any audit findings disclosed that are required
 to be reported in accordance with
 Circular A-133, Section .510(a)? _____yes X no

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
64.009	Veterans Medical Care Benefits
93.525	State Planning and Establishment Grants for the Affordable Care Act Exchanges

Dollar threshold used to distinguish
 between Type A and Type B program: \$ 300,000
 Auditee qualified as low-risk auditee? _____yes X no

Section II--Financial Statement Findings

There were no findings relating to the financial statements required to be reported by GAGAS.

Section III—Federal Award Findings and Questioned Costs

There were no findings and questioned costs as defined under OMB Circular A-133 .510(a).

**Lakes Region Partnership for
for Public Health
Board of Directors
July, 2016**

Directors
Alida Millham, President
Karin Salome, Vice President
David Emberley, Treasurer
Judith Lafrance, Secretary
Warren Bailey
Kathy Berman
Liane Clairmont
Richard Crocker
Denise Hubbard
Astha Joshi
Shawn Riley
Sandra McLaughlin
Kate Miller

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Vendor Name: LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.

Name of Program/Service: ServiceLink Belknap and Carroll Counties

BUDGET PERIOD:			
Name & Title Key Administrative Personnel	Annual Salary of Key Administrative Personnel	Percentage of Salary Paid by Contract	Total Salary Amount Paid by Contract
Lisa Morris, Executive Director	\$70,000	21.29%	\$14,900.00
Marie Tule, Finance Director (P-T)	\$49,247	6.44%	\$3,170.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$18,070.00

Key Administrative Personnel are top-level agency leadership (Executive Director, CEO, CFO, etc.). These personnel MUST be listed, **even if no salary is paid from the contract.** Provide their name, title, annual salary and percentage of annual salary paid from the agreement.

Marian R. Gill

Employment History

ServiceLink Resource Center A Program of the Partnership for Public Health Laconia, NH **2015 - Present Director of ServiceLink for Belknap and Carroll Counties**

- Oversee all programs for Information & Referral, Medicare Counseling, Long-Term Care Counseling, Care Transitions, Family Caregiver Supports, Veteran-Directed Services, Outreach for Military Culture Training
- Supervision of a team of staff in two counties
- Organizer and facilitator of county-wide Aging & Disability workgroups
- Point of contact and facilitator for No Wrong Door partner meetings
- Public relations, marketing and fundraising
- Quality assurance of all ServiceLink programs for both counties

2013 - 2015 Health Insurance Marketplace Assister - Point of Contact

- Point of Contact: oversaw the ServiceLink MPA grant program with the 10 ServiceLink offices involved with up to 12 MPA staff reporting to me. Provided support for the ServiceLink MPAs, facilitated all ServiceLink MPA meetings and ensured that the guidelines of the grant were followed. Reported regularly to the State (Covering NH) on the work of the ServiceLink program and attended the statewide leadership meetings on the Health Insurance Marketplace.
- Provided enrollment assistance for the Health Insurance Marketplace.
- Community Outreach: organized outreach events in the community to provide educational seminars on the Health Insurance Marketplace.
- Collaboration: worked closely with local organizations on outreach events and enrollment fairs.
- Facilitated the Northern Collaborative Group to provide support and assistance for all Assisters in the Northern Region. One objective was to strengthen the group so that it would continue after the MPA grant finished.
- Created a Health Literacy Package to help individuals understand and access healthcare.

Leadership Lakes Region (2007 - 2011) Laconia, NH

Program Coordinator

This position required strong organizational skills, initiative, flexibility, public speaking, and working to a deadline. As the sole employee I reported directly to the Board of Directors.

- Program Planning: organized all aspects of each program day: arranging speakers, venues, travel, and publicity.
- Contact point for the organization for the participants, speakers, venues and volunteers.
- Financial: ensured that the program remained adequately funded through tuition, grants and sponsorship.
- Marketing Communications: Created and maintained the website and database; designed all marketing materials, wrote press releases.

Belknap County Economic Development Council (BCEDC) (2002 - 2007) Gilford, NH

Program Coordinator/Office Manager

- Marketing Communications: website design and maintenance; creating email newsletters; designing marketing communication materials
- Administration: grant writing; maintenance of the council's database, press releases, routine administration
- Event Coordination: organized workshops, annual meetings, special functions such as open houses, press announcements

- Organized, in conjunction with the US Department of Commerce, a NH Products booth at a large trade show held in Birmingham, England. I traveled to England and represented NH companies interested in exporting their products.

Website Design (1997 - 2000) Center Harbor, NH

Operated a home based business as a website designer.

First Canada Securities/F.A.C.T.S. (1990 - 1994) Toronto, Canada

Corporate Finance Coordinator/Assistant to President

Worked in the corporate finance department of a bond-trading establishment. Initiated contact with new clients and potential investors. Wrote research reports and conducted due diligence on prospective deals. Compiled and edited a two-volume book -*Canada's Money Managers*.

Education

BA - Political Science, McMaster University, Hamilton, Ontario, Canada

Canadian Investment Management Course, Canadian Securities Course (Honors), Registered Representatives Exam

Community Involvement

2009 - 2014	Secretary, Board of Trustee's, The Winnepesaukee Playhouse
2008	Fundraising Director for Lakes Region Youth Hockey Association
2005-2009	Secretary, Gilford Forest Community Association Board of Directors

Jayne Maher

Education

Aug. 78 - Boston City Hospital School of
Aug. 79 Practical Nursing
LPN
Boston, Massachusetts

» Completed requirements to
practice Nursing in
Massachusetts as Licensed
Practical Nurse

Sept. 75 - Newman Preparatory School
June 77 **High School**
Boston, Massachusetts

» High School Diploma

Work Experience Lakes Region Partnership for Public Health/ServiceLink Resource Center of Carroll County

Nov. 18- Present **Long Term Care
Counselor/Care Transitions Specialist/Site
Supervisor**

Meet with clients and families to assist with Long
Term Care Options to assist with potential
programs clients may be eligible for, to keep them
in their homes vs Nursing Home Placement.

Assist with application process, enter application
into DHHS database and schedule interviews with
LTC Family Services Specialist to determine
financial eligibility.

Follow client through eligibility process and assist
with any questions they may have during process.

Work with community partners, ie: Local hospitals,
VNA's, Public Health, etc, to ensure residents of
County have services needed.

Meet weekly with Memorial Hospital and Huggins
Hospital Case Managers to identify residents of
Carroll County that may need assistance with
applications for all DHHS programs, including but
not limited to Medicaid, Food Stamps, Long Term
Care programs, Housing, etc.

Supervise Carroll County Service Link Office Staff.

Other duties as required.

Jan. 13 -
Present

Staff Nurse
**Golden View Health Care
Center**
Meredith, New Hampshire

» Work on a rehab and long term care unit. Duties include administering medications, medical assessments, ie respiratory, cardiac, wound management, pain management, laboratory data and the overall health and well being of all patients on unit.
»

Apr. 12 -
Present

Healthcare Specialist
Lincare
Belmont, New Hampshire

» Educate patients on use of new Bipap or Cpap equipment.
»
» Titrate oxygen patients to safe oxygen liter flow and determine if patient qualifies for the use of an oxygen conserving device.
»
» Provide education to patients on Coumadin in the use of MDINR, which allows patients the ability to test INR at home and telephonically notify MD's.

Feb. 08 -
Oct. 11

Case Management Assistant -
Per Diem
Life Care Center of Stoneham
Stoneham, Massachusetts

» Assist Director of Case Management with chart audits to ensure Medicare Regulations met. Work with Nursing Management, MD's and Rehab to obtain necessary documentation in order to maintain compliance with Medicare regulations.

Sept. 03 -
Feb. 08

Director of Case Management
Life Care Center of Stoneham
Stoneham, Massachusetts

» Managed insurance benefits of all skilled patients admitted to facility for rehab.
» Led daily meeting to review all skilled patients currently under

insurance benefits in facility.
 Meeting included Rehab, MDS Coordinator, Nurse Unit Manager, Social Services, DON and Executive Director.
 » Responsible to Private insurance to provide current condition of patient including progress made by patient or any changes in medical status, with reviews mandated by insurance. Most reviews done bi-weekly.
 » Monitored contracts with private insurance to ensure facility reimbursement at correct level.
 » Worked closely with MDS Coordinator and Rehab to ensure facility reimbursed at correct rate within RUGS category.
 » Worked closely with Social Services to set up and attend family meetings to ensure safe discharge plan.
 » Made referrals for discharge services, including but not limited to VNA, Rehab, Elder Services, Meals on Wheels, Lifeline, Durable Medical Equipment and other services as required to ensure safe discharge to home environment.
 » Reviewed referrals to facility with Admissions Director to ensure facility could meet the needs of patients.
 » Many others duties as required.

Jan. 99 -
 Apr. 03

Nurse Care Manager
Evercare
 Waltham, Massachusetts

» Managed assigned Nursing Homes participating in Evercare program.
 » Determined skilled eligibility with Nurse Practitioner.
 » Monitored skilled event with every other day telephonic reviews with NP to determine if patient remained skilled.
 » Acted as Liaison between Evercare and Nursing Home to inform of changes in benefit levels and to notify end of benefit period.
 » Visited assigned nursing homes to provide education regarding Evercare and Medicare benefits.
 » Notified Next of Kin of any

changes in Evercare benefits being provided.
» Issued End of Benefit Letter.
» Many other duties as required.

Jan. 90 -
Feb. 99

Nurse Unit Manager
Marian Manor Nursing Home
South Boston, Massachusetts

» Managed two Long Term Care Units - a 52 bed Alzheimers Unit and a 40 bed Level Three unit.
» Supervised all licensed and non-licensed staff.
» Created and ensured maintenance of Interdisciplinary Care Plan.
» Worked with Staff Coordinator to ensure coverage.
» Ordered and recieved supplies.
» Set up and attended Family Meetings.
» Met with residents and families to discuss and changes in status or discuss concerns.
» Many other duties as required.

Jan. 88 -
Jan. 90

Office Manager
Boston Housing Authority
Boston, Massachusetts

» Worked with Executive Director of Construction Management.
» Supervised office Staff.
» Maintained staff scheduling.
» Ordered and received office supplies.
» Many other duties as required.
»

Sept. 79 -
Nov. 85

Staff Nurse
Boston City Hospital
Boston, Massachusetts

» Staff nurse on Gynecology unit.
» All duties as required by LPN.

Skills & Abilities

» Microsoft Office
» Able to multitask, Committed, Creative, Detail-oriented, Ethical, Good communicator, High energy, Organized, People person, Problem-solver, Self-motivated, Team player

Additional Information

Current CPR Certification
Certified in IV insertion and infusion

Brenda Stark Fortier

Education

**Bachelor of Science in Psychology; Minor in Religious Studies
Missouri State University, Springfield Missouri**

Experience

November 2013—Present—Long-term counselor/Generalist—ServiceLink

**SHIP Certified—Medicare Counselor
AIRS Certified—Information and Referral
Provide Options and Long-term care counseling
Forms assistance for State paperwork and Housing Assistance
Caregiver Counseling—Powerful Tools for Caregivers leader
Methods, Models and Tools Course—UNH
NH Carepath Trainings**

May 2008–November 2013--Director Belmont Senior Center, Belmont, New Hampshire

- Supervise Senior Center Employees; Recruit and supervise Volunteers
- Supervise SCSEP participant & Senior Companion Volunteers
- Provide Wellness & Recreational Opportunities for Seniors
- Serve Lunch/Breakfast daily & Schedule/Supervise Transportation Services
- Work co-operatively with Advisory Council and Activities Committee
- Manage all aspects of daily Senior Center Activities
- Plan and supervise all activities at the center
- Publish monthly Newsletter for Center & Town Newsletter
- Keep Center Records current/Microsoft Office & Computer Skills

Extended Day Program Coordinator-----1988-2014—Holy Trinity School

- Work successfully in a fast paced environment while building and maintaining effective working relationships with students and parents
- Supervise students daily in a Before and After School setting
- Provide guidance and a safe environment while keeping parents informed of student needs and progress
- Complies with all State and Diocesan Requirements for the Program

Educator: -----Holy Trinity Catholic School, Laconia NH. 1988-2008

- Taught Jr. High Science and Religious Studies Grades 5-8
- Taught K-8 Physical Education
- Taught English & History—Grade 6

St. Leo School, San Antonio, Texas

- Taught K-8 Physical Education and Jr. High Religious Studies
- Coached Varsity & JV Volleyball , JV Basketball and Track

Certifications: AED, First Aid, CPR, ServSafe, Bone Builders Leader

References:

*Marian Gill—Supervisor ServiceLink
67 Water Street
Laconia, NH 03246
603-528-6945*

*Mary Nagel, ARNP—Substitute School Nurse
former co-worker
P.O. Box 407
Gilmanton, NH
267-6813 (H)*

*Maggie Gibbs -co-worker
c/o Holy Trinity School
50 Church Street
Laconia, NH 03246
524-3156 (w)
528-2673 (H)*

*Catherine Corriveau—co-worker
c/o Holy Trinity School
50 Church Street
Laconia, NH
524-3156 x116 (w)
524-6097 (H)*

JOYCE A. CAMERON

PROFESSIONAL EXPERIENCE

VETERAN SUPPORT COUNSELOR & FAMILY CAREGIVER SPECIALIST – 2015 - PRESENT SERVICELINK – LACONIA, NH

Primary Responsibility: To provide assistance to caregivers and Veterans in the NH-VIP to help problem-solve their unique situations and refer to community resources, provides linkage with other agencies or programs, and offers education, emotional support, advocacy and follow-up. Responsible for Outreach to the aging population and facilitate training and information related to assisting family caregivers.

- ✓ Provides information, assistance and ongoing support to caregivers needing help accessing resources. Assists with care planning, decision-making, education and advocacy support.
- ✓ Provide in-home assessments to determine need and eligibility for Veteran, State and Federal programs.
- ✓ Counsel caregivers and Veterans regarding their short and long term care options.
- ✓ Keeps up-to-date on information and trends related to care giving and knowledge about caring for others with a variety of conditions and disabilities.
- ✓ Keeps up-to-date on information on national and local programs to support caregivers. Clearly communicates information on eligibility and other specific program requirements in working with caregivers.
- ✓ Develops collaborative relationships with agencies providing a wide range of services and supports for caregivers.
- ✓ Develops and implements an outreach strategy to reach caregivers and agencies that serve caregivers throughout the catchment area.
- ✓ Facilitates training programs for family caregivers that enhance their care giving skills.

AMBASSADOR/EXPEDITER/HUMAN RESOURCE ASSISTANT/FRONT DESK REPRESENTATIVE – 2009 - 2016

LAKES REGION GENERAL HOSPITAL– LACONIA, NH

Primary Responsibility: To provide quality service and product to patients and guests of LRGHealthcare.

Additional Skills and Achievements:

- ✓ Current position held Front Desk Representative.
- ✓ Check in patients ensuring they have proper identification and test orders.
- ✓ Greet and assist patients and visitors.
- ✓ Explained the hospital ordering system to patients and assist them as needed with ordering.
- ✓ Delivered trays to patients and guests and to assist as needed within the scope of the Ambassador position.
- ✓ Final check of tray before serving to patient to ensure they have received what was ordered and nothing was on there that is not allowed on their diet plan.
- ✓ Retrieved meal trays when patient is finished and note quantity eaten or drank.
- ✓ Expedited meal trays ensuring that the quality of food is satisfactory, that any thickened liquids are done correctly and that all items are correct.
- ✓ Supervised, the dish room staff, ambassadors, and porter.

...Continued...

JOYCE A. CAMERON

Professional Experience Continued

- ✓ Assisted management with new ordering system and trained appropriate staff on Computrition.

MARKETPLACE ASSISTER – 2013 - 2014

SERVICELINK – LACONIA, NH

Primary Responsibility: To educate and enroll residents of Carroll County in the Affordable Care Act's Marketplace Health Insurance.

Additional Skills and Achievements:

- ✓ Assisted consumers preparing electronic and paper applications to establish eligibility for tax credits and other subsidiaries.
- ✓ Enrolled individuals in coverage through the Marketplace and potentially qualify for an insurance affordability program.
- ✓ Provided outreach and education workshops to raise awareness about the Marketplace to the local communities.
- ✓ Provided one-on-one assistance to help people navigate Medicare prescription drug coverage.
- ✓ Used Internet-based program to help clients compare prescription drug plan options.
- ✓ Assessed clients' needs and makes referrals to appropriate community resources.

OFFICE MANAGER – 2010 - 2012

L&R CLEANING UNLIMITED AND WHOLESALE JANITORIAL SUPPLY – LACONIA, NH

Primary Responsibility: The Office Manager is responsible organizing and coordinating office operations and procedures in order to ensure organizational effectiveness and efficiency.

Additional Skills and Achievements:

- ✓ Supervised the activities performed in all work units within an office, including office management, implementation of procedures, case management and processing, records management, collection and reporting of statistics, and accounting functions.
- ✓ Performed human resource tasks, including coordinating and participating in the hiring and process resolving unusual employee problems, and supervising employee time and attendance records.
- ✓ Prepared manuals and other materials describing procedures and standards.
- ✓ Provided basic bookkeeping functions, such as payroll, accounts receivable and accounts payables.
- ✓ Maintained accurate employee records to ensure we are in compliance with state labor laws.
- ✓ Scheduled bid proposal appointments for potential clients.

MEMBERSHIP /COMMUNICATIONS MANAGER – 2001-2010

LAKES REGION CHAMBER OF COMMERCE – LACONIA, NH

Primary Responsibility: To develop and implement a schedule of contacting prospective and existing members for the purpose of recruiting new members and ensuring retention of existing members.

Additional Skills and Achievements:

- ✓ Managed the Chamber's volunteer program to include scheduling, coordination with other non-profits and service organizations for candidates, as well as day-to-day supervision.
- ✓ Prepared regular membership development and retention reports as required by the Executive Director for presentation to the Membership Committee, Executive Committee, and Board of Directors.
- ✓ Managed membership related events such as; Business Before Hours, Business After Hours, Member Benefits Review, Ribbon Cutting Ceremonies and Educational Workshops.
- ✓ Worked with appropriate staff and volunteers in the development of membership information materials, including brochures, newsletters, media releases, and the like that can be used by officers, existing members, and staff in recruitment and retention efforts.
- ✓ Assisted with general office duties, including answering the telephone, maintenance of the Chamber filing system, and preparing the mail as needed.
- ✓ Utilized accounting software to invoice members and run financial and customer reports.
- ✓ Created and disseminated press releases and news stories for the chamber and members.

EDUCATION

- ✓ Southern New Hampshire University, New Hampshire, Bachelor of Arts, Psychology
- ✓ Southern New Hampshire University, New Hampshire, Associates Degree in Business Administration.
- ✓ Andover College of Maine, majored in Computer Sciences.

ADDITIONAL SKILLS

- ✓ **Management** - Knowledge of business and management principles, leadership technique and coordination of people and resources.
- ✓ **Problem Solving** - Analyzing information and evaluating results to choose the best solution and solve problems.
- ✓ **Organizing and Prioritizing** - Developing specific goals and plans to prioritize, organize, and accomplish task.
- ✓ **Conflict Resolution** – Ability to handle complaints, settling disputes, and resolving grievances and conflicts.
- ✓ **Communication** - Providing information to supervisors, co-workers, and subordinates by telephone, in written form, e-mail, or in person.
- ✓ **Computer** – Extensive knowledge of computer software programs including but not limited to: Microsoft Office Suite, Adobe Photoshop, Quark Express and Acrobat Distiller. Familiar with Peachtree and Quickbooks

DAWN BARNETT

PERSONAL PROFILE

- Excellent interpersonal and relationship building skills from 28 years of experience in the Human Services field
- High regard for rules and regulations, confidentiality, commitment to quality, and consistently acts with integrity
- Accomplished in problem resolution through attentive listening and stress management
- Highly organized, detail oriented, flexible, and a fast, eager learner
- Able to self-motivate, prioritize, and manage demands while working independently and efficiently
- Dependable team player who follows through diligently

TECHNICAL SKILLS

- Microsoft Excel, Word, Powerpoint
- Outlook
- Office phones, faxes, and copiers
- Refer and Essentia

TRAININGS

ELSEVIER/ONLINE

- All Payers All Populations 101
- Overview of the NH DD System
- Serving Children and Families
- Serving Individuals Living with Mental Illness
- Introduction to the No Wrong Door System – Lessons 1-4
- Person Centered Thinking – Lessons 1-12
- Military Culture: Organization and Roles, Stressors and Resources, Self Awareness and Military Ethos, The Challenges of Coming Home After War, Core Competencies for Health Care Professionals
- SMP Resources – Chapters 1-4

IN PERSON TRAININGS

- Diversity and Cultural Competence (6/2016)
- AIRS (Alliance of Information and Referral Systems) (6/2016)
- Person Centered Practices (5/2016)
- Caregiver Class Leader (Powerful Tools) (4/2016)
- Your Money – Your Goals (6/2015)
- Families and Addiction (11/2014)
- Addiction and Recovery (11/2014)

EDUCATION

Bachelor of Science Special Needs Services | *Cum Laude*
Granite State College | Conway, NH | 2005

WORK EXPERIENCE

Veteran Direct Counselor and Caregiver Specialist
Provider Outreach Specialist for ASK the Question Initiative
Certified Marketplace Navigator

Service Link of Carroll County | Tamworth, NH
2014 - Current

- Conducted assessments and developed individual budgets for respite services
- Assessed and monitored community caregivers/veterans who qualify for state and federally funded grants
- Researched and advocated for resources and referrals based on individual needs
- Provided community outreach and gave presentations to service providers promoting ASK the question as part of their intake procedure
- Promoted, educated, and enrolled individuals through the Health Insurance Marketplace

Program Coordinator
Service Coordinator
Case Manager

Northern Human Services | Conway, NH
2005 - 2014

- Monitored residential direct support staff, home care providers, and family caregivers according to state regulations and agency policies
- Encouraged effective communication with staff by holding weekly team meetings
- Developed contracts and matched home care providers with individuals serviced by the agency, terminated agreements as necessary
- Supervised a housing coordinator and a residential team leader
- Facilitated team meetings to assist individuals with creating service agreements and treatment plans based on their needs and desires
- Participated in agency safety committee management team

Resume of
Louisa M. Simpson

Experience:

January 2010 – Present

Lakes Region Partnership for Public Health
67 Water St., Laconia, NH 03246 (603) 528-1925

Medicare Specialist

Responsibilities include working with and educating clients on Medicare rules and options. May include assisting with enrollment. Requires individual appointments and group education and community outreach. Includes entering contacts on a regular basis into data base.

Caregiver Specialist

Responsibilities include assessing for and educating about available respite grant money and services to support the caregiver. Maintaining a budget. Responsible for orchestrating and participating in monthly socials to foster camaraderie amongst caregivers.

Long Term Care Benefits Enrollment Specialist

Responsibilities include assisting clients with understanding and completing paperwork for the various benefit programs available for the elderly and disabled. Entering contact information into the data base.

Bookkeeper

Responsibilities included A/P, A/R

Information and Referral Specialist

ServiceLink

Responsibilities include addressing clients needs and offering referrals and information to help meet their needs and then entering the client and situation need(s) into the data base.

Administrative Assistant

Responsibilities include but are not limited to answering the phone and triaging the calls, greeting customers, general office work, working with MS Excel and Word, organizing, inventory, and supporting the administrative team.

Experience:

June 2004 - July 2009

Tradesmen Builders Corp.
16 Durkee St., Laconia, NH 03246 (603) 524-5357

Office Manager

Responsibilities included but were not limited to payroll, A/R and A/P using QuickBooks, general office work, receptionist duties, customer correspondence using MS Word, employee liaison with insurance companies and management, some safety committee responsibilities, some experience with the set up and maintenance of spread sheets thru MS Excel for customer jobs, preparing and interpreting customer job reports, preparing for insurance audits.

Experience:

July 2000 – June 2004

Granite State Home Improvements, Inc.
272 Tilton Rd.

Northfield, NH 03276 (603) 584-7152

Office Manager

Responsibilities included but were not limited to greeting customers, answering phones, scheduling appointments, arranging job schedules, putting together comprehensive proposals, maintaining customer files, ordering materials, working with sales representatives, data entry, tracking customer satisfaction, some marketing, some accounting, general office assistance and organization.

Experience:

October 1995 – July 2000

Blue Mirror Hair Salon

2 Central St., Franklin, NH 03235 (603) 934-4095

Salon Manager

Responsibilities included the supervision of 3 employees, customer relations and satisfaction, scheduling appointments, ordering supplies, creating product displays and marketing that product, payroll and maintaining compliance with the State of NH Board of Cosmetologist regulations, all while maintaining my own client base of 100 clients.

Experience:

1990 – 1995

Head To Toe Hair Salon

Rt. 3, Sanbornton, NH 03269 (603) 584-2522

Salon Owner

Responsibilities included all mentioned above plus all of the responsibilities that come with running a small business in the State of NH.

Experience:

1983 - 1989

Benson Auto Co., Inc.

PO Box 6180, Franklin, NH 03235 (603) 934-4351

Secretary, Finance Assistant

Responsibilities included general office duties, answering multiline phones, greeting customers, scheduling appointments, preparing customer deals, collection of overdue customer accounts and following through with the court system, maintaining information of vehicle history in the data base, working closely with other departments and office staff and good team working abilities.

Education:

1980 graduate of Franklin High School, Franklin, NH

Business preparatory program

1990 graduate of Empire Beauty School, Laconia, NH

Cosmetologist license

1999 graduate of the State of NH Emergency Medical Technician course
EMT - B license

1999 to 2005 - continued education as an Emergency Medical Technician

2013 AIRS Certification completed

2012 Completed Medicaid 101 Training with the State of NH

2013 SHIP (State Health Insurance Assistor Program) Certification obtained

Personal Interests:

- Active member of the Sanbornton Fire Department from December 1999 to August 2003,
Auxiliary member

Karen M. Santuccio

EXPERIENCE:

ServiceLink Resource Center Tamworth NH

March 2016-present

Medicare Specialist

- Working with and educating clients on Medicare/Medicaid rules and options.
- Assist with Prescription drug plan enrollment
- Submit Medicare Saving Savings Program applications
- Group education and community outreach regarding Medicare and Medicare fraud
- Enter daily contact information and notes into data base

Information and Referral Specialist

- Answer calls and link individuals with public and/or private agencies and organizations
- Enter daily contact information and notes into data base
- Assist clients in completing applications and other paperwork

K.A. Brett School - Paraprofessional Tamworth, NH

2007 – 2016

- Special Education paraprofessional duties including supporting, modifying and implementation of educational materials
- Use of a communication device and other adaptive equipment
- Feeding, changing, and recording aspects of day in a student log
- Confidential electronic data reporting of Medicaid students
- One-to-one support and small group instruction
- Attendance in monthly meetings for one-to-one students
- Title 1 para duties included instruction to grades K-6 in small group settings
- Create and implement daily curriculum for reading groups
- Assist students grades K-6 with math, writing and various learning under the direction of the classroom teacher
- Administer and score reading and math assessments for Title I students

Summer Enrichment Program, Madison Elementary – Special Ed 1:1 Para
Summer 2013, 2014

- One-to-one special education
- Support academic learning and play in a classroom environment through modification and use of a communication device
- Feeding, changing and use of various adaptive equipment

Madison Recreation Department – Assistant Director
Summer 2009

- Plan activities, crafts, and games for K – 6 summer program
- Oversee staff and communicate regarding daily activities
- Supervise children during indoor and outdoor activities, as well as weekly field trips

Family Childcare of Madison – Childcare Provider

2004 – 2007

- Implement curriculum and games for children ages 15 months to 9 years
- Supervision and guidance for all aspects of childcare from open to close, including before and after school care
- Maintain close communication with parents

Conway Police Department – Assistant to the Prosecutor

May 2005 – August 2005 June 2011 - August 2011 (temporary positions)

- Answer phones, relay messages and other administrative responsibilities
- Update criminal database on computer, based on court outcomes
- File accident reports and related information; send documents to insurance companies and various individuals
- Maintain court file system for prosecution
- Forward appropriate documentation to attorneys for trial preparation
- Update alarm code book for police officers and dispatch
- Process gun permit applications

MWV Healthcare – Managed Care Referral Specialist

2002 – 2004

- Process HMO referrals for five primary care providers
- Coordinate patient care and book specialist appointments
- Various front office responsibilities such as scheduling appointments, answering phones and relaying messages to appropriate departments
- Patient check-in and account information verification

EDUCATION:

Granite State College

Associate in Arts – General Studies

Graduated 12/2005

Bachelor of Science -Psychology

Graduated 06/2014

CARISSA ELPHICK

EDUCATION

- University of New Hampshire, Durham, New Hampshire** **September 2013**
Master of Arts Degree in Justice Studies, (Graduating GPA: 3.92)
- Saint Joseph's College of Maine, Standish, Maine** **May 2011**
Bachelor of Arts Degree in Psychology with Summa Cum Laude Honors (Graduating GPA: 3.90)

EXPERIENCE

ServiceLink Resource Center, Laconia, NH

Long Term Support Counselor/Care Transitions Specialist **December 2014 - Present**

- Perform person- centered options counseling to connect individuals to long term supports and services
- Screen for eligibility and assist consumers with applications for assistance for state benefits, housing, other community resources
- Information and referral to resources and services in the community for consumers
- Assistance with discharge planning and provide follow-up after discharge for high risk patients at Lakes Region General Hospital in order to reduce readmission rates
- Facilitate community wrap-around team consisting of mental health, law enforcement, fire/EMS, healthcare, and social services

Merrimack County Advocacy Center, Concord, New Hampshire

Program Assistant/Forensic Interviewer **May 2013-November 2014**

- Coordinate a multidisciplinary team of 29 law enforcement agencies, child protective service workers, crisis center advocates, prosecutors, mental health professionals, and medical professionals
- Coordinate, schedule, and conduct forensic interviews of victims of child abuse and adult sexual assault
- Daily interactions with child abuse and sexual assault victims and their families
- Creation, coordination, and implementation of outreach and prevention projects
- Coordinate and schedule monthly case review meetings for multidisciplinary team
- Facilitate multidisciplinary team meetings to include documenting meeting minutes
- Assist in agency sustainability through fundraising and community relationship building
- Use of Microsoft Office Suite to create documents, brochures, and flyers under the direction of the Executive Director
- Phone reception, copying, scanning, processing incoming mail

State of New Hampshire Judicial Branch, Franklin, New Hampshire

Court Assistant II **January 2012-July 2012**

- Daily docketing of incoming law enforcement complaints and judicial mail
- Scheduling hearings as needed
- Case management on all adoptions, name changes, minor guardianships, and trusts
- Daily interactions with Circuit Court Judge, marital master, call center representatives, and public seeking court assistance
- Phone reception, copying for certified copy requests, and scanning documents

Common Man Family of Restaurants, Plymouth, New Hampshire

Server **June 2011-February 2012**

- Customer service to restaurant patrons
- Ability to make quick decisions in a fast-paced environment

Mount Prospect Academy

Residential Youth Counselor **March 2011-June 2011**

- 8-12 hour constant supervision and support for adjudicated males ages 11-17
- Professional interactions with support staff, mental health professionals, and educators
- Crisis intervention training for at-risk youth

CARISSA ELPHICK

Bank of New Hampshire

Items Processing Representative

June 2007- August 2008

Electronic Banking Representative

May 2008-August 2008

Bank Office Support Representative

May 2009- August 2010

- Balanced incoming transactions from frontline personnel and conducted scanning of all bank transactions.
- Performed daily tasks of ordering debit cards and file maintenance on customer data files.
- Performed scanning and verification of internal documents, file maintenance on customer IRA accounts, processed daily incoming mail, and provided support for other daily tasks within the department.

VOLUNTEER EXPERIENCE & SPECIAL INTERESTS

- **Person-Centered Thinking and Options Counseling Certifications**
 - Awarded 2016
- **State Health Insurance Assistance Program – Program Specialist Certification**
 - Awarded 2016
- **Certified Information and Referral Specialist for Aging/ Disability (CIRS A/D)**
 - Awarded 2015
- **Alpha Phi Sigma National Criminal Justice Honor Society – University of New Hampshire Chapter**
 - Member (Inducted 2013)
- **Psychology Department Award – Saint Joseph’s College of Maine**
 - Recipient (2011)
- **Delta Epsilon Sigma – Saint Joseph’s College of Maine Chapter**
 - Member (Inducted 2010)
- **Psi Chi National Honor Society in Psychology – Saint Joseph’s College of Maine Chapter**
 - Member (Inducted 2009)
- **Habitat for Humanity, Portland, Maine**
 - Volunteer (September 2007-May 2011)

OTHER NOTABLE EXPERIENCE

Merrimack County Advocacy Center

Graduate Intern under the Executive Director

January 2012–May 2012

- Participation as a multidisciplinary team member during daily forensic interviews
- Daily interactions with child abuse victims and their families
- Conducted research on indictment outcomes in sexual assault investigations in Merrimack County
- Handling confidential information and documents in the appropriate manners
- Professional daily interactions with law enforcement, child protective service workers, mental health professionals, medical professionals, and prosecutors
- Maintained database on all cases received by agency
- Use of Microsoft Office Suite to create program documents and brochures

Center for Grieving Children, Portland, Maine

Intern Multicultural Program Facilitator

September 2010–May 2011

- Supervision to middle school children from immigrant families once per week
- Emotional and social peer support in small groups
- Training in reflective listening skills

JENNIFER GROLEAU

Administrative and Technical
Support Assistant

SUMMARY OF QUALIFICATIONS

A conscientious professional with extensive ability to multitask and manage deadlines. Ability to use industry and product knowledge to build customer relationships. Experienced managing company Sales Representatives and working directly with other colleagues on assigned tasks and projects. Superior history using written and verbal telecommunication skills in a professional environment.

TECHNICAL SKILLS

- General Software: Microsoft Word, Excel, Powerpoint, Publisher, Outlook, FedEx Manager, ACCTivate and Mas 200 inventory management software.
- Highly adept at learning and mastering any new software quickly and efficiently.
- Experience with high volume phone communications.
- Design Software: Adobe Illustrator, Adobe Photoshop and Acrobat Pro.

PROFESSIONAL EXPERIENCE

PARTNERSHIP FOR PUBLIC HEALTH | ADMINISTRATIVE AND TECHNICAL SUPPORT | OCTOBER 2015-CURRENT | LACONIA, NH

- Reports to Executive Director of the organization. Creates documents, meeting minutes, pamphlets, business cards, and other written and visual media. Proof-read all work for accuracy and neatness. Performs a wide variety of secretarial and clerical duties in support of the organization including answering phones and distributing mail to appropriate staff. Orders and maintains an adequate inventory of all office supplies.
- Install, configure, repair and replace PCs, configure basic network settings on various devices, Troubleshoot basic networking issues and provide technical needs that may arise on a daily basis including support on printers, copiers, projectors, and various software. Currently working with the migration of Microsoft Exchange to Office 365.
- Responsible for updates to website including adding events, documentation such as PDFs and pictures. Created new domain and website for a new sector of the organization.

ANNALEE DOLLS | INSIDE WHOLESALE ACCOUNT ADMINISTRATOR - CUSTOMER SERVICE SPECIALIST | OCTOBER 2011-SEPTEMBER 2015 | MEREDITH, NH

- Proficient in creating customer relationships through in-bound and out-bound communication via phone and email. This requires assisting customers with all questions and product information as well as providing them with sales recommendations that will best fit their needs on both wholesale and retail levels.
- Expertise in supervising company Sales Representatives nationwide. This includes monitoring the sales and productivity for nearly 50 representatives, as well as providing them with motivation and any necessary support required.
- Responsible for overseeing that the sales pipeline is up-to-date with leads, prospects, and new accounts. This involves managing and analyzing sales goals in designated territories. Provides and tracks sales goals for all Sales Representatives. Sales goals are consistently exceeded.
- Experience typing and entering data for sales orders, processing credit card transactions through accounts receivable module, and communicating with the shipping department to release orders. Ability to use FedEx Manager to process high-volume returns for wholesale customers.

CITIZENS BANK | TELLER-VAULT/ATM OFFICER | JUNE 2010-OCTOBER 2011 | FRANKLIN, NH

- Assisted customers with all teller related transactions including deposits, withdrawals, and transfers.
- Responsible for managing the high volume of currency in the branch's vault and ATM. This required ensuring that all documents were recorded and filed without error within company compliance.
- Resolved customer related issues both over phone and in-person.
- Recommended products and services to customers to solve customer financial issues and to enhance a customer relationship with the bank. Consistently met and exceeded required sales goals set by the company.

EDUCATION

Framingham State College
Framingham, MA
Bachelor of Science in Consumer Sciences
Graduated May 2008 | 3.6 / 4 QPA - Dean's List

REFERRALS

Available upon request.

Colleen A. Drouin

Objective	<i>To provide your organization with experienced Administrative skills.</i>
Experience	<p><i>Administrative Assistant, Lakes Region Partnership for Public Health 2008-present</i></p> <p>Daily functions include: technical support for computer network including daily back-ups, internet security, individual setups, purchases and inventory; web site development and maintenance; telephone system support and maintenance; office machine support and maintenance; and, oral and written communications, meeting minutes, client interactions, multi-tasking and general office functions.</p> <p><i>Office Manager: 2005 to 2008-Douglas Knee, O.D.</i></p> <p>Schedule appointments, order and dispense glasses and contacts, registered with the State of NH for Ophthalmic Dispensing, billing and collections for insurance and patients, confidential record keeping, oral and written communication, multi-tasking, updated documents and procedures into compute formats.</p> <p><i>Administrator: 1998 to 2005-McCormick Advisory Group, Management Company.</i></p> <p>Facilitate meetings dealing directly with Board of Directors for several home owner associations in the Lakes Region with Administrative follow-up, legal documents, state and local permits, budgets and expenditures, presentations, meeting minutes, schedule meetings and appointments, develop and maintain client relations and databases, oral and written communications, multi-tasking and general office functions.</p> <p><i>Central Office Technician and Engineering Clerk: 1973 to 1998-Verizon</i></p> <p>Technical support, analysis, maintenance and repair of central office equipment remotely from a control center environment, legal documents and easements, budgets and objectives, presentations, LAN management, trained personnel for PC software and equipment, engineering utility plans and general office functions.</p>
Computer Software	<p><i>Adobe Go-Live and Acrobat</i></p> <p><i>LAN Management</i></p> <p><i>Lotus Smart Suite</i></p> <p><i>Mainframe Applications</i></p> <p><i>Microsoft Office</i></p>
Education	<p><i>1998-Associate Degree in Computer Science</i></p> <p>NH Community Technical College, Laconia, NH-Graduated Phi Theta Kappa</p> <p><i>1972-High School Graduate, Laconia, NH</i></p>
Interests	<p><i>Northern NH Life Member Club for Telephone Pioneers-Secretary</i></p> <p><i>Lakes Region Conservation Trust</i></p> <p><i>Crafts, Gardening and Street Rods</i></p>

EXPERIENCE

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC. Laconia, NH 10/05- Present

EXECUTIVE DIRECTOR

- In conjunction with the Board of Directors, establish annual goals and objectives, action plans and evaluation strategies for the purpose of improving the health and well being of the citizens of the Lakes Region.
- Develop and implement action plans and evaluation strategies to operationalize selected goals.
- Manage inter-organizational cooperation and collaboration among Partners and external organizations to mitigate program duplication, fill needs gaps and develop public service plans to meet the evolving social and public health needs of the Lakes Region community.
- Hire and supervise LRPPH staff positions and programs that support the Partnership.
- Cultivate, develop and maintain external relationships with community organizations.
- Create annual public relations plan to create positive awareness of the LRPPH.
- Work with other agencies to conduct periodic community assessments and use that information to guide programs and policies.
- Responsible for grant prospecting, grant writing and all grant and financial reporting functions.
- Establish annual budget in partnership with the Board of Directors
- Manage annual budget for LRPPH and report quarterly to Board of Directors on financial status.
- Coordinate function of the Winnepesaukee Public Health Council.

SERVICELINK RESOURCE CENTER OF BELKNAP COUNTY, Laconia, NH 2/00-2008

PROGRAM DIRECTOR

- Directs the overall operation of a specialized aging/disability information and referral service for Belknap County

LAKES REGION GENERAL HOSPITAL, Laconia, NH 11/99-2/04

EMERGENCY ROOM SOCIAL WORKER

LACONIA CENTER-GENESIS ELDER CARE, Laconia, NH 2/99-10/99

DIRECTOR OF ADMISSIONS

- Assisted individuals and families in accessing skilled and nursing facility based care
- Provided marketing and public relations activities
- Provided case management, individual and family counseling for skilled residents

STRAFFORD GUIDANCE CENTER, Dover, NH 1991-1998

ASSISTANT CLINICAL DIRECTOR

DIRECTOR, COMMUNITY SUPPORT PROGRAMS

ASSISTANCE DIRECTOR COMMUNITY SUPPORT PROGRAM

- Managed the overall clinical and administrative operations of Community Support Programs serving 500 adults with severe mental illness including: elder services, case management, therapy, nursing, vocational and housing services
- Promoted and coordinated community involvement through regional planning and partnership building activities
- Member of the Strafford Guidance Center Executive Committee which provided overall management of clinical and administrative operations as well as planning and development for the entire agency.

SEACOAST MENTAL HEALTH CENTER, Portsmouth, NH 6/90-6/91
COORDINATOR OF VOCATIONAL SERVICES

- Assisted clients with severe mental illness obtain employment
- Supervised staff, budget development, quality assurance activities including JCAHO accreditation
- Educated the competitive job market to increase employer's willingness and capability to hire clients through supported and unsupported placements

MENTAL HEALTH CENTER OF GREATER MANCHESTER, Manchester, NH 11/84-6/90

ADMINISTRATIVE COORDINATOR
ASSISTANT PROGRAM COORDINATOR
THERAPEUTIC ACTIVITIES SUPERVISOR
OCCUPATIONAL THERAPIST/CASE MANAGER
EMERGENCY SERVICES RELIEF WORKER

Program management and direct service activities for large day treatment program for adults with severe mental illness

WESTCHESTER COUNTY JAIL, Valhalla, NY 5/83-9/84

OCCUPATIONAL THERAPIST
SOUTH BEACH PSYCHIATRIC CENTER, Union, NJ 1/81-5/83
OCCUPATIONAL THERAPIST

EDUCATION

SPRINGFIELD COLLEGE, Springfield, MA 1988
MASTERS OF SCIENCE, SOCIAL WORK

KEAN STATE COLLEGE OF NEW JERSEY, Union, NJ 1980
BACHELORS OF SCIENCE, OCCUPATIONAL THERAPY

MEMBERSHIPS/AFFILIATIONS

Leadership Lakes Region -2010 graduate
Member NH Association for Non-Profits
Member NH Public Health Association
Member, Board of Directors, Upstream 2004
Certified Information and Referral Specialist for Aging, Alliance of Information and Referral Systems, 2005-2008
Certified Counselor, Health Information Counseling Education Assistance Services, 2002-2006
Member, Board of Directors, Tri-City Consumer Action Cooperative, 1997
Private, non-profit organization that provides peer support services for adults with mental illness
Chair and Member of Board of Directors, The Housing Consortium, 1994
Promote availability of affordable, non-discriminatory safe housing in Strafford County
Past member of National Association of Social Workers, Alliance for the Mentally Ill of NH and International Association for Psychosocial Rehabilitation Services

PRESENTATIONS

"Working Together; Enhancing Partnerships in Public Health"-Keynote Speaker NH Public Health Association Annual Meeting
"Planning Ahead: The Key to Healthy Aging"- Keynote Speaker Spears Memorial Hospital Aging Conference
"ServiceLink, A Virtual Tour" Administration on Aging Summit National Leadership Conference
"The Housing Consortium", State Conference New Hampshire Alliance for the Mentally Ill
"Building Partnerships in the Community", National Conference, International Association for Psychosocial Rehabilitation Services
"Functional Assessment and Skill Building as Clinical Intervention", NH Community Support Services Conference

Marie L. Tule, CPA, MSA
MTule@ppnh.org

Educational Experience

Bentley University – MS in Accountancy

University of Vermont – BA degree

Work Experience

Lakes Region Partnership for Public Health, Laconia, NH 2013 – Current

Finance Director

- Prepare and analyze monthly financial statements
- Develop budgets and forecasts, and manage cash flow
- Responsible for contract billing and reporting
- Supervise accounting staff.

Melanson Heath & Company, PC, Nashua, NH 1994 – 2013

Manager

- Planned, supervised, and prepared audited GAAP financial statements and compliance reports for nonprofit and commercial clients.
- Performed financial statement and data analytics, reconciled general ledger accounts, prepared audit schedules and adjusting entries.
- Documented accounting systems, evaluated client internal controls, and prepared management letters of recommendations.
- Proficient in Microsoft Excel, Word, PowerPoint, QuickBooks, and Fixed Asset software.
- Conducted presentations to Boards and audit committees of financial statements and compliance audit results.

Price Waterhouse Coopers, LLP, Manchester, NH 1989 – 1994

Senior Accountant

- Planned, supervised, and performed audits, reviews, and compilations of financial statements.
- Clients included manufacturing, financial, and higher educational institutions.
- Performed Federal compliance (A-133) audits of sponsored research programs.

The Donoghue Organization, Holliston, MA 1986 – 1988

Controller/Financial Analyst

- Prepared and analyzed monthly financial statements for newsletter publishing company.
- Supervised accounting staff including general ledger, accounts receivables, payroll, and accounts payables functions.
- Prepared budgets and forecasts, and managed cash flow.
- Responsible for human resource function.

Dennison Computer Supplies, Waltham, MA

1984 - 1986

Payroll Administrator

- Responsible for payroll function including filing monthly and quarterly tax reports (Forms 940,941)

Billing Coordinator

- Responsible for invoicing all shipments, rentals, and maintenance contracts. Filed sales & use tax returns.

Senior Accounts Payable

- Processed invoices and prepared vendor checks.

Accounts Receivable

- Applied cash receipts to AR ledger and researched discrepancies.

Volunteer Experience

NH Society of Certified Public Accountants
Committee Chair

May, 2010 – Present

Greater Nashua Mental Health Center – Treasurer
Audit & Finance Committee Chair

March, 2011 - Present

Various local nonprofits – Treasurer, Trustee

2001 – 2013

References - Available upon request.



**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the New Hampshire ServiceLink Resource Centers Program Contract**

This second Amendment to the New Hampshire ServiceLink Resource Centers Program contract (hereinafter referred to as "Amendment #2") dated this day of March 13, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lakes Region Partnership for Public Health, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 67 Water Street, Suite 105, Laconia, NH, 03246.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (Item #62) and amended by an agreement (Amendment #1 to the Contract) approved on February 28, 2014 (Item #35), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties; and

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional fifteen (15) months and increase the price limitation; and

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: September 30, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$1,303,458.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Eric Borrin, Director Contracts and Procurement.
4. Form P-37, General Provisions, Item 1.10, to read: (603) 271-9558.
5. Delete Exhibit A Scope of Services and replace with Exhibit A Amendment #1 Scope of Services.
6. Delete Exhibit A-1 Scope of Services.
7. Delete Exhibit B Amendment #1, Method and Conditions Precedent to Payment and replace with Exhibit B Amendment #2, Method and Conditions Precedent to Payment.
8. Delete Exhibit B-7 and replace with Exhibit B-7 Amendment #1.
9. Add Exhibit B-15, Exhibit B-16, and Exhibit B-17.
10. Delete Standard Exhibit C, Special Provisions and replace with Exhibit C, Special Provisions.
11. Delete Standard Exhibit C-1, Additional Special Provisions and replace with Exhibit C-1, Revisions To General Provisions.



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

12. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 9/30/16.
13. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 9/30/16.
14. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.
15. Delete Standard Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement, and replace with Exhibit I, Health Insurance Portability Act Business Associate Agreement.



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

4/3/15
Date

State of New Hampshire
Department of Health and Human Services

[Signature]
Diane Langley
Director

Lakes Region Partnership for Public Health, Inc.

3/17/15
Date

[Signature]
NAME Margaret M Fitchard
TITLE President, BOD

Acknowledgement:

State of New Hampshire county of Galloway on March 17, 2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

[Signature]
Name and Title of Notary or Justice of the Peace





**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4/20/15
Date

[Signature]
Name: Megan K. Kelle
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit A Amendment #1

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a full service point of access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community based services provided to individuals to support their level of independence in the home and community.

New Helghts: New Hampshire Medicaid's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Quarter: A quarter is defined as: July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare & Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.



Exhibit A Amendment #1

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall provide services defined in this Agreement to the following populations:

- Persons age 60 and over;
- Adults over the age of 18, who are chronically, physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and/or developmental disabilities;
- Veterans;
- People of all ages, income levels and disabilities, including people with dementia and people of different cultures and ethnicities.

3. Geographic Area Served: The Contractor shall provide services as described in this Agreement in the geographic area of Belknap County and Carroll County. Geographic area is defined as the area focused on client location (city or town).

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long-term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

4.1.1.1. Consideration of all populations served including different age groups, different income levels, different types of disabilities, cultural diversities, and those underserved, and individuals at risk of nursing home placement, family caregivers, advocates, and professionals who serve these populations. Populations shall include all individuals who may or may not meet public assistance requirements, in addition to those that are hard to reach, those who are private payers and want to plan ahead for their long-term needs;

4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and

4.1.1.3. A feedback loop to modify activities as needed.

4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.

4.1.2.2. Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.

4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.

4.1.2.4. Contractor shall use the Alliance of Information and Referral Standards and use the Refer7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The Contractor is responsible for:

4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and

4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private



Exhibit A Amendment #1

paying individuals and families; and the database is accessible to the public via a comprehensive website and is user- friendly, searchable and accessible to persons with disabilities.

4.1.2.5. Contractor's staff shall attend trainings as directed by the Department.

4.2. Options Counseling

- 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
- 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others whom they may wish to include in the process, such as family members and/or caregivers/support persons.
- 4.2.3. The Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration for Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards, when they have been released.
- 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arrange for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum, the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. Special attention to those clients most at risk of institutionalization;
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in assessing all the pros and cons;
 - 4.2.4.4. Development of action steps toward a goal or a long-term support plan, with assistance in applying and accessing support options when requested;
 - 4.2.4.5. Counseling in a location that fits the needs of the individual being served, such as a private home and office, and to be accessible to the client by phone, email, etc.;
 - 4.2.4.6. Counseling that ensures that clients understand their options by using the Option Counseling Standards.
- 4.2.5. The Contractor shall provide confidential, objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
- 4.2.6. The Contractor shall serve as full service access entry points for individuals and use standard intake and screening instruments defined by the Department.
- 4.2.7. The Contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
- 4.2.8. The Contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.
- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor shall include a plan to schedule future contacts and follow-ups according to the needs of the client.

4.3. Streamlined Eligibility Determination for Public Programs

The Contractor will serve as a full service access point/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation



Exhibit A Amendment #1

Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:

4.3.1. Intake and Screening

The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.

4.3.2. Financial and Functional Eligibility Processes

Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.

4.3.2.1.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.

4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:

4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.

4.3.3. Tracking Eligibility Status

4.3.3.1. The Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems, such as New Heights Financial Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.

4.3.3.2. The Contractor may be informed of individuals who are determined ineligible for public LTSS and the ServiceLink Contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.

4.4. Person-Centered Transitions Support

The Contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:

4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.

4.4.2. The Contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.

4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.

4.4.4. The Contract shall:

4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;

4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and



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- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
- 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.

4.5. Consumer Populations and Partnerships

4.5.1. Consumer Populations

Contractor shall involve consumers on a /local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:

- 4.5.1.1. People over age 60
- 4.5.1.2. Adults over age 18 living with chronic illnesses or disabilities
- 4.5.1.3. Family members, caregivers, and family caregivers of the target populations
- 4.5.1.4. Local community providers
- 4.5.1.5. Representation from cultural and ethnic minorities residing within the community.
- 4.5.1.6. At least twenty-five (25) percent of the membership must be from the target population.

Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

- 4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.
- 4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.
- 4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.

4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:



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- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
 - 4.6.6. Determine eligibility for the caregiver programs.
 - 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
 - 4.6.8. Provide information, assistance, and options counseling to caregivers
 - 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
 - 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
 - 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
 - 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum. The Contractor shall:
 - 4.6.12.1. Provide a minimum of one (six (6) week session) Powerful Tools for Caregiver Training to a minimum of ten (10) caregivers completing the workshop series.
 - 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.
 - 4.7. New Hampshire State Health Insurance Assistance Program
The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:
 - 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
 - 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
 - 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
 - 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
 - 4.7.5. Recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.



Exhibit A Amendment #1

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education, volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
- 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
- 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
- 4.8.7. Comply with the standards in the SHIP Program Guidance.
- 4.8.8. Recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

4.9. Veterans Directed Home and Community Based Program

The Contractor shall provide Veterans the opportunity to receive home and community based services in a consumer directed fashion that enables them to avoid nursing home placement and to continue to live in their homes and communities. The Contractor shall:

- 4.9.1. Develop and implement a Veterans Directed Home and Community Based (VDHCB) program to provide the services described in Section 4.9.2, in the following ways:
 - 4.9.1.1. Enter into a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and/or the Manchester Veteran's Administration Medical Center (Manchester VAMC). The provider agreement is to be based on the Memorandum of Agreement between the Department and the WRJ and/or Manchester VAMC. Under the provider Agreement, the Contractor shall work with the WRJ VAMC and/or the Manchester VAMC and shall be responsible for the service coordination as defined in Section 4.9.2 below.
 - 4.9.1.2. Establish an advisory group to oversee the development, implementation of the program and provide ongoing feedback for continuous improvement of the program and services. Membership is to include representation from key community resources, local Veterans' organizations, Veterans and families of Veterans utilizing the program, and the public.
 - 4.9.1.3. Establish and maintain a budget for the costs to develop and implement the program as follows:



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- 4.9.1.3.1. Ongoing Staff development and training such as but not limited to, costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program.
 - 4.9.1.3.2. Ongoing Travel costs associated with ongoing program development and implementation such as, but not limited to: Staff mileage to and from training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, Establishing and maintaining a of business processes related to the VD-HCBS Program, such as computer equipment, telephone expenses, and office furniture for new staff.
 - 4.9.1.3.3. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services, in Section 4.9.2.
 - 4.9.1.4. Provide or contract with an agency to provide financial management services to the Veterans. The Contractor cannot implement the VDHCBS program until financial management services are reviewed and approved by the VDHCBS national Readiness Review Process, and reviewed by WRJ and Manchester VAMC and DHHS.
 - 4.9.1.5. Provide a minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to Veterans participating in the program in developing and managing an individual service budget.
 - 4.9.1.5.1. The Contractor shall increase the FTE when the Veterans caseload exceeds 19 Veterans. The contractor shall increase the FTE to provide 4.5 hours per month per veteran.
 - 4.9.1.6. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors are trained in the program practices and procedures prior to service delivery defined in Section 4.9.2.
 - 4.9.1.7. Establish Financial Management Readiness and pass formal readiness review prior to implementation of the program. New FMS agreements must pass formal readiness review,
- 4.9.2. Provide options counseling and assist Veterans in arranging consumer directed services as follows:
- 4.9.2.1. Maintain the provider agreement in Section 4.9.1.1 and the contractor shall be responsible for service coordination for the Veteran as follows:
 - 4.9.2.1.1. Accept referrals of eligible Veterans and their authorized budgets to buy long term supports and services, from at least one of the VAMC in Section 4.9.1.1.
 - 4.9.2.1.2. Provide options counseling to Veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. At a minimum, options counseling shall include an assessment, plan of care and identify type of services to meet the needs to the Veteran to remain in the home and community. The Contractor shall submit the Veteran's plan of care with types of services to the VAMC for approval. The Contractor must obtain budget approval of plan of care from the VAMC before the Veteran receives VD-HCBS supports and services. The Contractor shall comply with the VAMC and the Department's program and policies guide for linking Veterans with needed Long term services and supports and making mutual referrals.



Exhibit A Amendment #1

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- 4.9.2.2. Provide or maintain the contract with an agency to provide financial management services. Seek reimbursements for service coordination through the VAMC defined in Section 4.9.1. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services.
 - 4.9.3. Ensure the following:
 - 4.9.3.1. All Veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
 - 4.9.3.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
 - 4.9.3.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
 - 4.9.3.4. Of the Veterans served, there will be a 90 % or better, consumer satisfaction rate.
 - 4.9.4. Comply with procedures for reporting requirements defined by DHHS for monthly "Ticker" reporting requirements defined and required by National VDHCS program administration.
 - 4.9.5. Enter contact data into the Refer 7 data base to increase the amount of resources available by geographic area serve Veterans.
 - 4.9.6. Ensure that documentation required by both the Department and the VAMC is kept current and submitted according to the program requirements.
 - 4.9.7. Participate in continuous process improvement activities with the Department and/or the VAMC to evaluate and improve the quality of the program and its policies and processes by attending meetings, trainings, to include monthly VDHCS Faculty Calls, and related conference calls.
 - 4.9.8. Participate in trainings that aim to improve knowledge of military culture and other related trainings to enhance competencies required to serve our military family and service member population.
- 4.10. Medicare Improvements for Patients and Providers Act (MIPPA).
The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA), services through as follows:
- 4.10.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 4.10.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 4.10.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 4.10.1.3. Promote the Medicare programs described in Section 4.10.1.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:
 - 4.10.2. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
 - 4.10.3. Complete an analysis using available statistics such as Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The



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Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.

- 4.10.4. Assess current and past partnerships with other agencies and community services.
- 4.10.5. Conduct outreach, education and assistance to the target population and geographic area as approved by the Department, based on the Contractor's results of the assessment and analysis described in Section 4.10.2, 4.10.3 and 4.10.4, and to meet the goals in Section 4.10.10. Outreach and education consists of the following, but not limited to:
 - 4.10.5.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 4.10.5.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 4.10.5.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.6. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives. The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.7. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 4.10.1.
 - 4.10.7.1. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
 - 4.10.7.2. The contractor will be responsible for purchasing the media in their local area.
- 4.10.8. Ensure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
- 4.10.9. Complying with procedures for reporting requirements defined by DHHS.
- 4.10.10. Performance Measures: The Contractor will be required to meet or exceed the performance measures described below:



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Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D by eight (8) percent of the total number enrolled in these programs as of September 29, 2014	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 15th of each month.
Performance Measure 2: Implementation of Promotional activities for Medicare's Wellness and Preventive Screening Services	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activities at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in SHIP Mid-Term and annual Performance Grant application to DHHS

4.11. Evidenced Based Care Transitions

- 4.11.1. The contractor will engage individuals while in acute care settings, such as a hospital, and assist them in transitioning from the acute care setting to a home and community based setting. The goal of this service is to provide individuals with a safe and secure setting and to prevent hospital readmission. The contractor shall follow the individual intensively over a period of approximately one to three months after discharge.
- 4.11.2. The contractor shall follow the evidence based standards and protocols that include the following:
 - 4.11.2.1. The Contractor will employ a minimum of one full-time equivalent Care Transition Specialist to provide evidence based transition services.
 - 4.11.2.2. Interdisciplinary communication across acute, primary care and Long Term Services and Supports (LTSS) service providers/systems.
 - 4.11.2.3. The Contractor will assure that the Care Transition Specialist:
 - 4.11.2.3.1. Participates regularly in hospital discharge planning meetings
 - 4.11.2.3.2. Meets with individuals and their family members during their hospital stay
 - 4.11.2.3.3. Provides post-discharge follow up to assure successful transitions back to the individual's home
 - 4.11.2.3.4. Documents related contacts on behalf of transitioning individuals in Refer 7.
 - 4.11.2.3.5. Participates in related training with the objective of becoming certified or maintaining certification in the evidence based transition program model being utilized, as required by the program model's standards.
 - 4.11.2.4. Activation of individual services;
 - 4.11.2.4.1. The Contractor shall develop a transition plan for the client and assist the individual in finding and accessing home and community based services according to the transition plan;
 - 4.11.2.4.2. Ensuring services are in place and suitable for the individual.
- 4.11.3. Enhanced post discharge follow-up;
 - 4.11.3.1. The Contractor shall provide post-discharge follow up to assure successful transitions back to the individual's home. Follow up includes communicating with the individual and family members and assisting them in problem solving and referrals, and ensuring that the transition plan that has been put into place is working.
- 4.11.4. Establish formal agreement with a local hospital to perform evidence based person centered transition support;



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- 4.11.4.1. The Contractor will enter into agreements with local hospitals participating in the Evidence Based Transitions Program to identify the roles and responsibilities of the Care Transitions Specialist and hospital staff in providing transition services. These include but are not limited to the following:
 - 4.11.4.1.1. Establishing a process for identifying individuals and caregivers in need of transition support services
 - 4.11.4.1.2. Developing protocols for referring individuals to the local ServiceLink Contractor for transition support and other services
 - 4.11.4.1.3. Delivering regular training and in-service sessions to facility administrators and discharge planners about ServiceLink programs and any protocols and processes in place between ServiceLink and their respective organizations.
- 4.11.5. The Contractor will establish an Advisory Group with representation from the geographic area served by the ServiceLink Contractor, hospital care management staff, home care providers, skilled care providers, physicians, and others. The Advisory Group will meet regularly to oversee the implementation of the program, develop and disseminate best practices, review readmission data, and problem solve discharge issues and complex care needs.
- 4.11.6. Within 30 days of the effective date of Amendment #1, the Contractor shall provide a report to DHHS as to which Evidence Based model will be used to transition clients and identify the staff to provide the service.
 - 4.11.6.1. The Contractor shall comply with standards that are prescribed by the Evidenced Based Model selected.
- 4.11.7. The Contractor will develop and report to DHHS by July 1, 2015, for review and approval, a sustainability plan that allows for the continuation of the program beyond the funding by DHHS.
 - 4.11.7.1. In collaboration with the Advisory Group and other key agencies, the Contractor will develop a sustainability plan to continue the program after the Enhanced ADRC Options Counseling funding is terminated.
 - 4.11.7.2. The sustainability plan shall: identify local hospital participation, quality outcomes, best practices, lessons learned, and future goals. The Contractor shall implement the plan effective October 1, 2015.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phones numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route from the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.
- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free



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- ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
 - 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
 - 5.10. Provide sufficient (as defined in 5.9 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
 - 5.11. Adhere to the following operational and facilities management requirements:
 - 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
 - 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
 - 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
 - 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
 - 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
 - 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.
- 6. Quality Assurance and Continuous Quality Improvement**
- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
 - 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
 - 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
 - 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.



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- 6.5. Information Technology and Management Information Systems
- 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors. Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
- 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
- Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
- 6.5.3. The Department's current hardware standards are as follows:
- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM, 500 GB SATA
 - High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM, 500 GB SATA
 - The State standard is Windows 7, Office 2010 and Internet Explorer 9
- 6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.
- 6.6. Continuous Improvement
- 6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.
- 6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.
7. Performance Tracking and Reporting
- 7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:
1. Number of individuals served
 2. Number of repeat visits by individuals
 3. Type of information/referral given to individuals
 4. Type of follow up performed
 5. Frequency of follow ups
 6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
 7. The number of individuals diverted from nursing home/institutional settings;



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8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).

7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source. There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and consumer satisfaction surveys, customized reports, and Refer7.
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	



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Program Reporting Data Requirement	Data Source
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 4 formal agreements with major pathways has been established by the completion Date in box 1.7 of the General Provisions, Form P-37.	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
	Customized Report
Number of other caregiver specific training sessions conducted annually	
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7
State Health Insurance Assistance Program (SHIP):	
Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7



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Program Reporting Data Requirement	Data Source
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards as follows:

- 8.1.1. Possess the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- 8.1.2. Ensure the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- 8.1.3. Ensure knowledge about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- 8.1.4. Treat colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.
- 8.1.5. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.6. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.7. Develop a Staffing Contingency Plan, including but not limited to:
 - 8.1.7.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.7.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.7.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.7.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.7.5. Method of bringing replacements/additions up-to-date regarding this Agreement.



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- 8.1.8. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.9. Provide resumes for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.10. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.11. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.12. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.13. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support
This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.
- 8.2.3.1. Required Certification:
- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
 - Obtain training and certification in Options Counseling within 6 months of hire.
 - Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor



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8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.



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During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

9.1. Updated Workplan: Within thirty (30) days of the effective date of any amendment to the agreement, the contractor shall submit a revised workplan to DHHS.

10. Cultural Considerations:

The Contractor will 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 effective date of Amendment #2 to the Agreement.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.

13. Contract Monitoring

13.1. The Contractor shall:

13.2. Ensure the Department has access sufficient for monitoring of contract compliance requirements as identified in OMB Circular A-133.

13.3. Ensure the Department is provided with access that includes but is not limited to:

13.3.1. Data

13.3.2. Financial records

13.3.3. Scheduled access to Contractor work sites/locations/work spaces and associated facilities.

13.3.4. Unannounced access to Contractor work sites/locations/work spaces and associated facilities.

13.3.5. Scheduled phone access to Contractor principals and staff



Exhibit B - Amendment #2

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement, Form P-37, in accordance with the budgets defined in Section 5 below, for the services provided by the Contractor pursuant to Exhibit A, Amendment #1 Scope of Services.
2. Services are funded with New Hampshire General Funds and with federal funds made available by the United States Department of Health and Human Services under:

CFDA #	Federal Agency	Grant Description
93.778		Medicaid Grants
93.667	Administration for Children & Families	Social Services Block Grant
93.052	Administration for Community Living	Family Caregiver Support Title III E
93.517	Administration for Community Living	Aging and Disability Resource Center Options Counseling Enhancement Program
93.324	Administration for Community Living	State Health Insurance Assistance Program
93.048	Administration for Community Living	Senior Medicare Patrol Project
93.071	Administration for Community Living	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

- 2.1. The Contractor agrees to provide the services in Exhibit A, Amendment #1, Scope of Services in compliance with funding requirements.

3. Account Numbers in Block 1.6 of the General Provisions of this Agreement, Form P-37 as follows:

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
Aging and Disability Resource Center Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731



Exhibit B - Amendment #2

4. Payment for said services shall be made as follows:

The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:

Financial Manager
Division of Community Based Care Services
Department of Health and Human Services
129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made cost reimbursement basis only, for allowable expenses based on budgets identified as Exhibits B-1 through Exhibit s B-15. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form.

5.1. Payment for contracted services shall be made on cost reimbursement basis only, for allowable expenses based on the budgets identified as Exhibit B-16 and Exhibit B-17 and in accordance with the Department approved individual program budgets.

5.2. The Contractor will provide invoices on Department supplied forms.

5.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.

7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:

7.1. NH State General Funds SFY14: 47% SFY15: 49%

7.2. Social Services Block Grant SFY14: 15% SFY15: 14%

7.3. Medicaid SFY14: 38% SFY15: 37%

8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:

8.1. Medicaid SFY14: 64% SFY15: 88%

8.2. ADRC Grant SFY14: 36% SFY15: 12%

9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-17 Budgets, to adjust amounts within the budgets and between State Fiscal Years, within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.



Exhibit B - Amendment #2

12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by THE DEPARTMENT.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to THE DEPARTMENT upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
15. Veterans Directed Home and Community Based Program: The Contractor shall provide the scope of work as defined in Section 4.9 of Exhibit A, Amendment #1, at no charge to the State of New Hampshire for the contract period.

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

Bidder/Program Name: Lakes Region Partnership for Public Health

Budget Request for: Options Counseling and Person Centered Transitions Support Program
 (Name of Program)

Budget Period: 7/1/14 - 6/30/15

1. Total Salary/Wages	\$ 42,486.00	\$ 42,486.00	\$ -	\$ -	\$ 42,531.67	\$ -	\$ 42,531.67
2. Employee Benefits	\$ 11,277.00	\$ 11,277.00	\$ -	\$ -	\$ 11,277.00	\$ -	\$ 11,277.00
3. Consultants	\$ 1,862.00	\$ 1,862.00	\$ -	\$ -	\$ 1,862.00	\$ -	\$ 1,862.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 441.00	\$ 441.00	\$ -	\$ -	\$ 441.00	\$ -	\$ 441.00
Repair and Maintenance	\$ 828.00	\$ 828.00	\$ -	\$ -	\$ 828.00	\$ -	\$ 828.00
Purchase/Depreciation	\$ 503.00	\$ 503.00	\$ -	\$ -	\$ 503.00	\$ -	\$ 503.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 890.00	\$ 890.00	\$ -	\$ -	\$ 890.00	\$ -	\$ 890.00
6. Travel	\$ 7,358.00	\$ 7,358.00	\$ -	\$ -	\$ 7,358.00	\$ -	\$ 7,358.00
7. Occupancy	\$ 4,172.00	\$ 4,172.00	\$ -	\$ -	\$ 4,172.00	\$ -	\$ 4,172.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 428.00	\$ 428.00	\$ -	\$ -	\$ 428.00	\$ -	\$ 428.00
Postage	\$ 229.00	\$ 229.00	\$ -	\$ -	\$ 229.00	\$ -	\$ 229.00
Subscriptions	\$ 38.00	\$ 38.00	\$ -	\$ -	\$ 38.00	\$ -	\$ 38.00
Audit and Legal	\$ 1,436.00	\$ 1,436.00	\$ -	\$ -	\$ 1,436.00	\$ -	\$ 1,436.00
Insurance	\$ 979.00	\$ 979.00	\$ -	\$ -	\$ 979.00	\$ -	\$ 979.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 45.00	\$ 45.00	\$ -	\$ -	\$ 45.00	\$ -	\$ 45.00
10. Marketing/Communications	\$ 503.00	\$ 503.00	\$ -	\$ -	\$ 503.00	\$ -	\$ 503.00
11. Staff Education and Training	\$ 71.00	\$ 71.00	\$ -	\$ -	\$ 71.00	\$ -	\$ 71.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Internet & web-design	\$ 386.00	\$ 386.00	\$ -	\$ -	\$ 386.00	\$ -	\$ 386.00
Executive Director wages & benefits	\$ 6,270.00	\$ 6,270.00	\$ -	\$ -	\$ 6,270.00	\$ -	\$ 6,270.00
TOTAL	\$ 90,202.00	\$ 90,202.00	\$ 0.0%	\$ -	\$ 90,247.67	\$ 0.0%	\$ 90,247.67

Contractor Initials: *MP*
 Date: *3/13/15*



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;



- 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. The Department reserves the right to extend the completion date of the contract for up to fifteen months to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.
4. Subparagraph 14.1.1 of the General Provisions of this contract, is deleted and the following subparagraph is added:
 - 14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence with additional umbrella liability insurance coverage of not less than \$2,000,000;



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

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

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

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

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

Exhibit G

Contractor Initials

YMP

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

3/17/15

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:

3/17/15
Date

Margaret M Pritchard
Name: Margaret M Pritchard
Title: President, BOD

Exhibit G

Contractor Initials MP

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

Date 3/17/15



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.

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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 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



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



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) l, 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.

_____	<u>Lakes Region Partnership for Public Health, Inc.</u>
The State	Name of the Contractor
<u>[Signature]</u>	<u>Margaret M. Patchard</u>
Signature of Authorized Representative	Signature of Authorized Representative
<u>D. Lowley</u>	<u>Margaret M. Patchard</u>
Name of Authorized Representative	Name of Authorized Representative
<u>Director</u>	<u>President, BOD</u>
Title of Authorized Representative	Title of Authorized Representative
<u>4/3/15</u>	<u>3/17/15</u>
Date	Date



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Lakes Region Partnership for Public Health, Inc. Contract**

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment 1") dated this 5th day of February 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lakes Region Partnership for Public Health, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 67 Water Street, Suite 105, Laconia, NH 03246.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

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

- 1) Amendment and modification of P-37 "Agreement":
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$701,558.
- 2) Amendment and modification of Exhibit A:
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program
4.6.12 The ServiceLink Contractor shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.
- 3) Adding Exhibit A-1.
- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.
- 5) Adding Exhibits B-11 through B-14.



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

2/10/14
Date

NAME
TITLE

[Signature]

Lakes Region Partnership for Public Health, Inc.

2.7.14
Date

Sally Minkow
NAME
TITLE President, Board of Directors

Acknowledgement:

State of NH, County of Belknap on Feb 7, 2014 before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Colleen A. Dravin, Notary
Name and Title of Notary or Justice of the Peace



New Hampshire Department of Health and Humans Services
New Hampshire ServiceLink Program



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

2-11-14
Date Name: _____

Rosemary Went
Title: *Rosemary Went*
Assistant Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date Name: _____

Title: _____

Contractor Initials: *SMW*
Date: *2.7.14*



Scope of Services

1. The Medicare Improvements for Patients and Providers Act (MIPPA)
 - 1.1. MIPPA program is to assist Medicare beneficiaries by:
 - 1.1.1. reducing Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 1.1.2. increasing wellness and preventing illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 1.2. Period: Effective Date of Amendment #1 to September 29, 2014.
 - 1.3. The contractor shall provide services to individuals located in the geographic area of Belknap and Carroll Counties.
 - 1.4. The ServiceLink contractor will promote these beneficial programs for people with Medicare, collaborating with community partners to provide outreach, education, and assistance in completing applications for Medicare beneficiaries with limited income. .
 - 1.5. The ServiceLink contractor will initiate outreach contact with low-income individuals who may not have physical access to ServiceLink offices, internet access, or access to a telephone.
 - 1.6. Within 30 days of the effective date of Amendment #1 and upon approval of DHHS, the Contractor shall develop an outreach plan for LIS and MSP, and for preventive services that includes but is not limited to increasing the number of local collaborative partnerships for the purpose of increasing enrollment in these programs and their utilization. At a minimum the plan should be based on the following:
 - 1.6.1. An assessment of past LIS and MSP outreach activities to determine their effectiveness in reaching the target population; i.e., low-income Medicare beneficiaries;
 - 1.6.2. An analysis of Social Security and Centers for Medicaid and Medicare Services statistics to identify and prioritize target areas for outreach;
 - 1.6.3. An assessment of past and current partnerships to determine their effectiveness;
 - 1.6.4. Promoting the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS and collaboration with community health care providers;
 - 1.6.5. Working with the Department's SHIP Program Director, set specific goals for increasing LIS and MSP enrollments at the end of each year of the contract. Goals are to be based on current performance data and Refer 7 reports.
 - 1.6.6. Identify and recruit regional providers interested in assisting with outreach to Medicare beneficiaries, including but not limited to:
 - Community health centers
 - Senior centers
 - Hospitals
 - Physician practices
 - Town managers, town welfare directors and boards of selectmen
 - Emergency personnel
 - Senior housing
 - 1.7. Deliverables:
 - 1.7.1. LIS and MSP Outreach plan that includes but is not limited to the collaboration of new partnerships in order to increase enrollment.
 - 1.7.2. Medicare preventive service promotion activities.
 - 1.7.3. Statewide MIPPA advertising materials.
 - 1.7.4. Community partnership and incentive strategies for the state/county/regions for increasing enrollment into and awareness of LIS/MSP & Medicare Wellness/Prevention Screenings.



1.8. Performance Measures

The Contractor will be required to meet or exceed the performance measures described below:

Performance Measure	How it will be measured
Performance Measure 1: Increasing LIS, MSP, and Medicare Part D enrollment: Belknap County: 91 individuals enrolled Carroll County: 177 individuals enrolled	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 10th of each month.
Performance Measure 2: Implementation of Medicare Preventive Services Promotion activities.	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activity at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and incentive programs and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in CMS SHIP Mid-Term and annual Performance Grant application to DHHS

2. Evidenced Based Care Transitions

- 2.1. The contractor will engage individuals while in acute care settings, such as a hospital, and assist them in transitioning from the acute care setting to a home and community based setting. The goal of this service is to provide individuals with a safe and secure setting and to prevent hospital readmission. The contractor shall follow the individual intensively over a period of approximately one to three months after discharge.
- 2.2. The contractor shall provide services to individuals located in the geographic area of Belknap and Carroll Counties.
- 2.3. The contractor shall follow the evidence based standards and protocols that include the following:
 - 2.3.1. The Contractor will employ a minimum of one full-time equivalent Care Transition Specialist to provide evidence based transition services in the geographic area described in Exhibit A, paragraph #3.
 - 2.3.2. Interdisciplinary communication across acute, primary care and Long Term Services and Supports (LTSS) service providers/systems.
 - 2.3.2.1. The Contractor will assure that the Care Transition Specialist:
 - 2.3.2.1.1. Participates regularly in hospital discharge planning meetings
 - 2.3.2.1.2. Meets with individuals and their family members during their hospital stay
 - 2.3.2.1.3. Provides post-discharge follow up to assure successful transitions back to the individual's home
 - 2.3.2.1.4. Documents related contacts on behalf of transitioning individuals in Refer 7.
 - 2.3.2.1.5. Participates in related training with the objective of becoming certified or maintaining certification in the evidence based transition program model being utilized, as required by the program model's standards.
 - 2.3.3. Activation of individual services;
 - 2.3.3.1. The Contractor shall develop a transition plan for the client and assist the individual in finding and accessing home and community based services according to the transition plan;
 - 2.3.3.2. Ensuring services are in place and suitable for the individual.
 - 2.3.4. Enhanced post discharge follow-up;
 - 2.3.4.1. The Contractor shall provide post-discharge follow up to assure successful transitions back to the individual's home. Follow up includes communicating with the individual and family members and assisting them in problem solving and referrals, and ensuring that the transition plan that has been put into place is working.

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- 2.3.5. Establish formal agreement with a local hospital to perform evidence based person centered transition support;
 - 2.3.5.1. The Contractor will enter into agreements with local hospitals participating in the Evidence Based Transitions Program to identify the roles and responsibilities of the Care Transitions Specialist and hospital staff in providing transition services. These include but are not limited to the following:
 - 2.3.5.1.1. Establishing a process for identifying individuals and caregivers in need of transition support services
 - 2.3.5.1.2. Developing protocols for referring individuals to the local ServiceLink Contractor for transition support and other services
 - 2.3.5.1.3. Delivering regular training and in-service sessions to facility administrators and discharge planners about ServiceLink programs and any protocols and processes in place between ServiceLink and their respective organizations.
 - 2.4. The Contractor will establish an Advisory Group with representation from the geographic area served by the ServiceLink Contractor, hospital care management staff, home care providers, skilled care providers, physicians, and others. The Advisory Group will meet regularly to oversee the implementation of the program, develop and disseminate best practices, review readmission data, and problem solves discharge issues and complex care needs.
 - 2.5. Within 30 days of the effective date of this Amendment #1, the Contractor shall provide a report to DHHS as to which Evidence Based model will be used to transition clients and identify the staff to provide the service.
 - 2.5.1. The Contractor shall comply with standards that are prescribed by the Evidenced Based Model selected.
 - 2.6. The Contractor will develop and report to DHHS by June 30, 2014, for review and approval, a sustainability plan that allows for the continuation of the program beyond the funding by DHHS.
 - 2.6.1. In collaboration with the Advisory Group and other key agencies, the Contractor will develop a sustainability plan to continue the program after the Enhanced ADRC Options Counseling funding is terminated.
 - 2.6.2. The sustainability plan shall: identify local hospital participation, quality outcomes, best practices, lessons learned, and future goals. The Contractor shall implement the plan effective July 1, 2015.
3. Veterans Directed Home and Community Based Program (VDHCB)
- 3.1. The Veterans Directed Home and Community Based Program is a consumer-directed program targeted to eligible veterans to offer them alternatives to nursing home care. The Contractor shall be responsible to provide options counseling to veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. Contractor shall follow DHHS protocol for linking Veterans with needed LTSS and making mutual referrals.
 - 3.2. The Veterans Administration is responsible for determining the eligibility of veterans for the program and for authorizing a budget to buy LTSS services. The Veterans Administration will refer eligible veterans with an authorized flexible service budget to the ServiceLink contractor who will be responsible for service coordination and Financial Management Services (FMS) under the "Agency with Choice" model. As part of the Veterans Directed Home and Community Based Program, the Contractor shall establish a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and the Manchester Veteran's Administration Medical Center (Manchester VAMC).
 - 3.2.1. The provider's agreement shall define the roles and responsibilities of each party in delivery the program and is to be based on the Memorandum of Agreement between BEAS and the VAMC.
 - 3.2.2. The VAMCs will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the veteran's services.
 - 3.3. The Contractor shall maintain an advisory committee that will include stakeholders and Veterans to provide ongoing feedback for continuous improvement of the program and services.

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Exhibit A-1

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- 3.4. The Contractor shall provide at a minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to veterans participating in the program in developing and managing an individual service budget.
 - 3.5. The Contract shall ensure that key contractor's staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors are trained to provide this service.
 - 3.6. The Contractor shall provide or contract with an agency to provide financial management services to assume the roles and responsibilities of an agency with choice model.
 - 3.7. The Contractor shall assure that documentation required by both BEAS and the VA is kept current and submitted according to schedule.
 - 3.7.1. The Contractor shall add contact data in Refer 7 to include region-specific resources serving veterans.
 - 3.8. The Contractor shall be responsible for assuring the following:
 - 3.8.1. All veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
 - 3.8.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
 - 3.8.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
 - 3.8.4. Of the veterans served, there will be a 90 % or better, consumer satisfaction rate.
 - 3.8.5. Procedures for complying with program reporting requirements, which shall be defined by DHHS upon approval of the Contractor's final implementation plan, are in place.
 - 3.8.6. Maintain the Agreement with the local Veterans Administration.
 - 3.8.7. The contractor shall provide services to Veterans located in the geographic area of Belknap and Carroll Counties.



Exhibit B Amendment #1

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A and Exhibit A-1 Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project
13AANHMAAA, 13AANHMADR, IX0CMS331283	93.071	Admin for Community Living & Centers for Medicare & Medicaid Services	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
 The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services
 129 Pleasant Street, Brown Building
 Concord, NH 03301
5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B14. Each budget is specific to a time period

Contractor Initials: *SM*
 Date: *2.7.14*



Exhibit B Amendment #1

as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.

6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-14 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
15. The Medicare Improvements for Patients and Providers Act (MIPPA): The funding is from the effective date of Amendment #1 to September 29, 2014.
16. Evidenced Based Care Transitions: The funding is from the effective date of Amendment #1 to June 30, 2015.
17. Veterans Directed Home and Community Based Program: The contractor shall provide the scope of work as defined in Section 3 of Exhibit A-1, without funding from the Department.

CERTIFICATE OF VOTE

I, John Beland, of Lakes Region Partnership for Public Health, Inc. , do hereby certify that:

1. I am the duly elected Secretary of the Lakes Region Partnership for Public Health, Inc;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation duly held on September 29, 2011;

RESOLVED: That this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services;

RESOLVED: That the President and/or Vice President is hereby authorized on behalf of this corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. Sally Minkow is the duly elected President and Margaret Pritchard is the duly elected Vice President of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of February 7, 2014.

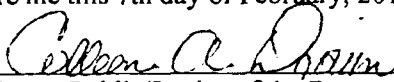
IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the corporation this 7th day of February, 2014.


Secretary, Board of Directors

(CORPORATE SEAL)
STATE OF NH
COUNTY OF BELKNAP

The foregoing instrument was acknowledged before me this 7th day of February, 2014 by John Beland.




Notary Public/Justice of the Peace
My Commission Expires: 8/14/18

Subject: New Hampshire ServiceLink Resource Centers Program

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Lakes Region Partnership for Public Health, Inc.		1.4 Contractor Address 67 Water Street, STE 105 Laconia, NH 03246	
1.5 Contractor Phone Number (603) 528-2145	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$597,849.
1.9 Contracting Officer for State Agency <i>Mary Maggioncalda</i>		1.10 State Agency Telephone Number <i>271-9096</i>	
1.11 Contractor Signature <i>Sally Minkow</i>		1.12 Name and Title of Contractor Signatory <i>SALLY MINKOW President, Board of Directors</i>	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>SELKNAF</u> On <u>12/3/13</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal]		<i>J Boisselle</i>	
1.13.2 Name and Title of Notary or Justice of the Peace <i>JULIE BOISSELLE</i>		JULIE BOISSELLE, Notary Public My Commission Expires <u>6/9/2015</u>	
1.14 State Agency Signature <i>Shirley Rockland</i>		1.15 Name and Title of State Agency Signatory <i>Shirley Rockland Acting Associate Commissioner</i>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: <i>Rosemary Hall</i> On: <i>12-4-13 RH</i>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

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

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions



Exhibit A

are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall reach the following covered populations:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Belknap County and Carroll County.



Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

- 4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs
- 4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and
- 4.1.1.3. A feedback loop to modify activities as needed.
- 4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

- 4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.
- 4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.
- 4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.
- 4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:
 - 4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and
 - 4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



Exhibit A

- 4.2. Options Counseling
 - 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
 - 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
 - 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
 - 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
 - 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
 - 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
 - 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
 - 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



Exhibit A

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- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:
- 4.3.1. Intake and Screening
- 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.
- 4.3.2. Financial and Functional Eligibility Processes
Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.
- 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.
- 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:
- 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.
- 4.3.3. Tracking Eligibility Status
- 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



Exhibit A

- Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.
- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.
- 4.4. Person-Centered Transitions Support
The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:
- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
- 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
- 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
Contractor shall involve consumers on a /local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
- People over age 60
 - Adults over age 18 living with chronic illnesses or disabilities



Exhibit A

- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.

4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.

4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.



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- 4.6. New Hampshire Family Caregiver Program
The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:
- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
 - 4.6.6. Determine eligibility for the caregiver programs.
 - 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
 - 4.6.8. Provide information, assistance, and options counseling to caregivers
 - 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
 - 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
 - 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
 - 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
 - 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.
- 4.7. New Hampshire State Health Insurance Assistance Program
The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



Exhibit A

Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



Exhibit A

- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
 - 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
 - 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
 - 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
 - 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phone numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



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- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



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6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
 - 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
 - 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
 - Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
 - 6.5.3. The Department's current hardware standards are as follows:
 - Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



Exhibit A

- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
- High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
- The Department does not currently use or support Windows 8.

6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.

6.6. Continuous Improvement

6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.

6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting

- 7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:
1. Number of individuals served
 2. Number of repeat visits by individuals
 3. Type of information/referral given to individuals
 4. Type of follow up performed
 5. Frequency of follow ups
 6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
 7. The number of individuals diverted from nursing home/institutional settings;
 8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



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7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source. There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	



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Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



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Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP):	
Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determine future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS



Exhibit A

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.

8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

8.1.3. Develop a Staffing Contingency Plan, including but not limited to:

8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;

8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;

8.1.3.3. Discussion of time frames necessary for obtaining replacements;

8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and

8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.

8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.

8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.

8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins



Exhibit A

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- providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support



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This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



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State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit A

Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

Assess the ethnic/cultural needs, resources and assets of their community. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment. When feasible and appropriate, provide clients of minimal English skills with interpretation services.

Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

When feasible and appropriate, identify communication access needs for clients who may be deaf and hard of hearing, or have vision or speech impairment and develop an individual communication plan for recipients to receive services identified in Section 3 Statement of Work.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

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

Bidder/Program Name: Lakes Region Partnership for Public Health
 Budget Request for: Information, Referral and Awareness
 (Name of Program)
 Budget Period: 1/1/14-6/30/14

Line Item	Budget Period		Total Program Cost		Contractor Share/Match		Requester/Implementer		Requester/Implementer	
	1/1/14	6/30/14	1/1/14	6/30/14	1/1/14	6/30/14	1/1/14	6/30/14	1/1/14	6/30/14
1. Total Salary/Wages	\$ 36,151	\$ -	\$ 36,151	\$ -	\$ -	\$ -	\$ 36,151	\$ -	\$ -	\$ 36,151
2. Employee Benefits	\$ 8,256	\$ -	\$ 8,256	\$ -	\$ -	\$ -	\$ 8,256	\$ -	\$ -	\$ 8,256
3. Consultants	\$ 1,562	\$ -	\$ 1,562	\$ -	\$ -	\$ -	\$ 1,562	\$ -	\$ -	\$ 1,562
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 406	\$ -	\$ 406	\$ -	\$ -	\$ -	\$ 406	\$ -	\$ -	\$ 406
5. Repair and Maintenance	\$ 763	\$ -	\$ 763	\$ -	\$ -	\$ -	\$ 763	\$ -	\$ -	\$ 763
Purchase/Depreciation	\$ 438	\$ -	\$ 438	\$ -	\$ -	\$ -	\$ 438	\$ -	\$ -	\$ 438
6. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 820	\$ -	\$ 820	\$ -	\$ -	\$ -	\$ 820	\$ -	\$ -	\$ 820
7. Travel	\$ 1,181	\$ -	\$ 1,181	\$ -	\$ -	\$ -	\$ 1,181	\$ -	\$ -	\$ 1,181
8. Current Expenses	\$ 3,708	\$ -	\$ 3,708	\$ -	\$ -	\$ -	\$ 3,708	\$ -	\$ -	\$ 3,708
Telephone	\$ 372	\$ -	\$ 372	\$ -	\$ -	\$ -	\$ 372	\$ -	\$ -	\$ 372
Postage	\$ 211	\$ -	\$ 211	\$ -	\$ -	\$ -	\$ 211	\$ -	\$ -	\$ 211
Subscriptions	\$ 35	\$ -	\$ 35	\$ -	\$ -	\$ -	\$ 35	\$ -	\$ -	\$ 35
Audit and Legal	\$ 1,226	\$ -	\$ 1,226	\$ -	\$ -	\$ -	\$ 1,226	\$ -	\$ -	\$ 1,226
Insurance	\$ 869	\$ -	\$ 869	\$ -	\$ -	\$ -	\$ 869	\$ -	\$ -	\$ 869
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 41	\$ -	\$ 41	\$ -	\$ -	\$ -	\$ 41	\$ -	\$ -	\$ 41
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ 71	\$ -	\$ -	\$ 71
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Internet & web-design	\$ 356	\$ -	\$ 356	\$ -	\$ -	\$ -	\$ 356	\$ -	\$ -	\$ 356
Moving Expense	\$ 438	\$ -	\$ 438	\$ -	\$ -	\$ -	\$ 438	\$ -	\$ -	\$ 438
Executive Director wages & benefits	\$ 5,665	\$ -	\$ 5,665	\$ -	\$ -	\$ -	\$ 5,665	\$ -	\$ -	\$ 5,665
TOTAL	\$ 62,608	\$ -	\$ 62,608	\$ -	\$ -	\$ -	\$ 62,608	\$ -	\$ -	\$ 62,608
Indirect As A Percent of Direct			0.0%							0.0%

Contractor Initials: *[Signature]*
Date: 1/13/14

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

Bidder/Program Name: Lakes Region Partnership for Public Health
 Budget Request for: Options Counseling and Person Centered Transitions Support Program
 (Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Contractor's Share / Market		Contractor's Share / Market		Total
	Contractor's Share	Market	Contractor's Share	Market	
1. Total Salary/Wages	\$ 45,252	\$ -	\$ -	\$ -	\$ 45,252
2. Employee Benefits	\$ 9,024	\$ -	\$ -	\$ -	\$ 9,024
3. Consultants	\$ 1,926	\$ -	\$ -	\$ -	\$ 1,926
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 488	\$ -	\$ -	\$ -	\$ 488
Repair and Maintenance	\$ 916	\$ -	\$ -	\$ -	\$ 916
Purchase/Depreciation	\$ 525	\$ -	\$ -	\$ -	\$ 525
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 985	\$ -	\$ -	\$ -	\$ 985
6. Travel	\$ 1,417	\$ -	\$ -	\$ -	\$ 1,417
7. Occupancy	\$ 4,404	\$ -	\$ -	\$ -	\$ 4,404
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 447	\$ -	\$ -	\$ -	\$ 447
Postage	\$ 254	\$ -	\$ -	\$ -	\$ 254
Subscriptions	\$ 42	\$ -	\$ -	\$ -	\$ 42
Audit and Legal	\$ 1,492	\$ -	\$ -	\$ -	\$ 1,492
Insurance	\$ 1,034	\$ -	\$ -	\$ -	\$ 1,034
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ 49	\$ -	\$ -	\$ -	\$ 49
9. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -
10. Staff Education and Training	\$ 86	\$ -	\$ -	\$ -	\$ 86
11. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -
12. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -
Internet & web-design	\$ 427	\$ -	\$ -	\$ -	\$ 427
Moving Expenses	\$ 525	\$ -	\$ -	\$ -	\$ 525
Executive Director wages & benefits	\$ 6,921	\$ -	\$ -	\$ -	\$ 6,921
TOTAL	\$ 76,213	\$ -	\$ -	\$ -	\$ 76,213
Indirect As A Percent of Direct					0.0%

Contractor Initials: *JMM*
 Date: 12.3.13

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

Bidder/Program Name: Lakes Region Partnership for Public Health

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

	Total Program Cost	Contractor Share of Match	Contractor Share of Match	Total Program Cost	Contractor Share of Match	Contractor Share of Match
1. Total Salary/Wages	\$ 22,626	\$ -	\$ -	\$ 22,626	\$ -	\$ 22,626
2. Employee Benefits	\$ 5,420	\$ -	\$ -	\$ 5,420	\$ -	\$ 5,420
3. Consultants	\$ 985	\$ -	\$ -	\$ 985	\$ -	\$ 985
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 243	\$ -	\$ -	\$ 243	\$ -	\$ 243
6. Repair and Maintenance	\$ 456	\$ -	\$ -	\$ 456	\$ -	\$ 456
7. Purchase/Depreciation	\$ 263	\$ -	\$ -	\$ 263	\$ -	\$ 263
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 490	\$ -	\$ -	\$ 490	\$ -	\$ 490
14. Travel	\$ 709	\$ -	\$ -	\$ 709	\$ -	\$ 709
15. Occupancy	\$ 2,086	\$ -	\$ -	\$ 2,086	\$ -	\$ 2,086
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 224	\$ -	\$ -	\$ 224	\$ -	\$ 224
18. Postage	\$ 126	\$ -	\$ -	\$ 126	\$ -	\$ 126
19. Subscriptions	\$ 21	\$ -	\$ -	\$ 21	\$ -	\$ 21
20. Audit and Legal	\$ 763	\$ -	\$ -	\$ 763	\$ -	\$ 763
21. Insurance	\$ 494	\$ -	\$ -	\$ 494	\$ -	\$ 494
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ 25	\$ -	\$ -	\$ 25	\$ -	\$ 25
24. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Staff Education and Training	\$ 43	\$ -	\$ -	\$ 43	\$ -	\$ 43
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Internal & web-design	\$ 213	\$ -	\$ -	\$ 213	\$ -	\$ 213
29. Moving Expense	\$ 263	\$ -	\$ -	\$ 263	\$ -	\$ 263
30. Executive Director wages & benefits	\$ 3,540	\$ -	\$ -	\$ 3,540	\$ -	\$ 3,540
TOTAL	\$ 36,988	\$ -	\$ -	\$ 36,988	\$ -	\$ 36,988
Indirect As A Percent of Direct	0.0%			0.0%		0.0%

Contractor Initials: *SM*
Date: 12-3-13

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

Bidder/Program Name: Lakes Region Partnership for Public Health
 Budget Request for: State Health Insurance Assistance Program
 (Name of Program)
 Budget Period: 1/1/14-6/30/14

	Total Program Cost	Contractor Share	0.0%
1. Total Salary/Wages	\$ 11,757	\$ 11,757	\$ -
2. Employee Benefits	\$ 2,667	\$ 2,667	\$ -
3. Consultants	\$ 287	\$ 287	\$ -
4. Equipment	\$ -	\$ -	\$ -
Rental	\$ 163	\$ 163	\$ -
Repair and Maintenance	\$ 307	\$ 307	\$ -
Purchase/Depreciation	\$ 175	\$ 175	\$ -
5. Supplies	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -
Office	\$ 330	\$ 330	\$ -
6. Travel	\$ 473	\$ 473	\$ -
7. Occupancy	\$ 1,391	\$ 1,391	\$ -
8. Current Expenses	\$ -	\$ -	\$ -
Telephone	\$ 149	\$ 149	\$ -
Postage	\$ 85	\$ 85	\$ -
Subscriptions	\$ 14	\$ 14	\$ -
Audit and Legal	\$ 475	\$ 475	\$ -
Insurance	\$ 328	\$ 328	\$ -
Bond Expenses	\$ -	\$ -	\$ -
9. Software	\$ 17	\$ 17	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 29	\$ 29	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -
Internet & web-design	\$ 143	\$ 143	\$ -
Moving Expense	\$ 175	\$ 175	\$ -
Executive Director wages & benefits	\$ 2,201	\$ 2,201	\$ -
TOTAL	\$ 21,164	\$ 21,164	\$ -
Indirect As A Percent of Direct	0.0%		0.0%

Contractor Initials: *SM*
 Date: 12-3-13

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

Bidder/Program Name: Lakes Region Partnership for Public Health

Budget Request for: Senior Medicare Patrol Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Description	Quantity	Unit Price	Total Price	Indirect %	Total Indirect	Total
1	Total Salary/Wages		\$	22,486.00	0.0%		22,486.00
2	Employee Benefits		\$	6,548.00	0.0%		6,548.00
3	Contractors		\$	1,174.00	0.0%		1,174.00
4	Equipment		\$		0.0%		
5	Rental		\$	287.00	0.0%		287.00
6	Repair and Maintenance		\$	539.00	0.0%		539.00
7	Purchase/Depreciation		\$	328.00	0.0%		328.00
8	Supplies		\$		0.0%		
9	Educational		\$		0.0%		
10	Lab		\$		0.0%		
11	Pharmacy		\$		0.0%		
12	Medical		\$		0.0%		
13	Office		\$	580.00	0.0%		580.00
14	Travel		\$	886.00	0.0%		886.00
15	Occupancy		\$	2,781.00	0.0%		2,781.00
16	Current Expenses		\$		0.0%		
17	Telephone		\$	279.00	0.0%		279.00
18	Postage		\$	150.00	0.0%		150.00
19	Subscriptions		\$	25.00	0.0%		25.00
20	Audit and Legal		\$	905.00	0.0%		905.00
21	Insurance		\$	649.00	0.0%		649.00
22	Board Expenses		\$		0.0%		
23	Software		\$	29.00	0.0%		29.00
24	Marketing/Communications		\$	328.00	0.0%		328.00
25	Staff Education and Training		\$	46.00	0.0%		46.00
26	Subcontract/Agreements		\$		0.0%		
27	Other (Specify details in addendum)		\$		0.0%		
28	Internet & web-design		\$	251.00	0.0%		251.00
29	Executive Director wages & benefits		\$	3,953.00	0.0%		3,953.00
30	TOTAL		\$	42,224.00	0.0%		42,224.00

Contractor Initials: *MM*
Date: 12.3.13

NH Department of Health and Human Services

STANDARD EXHIBIT C

SPECIAL PROVISIONS

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

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

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

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

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

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

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

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

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

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

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

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. Maintenance of Records: In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 Fiscal Records: books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 Statistical Records: Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the Contractor fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 Audit and Review: During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 Audit Liabilities: In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. Confidentiality of Records: All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. Reports: Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.

12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. Completion of Services: Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. Credits: All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

14.1 The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. Prior Approval and Copyright Ownership:

All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.

16. Operation of Facilities: Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

17. Subcontractors: DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

SPECIAL PROVISIONS – DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

SUPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

NH Department of Health and Human Services

STANDARD EXHIBIT D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR 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

- (A) The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

LAKES Region Partnership
for Public Health, Inc
 From: _____ To: _____
 (Contractor Name) (Period Covered by this Certification)

Effective date of contract to 6/30/15
 SALLY MINKOW President Board of Directors
 (Name & Title of Authorized Contractor Representative)

Sally Minkow _____ 12.3.13
 (Contractor Representative Signature) (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT E

CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

- Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

Contract Period: Effective through DATE OF CONTRACT to 4/30/15

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-1.)
(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.

SALLY MINKOW President Board of Directors
(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

LAKES REGIONAL PARTNERSHIP FOR PUBLIC HEALTH, INC. 12/31/13
(Contractor Name) (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT F

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Sally Minkow (Contractor Representative Signature) SALLY MINKOW President Board of Directors (Authorized Contractor Representative Name & Title)

Lakes Region Partnership for Public Health, Inc. (Contractor Name) 12/3/13 (Date)

Contractor Initials: SM
Date: 12.3.13

NH Department of Health and Human Services

STANDARD EXHIBIT G

CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.

Sally Minkow sally minkow president board of directors
(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

Lakes Region Partnership for Public Health, Inc. 12/3/13
(Contractor Name) (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

- 1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Sally Minkow Sally Minkow President Board of Directors
(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

Lakes Region Partnership for Public Health, Inc. 12/3/13
(Contractor Name) (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 and those parts of the HITECH Act applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreasonable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402 of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) **Obligations and Activities of Business Associate.**

- a. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec.13404.
- c. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- d. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)b and (3)k herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- f. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- g. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

- h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- i. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) **Termination for Cause**

In addition to standard provision #10 of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) **Miscellaneous**

- a. **Definitions and Regulatory References.** All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, and the HITECH Act as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. **Amendment.** Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. **Data Ownership.** The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. **Interpretation.** The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule and the HITECH Act.
- e. **Segregation.** If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. **Survival.** Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health & Human Services Lakes Region Partnership for Public Health, Inc.
The State Agency Name Name of the Contractor

Sheri L. Rockburn
Signature of Authorized Representative

Sally Minkow
Signature of Authorized Representative

Sheri L. Rockburn
Name of Authorized Representative

SALLY MINKOW
Name of Authorized Representative

Acting Associate Commissioner
Title of Authorized Representative

President Board of Directors
Title of Authorized Representative

12/4/13
Date

12.3.13
Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND
TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

- 1) Name of entity
- 2) Amount of award
- 3) Funding agency
- 4) NAICS code for contracts / CFDA program number for grants
- 5) Program source
- 6) Award title descriptive of the purpose of the funding action
- 7) Location of the entity
- 8) Principle place of performance
- 9) Unique identifier of the entity (DUNS #)
- 10) Total compensation and names of the top five executives if:
 - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - b. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Sally Minkow SALLY MINKOW, President Board of Directors
(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

Lakes Region Partnership for Public Health, Inc. 12/3/13
(Contractor Name) (Date)

Contractor initials: SM
Date: 12.3.13
Page # _____ of Page # _____

NH Department of Health and Human Services

STANDARD EXHIBIT J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is:

786707856

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO

YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO

YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Contractor initials: SMU

Date: 12.3.13

Page # _____ of Page # _____



**State of New Hampshire
Department of Health and Human Services
Amendment #4 to the New Hampshire ServiceLink Resource Centers Program Contract**

This fourth Amendment to the New Hampshire ServiceLink Resource Centers Program contract (hereinafter referred to as "Amendment #4") dated this 16th day of August 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Monadnock Collaborative (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 105 Castle Street, Keene, NH 03431.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (item #62), amended by an agreement (Amendment #1 to the Contract) approved on February 28, 2014 (Item #35), amended by an agreement (Amendment #2 to the Contract) approved on June 4, 2014 (Item #59) and amended by an agreement (Amendment #3 to the Contract) approved on May 6, 2015 (Item #23), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties;

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional three (3) months and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: December 31, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$1,807,113.
3. Delete Exhibit B-18 and replace with Exhibit B-18 Amendment #1.
4. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 12/31/16.
5. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 12/31/16.

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

8/29/16
Date

State of New Hampshire
Department of Health and Human Services

Mae Ryan
NAME Mae Ryan
TITLE Director, Office of Human Services

8/24/16
Date

Monadnock Collaborative

M. Cran
NAME
TITLE

Acknowledgement:
State of NH, County of Cheshire on 8/24/16, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Wendy Preston
Name and Title of Notary or Justice of the Peace

WENDY PRESTON
Notary Public, State of New Hampshire
My Commission Expires October 17, 2017

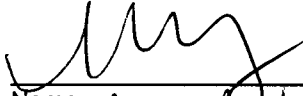


**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

9/4/14
Date


Name: Megan A. Spiro
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Monadnock Collaborative
Program Name: ServiceLink Resource Center

Budget Period: 7/1/16 - 12/31/16

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 196,128.00	\$ 20,685.00	\$ 216,813.00	\$ -	\$ -	\$ -	\$ 196,128.00	\$ 20,685.00	\$ 216,813.00
2. Employee Benefits	\$ 46,632.00	\$ 4,944.00	\$ 51,576.00	\$ -	\$ -	\$ -	\$ 46,632.00	\$ 4,944.00	\$ 51,576.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 10,183.00	\$ -	\$ 10,183.00	\$ -	\$ -	\$ -	\$ 10,183.00	\$ -	\$ 10,183.00
6. Travel	\$ 6,139.00	\$ -	\$ 6,139.00	\$ -	\$ -	\$ -	\$ 6,139.00	\$ -	\$ 6,139.00
7. Occupancy	\$ 22,644.00	\$ -	\$ 22,644.00	\$ -	\$ -	\$ -	\$ 22,644.00	\$ -	\$ 22,644.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 2,848.00	\$ -	\$ 2,848.00	\$ -	\$ -	\$ -	\$ 2,848.00	\$ -	\$ 2,848.00
Postage	\$ 442.00	\$ -	\$ 442.00	\$ -	\$ -	\$ -	\$ 442.00	\$ -	\$ 442.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 6,113.00	\$ -	\$ 6,113.00	\$ -	\$ -	\$ -	\$ 6,113.00	\$ -	\$ 6,113.00
11. Staff Education and Training	\$ 1,004.00	\$ -	\$ 1,004.00	\$ -	\$ -	\$ -	\$ 1,004.00	\$ -	\$ 1,004.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
#REF!	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
#REF!	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
#REF!	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 292,133.00	\$ 25,629.00	\$ 317,762.00	\$ -	\$ -	\$ -	\$ 292,133.00	\$ 25,629.00	\$ 317,762.00

#DIV/0!

8.8%

Indirect As A Percent of Direct

Contractor Initials: AV
Date: 8/24/16

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Monadnock Collaborative

Program Name ServiceLink Resource Center

Budget Period: 7/1/16 - 12/31/16

Line Item	Total Program Cost			Contractor Share / M	
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed
1. Total Salary/Wages	\$ 196,128.00	\$ 20,685.00	\$ 216,813.00	\$ -	\$ -
2. Employee Benefits	\$ 46,632.00	\$ 4,944.00	\$ 51,576.00	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 10,183.00	\$ -	\$ 10,183.00	\$ -	\$ -
6. Travel	\$ 6,139.00	\$ -	\$ 6,139.00	\$ -	\$ -
7. Occupancy	\$ 22,644.00	\$ -	\$ 22,644.00	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 2,848.00	\$ -	\$ 2,848.00	\$ -	\$ -
Postage	\$ 442.00	\$ -	\$ 442.00	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 6,113.00	\$ -	\$ 6,113.00	\$ -	\$ -
11. Staff Education and Training	\$ 1,004.00	\$ -	\$ 1,004.00	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -
#REF!	\$ -	\$ -	\$ -	\$ -	\$ -
#REF!	\$ -	\$ -	\$ -	\$ -	\$ -
#REF!	\$ -	\$ -	\$ -	\$ -	\$ -
#REF!	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 292,133.00	\$ 26,629.00	\$ 317,762.00	\$ -	\$ -

Indirect As A Percent of Direct

8.8%

#DIV/0!

292,133

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 Monadnock Collaborative is a New Hampshire nonprofit corporation formed June 6, 2001. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed

CERTIFICATE OF VOTE

I, John Manning, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Monadnock Collaborative
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency
duly held on 8/24/16:
(Date)

RESOLVED: That the Chair of the Board
(Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the
24 day of August, 2016.
(Date Contract Signed)

4. Alan Greene is the duly elected Chair
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

John Manning
(Signature of the Elected Officer)

STATE OF NH

County of Cheshire

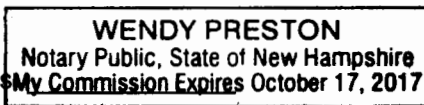
The forgoing instrument was acknowledged before me this 24 day of August, 2016.

By John Manning
(Name of Elected Officer of the Agency)

Wendy Preston
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires My Commission Expires October 17, 2017



MONADNOCK COLLABORATIVE

**FOR THE YEAR ENDED
JUNE 30, 2015
AND
INDEPENDENT AUDITORS' REPORT**

MONADNOCK COLLABORATIVE

FINANCIAL STATEMENTS

JUNE 30, 2015

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Statement of Cash Flows	5
Statement of Functional Expenses	6
Notes to Financial Statements	7 - 9

To the Board of Directors of
Monadnock Collaborative
Keene, New Hampshire

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying statement of financial position of Monadnock Collaborative as of June 30, 2015. The financial statement is the responsibility of the organization's management. Our responsibility is to express an opinion on this financial statement based on our audit.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the statement of financial position for the year ended June 30, 2015. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the statement of financial position referred to above presents fairly, in all material respects, the financial position of Monadnock Collaborative as of June 30, 2015 in conformity with accounting principles generally accepted in the United States of America.

Other Accountants' Responsibility

We have compiled the accompanying statements of activity, cash flows, and functional expenses for the year ended June 30, 2015, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed these accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

*Leone, McDonnell & Roberts
Professional Association*

North Conway, New Hampshire
December 2, 2015

MONADNOCK COLLABORATIVE
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2015

<u>ASSETS</u>		Audited 2015
CURRENT ASSETS		
Cash		\$ 90,855
Accounts receivable		162,039
Due from affiliate		<u>234,647</u>
Total current assets		<u>487,541</u>
PROPERTY AND EQUIPMENT		
Furniture and fixtures		7,708
Less accumulated depreciation		<u>(1,542)</u>
Total property and equipment		<u>6,166</u>
Total assets		<u>\$ 493,707</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Accounts payable		\$ 14,065
Accrued salaries, wages and related expenses		<u>18,396</u>
Total current liabilities		32,461
NET ASSETS - UNRESTRICTED		<u>461,246</u>
Total liabilities and net assets		<u>\$ 493,707</u>

See Notes to Financial Statements

MONADNOCK COLLABORATIVE
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2015

	Compiled <u>2015</u>
REVENUE AND SUPPORT	
Grants	\$ 1,050,815
Other revenue and support	<u>2,590</u>
Total revenue and support	<u>1,053,405</u>
EXPENSES	
Program services	
Service Link	696,931
Monadnock Voices for Prevention	<u>127,997</u>
Total program services	824,928
Management and general	<u>102,711</u>
Total expenses	<u>927,639</u>
INCREASE IN NET ASSETS	125,766
NET ASSETS AT BEGINNING OF YEAR	<u>335,480</u>
NET ASSETS AT END OF YEAR	<u>\$ 461,246</u>

See Notes to Financial Statements

MONADNOCK COLLABORATIVE
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2015

	Compiled 2015
CASH FLOWS FROM OPERATING ACTIVITIES	
Increase in net assets	\$ 125,766
Adjustments to reconcile increase in net assets to net cash provided by operating activities:	
Depreciation	1,542
Decrease (increase) in assets:	
Accounts receivable	(79,096)
Due from affiliate	(107,912)
Increase (decrease) in liabilities:	
Accounts payable	80,605
Accrued salaries, wages and related expenses	<u>17,543</u>
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>38,448</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchase of property and equipment	<u>(7,708)</u>
NET CASH USED IN INVESTING ACTIVITIES	<u>(7,708)</u>
NET INCREASE IN CASH	30,740
CASH AT BEGINNING OF YEAR	<u>60,115</u>
CASH AT END OF YEAR	<u><u>\$ 90,855</u></u>

See Notes to Financial Statements

MONADNOCK COLLABORATIVE

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2015

	<u>PROGRAM SERVICES</u>				
	<u>Service Link</u>	<u>Monadnock Voices for Prevention</u>	<u>Total Program</u>	<u>Management and General</u>	<u>Complied Total</u>
PERSONNEL COSTS					
Salaries and wages	\$ 417,606	\$ 49,929	\$ 467,535	\$ -	\$ 467,535
Payroll taxes	31,946	3,821	35,767	-	35,767
Employee benefits	<u>72,283</u>	<u>12,947</u>	<u>85,230</u>	-	<u>85,230</u>
Total personnel costs	521,835	66,697	588,532	-	588,532
Advertising/Marketing	21,165	39,175	60,340	748	61,088
Auditing	-	-	-	500	500
Consumable Supplies	28,841	2,556	31,397	1,823	33,220
Conferences/Conventions	13,215	1,975	15,190	1,355	16,545
Contracted Staff	3,100	-	3,100	-	3,100
Depreciation	1,542	-	1,542	-	1,542
Insurance	2,710	-	2,710	-	2,710
IT services	5,932	-	5,932	6,961	12,893
Other	7,812	728	8,540	2,593	11,133
Other professional fees/mgt. svcs	255	857	1,112	88,197	89,309
Other staff development	99	3,000	3,099	-	3,099
Postage	4,809	-	4,809	-	4,809
Rent	20,270	4,400	24,670	-	24,670
Telephone	36,043	5,518	41,561	-	41,561
Travel	27,467	3,091	30,558	534	31,092
Utilities	<u>1,836</u>	<u>-</u>	<u>1,836</u>	-	<u>1,836</u>
TOTAL FUNCTIONAL EXPENSES	<u>\$ 696,931</u>	<u>\$ 127,997</u>	<u>\$ 824,928</u>	<u>\$ 102,711</u>	<u>\$ 927,639</u>

See Notes to Financial Statements

MONADNOCK COLLABORATIVE

NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2015

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

The Monadnock Collaborative (the Collaborative) is a not-for-profit corporation located in Keene, New Hampshire. The Collaborative's purpose is to support the efforts of local projects and initiatives aimed at identifying and addressing the unmet healthcare needs of residents in the Monadnock Region of New Hampshire. Major programs include information and referral, education, and service program management.

Basis of Accounting

The financial statements of the Collaborative have been prepared on the accrual basis of accounting

Basis of Presentation

The financial statement presentation follows the recommendations of ASC 958, Financial Statements of Not-for-Profit Organizations. Under ASC 958, the Collaborative is required to report 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. The classes of net assets are determined by the presence or absence of donor restrictions. For the year ended June 30, 2015, the Collaborative had only unrestricted net assets.

Functional Allocation of Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the statement of activities and in the statement of functional expenses. Accordingly, certain costs have been allocated among the program services and supporting activities benefited.

Use of Estimates

In preparing financial statements in conformity with generally accepted accounting principles, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements, and revenue and expenses during the reporting period. Actual results could differ from those estimates.

Accrued Earned Time

The Collaborative has accrued a liability for future compensated absences that its employees have earned and which is vested with the employees.

Refundable Advances

Grants received in advance are recorded as refundable advances and recognized as revenue in the period in which the related services are provided or costs are incurred.

Advertising

The Collaborative expenses advertising costs as incurred.

Income Taxes

The Collaborative is a nonprofit corporation exempt from income tax under Section 501(c)(3) of the Internal Revenue Code. The Internal Revenue Service has determined the Collaborative to be other than a private foundation. The Collaborative's exemption was recently revoked and the Organization is currently in the process of getting it reinstated.

The Collaborative follows FASB ASC Topic No. 740, Accounting for Uncertainty in Income Taxes, which requires the Collaborative to report uncertain tax positions, related interest and penalties, and to adjust its assets and liabilities for unrecognized tax benefits and accrued interest and penalties accordingly. At June 30, 2015, the Collaborative determined it had no tax positions that did not meet the "more likely than not" standard of being sustained by tax authorities.

The Collaborative's open audit periods are 2011 through 2014. The Collaborative does not expect any tax positions to change significantly within the next twelve months.

2. SUBSEQUENT EVENTS

Subsequent events have been evaluated through December 2, 2015, the date the financial statements were available to be issued.

3. CONCENTRATION OF RISK

The Collaborative maintains cash balances that, at times, may exceed federally insured limits. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 at June 30, 2015. The Collaborative has not experienced any losses in such accounts and believes it is not exposed to any significant risk with respect to these accounts. There were no uninsured cash balances at June 30, 2015.

For the year ended June 30, 2015 and 2014, approximately 99% of the total revenue was derived from grants from federal, state and other sources. The future existence of the Collaborative is dependent upon continued support from grant sources.

4. LEASE COMMITMENTS

The Collaborative has entered into two rental lease agreements to rent office space. Rent expense under these agreements aggregated \$24,670 for the year ended June 30, 2015.

The approximate future minimum lease payments on the above leases for the year ended June 30, 2016 are \$44,832.

5. **PROPERTY AND EQUIPMENT**

Property is stated at cost or fair market value at date of donation. Material assets with a useful life in excess of one year are capitalized. The Collaborative depreciates the assets using the straight-line method in amounts designed to amortize the cost of the assets over their estimated useful lives of the related assets as follows:

Furniture and fixtures	3 - 10 Years
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Expenditures for repairs and maintenance are expensed when incurred and betterments are capitalized. Assets sold or otherwise disposed of are removed from the accounts, along with the related accumulated depreciation, and any gain or loss is recognized.

6. **RELATED PARTY TRANSACTIONS**

The Collaborative was formed in part by the actions of Pilot Health, LLC and one of its partners, Monadnock Family Services. The Collaborative's board initially consisted of employees of the entities that are the members of Pilot Health, LLC. Prior to July 1, 2007, Monadnock Family Services was providing payroll, computer, and administrative services to the Collaborative. Pilot Health, LLC shares office space, purchasing, payroll and employee benefits with the Collaborative. As of June 30, 2015, Pilot Health, LLC owed the Collaborative \$234,647. Management has determined that amounts due from Pilot Health, LLC, are fully collectible and as such has not established an allowance for bad debt.

7. **COMMITMENTS AND CONTINGENCIES**

The Collaborative receives funding under various state and federal grants. Under the terms of these grants, the Collaborative is required to use the money within the grant period for purposes specified in the grant proposal. If expenditures for the grant were found not to have been made in compliance with the proposal, the Collaborative may be required to repay the grantor's funds.

Monadnock Collaborative

Board of Directors

Alan Greene

President

CEO, Monadnock Development Services

Josh Meehan

CEO, Keene Housing Authority

John Manning

Treasurer

CEO, Southwestern Community Services

Chris Coates

County Administrator

Phil Wyzik

CEO, Monadnock Family Services

MARYANNE B. FERGUSON

PROFILE

- Demonstrates strong leadership skills.
- Meets and exceed organization/program goals and objectives.
- Builds strong personal and community relations.
- Experienced at facilitation and strategic planning.
- Accomplished public speaker.
- Skilled at meeting management.

AREAS OF EXPERTISE

- Management**
- Administers all planning and day to day activities of community-wide health program.
 - Manages assessments, action plans, policy development, environmental changes and evaluations.
 - Develops and maintains budgets and reporting.
 - Oversees customer service satisfaction.
 - Hires, trains and supervises staff members and reviews staff performance.
 - Provides professional development and directs trainings to support staff needs.
 - Promotes and recognizes staff and team efforts.
 - Assures regulations compliance, research protocol and grant guidelines.
 - Collects and analyzes data to evaluate performance measures.
 - Conducts surveys to improve quality, processes and performance.
 - Conducts leadership rounding to access the organizational culture and provide support.
 - Coordinates regular meetings with different teams, programs and committees to achieve goals.
 - Represents the program at state and regional meetings.
 - Aligns community partners and best practice strategies to address community health indicators.
 - Serves on community boards and committees.

SELECTED ACCOMPLISHMENTS

- Recipient of the 2016 New Hampshire Public Health Association (NHPHA) annual award.
- Chair for ReThink Health Strategy Study Group 2015-2016
- Authored an article in the New Hampshire Medical Association news booklet, November 2014.
- Recognized by the Center for Disease Control and Prevention (CDC) for community health efforts.
- Panelist for the 2011 NH Business Review/MVP Annual Healthcare Forum, Concord, NH.
- Serves on the Multi Agency Coordinated Entity (MACE) for emergency preparedness.
- Trained Motivational Interviewer.
- Certified as a Center for Disease Control and Prevention Diabetes Prevention (PDP) Lifestyle Coach
- Certified as a Tobacco Treatment Specialist, (TTS), University of Massachusetts, Worcester, MA

EMPLOYMENT/EXPERIENCE HISTORY

2008 – present	Cheshire Medical Center/ Dartmouth-Hitchcock, Keene; <i>The Center for Population Health, Program Manager</i>	Keene, NH
2003 – 2007	River Valley Community College; <i>Adjunct Faculty, Pathology</i>	Keene, NH
1995 – 2001	The Keene Montessori School; <i>Executive Director</i>	Keene, NH

EDUCATION

Norwich University, <i>Masters of Public Administration candidate–Healthcare Management</i>	Northfield, VT
Keene State College, <i>Bachelor of Science – Health Science</i>	Keene, NH
Southern New Hampshire University, <i>Associate of Science, Business Administration</i>	Manchester, NH

Jennifer L. Seher

SOCIAL SERVICE EXPERIENCE

Monadnock Collaborative, Keene, NH, May 2001 to present

Program Director, ServiceLink Resource Centers, Monadnock Region and Sullivan County, and The Community Network Team (2011 to present)

Program Director, Monadnock ServiceLink Resource Center & Community Network Team (2005 to 2011)

Coordinator, Community Network Team (2001 to 2004)

Responsible for program management, program planning and outreach, supervision of staff and volunteers, collaboration with other agencies, and reporting related to state contract with NH Bureau of Elderly and Adult Services. Work in conjunction with community partners to develop and contribute to collaborative projects. Working with ServiceLink Program partners in four western NH counties, developed and received a three year grant from Harry & Jeannette Weinberg Foundation for \$650,000 to augment family caregiver work in western NH.

Health Care and Rehabilitation Services, Springfield, VT, December 1996-April 2001

Therapeutic Case Manager (2000-2001)

Therapeutic Foster Care/Social Support Services (1996-2000)

Coordinated implementation of treatment plans for children and teens. Provided supportive counseling to foster and biological families. Coordinated with Vermont Department of Mental Health on developing and managing Medicaid waivers and individualized service budgets.

OTHER PROFESSIONAL EXPERIENCE

Worldwatch Institute, Washington, DC

Designer, World Watch Magazine, 1995 -1996

Freelance Writing, Layout and Design, Washington DC, 1993-1995

National Parks and Conservation Association (NPCA), Washington DC

Deputy Director of Grassroots Program, 1991-1993

Managed grassroots program for 300,000 member national non-profit organization. Oversaw the budgeting and administration of six regional offices and one chapter. Built a three tier activist program; increased membership 80 percent in one and one half years.

Project Manager, 1989-1992

Managed the development of a congressionally mandated national trail plan. Facilitated and mediated community planning meetings/focus groups in cities across the country. Co-wrote several Congressional reports; presented findings before Congress and at conferences.

American Trails, Washington, DC

Intern promoted to Program Assistant, 1988-1989

Center for Environmental Management, Medford, MA

Training Coordinator, 1987-1988

Thompson Island Education Center, Boston, MA

Youth Adventure-based Environmental Science Instructor, 1987-1988

EDUCATION

University of New Hampshire, current MPA student

Tufts University, Medford, MA 1988. BS in Geology with a concentration in environmental studies.

HONORS

Citation from Governor of NH, John Lynch, December 28, 2005

(For dedication and work on behalf of NH citizens after floods in October 2005.)

VOLUNTEER ACTIVITIES

- KMS Outdoor Classroom, current
- Cheshire Housing Trust Garden Tour, current
- Cheshire County UNH Cooperative Extension Advisory Board Member
- Franklin Elementary School, PTC, current
- Lily Garden Learning Center, Board Chair, 2005-2007
- Educational Surrogate, State of Vermont, 1999-2004
- Taught Life Skills classes to high school students, Washington, DC, 1993-1995
- Naturalist, Huntley Meadows, Fairfax, VA 1993
- NPCA Volunteer Coordinator, Martha's Table, Washington, DC, 1991-1993

Resume

Richard J. Skeels

Experience

July, 2015 - Present

Finance Director (Contracted) – Monadnock Collaborative, Keene, NH

Provide financial management, budgeting work, audit preparation, Federal and State filings, and supervision of bookkeeping function.

May, 1996 – Dec., 2014

CFO – Home Healthcare, Hospice & Community Services, Keene, NH

Provided primary financial leadership for management, staff, and Board of Directors of a large non-profit organization in Southwestern New Hampshire. Provided audit coordination and responses, state contract compliance, Medicare reporting, accounts receivables management and budgeting work for managers and agency leadership. Supervised accounting, payroll, payables, state billing staff, accounts receivable staff, and Information System

Sept., 1983 – May, 1996

CFO – Healthcare and Rehabilitation Services of Southeastern Vermont, Bellows Falls, VT

Responsible for all financial management functions of a community mental health center. Budgeting, accounting, information systems, financial reporting, receivables management, and coordination with State contracting staff were primary activities.

1980 – 1983

Budget Analyst – Raytheon Company, Sudbury, Mass.

Responsible for monitoring and reporting activity related to various contracts within the computer section of the Equipment Development Lab. Also provided budget and other administrative support to the Marketing Department.

1977 – 1980 Contract Officer – Dept. of Mental Health, Central Mass. Region, Shrewsbury, Mass.

1975 – 1977 Alternative School Education Coordinator, Milford Assistance Program, Milford, Mass

Education:

MBA Boston College, 1983, BA Clark University, 1971

KEY ADMINISTRATIVE PERSONNEL

State of New Hampshire Department of Health and Human Services

Vendor Name: Monadnock Collaborative, Inc.

Name of Program/Service: New Hampshire ServiceLink Resource Centers Program

BUDGET PERIOD:	July 1, 2016 through December 31, 2016		
Name & Title Key Administrative Personnel	Annual Salary of Key Administrative Personnel	Percentage of Salary Paid by Contract	Total Salary Amount Paid by Contract
Maryanne Ferguson, Executive Director	\$65,000	0.00%	\$0.00
Richard Skeels, Financial Director (contracted)	\$0	50.00%	\$13,000.00
Jen Seher, Service Link Program Dir.	\$50,000	100.00%	\$50,000.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$63,000.00

Key Administrative Personnel are top-level agency leadership (Executive Director, CEO, CFO, etc.). These personnel MUST be listed, **even if no salary is paid from the contract.** Provide their name, title, annual salary and percentage of annual salary paid from the agreement.

KEY ADMINISTRATIVE PERSONNEL

State of New Hampshire Department of Health and Human Services

Vendor Name: Monadnock Collaborative, Inc.

Name of Program/Service: New Hampshire ServiceLink Resource Centers Program

BUDGET PERIOD:		July 1, 2016 through December 31, 2016		
Name & Title Key Administrative Personnel	Annual Salary of Key Administrative Personnel	Percentage of Salary Paid by Contract	Total Salary Amount Paid by Contract	
Maryanne Ferguson, Executive Director	\$65,000	0.00%	\$0.00	
Richard Skeels, Financial Director (contracted)	\$0	50.00%	\$6,500.00	
Jen Seher, Service Link Program Dir.	\$50,000	100.00%	\$25,000.00	
	\$0	0.00%	\$0.00	
	\$0	0.00%	\$0.00	
	\$0	0.00%	\$0.00	
	\$0	0.00%	\$0.00	
	\$0	0.00%	\$0.00	
	\$0	0.00%	\$0.00	
	\$0	0.00%	\$0.00	
	\$0	0.00%	\$0.00	
	\$0	0.00%	\$0.00	
	\$0	0.00%	\$0.00	
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$31,500.00	

Key Administrative Personnel are top-level agency leadership (Executive Director, CEO, CFO, etc.). These personnel **MUST** be listed, **even if no salary is paid from the contract.** Provide their name, title, annual salary and percentage of annual salary paid from the agreement.



**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the New Hampshire ServiceLink Resource Centers Program Contract**

This third Amendment to the New Hampshire ServiceLink Resource Centers Program contract (hereinafter referred to as "Amendment #3") dated this day of February 17, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Monadnock Collaborative (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 105 Castle Street, Keene, NH 03431.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (item #62), amended by an agreement (Amendment #1 to the Contract) approved on February 28, 2014 (Item #35) and amended by an agreement (Amendment #2 to the Contract) approved on June 4, 2014 (Item #59), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties;

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional fifteen (15) months and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: September 30, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$1,657,971.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Eric Borrin, Director Contracts and Procurement.
4. Form P-37, General Provisions, Item 1.10, to read: (603) 271-9558.
5. Delete Exhibit A Scope of Services and replace with Exhibit A Amendment #1 Scope of Services.
6. Delete Exhibit A-1 Scope of Services.
7. Delete Exhibit B Amendment #2, Method and Conditions Precedent to Payment and replace with Exhibit B Amendment #3, Method and Conditions Precedent to Payment.
8. Delete Exhibit B-7 and replace with Exhibit B-7 Amendment #1.
9. Add Exhibit B-16, Exhibit B-17, and Exhibit B-18.
10. Delete Standard Exhibit C, Special Provisions and replace with Exhibit C, Special Provisions.
11. Delete Standard Exhibit C-1, Additional Special Provisions and replace with Exhibit C-1, Revisions To General Provisions.



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

12. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 9/30/16.
13. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 9/30/16.
14. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.
15. Delete Standard Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement, and replace with Exhibit I, Health Insurance Portability Act Business Associate Agreement.



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

2/3/15
Date

[Signature]
Diane Langley
Director

Monadnock Collaborative

3/2/15
Date

[Signature]
NAME Melinda S Feola-Mahar
TITLE Executive Director

Acknowledgement: NH
State of Cheshire, County of Cheshire on 3/2/2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

[Signature]
Name and Title of Notary or Justice of the Peace

CARLYN KIM LAUER
Notary Public, State of New Hampshire
My Commission Expires October 17, 2017



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 4/20/15

Name: Megan A. Kelly
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit A Amendment #1

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractor.

The Contractor shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a full service point of access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community Long Term Services and Supports (LTSS) options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals.

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire Medicaid's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support major pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skilled nursing facility to other settings. The pathways also represent critical junctures where decisions are made - usually in a time of crisis - that often determines whether a person is permanently institutionalized or transitioned back to their home.

Quarter: A quarter is defined as: July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare & Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.



Exhibit A Amendment #1

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall provide services defined in this Agreement to the following populations:

- Persons age 60 and over;
- Adults over the age of 18, who are chronically, physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and/or developmental disabilities;
- Veterans;
- People of all ages, income levels and disabilities, including people with dementia and people of different cultures and ethnicities.

3. Geographic Area Served: The Contractor shall provide services as described in this Agreement in the geographic area of Cheshire County and Sullivan County (excluding the towns of Grantham and Plainfield), and the cities and towns in Hillsborough County to include Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor. Geographic area is defined as the area focused on client location (City or Town).

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long-term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

- 4.1.1.1. Consideration of all populations served including different age groups, different income levels, different types of disabilities, cultural diversities, and those underserved, and individuals at risk of nursing home placement, family caregivers, advocates, and professionals who serve these populations. Populations shall include all individuals who may or may not meet public assistance requirements, in addition to those that are hard to reach, those who are private payers and want to plan ahead for their long-term needs;
- 4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities;
- 4.1.1.3. A feedback loop to modify activities as needed; and
- 4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

- 4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.
- 4.1.2.2. Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.
- 4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.
- 4.1.2.4. Contractor shall use the Alliance of Information and Referral Standards and use the Refer7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The Contractor is responsible for:



Exhibit A Amendment #1

-
- 4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and
 - 4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user-friendly, searchable and accessible to persons with disabilities.
 - 4.1.2.5. Contractor's staff shall attend trainings as directed by the Department.
- 4.2. Options Counseling
- 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values, and use their own personal and financial resources more efficiently and more effectively.
 - 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others whom they may wish to include in the process, such as family members and/or caregivers/support persons.
 - 4.2.3. The Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration for Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards, when they have been released.
 - 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arrange for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum, the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. Special attention to those clients most at risk of institutionalization;
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in assessing all the pros and cons;
 - 4.2.4.4. Development of action steps toward a goal or a long-term support plan, with assistance in applying and accessing support options when requested;
 - 4.2.4.5. Counseling in a location that fits the needs of the individual being served, such as a private home and office, and to be accessible to the client by phone, email, etc.;
 - 4.2.4.6. Counseling that ensures that clients understand their options by using the Option Counseling Standards.
 - 4.2.5. The Contractor shall provide confidential, objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
 - 4.2.6. The Contractor shall serve as full service access entry points for individuals and use standard intake and screening instruments defined by the Department.
 - 4.2.7. The Contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
 - 4.2.8. The Contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.
 - 4.2.9. The Contractor shall be in regular communication with Adult Protection Service offices and will report abuse and neglect of clients immediately to the Adult Protection program.
 - 4.2.10. The Contractor shall include a plan to schedule future contacts and follow-ups according to the needs of the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
- The Contractor will serve as a full service access point/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation



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Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:

4.3.1. Intake and Screening

The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.

4.3.2. Financial and Functional Eligibility Processes

Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.

4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.

4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:

4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.

4.3.3. Tracking Eligibility Status

4.3.3.1. The Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems, such as New Heights Financial Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.

4.3.3.2. The Contractor may be informed of individuals who are determined ineligible for public LTSS and the ServiceLink Contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.

4.4. Person-Centered Transitions Support

The Contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:

4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.

4.4.2. The Contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.

4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.

4.4.4. The Contractor shall:

4.4.4.1. Establish a process for identifying individuals and their caregivers who may need transition support services;

4.4.4.2. Follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and



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- 4.4.4.3. Provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
 - 4.4.4.4. Serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
 - Contractor shall involve consumers on a /local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
 - 4.5.1.1. People over age 60
 - 4.5.1.2. Adults over age 18 living with chronic illnesses or disabilities
 - 4.5.1.3. Family members, caregivers, and family caregivers of the target populations
 - 4.5.1.4. Local community providers
 - 4.5.1.5. Representation from cultural and ethnic minorities residing within the community.
 - 4.5.1.6. At least twenty-five (25) percent of the membership must be from the target population.
Note: Consumers, caregivers, or family board members who work for a human service agency organization may not be counted in meeting this standard.
 - 4.5.2. Medicaid
 - Contractor shall comply with the Departments policies and procedures related to its role as a partner in the Medicaid eligibility determination process.
 - 4.5.3. Aging and Disability Partners
 - 4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.
 - 4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.
 - 4.5.3.3. The Contractor shall have or will develop partnerships with statewide or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.
 - 4.5.4. Other Partners and Stakeholders
 - Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.
- 4.6. New Hampshire Family Caregiver Program
- The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:



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- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.1.1. Family caregivers of frail older adults;
 - 4.6.1.2. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.1.3. Older caregivers of individuals with disabilities; and
 - 4.6.1.4. Older grandparents and relatives who are raising a child, or children.
- 4.6.2. Determine eligibility for the Caregiver programs.
- 4.6.3. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.4. Provide information, assistance, and options counseling to caregivers
- 4.6.5. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.6. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.7. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.8. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum. The Contractor shall:
 - 4.6.8.1. Provide a minimum of one (six (6) week session) Powerful Tools for Caregiver Training to a minimum of ten (10) caregivers completing the workshop series.
 - 4.6.8.2. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.
- 4.7. New Hampshire State Health Insurance Assistance Program
The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:
 - 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
 - 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
 - 4.7.3. Demonstrate increased and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
 - 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
 - 4.7.5. Recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.



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4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education, volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
- 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
- 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
- 4.8.7. Comply with the standards in the SHIP Program Guidance.
- 4.8.8. Recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

4.9. Veterans Directed Home and Community Based Program

The Contractor shall provide Veterans the opportunity to receive home and community based services in a consumer directed fashion that enables them to avoid nursing home placement and to continue to live in their homes and communities. The Contractor shall:

- 4.9.1. Develop and implement a Veterans Directed Home and Community Based (VDHCB) program to provide the services described in Section 4.9.2, in the following ways:
 - 4.9.1.1. Enter into a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and/or the Manchester Veteran's Administration Medical Center (Manchester VAMC). The provider agreement is to be based on the Memorandum of Agreement between the Department and the WRJ and/or Manchester VAMC. Under the provider Agreement, the Contractor shall work with the WRJ VAMC and/or the Manchester VAMC and shall be responsible for the service coordination as defined in Section 4.9.2 below.
 - 4.9.1.2. Establish an advisory group to oversee the development, implementation of the program and provide ongoing feedback for continuous improvement of the program and services. Membership is to include representation from key community resources, local Veterans' organizations, Veterans and families of Veterans utilizing the program, and the public.
 - 4.9.1.3. Establish and maintain a budget for the costs to develop and implement the program as follows:



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- 4.9.1.3.1. Ongoing Staff development and training such as but not limited to, costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program.
 - 4.9.1.3.2. Ongoing Travel costs associated with ongoing program development and implementation such as, but not limited to: staff mileage to and from training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, establishing and maintaining a of business processes related to the VD-HCBS Program, such as computer equipment, telephone expenses, and office furniture for new staff.
 - 4.9.1.3.3. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services, in Section 4.9.2.
 - 4.9.1.4. Provide or contract with an agency to provide financial management services to the Veterans. The Contractor cannot implement the VDHCBS program until financial management services are reviewed and approved by the VDHCBS national Readiness Review Process, and reviewed by WRJ and Manchester VAMC and DHHS.
 - 4.9.1.5. Provide a minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to Veterans participating in the program in developing and managing an individual service budget.
 - 4.9.1.5.1. The Contractor shall increase the FTE when the Veterans caseload exceeds 19 Veterans. The contractor shall increase the FTE to provide 4.5 hours per month per veteran.
 - 4.9.1.6. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors are trained in the program practices and procedures prior to service delivery defined in Section 4.9.2.
 - 4.9.1.7. Establish Financial Management Readiness and pass formal readiness review prior to implementation of the program. New FMS agreements must pass formal readiness review.
- 4.9.2. Provide options counseling and assist Veterans in arranging consumer directed services as follows:
- 4.9.2.1. Maintain the provider agreement in Section 4.9.1.1 and the contractor shall be responsible for service coordination for the Veteran as follows:
 - 4.9.2.1.1. Accept referrals of eligible Veterans and their authorized budgets to buy long term supports and services, from at least one of the VAMC in Section 4.9.1.1.
 - 4.9.2.1.2. Provide options counseling to Veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. At a minimum, options counseling shall include an assessment, plan of care and identify type of services to meet the needs of the Veteran to remain in the home and community. The Contractor shall submit the Veteran's plan of care with types of services to the VAMC for approval. The Contractor must obtain budget approval of plan of care from the VAMC before the Veteran receives VD-HCBS supports and services. The Contractor shall comply with the VAMC and the Department's program and policies guide for linking Veterans with needed Long term services and supports and making mutual referrals.



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4.9.2.2. Provide or maintain the contract with an agency to provide financial management services. Seek reimbursements for service coordination through the VAMC defined in Section 4.9.1. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services.

4.9.3. Ensure the following:

4.9.3.1. All Veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.

4.9.3.2. 100% of services provided are based on the needs and preferences of the participating Veteran.

4.9.3.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.

4.9.3.4. Of the Veterans served, there will be a 90 % or better, consumer satisfaction rate.

4.9.4. Comply with procedures for reporting requirements defined by DHHS for monthly "Ticker" reporting requirements defined and required by National VDHCS program administration.

4.9.5. Enter contact data into the Refer 7 data base to increase the amount of resources available by geographic area to serve Veterans.

4.9.6. Ensure that documentation required by both the Department and the VAMC is kept current and submitted according to the program requirements.

4.9.7. Participate in continuous process improvement activities with the Department and/or the VAMC to evaluate and improve the quality of the program and its policies and processes by attending meetings, trainings, to include monthly VDHCS Faculty Calls, and related conference calls.

4.9.8. Participate in trainings that aim to improve knowledge of military culture and other related trainings to enhance competencies required to serve our military family and service member population.

4.10. Medicare Improvements for Patients and Providers Act (MIPPA).

The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA), services through as follows:

4.10.1. Provide MIPPA services to assist Medicare beneficiaries to:

4.10.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP) and enrolling beneficiaries in Medicare Part D prescription coverage.

4.10.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.

4.10.1.3. Promote the Medicare programs described in Section 4.10.1.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the Contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:

4.10.2. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the Contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.

4.10.3. Complete an analysis using available statistics such as Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The



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Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.

- 4.10.4. Assess current and past partnerships with other agencies and community services.
- 4.10.5. Conduct outreach, education and assistance to the target population and geographic area as approved by the Department, based on the Contractor's results of the assessment and analysis described in Section 4.10.2, 4.10.3 and 4.10.4, and to meet the goals in Section 4.10.10. Outreach and education consists of the following, but not limited to:
 - 4.10.5.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 4.10.5.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 4.10.5.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.6. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives. The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.7. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 4.10.1.
 - 4.10.7.1. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
 - 4.10.7.2. The contractor will be responsible for purchasing the media in their local area.
- 4.10.8. Ensure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
- 4.10.9. Complying with procedures for reporting requirements defined by DHHS.
- 4.10.10. Performance Measures: The Contractor will be required to meet or exceed the performance measures described below:

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Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D by eight (8) percent of the total number enrolled in these programs as of September 29, 2014	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 15th of each month.
Performance Measure 2: Implementation of Promotional activities for Medicare's Wellness and Preventive Screening Services	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activities at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in SHIP Mid-Term and annual Performance Grant application to DHHS

4.11. Evidenced Based Care Transitions

- 4.11.1. The contractor will engage individuals while in acute care settings, such as a hospital, and assist them in transitioning from the acute care setting to a home and community based setting. The goal of this service is to provide individuals with a safe and secure setting and to prevent hospital readmission. The contractor shall follow the individual intensively over a period of approximately one to three months after discharge.
- 4.11.2. The contractor shall follow the evidence based standards and protocols that include the following:
 - 4.11.2.1. The Contractor will employ a minimum of one full-time equivalent Care Transition Specialist to provide evidence based transition services.
 - 4.11.2.2. Interdisciplinary communication across acute, primary care and Long Term Services and Supports (LTSS) service providers/systems.
 - 4.11.2.3. The Contractor will assure that the Care Transition Specialist:
 - 4.11.2.3.1. Participates regularly in hospital discharge planning meetings
 - 4.11.2.3.2. Meets with individuals and their family members during their hospital stay
 - 4.11.2.3.3. Provides post-discharge follow up to assure successful transitions back to the individual's home
 - 4.11.2.3.4. Documents related contacts on behalf of transitioning individuals in Refer 7.
 - 4.11.2.3.5. Participates in related training with the objective of becoming certified or maintaining certification in the evidence based transition program model being utilized, as required by the program model's standards.
 - 4.11.2.4. Activation of individual services;
 - 4.11.2.4.1. The Contractor shall develop a transition plan for the client and assist the individual in finding and accessing home and community based services according to the transition plan;
 - 4.11.2.4.2. Ensuring services are in place and suitable for the individual.
- 4.11.3. Enhanced post discharge follow-up;
 - 4.11.3.1.1. The Contractor shall provide post-discharge follow up to assure successful transitions back to the individual's home. Follow up includes communicating with the individual and family members and assisting them in problem solving and referrals, and ensuring that the transition plan that has been put into place is working.
- 4.11.4. Establish formal agreement with a local hospital to perform evidence based person centered transition support;



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- 4.11.4.1.1. The Contractor will enter into agreements with local hospitals participating in the Evidence Based Transitions Program to identify the roles and responsibilities of the Care Transitions Specialist and hospital staff in providing transition services. These include but are not limited to the following:
 - 4.11.4.1.1.1. Establishing a process for identifying individuals and caregivers in need of transition support services
 - 4.11.4.1.1.2. Developing protocols for referring individuals to the local ServiceLink Contractor for transition support and other services
 - 4.11.4.1.1.3. Delivering regular training and in-service sessions to facility administrators and discharge planners about ServiceLink programs and any protocols and processes in place between ServiceLink and their respective organizations.
- 4.11.5. The Contractor will establish an Advisory Group with representation from the geographic area served by the ServiceLink Contractor, hospital care management staff, home care providers, skilled care providers, physicians, and others. The Advisory Group will meet regularly to oversee the implementation of the program, develop and disseminate best practices, review readmission data, and problem solves discharge issues and complex care needs.
- 4.11.6. Within 30 days of the effective date of Amendment #1, the Contractor shall provide a report to DHHS as to which Evidence Based model will be used to transition clients and identify the staff to provide the service.
 - 4.11.6.1. The Contractor shall comply with standards that are prescribed by the Evidenced Based Model selected.
- 4.11.7. The Contractor will develop and report to DHHS by July 1, 2015, for review and approval, a sustainability plan that allows for the continuation of the program beyond the funding by DHHS.
 - 4.11.7.1. In collaboration with the Advisory Group and other key agencies, the Contractor will develop a sustainability plan to continue the program after the Enhanced ADRC Options Counseling funding is terminated.
 - 4.11.7.2. The sustainability plan shall: identify local hospital participation, quality outcomes, best practices, lessons learned, and future goals. The Contractor shall implement the plan effective October 1, 2015.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phones numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route from the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.
- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free



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- ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
 - 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
 - 5.10. Provide sufficient (as defined in 5.9 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
 - 5.11. Adhere to the following operational and facilities management requirements:
 - 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
 - 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
 - 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
 - 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
 - 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
 - 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.
- 6. Quality Assurance and Continuous Quality Improvement**
- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
 - 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
 - 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
 - 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.



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- 6.5. Information Technology and Management Information Systems
- 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors. Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
- 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
- Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
- 6.5.3. The Department's current hardware standards are as follows:
- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM, 500 GB SATA
 - High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM, 500 GB SATA
 - The State standard is Windows 7, Office 2010 and Internet Explorer 9
- 6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.
- 6.6. Continuous Improvement
- 6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.
- 6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.
7. Performance Tracking and Reporting
- 7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:
1. Number of individuals served
 2. Number of repeat visits by individuals
 3. Type of information/referral given to individuals
 4. Type of follow up performed
 5. Frequency of follow ups
 6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
 7. The number of individuals diverted from nursing home/institutional settings;



Exhibit A Amendment #1

8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).

7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source. There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and consumer satisfaction surveys, customized reports, and Refer7.
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	



Exhibit A Amendment #1

Program Reporting Data Requirement	Data Source
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 4 formal agreements with major pathways has been established by the completion Date in box 1.7 of the General Provisions, Form P-37.	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7
State Health Insurance Assistance Program (SHIP): Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7



Exhibit A Amendment #1

Program Reporting Data Requirement	Data Source
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards as follows:

- 8.1.1. Possess the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC.
- 8.1.2. Ensure the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- 8.1.3. Ensure knowledge about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- 8.1.4. Treat colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.
- 8.1.5. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.6. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.7. Develop a Staffing Contingency Plan, including but not limited to:
 - 8.1.7.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.7.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.7.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.7.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.7.5. Method of bringing replacements/additions up-to-date regarding this Agreement.



Exhibit A Amendment #1

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- 8.1.8. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.9. Provide resumes for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.10. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.11. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.12. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.13. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support
This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.
- 8.2.3.1. Required Certification:
- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
 - Obtain training and certification in Options Counseling within 6 months of hire.
 - Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor



Exhibit A Amendment #1

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.



Exhibit A Amendment #1

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

9.1. Updated Workplan: Within thirty (30) days of the effective date of any amendment to the agreement, the contractor shall submit a revised workplan to DHHS.

10. Cultural Considerations:

The Contractor will 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 effective date of Amendment #3 to the Agreement.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.

13. Contract Monitoring

13.1. The Contractor shall:

13.2. Ensure the Department has access sufficient for monitoring of contract compliance requirements as identified in OMB Circular A-133.

13.3. Ensure the Department is provided with access that includes but is not limited to:

13.3.1. Data

13.3.2. Financial records

13.3.3. Scheduled access to Contractor work sites/locations/work spaces and associated facilities.

13.3.4. Unannounced access to Contractor work sites/locations/work spaces and associated facilities.

13.3.5. Scheduled phone access to Contractor principals and staff



Exhibit B - Amendment #3

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement, Form P-37, in accordance with the budgets defined in Section 5 below, for the services provided by the Contractor pursuant to Exhibit A, Amendment #1 Scope of Services.
2. Services are funded with New Hampshire General Funds and with federal funds made available by the United States Department of Health and Human Services under:

CFDA #	Federal Agency	Grant Description
93.778		Medicaid Grants
93.667	Administration for Children & Families	Social Services Block Grant
93.052	Administration for Community Living	Family Caregiver Support Title III E
93.517	Administration for Community Living	Aging and Disability Resource Center Options Counseling Enhancement Program
93.324	Administration for Community Living	State Health Insurance Assistance Program
93.048	Administration for Community Living	Senior Medicare Patrol Project
93.071	Administration for Community Living	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

- 2.1. The Contractor agrees to provide the services in Exhibit A, Amendment #1, Scope of Services in compliance with funding requirements.

3. Account Numbers in Block 1.6 of the General Provisions of this Agreement, Form P-37 as follows:

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
Aging and Disability Resource Center Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731



Exhibit B - Amendment #3

4. Payment for said services shall be made as follows:

The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:

Financial Manager
Division of Community Based Care Services
Department of Health and Human Services
129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made cost reimbursement basis only, for allowable expenses based on budgets identified as Exhibits B-1 through Exhibit s B-16. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form.

5.1. Payment for contracted services shall be made on cost reimbursement basis only, for allowable expenses based on the budgets identified as Exhibit B-17 and Exhibit B-18 and in accordance with the Department approved individual program budgets.

5.2. The Contractor will provide invoices on Department supplied forms.

5.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.

7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:

- 7.1. NH State General Funds SFY14: 47% SFY15: 49%
- 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
- 7.3. Medicaid SFY14: 38% SFY15: 37%

8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:

- 8.1. Medicaid SFY14: 64% SFY15: 88%
- 8.2. ADRC Grant SFY14: 36% SFY15: 12%

9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-18 Budgets, to adjust amounts within the budgets and between State Fiscal Years, within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.



Exhibit B - Amendment #3

12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by THE DEPARTMENT.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to THE DEPARTMENT upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
15. Veterans Directed Home and Community Based Program: The funding is from July 1, 2014 to June 30, 2015 for the purposes of developing and implementing the program as defined in Section 4.9.1 of Exhibit A, Amendment #1. Once the program is operational, the contractor shall continue providing the scope of work as defined in Sections 4.9.2 through 4.9.8 of Exhibit A, of Amendment #1, without funding from the Department.

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Monadnock Collaborative/Monadnock & Sullivan Services/Link

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total
1. Total Salary/Wages	\$ 83,307.00	\$ 8,830.54	\$ 92,137.54	\$ -	\$ -	\$ -	\$ -	\$ 8,830.54	\$ 92,137.54
2. Employee Benefits	\$ 6,419.00	\$ 660.41	\$ 7,099.41	\$ -	\$ -	\$ -	\$ -	\$ 660.41	\$ 7,099.41
3. Consultants	\$ 215.00	\$ -	\$ 215.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 215.00
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 2,200.00	\$ -	\$ 2,200.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,200.00
6. Travel	\$ 8,200.00	\$ -	\$ 8,200.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,200.00
7. Occupancy	\$ 5,469.50	\$ -	\$ 5,469.50	\$ 800.00	\$ -	\$ 800.00	\$ -	\$ -	\$ 4,669.50
8. Current Expenses	\$ 4,257.15	\$ -	\$ 4,257.15	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,257.15
Telephone	\$ 396.00	\$ -	\$ 396.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 396.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,300.00	\$ -	\$ 2,300.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,300.00
11. Staff Education and Training	\$ 875.00	\$ -	\$ 875.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 875.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Specify details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 113,638.66	\$ 9,510.98	\$ 123,149.64	\$ 800.00	\$ -	\$ 800.00	\$ -	\$ 9,510.98	\$ 123,349.61
Indirect As A Percent of Direct		8.4%			0.0%			8.4%	

Contractor Initials: *[Signature]*
Date: *[Signature]*

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bladder/Program Name: Monadnock Collaborative

Budget Request for: Medicare Improvements for Patients and Providers Act (MIPAA)
(Name of Program)

Budget Period: 10/1/14-9/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHHS Contract Share		
	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total
1. Total Salary/Wages	\$ 14,500.00	\$ 1,537.00	\$ 16,037.00	\$ -	\$ -	\$ -	\$ 14,500.00	\$ 1,537.00	\$ 16,037.00
2. Employee Benefits	\$ 4,060.00	\$ 430.36	\$ 4,490.36	\$ -	\$ -	\$ -	\$ 4,060.00	\$ 430.36	\$ 4,490.36
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 675.00	\$ -	\$ 675.00	\$ -	\$ -	\$ -	\$ 675.00	\$ -	\$ 675.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,231.64	\$ -	\$ 2,231.64	\$ -	\$ -	\$ -	\$ 2,231.64	\$ -	\$ 2,231.64
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specify details manually):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 21,466.64	\$ 1,967.36	\$ 23,434.00	\$ -	\$ -	\$ -	\$ 21,466.64	\$ 1,967.36	\$ 23,434.00

9.2%

#DIV/0!

Contractor Initials: *[Signature]*
Date: 3/2/15

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Contractor Name: Monadnock Collaborative
Program Name: Services/Int Resource Center
Budget Period: 7/1/15 - 6/30/16

Line Item	Total Program Cost			Contractor Share / Month			Requested Budget to be Provided by DHS Contract Share		
	Direct Indirect	Indirect	Total	Direct Indirect	Indirect	Total	Direct Indirect	Indirect	Total
1. Total Salary/Wages	\$ 401,985	\$ 42,810	\$ 444,795	\$ -	\$ -	\$ -	\$ 401,985	\$ 42,810	\$ 444,795
2. Employee Benefits	\$ 89,489	\$ 9,485	\$ 98,974	\$ -	\$ -	\$ -	\$ 89,489	\$ 9,485	\$ 98,974
3. Consultants	\$ 215	\$ -	\$ 215	\$ -	\$ -	\$ -	\$ 215	\$ -	\$ 215
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Life	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 2,700	\$ -	\$ 2,700	\$ -	\$ -	\$ -	\$ 2,700	\$ -	\$ 2,700
6. Travel	\$ 9,120	\$ -	\$ 9,120	\$ -	\$ -	\$ -	\$ 9,120	\$ -	\$ 9,120
7. Occupancy	\$ 14,104	\$ -	\$ 14,104	\$ -	\$ -	\$ -	\$ 14,104	\$ -	\$ 14,104
8. Current Expenses	\$ 5,451	\$ -	\$ 5,451	\$ -	\$ -	\$ -	\$ 5,451	\$ -	\$ 5,451
Telephone	\$ 1,426	\$ -	\$ 1,426	\$ -	\$ -	\$ -	\$ 1,426	\$ -	\$ 1,426
Postage	\$ 750	\$ -	\$ 750	\$ -	\$ -	\$ -	\$ 750	\$ -	\$ 750
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 9,781	\$ -	\$ 9,781	\$ -	\$ -	\$ -	\$ 9,781	\$ -	\$ 9,781
11. Staff Education and Training	\$ 4,450	\$ -	\$ 4,450	\$ -	\$ -	\$ -	\$ 4,450	\$ -	\$ 4,450
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other [specific details mandatory]	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 544,471	\$ 52,095	\$ 596,566	\$ -	\$ -	\$ -	\$ 544,471	\$ 52,095	\$ 596,566
		9.6%							9.6%

Contractor Initials: *[Signature]*
Date: 9/27/15



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;



- 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 (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) 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.

[Handwritten Signature]
Date 3/2/15



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. The Department reserves the right to extend the completion date of the contract for up to fifteen months to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.
4. Subparagraph 14.1.1 of the General Provisions of this contract, is deleted and the following subparagraph is added:
 - 14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence with additional umbrella liability insurance coverage of not less than \$2,000,000;



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Contractor Initials

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

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: Monadnock Collaborative

3/2/15
Date



Name: Melinda S. Feola Maher
Title: Executive Director

Exhibit G

Contractor Initials MSF

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections



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

[Handwritten Signature]
Date *3/2/15*



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



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.

JL

3/2/15



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.

_____	<u>Monadnock Collaborative</u>
The State	Name of the Contractor
<u>[Signature]</u>	<u>[Signature]</u>
Signature of Authorized Representative	Signature of Authorized Representative
<u>Director</u>	<u>Melinda S. Feola-Mahar</u>
Name of Authorized Representative	Name of Authorized Representative
<u>[Signature]</u>	<u>Executive Director</u>
Title of Authorized Representative	Title of Authorized Representative
<u>4/3/15</u>	<u>3/2/15</u>
Date	Date



State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Monadnock Collaborative Contract

This 2nd Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment #2") dated this 1st day of May 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Monadnock Collaborative (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 105 Castle Street, Keene, New Hampshire 03431.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, and amended by an agreement (Amendment #1 to the Contract) approved on February 28, 2014, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

- 1) Amendment and modification of P-37 "Agreement";
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$882,829.
- 2) Amendment and modification of Exhibit A-1.
 - a. Adding Section 3
- 3) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B Amendment #1 and replacing with Exhibit B Amendment #2.
- 4) Adding Exhibits B-14 and B-15.

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

5/9/14
Date

State of New Hampshire
Department of Health and Human Services
[Signature]
Name
Title

5/8/14
Date

Monadnock Collaborative
[Signature]
NAME Executive Director
TITLE

Acknowledgement:
State of New Hampshire County of Cheshire on May 8, 2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Wendy Preston
Name and Title of Notary or Justice of the Peace

WENDY PRESTON
Notary Public, State of New Hampshire
My Commission Expires October 17, 2017

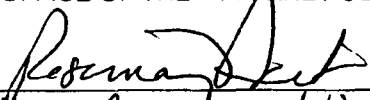
New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

5-14-14
Date


Name: Rosemary Wiant
Title: Assistant Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services

3. The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA) services as follows:
 - 3.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 3.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 3.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 3.2. Promote the Medicare programs described in Section 2.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:
 - 3.2.1. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
 - 3.2.2. Complete an analysis of Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.
 - 3.2.3. Assess current and past partnerships with other agencies and community services.
 - 3.3. The Department will review the contractor's results of the assessment and analysis described in Section 2.2 and will determine the best outreach approaches, target population and geographic area for the contractor to conduct outreach, education and assistance to meet the goals in Section 2.7 Performance Measures. Outreach and education consists of the following, but not limited to:
 - 3.3.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 3.3.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 3.3.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 2.1



- 3.3.4. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives. The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 2.1.
- 3.3.5. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 2.1.
- 3.3.6. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
- 3.3.7. The contractor will be responsible for purchasing the media in their local area.
- 3.4. Insure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
- 3.5. Complying with procedures for reporting requirements defined by DHHS.
- 3.6. Provide service to individuals located in the cities and towns in the geographic area of Monadnock Region defined as Cheshire County, Western Hillsborough County (defined as the towns of Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor), and Sullivan County (excluding Plainfield and Grantham).
- 3.7. Performance Measures :
 The Contractor will be required to meet or exceed the performance measures described below:

Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D: Monadnock Region/Cheshire County: 136 Sullivan County: 121	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 10th of each month.
Performance Measure 2: Implementation of Medicare Preventive Services Promotion activities.	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activity at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and incentive programs and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in CMS SHIP Mid-Term and annual Performance Grant application to DHHS



Exhibit B Amendment #2

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A and Exhibit A-1 Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project
13AANHMAAA, 13AANHMAADR, IX0CMS331283	93.071	Admin for Community Living & Centers for Medicare & Medicaid Services	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services
 129 Pleasant Street, Brown Building
 Concord, NH 03301
5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B15. Each budget is specific to a time period



Exhibit B Amendment #2

as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.

6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-15 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
15. The Medicare Improvements for Patients and Providers Act (MIPPA): The funding is from the effective date of Amendment #1 to September 29, 2014.
16. Evidenced Based Care Transitions: The funding is from the effective date of Amendment #1 to June 30, 2015.



Exhibit B Amendment #2

17. Veterans Directed Home and Community Based Program: The funding is from the effective date of Amendment #1 through June 30, 2014, for the purposes of developing and implementing the program. Once the program is operational, the contractor shall continue providing the scope of work as defined in Section 2.4 of Exhibit A-1, without funding from the Department.

ABSTRACT OF CORPORATE MINUTES

The following is a true abstract from minutes of meeting

of Board of Directors of Monadnock Collaborative
(Name of Governing Board) (Name of Corporation)

on October 17, 2005 which was duly called at which a quorum was

present:

“On motion duly made and seconded, it was voted to authorize

the Executive Director, to accept grants and awards and enter into contracts, and contract amendments from time to time with the New Hampshire Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services, to sign and otherwise fully execute such acceptances and contracts, and contract amendments or modifications thereto, and any related documents requested by the Bureau of Elderly and Adult Services; this authorization to continue until revoked by vote of this governing board.

I certify the foregoing vote is still in effect and has not been revoked, rescinded or modified.

I further certify that (Name of corporate official signing the acceptance or contract) Melinda Feola-Mahar is the duly elected (Title) Executive Director of this corporation and is still qualified and serving in such capacity.

May 8, 2014
(Date)

Jane Warner
Board Representative

(Imprint seal of corporation. If none, write: “No corporate seal.”

NO CORPORATE SEAL

STATE OF NEW HAMPSHIRE

COUNTY OF Cheshire

On May 8, 2014, before the undersigned officer personally appeared the person identified in the foregoing certificate, known to me (or satisfactorily proven) to be the Clerk/Secretary of the corporation identified in the foregoing certificate, and acknowledged that Jane he executed the foregoing certificate. Warner

In witness whereof I hereunto set my hand and official seal.

Wendy Preston
Notary Public/Justice of the Peace

My commission expires:

WENDY PRESTON
Notary Public, State of New Hampshire
My Commission Expires October 17, 2017



State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Monadnock Collaborative Contract

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment 1") dated this 5th day of February 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Monadnock Collaborative (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 105 Castle Street, Keene, New Hampshire 03431.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

- 1) Amendment and modification of P-37 "Agreement";
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$871,286.

- 2) Amendment and modification of Exhibit A:
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program
4.6.12 The ServiceLink Contract shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.

- 3) Adding Exhibit A-1.

- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.

- 5) Adding Exhibit B-11 through B-13.

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

2/11/14
Date

[Signature]
Name
Title

Monadnock Collaborative

2/10/14
Date

[Signature]
NAME Melinda S. Feola-mahar
TITLE Executive Director

Acknowledgement:
State of NH, County of Cheshire on 2/10/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Wendy Preston
Name and Title of Notary or Justice of the Peace

WENDY PRESTON
Notary Public, State of New Hampshire
My Commission Expires October 17, 2017

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

2-11-14
Date

Rosemary Wiant
Name: Rosemary Wiant
Title: Assistant Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services

1. Evidenced Based Care Transitions
 - 1.1. The contractor will engage individuals while in acute care settings, such as a hospital, and assist them in transitioning from the acute care setting to a home and community based setting. The goal of this service is to provide individuals with a safe and secure setting and to prevent hospital readmission. The contractor shall follow the individual intensively over a period of approximately one to three months after discharge.
 - 1.2. The contractor shall provide this service to individuals located in the geographic region of Cheshire County, Sullivan County (excluding the towns of Grantham and Plainfield) and the cities and towns in Hillsborough County that include, Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor.
 - 1.3. The contractor shall follow the evidence based standards and protocols that include the following:
 - 1.3.1. The Contractor will employ a minimum of one full-time equivalent Care Transition Specialist to provide evidence based transition services in the geographic area described in Exhibit A, paragraph #3.
 - 1.3.2. Interdisciplinary communication across acute, primary care and Long Term Services and Supports (LTSS) service providers/systems.
 - 1.3.2.1. The Contractor will assure that the Care Transition Specialist:
 - 1.3.2.1.1. Participates regularly in hospital discharge planning meetings
 - 1.3.2.1.2. Meets with individuals and their family members during their hospital stay
 - 1.3.2.1.3. Provides post-discharge follow up to assure successful transitions back to the individual's home
 - 1.3.2.1.4. Documents related contacts on behalf of transitioning individuals in Refer 7.
 - 1.3.2.1.5. Participates in related training with the objective of becoming certified or maintaining certification in the evidence based transition program model being utilized, as required by the program model's standards.
 - 1.3.3. Activation of individual services;
 - 1.3.3.1. The Contractor shall develop a transition plan for the client and assist the individual in finding and accessing home and community based services according to the transition plan;
 - 1.3.3.2. Ensuring services are in place and suitable for the individual.
 - 1.3.4. Enhanced post discharge follow-up;
 - 1.3.4.1. The Contractor shall provide post-discharge follow up to assure successful transitions back to the individual's home. Follow up includes communicating with the individual and family members and assisting them in problem solving and referrals, and ensuring that the transition plan that has been put into place is working.
 - 1.3.5. Establish formal agreement with a local hospital to perform evidence based person centered transition support;
 - 1.3.5.1. The Contractor will enter into agreements with local hospitals participating in the Evidence Based Transitions Program to identify the roles and responsibilities of the Care Transitions Specialist and hospital staff in providing transition services. These include but are not limited to the following:
 - 1.3.5.1.1. Establishing a process for identifying individuals and caregivers in need of transition support services
 - 1.3.5.1.2. Developing protocols for referring individuals to the local ServiceLink Contractor for transition support and other services
 - 1.3.5.1.3. Delivering regular training and in-service sessions to facility administrators and discharge planners about ServiceLink programs and any protocols and processes in place between ServiceLink and their respective organizations.



Exhibit A-1

- 1.4. The Contractor will establish an Advisory Group with representation from the geographic area served by the ServiceLink Contractor, hospital care management staff, home care providers, skilled care providers, physicians, and others. The Advisory Group will meet regularly to oversee the implementation of the program, develop and disseminate best practices, review readmission data, and problem solve discharge issues and complex care needs.
- 1.5. Within 30 days of the effective date of this Amendment #1, the Contractor shall provide a report to DHHS as to which Evidence Based model will be used to transition clients and identify the staff to provide the service.
 - 1.5.1. The Contractor shall comply with standards that are prescribed by the Evidenced Based Model selected.
- 1.6. The Contractor will develop and report to DHHS by June 30, 2014, for review and approval, a sustainability plan that allows for the continuation of the program beyond the funding by DHHS.
 - 1.6.1. In collaboration with the Advisory Group and other key agencies, the Contractor will develop a sustainability plan to continue the program after the Enhanced ADRC Options Counseling funding is terminated.
 - 1.6.2. The sustainability plan shall: identify local hospital participation, quality outcomes, best practices, lessons learned, and future goals. The Contractor shall implement the plan effective July 1, 2015.
2. Veterans Directed Home and Community Based Program (VDHCB)
 - 2.1. The Veterans Directed Home and Community Based Program is a consumer-directed program targeted to eligible veterans to offer them alternatives to nursing home care. The Contractor shall be responsible to provide options counseling to veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. Contractor shall follow DHHS protocol for linking Veterans with needed LTSS and making mutual referrals.
 - 2.2. The Veterans Administration is responsible for determining the eligibility of veterans for the program and for authorizing a budget to buy LTSS services. The Veterans Administration will refer eligible veterans with an authorized flexible service budget to the ServiceLink contractor who will be responsible for service coordination and Financial Management Services (FMS) under the "Agency with Choice" model. As part of the Veterans Directed Home and Community Based Program the Contractor shall establish a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and the Manchester Veteran's Administration Medical Center (Manchester VAMC).
 - 2.3. Within ten (10) days of the effective date of Amendment #1, the Contractor shall submit their implementation plan for Veterans Directed Home and Community Based Program. The implementation plan shall detail how the Contractor will establish the VDHCB Program, including staffing, training and a timeline for completion of provider agreement with the VA centers.
 - 2.3.1. The Contractor will establish an advisory group to oversee the development and implementation of the program. Membership is to include representation from key community resources, local veterans' organizations, veterans and families of veterans utilizing the program, and the public.
 - 2.3.2. The implementation plan shall include startup costs necessary to develop and implement a statewide Veteran-Directed Home and Community Based Care Program. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the veteran's services. For the development and implementation of the program, startup funding is limited to the following:
 - 2.3.2.1. Staff development and training: This includes costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program,
 - 2.3.2.2. Travel costs associated with capacity building: Staff mileage to training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, and development and implementation of the advisory committee

[Handwritten Signature]

2/10/14



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- 2.3.2.3. Development and implementation of business processes related to the VD-HCBS Program: computer equipment, telephone expenses, and office furniture for new staff.
 - 2.3.3. Contractor shall establish an advisory committee that will include stakeholders and Veterans to provide ongoing feedback for continuous improvement of the program and services.
 - 2.3.4. Recruit, hire, and train the minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to veterans participating in the program in developing and managing an individual service budget.
 - 2.3.5. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors have been trained to provide initial start-up and collaborative support for the program.
 - 2.3.6. Provide or contract with an agency to provide financial management services to assume the roles and responsibilities of an agency with choice model.
 - 2.3.7. Enter into an agreement with the local Veterans Administration servicing the area that defines the roles and responsibilities of each party in delivering the program. The agreement is to be based on the Memorandum of Agreement between BEAS and the VAMC.
 - 2.3.8. Assure that documentation required by both BEAS and the VA is kept current and submitted according to schedule.
 - 2.3.9. Add contact data in Refer 7 to include region-specific resources serving veterans.
 - 2.4. Within thirty (30) days from the effective date of Amendment #1, the Contractor shall have the program infrastructure in place and is actively providing options counseling and assisting veterans in arranging consumer directed services. The Contractor shall be responsible for assuring the following:
 - 2.4.1. All veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
 - 2.4.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
 - 2.4.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
 - 2.4.4. Of the veterans served, there will be a 90 % or better, consumer satisfaction rate.
 - 2.4.5. Procedures for complying with program reporting requirements, which shall be defined by DHHS upon approval of the Contractor's final implementation plan, are in place.
 - 2.4.6. Maintain the Agreement with the local Veterans Administration.
 - 2.4.7. The contractor shall provide this service to individuals located in the geographic region of Cheshire County, Sullivan County (excluding the towns of Grantham and Plainfield) and the cities and towns in Hillsborough County that include, Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor.



Exhibit B Amendment #1

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A and Exhibit A-1 Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services
 129 Pleasant Street, Brown Building
 Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B13. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and



Exhibit B Amendment #1

- expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
 7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
 8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
 9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
 10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-13 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
 11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
 12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
 13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
 14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
 15. Evidenced Based Care Transitions: The funding is from the effective date of Amendment #1 to June 30, 2015.
 16. Veterans Directed Home and Community Based Program: The funding is from the effective date of Amendment #1 through June 30, 2014, for the purposes of developing and implementing the program. Once the program is operational, the contractor shall continue providing the scope of work as defined in Section 2.4 of Exhibit A-1, without funding from the Department.

Monadnock Collaborative

ABSTRACT OF CORPORATE MINUTES

The following is a true abstract from minutes of meeting

of The Board of Directors of Monadnock Collaborative
(Name of Governing Board) (Name of Corporation)

on October 17, 2005 which was duly called at which a quorum was

present:

“On motion duly made and seconded, it was voted to authorize

the Executive Director, to accept grants and awards and enter into contracts, and contract amendments from time to time with the New Hampshire Department of Health and Human Services, Bureau of Elderly and Adult Services, to sign and otherwise fully execute such acceptances and contracts, and contract amendments or modifications thereto, and any related documents requested by the Bureau of Elderly and Adult Services; this authorization to continue until revoked by vote of this governing board.

I certify the foregoing vote is still in effect and has not been revoked, rescinded or modified.

I further certify that (Name of corporate official signing the acceptance or contract)
Melinda S. Feola-Mahar is the duly elected (Title) Executive Director of
this corporation and is still qualified and serving in such capacity.

2/10/14

(Date)

Jane Warner

Board Member

NO CORPORATE SEAL

STATE OF NEW HAMPSHIRE

COUNTY OF Cheshire

On February 10, 2014, before the undersigned officer personally appeared the person identified in the foregoing certificate, known to me (or satisfactorily proven) to be the Clerk/Secretary of the corporation identified in the foregoing certificate, and acknowledged that Jane Warner he executed the foregoing certificate.

In witness whereof I hereunto set my hand and official seal.

Wendy Preston

Notary Public/Justice of the Peace

My commission expires:

WENDY PRESTON
Notary Public, State of New Hampshire
My Commission Expires October 17, 2017

Subject: New Hampshire ServiceLink Resource Centers Program

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Monadnock Collaborative		1.4 Contractor Address 105 Castle Street Keene, NH 03431	
1.5 Contractor Phone Number (603) 357-1922, x 104	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$719,365.
1.9 Contracting Officer for State Agency <i>Mery Maggioncalda</i>		1.10 State Agency Telephone Number <i>603-271-9096</i>	
1.11 Contractor Signature <i>[Signature]</i>		1.12 Name and Title of Contractor Signatory <i>Melinda S. Feola-Mahar, Executive Dir.</i>	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Cheshire</u> On <u>12/4/13</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] <i>Wendy Preston</i>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> WENDY PRESTON Notary Public, State of New Hampshire My Commission Expires October 17, 2017 </div>	
1.13.2 Name and Title of Notary or Justice of the Peace <i>Wendy Preston Office Mgr/HR</i>			
1.14 State Agency Signature <i>Sheri L Rockburn</i>		1.15 Name and Title of State Agency Signatory <i>Sheri Rockburn Acting Associate Commissioner</i>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: <i>Rosemary Hild</i> On: <i>12-4-13</i>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination

Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions



Exhibit A

are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall reach the following covered populations:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Cheshire County, Sullivan County (excluding the towns of Grantham and Plainfield), and the cities and towns in Hillsborough County to include the towns of Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor.



Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs

4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and

4.1.1.3. A feedback loop to modify activities as needed.

4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.

4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.

4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.

4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:

4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and

4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



Exhibit A

- 4.2. Options Counseling
 - 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
 - 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
 - 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
 - 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
 - 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
 - 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
 - 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
 - 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



Exhibit A

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- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:
- 4.3.1. Intake and Screening
- 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.
- 4.3.2. Financial and Functional Eligibility Processes
Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.
- 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.
- 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:
- 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.
- 4.3.3. Tracking Eligibility Status
- 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



Exhibit A

- Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.
- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.
- 4.4. Person-Centered Transitions Support
The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:
- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
- 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
- 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
Contractor shall involve consumers on a local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
- People over age 60
 - Adults over age 18 living with chronic illnesses or disabilities



Exhibit A

- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.

4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.

4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs.

Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.



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4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



Exhibit A

Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



Exhibit A

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- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
 - 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
 - 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
 - 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
 - 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
 - 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phone numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



Exhibit A

- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



Exhibit A

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6. Quality Assurance and Continuous Quality Improvement
- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
- 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
- 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
- Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
- 6.5.3. The Department's current hardware standards are as follows:
- Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



Exhibit A

- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
- High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
- The Department does not currently use or support Windows 8.

6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.

6.6. Continuous Improvement

6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.

6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting

7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:

1. Number of individuals served
2. Number of repeat visits by individuals
3. Type of information/referral given to individuals
4. Type of follow up performed
5. Frequency of follow ups
6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
7. The number of individuals diverted from nursing home/institutional settings;
8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



Exhibit A

7.2. Minimum Reporting Requirements:
 The Table below defines the program reporting data requirements and their source.
 There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	



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Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



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Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP): Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS



Exhibit A

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

- 8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.3. Develop a Staffing Contingency Plan, including but not limited to:
- 8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.3.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
- 8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins

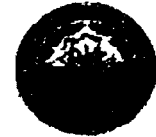


Exhibit A

- providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support



Exhibit A

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



Exhibit A

State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit A

Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

Assess the ethnic/cultural needs, resources and assets of their community. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment. When feasible and appropriate, provide clients of minimal English skills with interpretation services.

Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

When feasible and appropriate, identify communication access needs for clients who may be deaf and hard of hearing, or have vision or speech impairment and develop an individual communication plan for recipients to receive services identified in Section 3 Statement of Work.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1NOCMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services

Contractor Initials: *JLM*
 Date: 12/4/13



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder/Program Name: **Monnect Collaborative/Monctrock & Sullivan ServiceLink**
 Budget Request for: **Information, Referral and Awareness**
 (Name of Program)

Budget Period: **1/1/14-3/31/14**

Line Item	Total Program Cost		Contractor Share / March		Funding by DHS Contract Share	
	Amount	%	Amount	%	Amount	%
1. Total Salary/Wages	\$ 53,096.00		\$ 58,727.49		\$ 50,699.00	
2. Employee Benefits	\$ 14,281.32		\$ 15,795.14		\$ 14,281.32	
3. Consultants	\$ 720.00		\$ 720.00		\$ 720.00	
4. Equipment	\$ -		\$ -		\$ -	
5. Rental	\$ -		\$ -		\$ -	
6. Repair and Maintenance	\$ -		\$ -		\$ -	
7. Purchase/Depreciation	\$ -		\$ -		\$ -	
8. Supplies	\$ -		\$ -		\$ -	
9. Educational	\$ -		\$ -		\$ -	
10. Lab	\$ -		\$ -		\$ -	
11. Pharmacy	\$ -		\$ -		\$ -	
12. Medical	\$ -		\$ -		\$ -	
13. Office	\$ 793.26		\$ 793.26		\$ 793.26	
14. Travel	\$ 793.26		\$ 793.26		\$ 793.26	
15. Occupancy	\$ 3,568.60		\$ 3,720.60		\$ 2,134.60	
16. Current Expenses	\$ -		\$ -		\$ -	
17. Telephone	\$ 1,014.00		\$ 1,014.00		\$ 1,014.00	
18. Postage	\$ 234.00		\$ 234.00		\$ 234.00	
19. Subscriptions	\$ -		\$ -		\$ -	
20. Audit and Legal	\$ -		\$ -		\$ -	
21. Insurance	\$ -		\$ -		\$ -	
22. Board Expenses	\$ -		\$ -		\$ -	
23. Software	\$ -		\$ -		\$ -	
24. Information/Communications	\$ 2,000.00		\$ 2,159.00		\$ 2,000.00	
25. Staff Education and Training	\$ 1,000.00		\$ 1,063.00		\$ 1,000.00	
26. Subcontracts/Agreements	\$ -		\$ -		\$ -	
27. Other (specify details mandatory):	\$ -		\$ -		\$ -	
TOTAL	\$ 77,503.44		\$ 83,009.78		\$ 71,469.44	
Indirect As A Percent of Direct				10.2%	\$ 8,540.34	9.6%
					\$ 80,929.10	9.6%
					\$ 78,387.35	

Contractor Initials: *M/S*
 Date: *12/14/13*

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder/Program Name: **Monadnock Collaborative/Monadnock & Sullivan ServicesLink**
 Budget Request for: **Options Counseling and Person Centered Transitions Support Program**
 (Name of Program)

Budget Period: **1/1/14-6/30/14**

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHHH Contract Share	
	Amount	%	Amount	%	Amount	%
1. Total Salary/Wages	\$ 41,654.00	58.3%	\$ 48,069.32	67.3%	\$ 4,415.32	6.3%
2. Employee Benefits	\$ 22,023.48	31.0%	\$ 24,357.97	34.5%	\$ 2,334.49	3.3%
3. Consultants	\$ 440.00	0.6%	\$ 440.00	0.6%	\$ -	0.0%
4. Equipment	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
5. Supplies	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
6. Travel	\$ 671.22	0.9%	\$ 671.22	0.9%	\$ -	0.0%
7. Occupancy	\$ 2,257.64	3.2%	\$ 2,257.64	3.2%	\$ -	0.0%
8. Current Expenses	\$ 856.00	1.2%	\$ 856.00	1.2%	\$ -	0.0%
9. Pharmacy	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
10. Medical	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
11. Office	\$ 671.22	0.9%	\$ 671.22	0.9%	\$ -	0.0%
12. Total	\$ 70,933.56	100.0%	\$ 77,833.37	109.4%	\$ 7,899.81	11.1%
13. Indirect	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
TOTAL	\$ 70,933.56		\$ 77,833.37		\$ 7,899.81	
Indirect As A Percent of Direct					9.6%	

Contractor Initials: *[Signature]*
 Date: 7/17/13

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder/Program Name: **Monadnock Collaborative/Monadnock & Sullivan Syndical**
 Budget Request for: **Family Caregiver Program**
 (Name of Program)

Budget Period: **1/1/14-6/30/14**

Line Item	Total Program Cost		Contractor Share / Match		Total Funded Budget to be Funded by DHHHS Contract Share	
	Amount	%	Amount	%	Amount	%
1. Total Salary/Wages	\$ 25,665.00		\$ 2,741.69	10.68%	\$ 22,923.31	89.32%
2. Employee Benefits	\$ 3,548.72		\$ 375.95	10.60%	\$ 3,172.77	89.40%
3. Consultants	\$ 240.00		\$ -	-	\$ 240.00	100.00%
4. Equipment	\$ -		\$ -	-	\$ -	-
5. Rental	\$ -		\$ -	-	\$ -	-
6. Repair and Maintenance	\$ -		\$ -	-	\$ -	-
7. Purchase/Depreciation	\$ -		\$ -	-	\$ -	-
8. Supplies	\$ -		\$ -	-	\$ -	-
9. Educational	\$ -		\$ -	-	\$ -	-
10. Lab	\$ -		\$ -	-	\$ -	-
11. Pharmacy	\$ -		\$ -	-	\$ -	-
12. Medical	\$ -		\$ -	-	\$ -	-
13. Office	\$ 366.12		\$ -	-	\$ 366.12	100.00%
14. Travel	\$ 366.12		\$ -	-	\$ 366.12	100.00%
15. Occupancy	\$ 1,481.20		\$ 495.00	33.41%	\$ 986.20	66.59%
16. Current Expenses	\$ 488.00		\$ -	-	\$ 488.00	100.00%
17. Telephone	\$ 108.00		\$ -	-	\$ 108.00	100.00%
18. Postage	\$ -		\$ -	-	\$ -	-
19. Subscriptions	\$ -		\$ -	-	\$ -	-
20. Audit and Legal	\$ -		\$ -	-	\$ -	-
21. Insurance	\$ -		\$ -	-	\$ -	-
22. Board Expenses	\$ -		\$ -	-	\$ -	-
23. Software	\$ -		\$ -	-	\$ -	-
24. Marketing/Communications	\$ 750.00		\$ -	-	\$ 750.00	100.00%
25. Staff Education and Training	\$ 300.00		\$ -	-	\$ 300.00	100.00%
26. Subcontracts/Agreements	\$ -		\$ -	-	\$ -	-
27. Other (specify details mandatorily)	\$ -		\$ -	-	\$ -	-
TOTAL	\$ 33,491.18		\$ 3,117.64	9.31%	\$ 30,373.54	90.69%
Indirect As A Percent of Direct			\$ 166.00	8.0%	\$ 2,945.64	9.4%

Contractor Initials: *[Signature]*
 Date: 12/11/13

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder/Program Name: Monadnock Collaborative/Monadnock & Sullivan ServiceLink
Budget Request for: State Health Insurance Assistance Program
(Name of Program)
Budget Period: 1/1/14-6/30/14

	Total Program Cost	Committed Shares	Match	Unallocated Budget to be Provided by Other Contract Share	Total
1. Total Salary/Wages	\$ 27,772.00	\$ 2,818.88	\$ 30,590.88	\$ 1,197.66	\$ 28,574.34
2. Employee Benefits	\$ 10,809.72	\$ 997.66	\$ 11,807.40	\$ 1,197.66	\$ 997.66
3. Consultants	\$ 340.00	\$ -	\$ 340.00	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 518.67	\$ -	\$ 518.67	\$ -	\$ -
14. Travel	\$ 518.67	\$ -	\$ 518.67	\$ -	\$ -
15. Occupancy	\$ 2,394.70	\$ -	\$ 2,394.70	\$ -	\$ -
16. Current Expenses	\$ 153.00	\$ -	\$ 153.00	\$ -	\$ -
17. Telephone	\$ 153.00	\$ -	\$ 153.00	\$ -	\$ -
18. Postage	\$ -	\$ -	\$ -	\$ -	\$ -
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -
21. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ 750.00	\$ -	\$ 750.00	\$ -	\$ -
25. Staff Education and Training	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	\$ -
26. Subcontract/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specify details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 44,299.78	\$ 3,814.56	\$ 48,024.32	\$ 5,917.48	\$ 38,298.28
Indirect As A Percent of Direct		8.6%		0.0%	10.0%

Contractor Initial: *[Signature]*
 Date: 1/14/13

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder/Program Name: **Monadnock Collaborative/Monadnock & Sullivan ServiceLink**

Budget Request for: **Senior Medicare Patrol Program**
(Name of Program)

Budget Period: **1/1/14-6/30/14**

Line Item	Total Program Cost		Total Program Cost		Total Program Cost		Total Program Cost		Total Program Cost		Total Program Cost	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
1. Total Salary/Wages	\$ 17,363.00	\$	\$ 19,101.88	\$	\$ 19,101.88	\$	\$ 19,101.88	\$	\$ 19,101.88	\$	\$ 19,101.88	\$
2. Employee Benefits	\$ 3,400.77	\$	\$ 3,659.65	\$	\$ 3,659.65	\$	\$ 3,659.65	\$	\$ 3,659.65	\$	\$ 3,659.65	\$
3. Consultants	\$ 140.00	\$	\$ 140.00	\$	\$ 140.00	\$	\$ 140.00	\$	\$ 140.00	\$	\$ 140.00	\$
4. Equipment:												
Rental												
Repair and Maintenance												
Purchase/Depreciation												
5. Supplies:												
Educational												
Lab												
Pharmacy												
Medical												
Office												
6. Travel	\$ 213.49	\$	\$ 213.57	\$	\$ 213.57	\$	\$ 213.57	\$	\$ 213.57	\$	\$ 213.57	\$
7. Occupancy	\$ 718.34	\$	\$ 718.34	\$	\$ 718.34	\$	\$ 718.34	\$	\$ 718.34	\$	\$ 718.34	\$
B. Current Expenses												
Telephone	\$ 273.00	\$	\$ 273.00	\$	\$ 273.00	\$	\$ 273.00	\$	\$ 273.00	\$	\$ 273.00	\$
Postage	\$ 63.00	\$	\$ 63.00	\$	\$ 63.00	\$	\$ 63.00	\$	\$ 63.00	\$	\$ 63.00	\$
Subscriptions												
Audit and Legal												
Insurance												
Board Expenses												
9. Software												
10. Marketing/Communications	\$ 500.00	\$	\$ 500.00	\$	\$ 500.00	\$	\$ 500.00	\$	\$ 500.00	\$	\$ 500.00	\$
11. Staff Education and Training	\$ 260.00	\$	\$ 260.00	\$	\$ 260.00	\$	\$ 260.00	\$	\$ 260.00	\$	\$ 260.00	\$
12. Subcontracts/Agreements												
13. Other (specific details mandatory):												
TOTAL	\$ 23,145.17	\$	\$ 25,142.93	\$	\$ 25,142.93	\$	\$ 25,142.93	\$	\$ 25,142.93	\$	\$ 25,142.93	\$
Indirect As A Percent of Direct			8.6%		8.6%		8.6%		8.6%		8.6%	
			0.0%		0.0%		0.0%		0.0%		0.0%	
												10.1%
												\$ 1,997.76
												\$ 19,802.48
												\$ 21,800.22

Contractor Initials: *[Signature]*
Date: 1/27/13

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder/Program Name: **Monadnock Collaborative/Monadnock & Sullivan ServiceLink**
 Budget Request for: **Information, Referral and Awareness**
 (Name of Program)

Budget Period: **7/1/14 - 6/30/15**

Line Item	Direct		Indirect		Total		Contractor/Service/Market	Funds		Total
	Impl.	Prog.	Impl.	Prog.	Impl.	Prog.		State	Federal	
1. Total Salary/Wages	\$ 106,197.00	\$ 11,256.88	\$ 117,453.88	\$ -	\$ 117,453.88	\$ -	\$ 4,800.00	\$ 508.80	\$ -	\$ 122,253.88
2. Employee Benefits	\$ 27,491.64	\$ 2,914.11	\$ 30,405.75	\$ -	\$ 30,405.75	\$ -	\$ -	\$ -	\$ -	\$ 30,405.75
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 2,600.00	\$ -	\$ 2,600.00	\$ -	\$ 2,600.00	\$ -	\$ -	\$ -	\$ -	\$ 2,600.00
14. Travel	\$ 2,600.00	\$ -	\$ 2,600.00	\$ -	\$ 2,600.00	\$ -	\$ -	\$ -	\$ -	\$ 2,600.00
15. Occupancy	\$ 7,851.50	\$ -	\$ 7,851.50	\$ 2,333.00	\$ 10,184.50	\$ -	\$ -	\$ -	\$ -	\$ 10,184.50
16. Current Expenses	\$ 2,028.00	\$ -	\$ 2,028.00	\$ -	\$ 2,028.00	\$ -	\$ -	\$ -	\$ -	\$ 2,028.00
17. Telephone	\$ 468.00	\$ -	\$ 468.00	\$ -	\$ 468.00	\$ -	\$ -	\$ -	\$ -	\$ 468.00
18. Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ 2,000.00	\$ -	\$ 2,000.00	\$ -	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ 2,000.00
25. Staff Education and Training	\$ 1,560.00	\$ -	\$ 1,560.00	\$ -	\$ 1,560.00	\$ -	\$ -	\$ -	\$ -	\$ 1,560.00
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 152,796.14	\$ 14,171.00	\$ 166,967.14	\$ 2,333.00	\$ 169,300.14	\$ 2,333.00	\$ 8,133.00	\$ 508.80	\$ -	\$ 177,433.14
Indirect As A Percent of Direct		9.3%		6.3%		6.3%				
										9.4%
										\$ 158,325.34

Note: Match is GSIL rent for space. To KHA but part of ADRC.

Contractor Initials: *[Signature]*
Date: 7/27/13

New Hampshire Department of Health and Human Services
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Monadnock Collaborative/Monadnock & Sullivan ServiceLink

Budget Request for: Family Caregiver Program
 (Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost		Contractor Share / Match		Requested Budgets by Funded FY14/15 Contract Share	
	Amount	%	Amount	%	Amount	%
1. Total Salary/Wages	\$ 51,729.00	5.43%	\$ 57,212.27	31.80%	\$ 48,729.00	5.18%
2. Employee Benefits	\$ 7,093.45	7.51%	\$ 7,845.36	4.38%	\$ 7,093.45	7.51%
3. Consultants						
4. Equipment						
5. Rental						
6. Repair and Maintenance						
7. Purchased/Depreciation						
8. Supplies						
9. Educational						
10. Lab						
11. Pharmacy						
12. Medical						
13. Office	\$ 1,200.00	1.26%	\$ 1,200.00	0.65%	\$ 1,200.00	1.26%
14. Travel	\$ 1,200.00	1.26%	\$ 1,200.00	0.65%	\$ 1,200.00	1.26%
15. Occupancy	\$ 3,047.00	3.20%	\$ 3,047.00	1.65%	\$ 3,047.00	3.20%
16. Current Expenses						
17. Telephone	\$ 936.00	0.98%	\$ 936.00	0.51%	\$ 936.00	0.98%
18. Postage	\$ 216.00	0.23%	\$ 216.00	0.12%	\$ 216.00	0.23%
19. Subscriptions						
20. Audit and Legal						
21. Insurance						
22. Board Expenses						
23. Software						
24. Marketing/Communications	\$ 2,000.00	2.11%	\$ 2,000.00	1.10%	\$ 2,000.00	2.11%
25. Staff Education and Training	\$ 500.00	0.53%	\$ 500.00	0.27%	\$ 500.00	0.53%
26. Subcontract/Agreements						
27. Other (specify details mandatory)						
TOTAL	\$ 67,921.45	7.18%	\$ 76,696.03	41.80%	\$ 64,421.45	6.83%

Indirect As A Percent of Direct 9.2%

Contractor Initials: *[Signature]*
 Date: 7/27/14/13

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder/Program Name: **Monadnock Collaborative/Monadnock & Sullivan Services, Inc.**
 Budget Request for: **State Health Insurance Assistance Program**
 (Name of Program)

Budget Period: **7/1/14 - 6/30/15**

Line Item	Quantity	Unit Price	Total Program Cost	Contractor Share / Match	Indirect	Contract Share	Total
1. Total Salary/Wages		\$ 60,744.00	\$ 60,744.00	\$ 1,114.82	\$ -	\$ 62,858.82	\$ 62,858.82
2. Employee Benefits		\$ 21,219.44	\$ 21,219.44	\$ -	\$ -	\$ 21,219.44	\$ 21,219.44
3. Consultants		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation		\$ 1,500.00	\$ 1,500.00	\$ -	\$ -	\$ 1,500.00	\$ 1,500.00
5. Supplies:		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office		\$ 1,000.00	\$ 1,000.00	\$ -	\$ -	\$ 1,000.00	\$ 1,000.00
6. Travel		\$ 1,800.00	\$ 1,800.00	\$ -	\$ -	\$ 1,800.00	\$ 1,800.00
7. Occupancy		\$ 5,620.50	\$ 5,620.50	\$ -	\$ -	\$ 5,620.50	\$ 5,620.50
8. Current Expenses		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone		\$ 1,404.00	\$ 1,404.00	\$ -	\$ -	\$ 1,404.00	\$ 1,404.00
Postage		\$ 324.00	\$ 324.00	\$ -	\$ -	\$ 324.00	\$ 324.00
Subscriptions		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications		\$ 1,000.00	\$ 1,000.00	\$ -	\$ -	\$ 1,000.00	\$ 1,000.00
11. Staff Education and Training		\$ 4,500.00	\$ 4,500.00	\$ -	\$ -	\$ 4,500.00	\$ 4,500.00
12. Subcontracts/Agreements		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specify details mandatory):		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL		\$ 99,111.94	\$ 107,236.45	\$ 1,114.82	\$ -	\$ 109,467.27	\$ 109,467.27

Indirect As A Percent of Direct: **8.2%**

Contractor Initials: *[Signature]*
 Date: 7/7/13

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder/Program Name: **Monadnock Collaborative/Monadnock & Sullivan Service, Inc**
 Budget Request for: **Senior Medicare Patrol Program**
 (Name of Program)
 Budget Period: **7/1/14 - 6/30/15**

Line Item	Quantity	Unit Price	Total Price	Proposed Budget to be Funded by DHS Contract	Proposed Budget to be Funded by Other Contract	Total
1. Total Salary/Wages			\$ 34,728.00	\$ 34,728.00	\$ -	\$ 34,728.00
2. Employee Benefits			\$ 3,680.96	\$ 3,680.96	\$ -	\$ 3,680.96
3. Consultants			\$ 1,811.84	\$ 1,811.84	\$ -	\$ 1,811.84
4. Equipment			\$ 60.00	\$ 60.00	\$ -	\$ 60.00
5. Repair and Maintenance			\$ -	\$ -	\$ -	\$ -
6. Purchases/Depreciation			\$ -	\$ -	\$ -	\$ -
7. Supplies			\$ -	\$ -	\$ -	\$ -
8. Educational			\$ -	\$ -	\$ -	\$ -
9. Lab			\$ -	\$ -	\$ -	\$ -
10. Pharmacy			\$ -	\$ -	\$ -	\$ -
11. Medical			\$ -	\$ -	\$ -	\$ -
12. Office			\$ 700.00	\$ 700.00	\$ -	\$ 700.00
13. Travel			\$ 700.00	\$ 700.00	\$ -	\$ 700.00
14. Occupancy			\$ 2,085.75	\$ 2,085.82	\$ -	\$ 2,085.82
15. Current Expenses			\$ 546.00	\$ 546.00	\$ -	\$ 546.00
16. Telephone			\$ 126.00	\$ 126.00	\$ -	\$ 126.00
17. Postage			\$ -	\$ -	\$ -	\$ -
18. Subscriptions			\$ -	\$ -	\$ -	\$ -
19. Audit and Legal			\$ -	\$ -	\$ -	\$ -
20. Insurance			\$ -	\$ -	\$ -	\$ -
21. Board Expenses			\$ -	\$ -	\$ -	\$ -
22. Software			\$ -	\$ -	\$ -	\$ -
23. Marketing/Communications			\$ 1,000.00	\$ 1,000.00	\$ -	\$ 1,000.00
24. Staff Education and Training			\$ 245.00	\$ 245.00	\$ -	\$ 245.00
25. Subcontracts/Agreements			\$ -	\$ -	\$ -	\$ -
26. Other (Specify details mandatory)			\$ -	\$ -	\$ -	\$ -
TOTAL			\$ 42,000.99	\$ 42,000.99	\$ -	\$ 42,000.99
Indirect At A Percent of Direct			\$ 3,873.61	\$ 3,873.61	\$ -	\$ 3,873.61
						9.2%
				\$ 48,874.60	\$ -	\$ 48,874.60
						0.0%
				\$ 49,042.77	\$ -	\$ 49,042.77
						9.7%
						\$ 43,915.78

Contractor Initials: *MSB*
 Date: *7/27/13*

NH Department of Health and Human Services

STANDARD EXHIBIT C

SPECIAL PROVISIONS

1. Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. Compliance with Federal and State Laws: If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. Time and Manner of Determination: Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. Documentation: In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. Fair Hearings: The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. Gratuities or Kickbacks: The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. Retroactive Payments: Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. Conditions of Purchase: Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:

8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

Contractor Initials: *MLM*
Date: 12/4/13

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. Maintenance of Records: In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 Fiscal Records: books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 Statistical Records: Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the Contractor fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 Audit and Review: During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 Audit Liabilities: In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. Confidentiality of Records: All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. Reports: Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.

12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. Completion of Services: Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. Credits: All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

14.1 The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. Prior Approval and Copyright Ownership:

All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.

16. Operation of Facilities: Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

17. Subcontractors: DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

SPECIAL PROVISIONS – DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

NH Department of Health and Human Services

STANDARD EXHIBIT D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

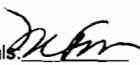
ALTERNATIVE I - FOR GRANTEEES OTHER THAN INDIVIDUALS

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

- (A) The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

Contractor Initials: 
Date: 12/4/13

- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).


(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Monadnock Collaborative From: 12/4/13 To: 6/30/15
 (Contractor Name) (Period Covered by this Certification)

Melinda S. Feola-Mahar, Executive Director
 (Name & Title of Authorized Contractor Representative)

 12/4/13
 (Contractor Representative Signature) (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT E

CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

- Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*SociaI Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

Contract Period: 1/1/14 through 6/30/15

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-1.)
(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.

[Signature]
(Contractor Representative Signature)

Melinda S. Feola-Mahar Executive Director
(Authorized Contractor Representative Name & Title)

Monadnock Collaborative
(Contractor Name)

12/4/13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT F

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.


(Contractor Representative Signature)

Melinda S. Feola-Mahar, Executive Director
(Authorized Contractor Representative Name & Title)

Monadnock Collaborative
(Contractor Name)

12/4/13
(Date)


NH Department of Health and Human Services

STANDARD EXHIBIT G

CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.


(Contractor Representative Signature) Melinda S. Feola - Mahar Executive Dir
(Authorized Contractor Representative Name & Title)

Monadnock Collaborative 12/4/13
(Contractor Name) (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

- 1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.


(Contractor Representative Signature)

Melinda S. Feola-Mahar, Executive Dir
(Authorized Contractor Representative Name & Title)

Monadnock Collaborative
(Contractor Name)

12/4/13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 and those parts of the HITECH Act applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreasonable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) Use and Disclosure of Protected Health Information.

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402 of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec. 13404.
- c. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- d. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)b and (3)k herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- f. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- g. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

- h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- i. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) **Termination for Cause**

In addition to standard provision #10 of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) **Miscellaneous**

- a. **Definitions and Regulatory References.** All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, and the HITECH Act as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. **Amendment.** Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. **Data Ownership.** The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. **Interpretation.** The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule and the HITECH Act.
- e. **Segregation.** If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. **Survival.** Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health & Human Services Monadnock Collaborative
The State Agency Name Name of the Contractor

Sheri L Rockburn
Signature of Authorized Representative

Melinda S. Feola-Mahar
Signature of Authorized Representative

Sheri Rockburn
Name of Authorized Representative

Melinda S. Feola-Mahar
Name of Authorized Representative

Acting Associate Commissioner
Title of Authorized Representative

Executive Director
Title of Authorized Representative

12/4/13
Date

12/4/13
Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND
TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

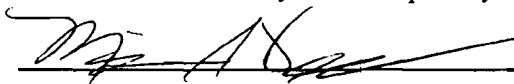
In accordance with 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

- 1) Name of entity
- 2) Amount of award
- 3) Funding agency
- 4) NAICS code for contracts / CFDA program number for grants
- 5) Program source
- 6) Award title descriptive of the purpose of the funding action
- 7) Location of the entity
- 8) Principle place of performance
- 9) Unique identifier of the entity (DUNS #)
- 10) Total compensation and names of the top five executives if:
 - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - b. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

 Melinda S. Feola-Mahar, Executive Director

(Contractor Representative Signature)

(Authorized Contractor Representative Name & Title)

Monadnock Collaborative

12/4/13

(Contractor Name)

(Date)

Contractor initials: 

Date: 12/4/13

Page # _____ of Page # _____

NH Department of Health and Human Services

STANDARD EXHIBIT J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 07-836-5403
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____

Contractor initials: mf
Date: 12/4/13
Page # _____ of Page # _____



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the New Hampshire ServiceLink Resource Centers Program Contract**

This third Amendment to the New Hampshire ServiceLink Resource Centers Program contract (hereinafter referred to as "Amendment #3") dated this 16th day of August 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Tri-County Community Action Program, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 30 Exchange Street, Berlin, NH 03570.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (item #62) and amended by an agreement (Amendment #1 to the Contract) approved on February 28, 2014 (Item #35) and amended by an agreement (Amendment #2 to the Contract) approved on May 6, 2015 (Item 23), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified;

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract;

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties;

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional three (3) months and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: December 31, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$598,751.
3. Delete Exhibit B-16 and replace with Exhibit B-16 Amendment #1.
4. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 12/31/16.
5. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 12/31/16.



New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

8/29/14
Date

M. Ryan
NAME Madison Ryan
TITLE Director, Office of Human Services

Tri-County Community Action Program, Inc.

08/17/16
Date

R. Boshen, Jr.
NAME Robert G. Boshen, Jr.
TITLE Chief Executive Officer

Acknowledgement:

State of New Hampshire, County of Coos on August 17, 2016, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Suzanne C. French
Name and Title of Notary or Justice of the Peace
Suzanne C. French, Notary

SUZANNE C. FRENCH
Notary Public - New Hampshire
My Commission Expires June 19, 2018

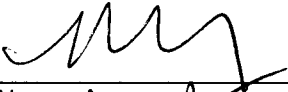


**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 9/4/14


Name: Megan A. Giguere
Title: Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Tri County Community Action Program, Inc.
Program Name ServiceLink Resource Center

Budget Period: 7/1/16 - 12/31/16

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHHS Contract Share	
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed
1. Total Salary/Wages	\$ 64,445.00	\$ -	\$ -	\$ -	\$ 64,445.00	\$ -
2. Employee Benefits	\$ 22,355.00	\$ -	\$ -	\$ -	\$ 22,355.00	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,304.00	\$ -	\$ -	\$ -	\$ 1,304.00	\$ -
Repair and Maintenance	\$ 150.00	\$ -	\$ -	\$ -	\$ 150.00	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 900.00	\$ -	\$ -	\$ -	\$ 900.00	\$ -
6. Travel	\$ 2,650.00	\$ -	\$ -	\$ -	\$ 2,650.00	\$ -
7. Occupancy	\$ 7,647.00	\$ -	\$ 1,600.00	\$ -	\$ 6,047.00	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,450.00	\$ -	\$ -	\$ -	\$ 1,450.00	\$ -
Postage	\$ 611.00	\$ -	\$ -	\$ -	\$ 611.00	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 150.00	\$ -	\$ -	\$ -	\$ 150.00	\$ -
10. Marketing/Communications	\$ 350.00	\$ 102.00	\$ 250.00	\$ 102.00	\$ 100.00	\$ 150.00
11. Staff Education and Training	\$ 120.00	\$ -	\$ -	\$ -	\$ 120.00	\$ -
12. Subcontracts/Agreements	\$ 950.00	\$ -	\$ 800.00	\$ -	\$ 150.00	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect volunteers	\$ 10,696.00	\$ -	\$ -	\$ -	\$ 10,696.00	\$ -
Indirect	\$ 1,248.00	\$ -	\$ 1,248.00	\$ -	\$ -	\$ -
#REF!	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 115,126.00	\$ 102.00	\$ 3,898.00	\$ 102.00	\$ 111,228.00	\$ 4,000.00

0.0%

2.6%

0.1%

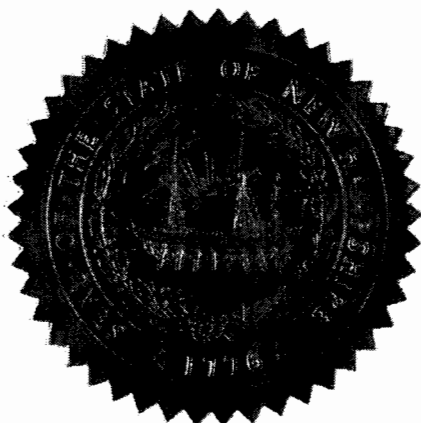
Indirect As A Percent of Direct

Contractor Initials: **RGB**
Date: **08/17/16**

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 TRI-COUNTY COMMUNITY ACTION PROGRAM, INC. (TRI-COUNTY CAP) is a New Hampshire nonprofit corporation formed May 18, 1965. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 7th day of April A.D. 2016

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Gary Coulombe, do hereby certify that:

(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Tri-County Community Action Program, Inc.

(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of

the Agency duly held on 2-23-2016:

(Date)

RESOLVED: That the Chief Executive Officer

(Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of

the 17th day of August, 2016.

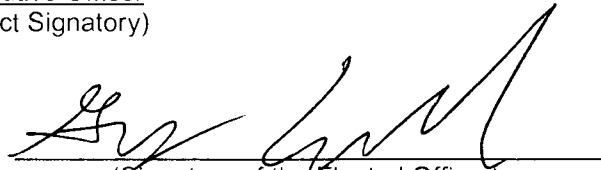
(Date Contract Signed)

4. Robert G. Boschen, Jr. is the duly elected Chief Executive Officer

(Name of Contract Signatory)

(Title of Contract Signatory)

of the Agency.



(Signature of the Elected Officer)

STATE OF New Hampshire

County of Coos

The forgoing instrument was acknowledged before me this 17th day of August, 2016,

By Gary Coulombe.

(Name of Elected Officer of the Agency)



(Notary Public/Justice of the Peace)

NOTARY SEAL

Commission Expires: 6-19-18



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/25/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		CONTACT NAME: Karen Shaughnessy PHONE (A/C, No, Ext): (603) 669-3218 E-MAIL ADDRESS: kshaughnessy@crossagency.com FAX (A/C, No): (603) 645-4331	
INSURED Tri-County Community Action Program, Inc 30 Exchange Street Berlin NH 03570		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Ins Co INSURER B: AmGuard Ins Co INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 42390	

COVERAGES **CERTIFICATE NUMBER:** 16-17 All lines **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK1521023	7/1/2016	7/1/2017	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
			GENERAL AGGREGATE \$ 3,000,000				
			PRODUCTS - COMP/OP AGG \$ 3,000,000				
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS			PHPK1521031	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
			BODILY INJURY (Per person) \$				
		<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							Underinsured motorist \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			PHUB548500	7/1/2016	7/1/2017	EACH OCCURRENCE \$ 2,000,000
			AGGREGATE \$ 2,000,000				
		DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y N/A		TRWC783275 (3a.) NH K. Matthews, R. Urban & W. Hatch excluded	7/1/2016	7/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
			E.L. EACH ACCIDENT \$ 500,000				
			E.L. DISEASE - EA EMPLOYEE \$ 500,000				
A	Professional Liability			PHPK1521023	7/1/2016	7/1/2017	Per Occurrence \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER State of NH- DHHS 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Chris Sharpe/JSC
--	--

MISSION STATEMENT

Tri-County CAP is a group of people and projects dedicated to improving the lives and well-being of New Hampshire's people and communities.

We provide opportunities and support for people to learn and grow in self-sufficiency, and to get involved in helping their neighbors and improving the conditions in their communities.

***Tri-County Community Action Programs...
Helping people, changing lives.***

TRI-COUNTY COMMUNITY ACTION PROGRAM, Inc. Is a private, non-profit 501(C) 3 corporation that is dedicated to improving the lives and well being of New Hampshire's people and communities. Formed on May 18, 1965, we provide opportunities and support for people to learn and grow in self-sufficiency and get involved in helping their neighbors and improving the conditions in their communities.

TRI-COUNTY COMMUNITY ACTION PROGRAM, Inc.

...Helping people, changing lives.

Financial Statements

**TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
AND AFFILIATE**

**CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30 2015
AND
INDEPENDENT AUDITORS' REPORT**

TRI-COUNTY COMMUNITY ACTION PROGRAM, INC. AND AFFILIATE

CONSOLIDATED FINANCIAL STATEMENTS

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To the Board of Directors of
Tri-County Community Action Program, Inc.
Berlin, New Hampshire

**Leone,
McDonnell
& Roberts**
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS
WOLFEBORO • NORTH CONWAY
DOVER • GONCORD
STRATHAM

INDEPENDENT AUDITORS' REPORT

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Tri-County Community Action Program, Inc. and affiliate (a New Hampshire nonprofit organization), which comprise the consolidated statement of financial position as of June 30, 2015, and the related consolidated statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the 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.

Auditors' 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 from 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 auditors' judgement, 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 Tri-County Community Action Program, Inc. as of June 30, 2015, and the changes in its net assets and its cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

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 Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, 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 as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 10, 2015, on our consideration of Tri-County Community Action Program, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on 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 Tri-County Community Action Program, Inc.'s internal control over financial reporting and compliance.

Leone, McDonnell & Roberts
Professional Association

December 10, 2015
North Conway, New Hampshire

TRI-COUNTY COMMUNITY ACTION PROGRAM, INC. AND AFFILIATE

CONSOLIDATED STATEMENT OF FINANCIAL POSITION
JUNE 30, 2015

ASSETS

CURRENT ASSETS

Cash	\$ 488,950
Accounts receivable	1,014,274
Pledges receivable	247,754
Inventories	116,150
Prepaid expenses	<u>30,678</u>

Total current assets 1,897,806

PROPERTY

Property, plant, and equipment	13,468,105
Less accumulated depreciation	<u>(4,588,525)</u>

Property, net 8,879,580

OTHER ASSETS

Restricted cash	540,395
Building refinance costs, net	<u>15,365</u>

Total other assets 555,760

TOTAL ASSETS \$ 11,333,146

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Demand note payable	\$ 700,252
Current portion of long term debt	271,685
Accounts payable	671,782
Accrued compensated absences	332,024
Accrued salaries	134,822
Accrued expenses	107,474
Refundable advances	191,343
Other liabilities	<u>280,474</u>

Total current liabilities 2,689,856

LONG TERM DEBT

Long term debt, net of current portion	5,938,456
Interest rate swap at fair value	<u>7,385</u>

Total liabilities 8,635,697

NET ASSETS

Unrestricted	1,951,539
Temporarily restricted	<u>745,910</u>

Total net assets 2,697,449

TOTAL LIABILITIES AND NET ASSETS \$ 11,333,146

See Notes to Consolidated Financial Statements

TRI-COUNTY COMMUNITY ACTION PROGRAM, INC. AND AFFILIATE

**CONSOLIDATED STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2015**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
REVENUES AND OTHER SUPPORT			
Grant and contracts	\$ 13,563,675	\$ 267,197	\$ 13,830,872
Program funding	1,600,750	102,424	1,703,174
Utility programs	916,957	-	916,957
In-kind contributions	252,489	-	252,489
Contributions	116,342	20,841	137,183
Fundraising	43,415	-	43,415
Rental income	824,332	-	824,332
Interest income	485	-	485
Gain on disposal	16,560	-	16,560
Other revenue	91,349	-	91,349
	<hr/>	<hr/>	<hr/>
Total revenues and other support	17,426,354	390,462	17,816,816
NET ASSETS RELEASED FROM RESTRICTIONS	<hr/>	<hr/>	<hr/>
	307,765	(307,765)	-
	<hr/>	<hr/>	<hr/>
Total revenues, other support, and net assets released from restrictions	17,734,119	82,697	17,816,816
	<hr/>	<hr/>	<hr/>
FUNCTIONAL EXPENSES			
Program Services:			
Agency Fund	883,748	-	883,748
Head Start	2,289,054	-	2,289,054
Guardianship	767,955	-	767,955
Transportation	985,004	-	985,004
Volunteer	87,521	-	87,521
Workforce Development	449,251	-	449,251
Alcohol and Other Drugs	989,422	-	989,422
Carroll County Dental	496,634	-	496,634
Carroll County Restorative Justice	95,727	-	95,727
Support Center	249,099	-	249,099
Homeless	442,493	-	442,493
Energy and Community Development	7,433,283	-	7,433,283
Elder	1,088,328	-	1,088,328
Housing Services	172,157	-	172,157
	<hr/>	<hr/>	<hr/>
Total program services	16,429,676	-	16,429,676
Supporting Activities:			
General and administrative	1,154,866	-	1,154,866
Fundraising	4,498	-	4,498
	<hr/>	<hr/>	<hr/>
Total supporting activities	1,159,364	-	1,159,364
	<hr/>	<hr/>	<hr/>
Total functional expenses	17,589,040	-	17,589,040
	<hr/>	<hr/>	<hr/>
CHANGES IN NET ASSETS FROM OPERATIONS	145,079	82,697	227,776
OTHER INCOME			
Gain on interest rate swap	42,327	-	42,327
	<hr/>	<hr/>	<hr/>
TOTAL CHANGES IN NET ASSETS	187,406	82,697	270,103
	<hr/>	<hr/>	<hr/>
NET ASSETS, BEGINNING OF YEAR	1,764,133	663,213	2,427,346
	<hr/>	<hr/>	<hr/>
NET ASSETS, END OF YEAR	\$ 1,951,539	\$ 745,910	\$ 2,697,449

See Notes to Consolidated Financial Statements

TRI-COUNTY COMMUNITY ACTION PROGRAM, INC. AND AFFILIATE

**CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2015**

CASH FLOWS FROM OPERATING ACTIVITIES	
Change in net assets	\$ 270,103
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation and amortization	483,149
Gain on disposal of property	(16,560)
Gain on interest rate swap	(42,327)
Decrease (increase) in assets:	
Restricted cash	225,470
Accounts receivable	(180,597)
Pledges receivable	(247,754)
Inventories	(50,111)
Prepaid expenses	(3,392)
Other assets	818
Increase (decrease) in liabilities:	
Accounts payable	16,947
Accrued compensated absences	54,245
Accrued salaries	23,336
Accrued expenses	(8,588)
Refundable advances	(33,228)
Other liabilities	(125,119)
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>366,392</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Proceeds from disposal of property	57,159
Purchase of property and equipment	<u>(286,141)</u>
NET CASH USED IN INVESTING ACTIVITIES	<u>(228,982)</u>
CASH FLOWS FROM FINANCING ACTIVITIES	
Net advance of demand note payable	199,201
Proceeds from long-term debt	13,089
Repayment of long-term debt	<u>(239,753)</u>
NET CASH USED IN FINANCING ACTIVITIES	<u>(27,463)</u>
NET INCREASE IN CASH AND CASH EQUIVALENTS	109,947
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>379,003</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 488,950</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:	
Cash paid during the year for:	
Interest	<u>\$ 233,577</u>

See Notes to Consolidated Financial Statements

THE COMMUNITY ACTION PROGRAM, INC. - ARAPAHO
 CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
 FISCAL YEAR ENDED JUNE 30, 2011

	Direct Expenses	Indirect Expenses	Head Start	Foodbank	Transitional Housing	Members	Welfare Development	Alameda County Office	Carroll County Office	Carroll County Restorative Justice	Support Clinic	Monthly	Energy and Utility	Other	Housing Expenses	Total	General's Allocation	Discretionary	Total
Office Expenses	\$ 71,025	\$ 1,882,892	\$ 1,882,892	\$ 504,594	\$ 464,649	\$ 60,450	\$ 249,876	\$ 677,558	\$ 284,190	\$ 26,296	\$ 130,071	\$ 259,224	\$ 1,148,181	\$ 448,838	\$ 17,214	\$ 5,280,659	\$ 634,111	\$ -	\$ 6,014,880
Payroll taxes and benefits	15,844	288,323	288,323	127,556	78,730	18,750	66,708	155,187	59,423	19,810	36,134	42,200	3,653,742	193,595	-	1,321,158	157,204	-	1,478,362
Administrative salaries	616	50	50	-	-	-	7,683	115	14,983	1,715	1,087	17,477	5,427	749	-	5,331,344	30,000	-	5,361,344
Contractors and materials	12,558	24,210	24,210	4,728	17,420	1,568	245	19,340	6,834	1,715	3,200	13,806	14,827	48,080	30	175,189	-	-	203,218
Telephone	14,222	177,877	177,877	36,268	46,625	5,871	98,272	19,237	6,634	616	616	20,035	184,893	89,139	-	647,650	177,450	-	825,100
Supplies	4,946	289,458	289,458	11,670	16,609	1,975	4,995	72,317	21,479	20,632	6,922	5,300	289,496	237,884	1,574	1,023,179	16,188	-	1,039,367
Commodities	4,251	1,229	1,229	3,422	1,075	1,075	260	1,061	100	132	-	346	24,752	4,104	-	50,378	15	-	50,393
Travel	88,200	36,800	36,800	1,562	1,562	742	742	10,820	1,907	1,900	6,542	3,204	1,598	13,228	27,866	192,274	16	-	199,207
Printing and duplicating	175,273	23,064	23,064	16,078	19,231	742	742	46,544	8,786	1,990	20,872	20,746	34,178	21,889	28,813	487,764	8,539	-	496,303
Postage	2,284	59,230	59,230	28,415	38,723	1,071	14,182	12,597	1,241	1,986	5,337	14,271	13,202	31,320	1,704	224,870	15,381	-	240,251
Vehicle expenses	505	-	-	-	146,527	-	-	7,699	87	1,986	-	-	44,586	-	-	204,123	5,851	-	209,974
Utilities	114,650	26,347	26,347	1,167	56,738	787	-	2,856	2,265	-	6,433	9,115	44,883	-	15,241	266,729	4,376	-	271,105
Insurance	183,845	48	48	-	433	79	-	6,983	40,496	-	2	1,115	5,238	24	-	238,523	2,773	-	241,296
Other direct program costs	13,724	15,992	15,992	12,118	8,125	289	-	12,914	1,318	-	70	3,130	(19,280)	5,258	14,009	64,994	4,816	-	69,810
Indirect expenses	181,649	2,827,515	2,827,515	4,256	116,638	389	-	23,328	4,816	-	10,975	1,774	50,777	27,470	67,266	352,480	-	-	419,746
Total Direct Expenses	683,748	2,789,054	2,789,054	767,365	969,064	87,221	449,231	889,422	408,634	95,727	240,049	442,493	7,413,283	1,088,328	172,157	16,429,876	1,154,806	4,408	17,589,040
Indirect Expenses	65,632	338,481	338,481	83,837	92,881	9,839	41,239	111,258	53,143	9,851	26,521	47,202	235,187	117,481	-	1,154,286	-	-	1,271,767
Total Direct & Indirect Expenses	\$ 749,380	\$ 3,127,535	\$ 3,127,535	\$ 851,202	\$ 1,061,945	\$ 97,060	\$ 490,470	\$ 1,000,680	\$ 461,777	\$ 105,578	\$ 266,570	\$ 489,695	\$ 7,648,470	\$ 1,205,809	\$ 172,157	\$ 17,584,542	\$ 1,154,806	\$ 4,408	\$ 18,756,800

See Notes to Consolidated Financial Statements

TRI-COUNTY COMMUNITY ACTION PROGRAM, INC. AND AFFILIATE

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2015**

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and Principles of Consolidation

The financial statements include the accounts of Tri-County Community Action Program, Inc. and its affiliate, Cornerstone Housing North, Inc. The two organizations are consolidated because Tri-County Community Action Program, Inc. controls 100% of the voting power of Cornerstone Housing North, Inc. All significant intercompany items and transactions have been eliminated from the basic financial statements. Tri-County Community Action Program, Inc. (the Organization) is a New Hampshire non-profit corporation that operates a wide variety of community service programs which are funded primarily through grants or contracts from various federal, state, and local agencies. Cornerstone Housing North, Inc. (a New Hampshire nonprofit corporation) was incorporated under the laws of the State of New Hampshire for the acquisition, construction and operation of community based housing for the Elderly.

Nature of activities

The Organization's programs consist of the following:

Agency

Tri-County CAP Administration provides central program management support and oversight to our many individual programs. This includes planning and budget development, bookkeeping and accounting, payroll and HR services, legal and audit services, IT support, management support, financial support and central policy development.

Tri-County CAP Administration is the liaison between Tri-County Community Action Program, Inc., Board of Directors and its programs, ensuring that programs comply with agreements made by the Board to funding sources and vendors.

Other responsibilities include the management and allocation of funding received through a Community Services Block Grant, as well as management of the Organization's real estate property.

Head Start

Head Start serves hundreds of children and their families in multiple classrooms and locations throughout three counties. Research demonstrates that children who are healthy learn better. Due to this fact, parents in our program receive assistance in completing medical and dental exams for their children. To further assist in breaking the cycle of poverty, each family enrolled in Head Start receives assistance in completing a family needs assessment, and subsequent support in achieving their self-sufficiency and personal improvement goals.

Guardianship

The Organization's Guardianship program provides advocacy and guardian services for the vulnerable population of New Hampshire residents (developmentally disabled, chronically mentally ill, traumatic brain injury, and the elderly suffering from Alzheimer's, dementia, and multiple medical issues) who need a guardian and who have no family member or friend willing, able, or suitable to serve in that capacity.

Transportation

The Organization's transit program provides various transportation services: public bus routes, door-to-door service by request, long distance medical travel to medical facilities outside our regular service area, and special trips for the elderly to go shopping and enjoy other activities that are located outside the regular service area. The Organization's fleet of 18 wheelchair accessible vehicles offers transportation options to the elderly and disabled, as well as to the general public.

Volunteer

Coos County Retired & Senior Volunteers Program (RSVP) maintains a minimum corps of 330 volunteers, ages 55 and older. These volunteers share their skills, life experiences, and time with over 50 local non-profit and public agencies throughout Coos County that depend on volunteer assistance to meet the needs of their constituents. Our volunteers donate over 50,000 hours yearly.

Workforce Development

The Organization is assisting transitional and displaced workers as they prepare for new jobs, and also assisting currently-employed workers to gain the skills required for better jobs.

The Organization is helping to implement New Hampshire's Unified State Plan for Workforce Development, in line with the federal Workforce Investment Act. Workforce training programs, with training facilities in three towns, provide temporary assistance for needy family (TANF) recipients with 20-30 hours per week of training in the areas of employment skills, computer skills, and business experience, and also place participating TANF recipients in community-based work experience sites.

Alcohol & Other Drugs (AOD)

Services provided through the AOD program include assisting the alcoholic/addicted person on the road to recovery, through three phases: Crisis Intervention, Sobriety Maintenance, and Assessment and Referral to appropriate treatment facilities. The Residential Treatment Programs (Friendship House) provide chemically dependent individuals with the fundamental tools of recovery, including educational classes, group and individual counseling, work and recreational therapy, and attendance at in-house and community-based alcoholics anonymous and narcotics anonymous meetings. The AOD program also offers assistance with its impaired driver programs.

The Friendship House, in December of 2014, had approximately \$130,000 worth of investments and improvements due to assistance from Public Services of New Hampshire.

Carroll County Dental

The Tamworth Dental Center (the Center) offers high quality oral health care to children with NH Medicaid coverage. The Organization also serves uninsured and underinsured children and adults using a sliding fee scale that offers income-based discounts for care. The Center accepts most common dental insurances for those who have commercial dental insurance coverage. A school-based project of the Dental Center, School Smiles, offers oral health education, screening, treatment and referrals for treatment to over 1,000 children in 9 schools in the vicinity of the Center.

Carroll County Restorative Justice

The Organization's restorative justice program provides comprehensive alternatives to traditional court sentencing and dispute resolution within the framework of Balanced and Restorative Justice. Two key components of this process are personal accountability for one's actions (diversion) and alternative conflict resolution (mediation). Services are provided by in-house staff, volunteers, and partnered relations with other local service providers. Subsequent to year end, the Division was suspended.

Support Center

The Organization's Support Center at Burch House provides direct service and shelter to victims and survivors of domestic and sexual violence and stalking in Northern Grafton County. Support Center services are accessible 24 hours a day, 365 days a year. They include: crisis intervention; supportive counseling; court, hospital and policy advocacy and accompaniment; emergency shelter; support groups; community education and outreach; violence prevention programs for students; information, referrals and assistance accessing other community resources.

Homeless

Homeless services include an outreach intervention and prevention project that strives to prevent individuals and families from becoming homeless, and assists the already homeless in securing safe, affordable housing. The Organization provides temporary shelter space for homeless clients. The Organization also provides some housing rehabilitation services to help preserve older housing stock.

Energy and Development, and Community Contact

Energy programs provide fuel assistance, electric assistance, utility conservation, and weatherization measures including insulation, air-sealing, energy efficient lighting and refrigerators, hot water conservation measures, minor home repairs, and replacement windows and doors.

Community Contact sites allow local participants access to energy assistance programs and other emergency services. The offices provide information to the Organizations' clients about their other programs, as well as other programs available through other organizations in the community. The Organization consolidated its eight Community contact Offices to one office per county, located in Berlin (Coos), Ashland (Grafton) and Tamworth (Carroll). Clients may submit applications for assistance via e-mail, mail, phone, fax, or face-to-face intake appointments at one of the three offices. Community Contact has schedule site outreach in Lancaster, Lebanon, Woodsville and Colebrook; a schedule is published in the local papers listing the days and locations on a monthly basis. The Carroll County's office has been successful serving the needs of clients with this model for over ten years.

Elder

The Organization's Elder program provides senior meals in 15 community dining sites, home-delivered meals (Meals on Wheels) to the frail and homebound elderly, and senior nutrition education and related programming. The Coos County ServiceLink Aging & Disability Resource Center assists with Medicare counseling, Medicaid assistance, long-term care counseling services, and caregiver supports.

Housing Services

Cornerstone Housing North, Inc. is subject to a Project Rental Assistance Contract (PRAC) with the United States Department of Housing and Urban Development, and a significant portion of their rental income is received from the Department of Housing and Urban Development. The Organization includes a 12 unit apartment complex in Berlin, New Hampshire for the elderly. This operates under Section 202 of the National Housing Act and is regulated by the U.S. Department of Housing and Urban Development (HUD) with respect to the rental charges and operating methods. For Cornerstone Housing North, Inc., the rental income is part of the same program as the Section 202 Capital Advance and is considered a major program.

Method of accounting

The financial statements of Tri-County Community Action Program, Inc. have been prepared utilizing the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, as promulgated by the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Under this basis, revenue, other than contributions, and expenses are reported when incurred without regard to the date of receipt or payment of cash.

Basis of presentation

Financial statement presentation follows the recommendations of the FASB in its Accounting Standard Codification No. 958 *Financial Statements of Not-For-Profit Organizations*. Under FASB ASC No. 958, the Organization is required to report 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.

The Organization had no permanently restricted net assets at June 30, 2015. The Organization had temporarily restricted net assets of \$745,910 at June 30, 2015.

Restricted and unrestricted support

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions. Support that is restricted is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction.

When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Unrestricted net assets include revenues and expenses and contributions which are not subject to any donor imposed restrictions. Unrestricted net assets can be board designated by the Board of Directors for special projects and expenditures.

Temporarily restricted net assets include contributions for which time restrictions or donor-imposed restrictions have not yet been met. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restriction.

Permanently restricted net assets include gifts which require, by donor restriction, that the corpus be invested in perpetuity and only the income or a portion thereof (excluding capital gains restricted by State statute) be made available for program operations in accordance with donor restrictions. The Organization had no permanently restricted net assets at June 30, 2015.

Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e. the "exit price") in an orderly transaction between market participants at the measurement date. The accounting standards for fair values establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Organization. Unobservable inputs are inputs that reflect the Organization's assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

The hierarchy is classified into three levels based on the reliability of inputs as follows:

Level 1: Valuations based on quoted prices in active markets for identical assets or liabilities that the Organization has the ability to access. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

Level 2: Valuation is determined from quoted prices for similar assets or liabilities in active markets, quoted prices for identical instruments in markets that are not active or by model-based techniques in which all significant inputs are observable in the market.

Level 3: Valuations based on inputs that are unobservable and significant to the overall fair value measurement. The degree of judgment exercised in determining fair value is greatest for instruments categorized as Level 3.

The availability of observable inputs can vary and is affected by a wide variety of factors, including, the type of asset/liability, whether the asset/liability is established in the marketplace, and other characteristics particular to the transaction. To the extent that valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes the level in the fair value hierarchy within which the fair value measurement in its entirety falls is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

Fair value is a market-based measure considered from the perspective of a market participant rather than an entity-specific measure. Therefore, even when market assumptions are not readily available, assumptions are required to reflect those that market participants would use in pricing the asset or liability at the measurement date.

As disclosed in **Note 6**, the note payable which bears monthly interest of 69% of the sum of the one month London Interbank Offered Rate (LIBOR) plus 3.25%, when the Organization's debt service coverage ratio is 1.10; or 3.00% when the Organization's debt service coverage ratio is 1.20 includes an interest rate swap agreement. The Organization's purpose in entering into a swap arrangement was to hedge against the risk of interest rate increases on the related variable rate debt and not to hold the instrument for trading purposes. The Organization pays interest at a fixed 3.85%. The arrangement is scheduled to expire on August 2040. The notional amount of the contract was \$3,145,412. Accordingly, the swap arrangement, which is a derivative financial instrument, is classified as a cash flow hedge and is valued at the net present value (NPV) of all estimated future cash flows.

For the year ended June 30, 2015, the fair value of the interest rate swap was \$7,385 and the unrealized gain was \$42,327. The fair value of the swap is included on the balance sheet as a long term liability. No amounts have been reclassified as interest expense and based upon the Organization's intent to hold the derivative until expiration they do not expect to reclassify any unrealized gains or losses to interest expense.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from balances outstanding at year-end. Most of the receivables are amounts due from federal and state awarding agencies and are based upon reimbursement for expenditures made under specific grants or contracts. A portion of the accounts receivable balance represents amounts due from patients at Carroll County Dental and participants in the alcohol and other drug treatment programs. Past due receivables are written off at management's discretion using the direct write off method; this is not considered a departure from accounting principles generally accepted in the United State because the effects of the direct write method approximate those of the allowance method. Management selects accounts to be written off after analyzing past payment history, the age of the accounts receivable, and collection rates for receivables with similar characteristics, such as length of time outstanding. The Organization does not charge interest on outstanding accounts receivable.

Property and Depreciation

Acquisitions of buildings, equipment, and improvements in excess of \$5,000 and all expenditures for repairs, maintenance, and betterments that materially prolong the useful lives of assets are capitalized. Buildings, equipment, and improvements are stated at cost less accumulated depreciation. Depreciation is provided using the straight-line method over the estimated useful lives of the related assets. Depreciation expense related to assets used solely by an individual program is charged directly to the related program. Depreciation expense for assets used by more than one program is charged to the program based upon a square footage or other similar allocation. Depreciation expense related to administrative assets is included in the indirect cost pool and charged to the programs in accordance with the indirect cost plan. Maintenance and repairs are charged to expense as incurred.

Estimated useful lives are as follows:

Buildings and Improvements	20 to 40 years
Vehicles	5 to 8.5 years
Furniture and Equipment	5 to 15 years

Client Rents and HUD Rent Subsidy

Cornerstone Housing North, Inc.'s rents are approved on an annual basis by the Department of Housing and Urban Development. Rental increases are prohibited without such approval. The clients are charged rent equal to 30% of their income less adjustments allowed by the Department of Housing and Urban Development. Rent subsidies are received from the Department of Housing and Urban Development for the difference between the allowed rents and the amounts received from the clients.

Refundable Advances

Grants received in advance are recorded as refundable advances and recognized as revenue in the period in which the related services or expenditures are performed or incurred. Funds received in advance of grantor conditions being met aggregated \$191,343 as of June 30, 2015.

Nonprofit tax status

The Organization is a *not-for-profit* Section 501(c)(3) organization of the Internal Revenue Code. It has been classified as an Organization that is not a private foundation under the Internal Revenue Code and qualifies for a charitable contribution deduction for individual donors. The Organization files information returns in the United States. The Organization is no longer subject to examinations by tax authorities for years prior to 2011.

The Organization follows FASB ASC, *Accounting for Uncertainty in Income Taxes*, which clarifies the accounting for uncertainty in income taxes and prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return. The Organization does not believe they have taken uncertain tax positions, therefore, a liability for income taxes associated with uncertain tax positions has not been recognized.

The Organization's Federal Form 990 (Return of Organization Exempt from Income Tax), is subject to examination by the IRS, generally for three years after it is filed.

Cornerstone Housing North, Inc. is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Internal Revenue Service has determined the Organization to be other than a private foundation within the meaning of Section 509(a).

Retirement plan

The Organization maintains a tax sheltered annuity plan under the provisions of Section 403(b) of the Internal Revenue Code. All employees are eligible to contribute to the plan beginning on the date they are employed. Each employee may elect salary reduction agreement contributions in accordance with limits allowed in the Internal Revenue Code. Employer contributions are at the Organization's annual discretion. In January 2013, payments had ceased, therefore as of June 30, 2015, there were no discretionary contributions recorded. Further information can be obtained from the Organization's 403(b) audited financial statements.

Donated services and goods

Contributed noncash assets are recorded at fair value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulations, contributions of noncash assets are recorded as unrestricted support.

Donated property and equipment

Donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies temporarily restricted net assets to unrestricted net assets at that time.

Promises to Give

Conditional promises to give are not recognized in the financial statements until the conditions are substantially met. Unconditional promises to give that are expected to be collected within one year are recorded at the net realizable value. Unconditional promises to give that are expected to be collected in more than one year are recorded at fair value, which is measured as the present value of their future cash flows. The discounts on those amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in the contribution revenue. In the absence of donor stipulations to the contrary, promises with payments due in future periods are restricted to use after the due date. Promises that remain uncollected more than one year after their due dates are written off unless the donors indicate that payment is merely postponed. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

As of June 30, 2015, there were promises to give that were absent of donor stipulations and therefore classified as temporarily restricted in the amount of \$247,754. This amount was included in the grants and contracts on the Consolidated Statement of Activities.

Use of estimates

The presentation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Fair Value of Financial Instruments

Accounting Standards Codification No. 825 (ASC 825), *Disclosures of Fair Value of Financial Instruments*, requires the Organization to disclose fair values of its financial instruments. The carrying amount of the Organization's financial instruments which consists of cash, accounts receivable, deposits and accounts payable, approximate fair value because of the short term maturity of those instruments.

Functional allocation of expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the program services and supporting activities benefited.

Program salaries and related expenses are allocated to the various program and supporting services based on actual or estimated time employees spend on each function as reported on a timesheet.

Workers Compensation expenses are charged to each program based upon the classification of the each employee and allocated to the various program based upon the time employees spend on each function as noted above.

Paid Leave is charged to a leave pool and is allocated to each program as a percentage of total salaries.

Fringe Benefits are charged to a Fringe Benefit Pool. These expenses include employer payroll taxes, pension expenses, health and dental insurance and unemployment compensation. The pool is allocated to each program based upon a percentage of salaries.

Depreciation expense is allocated to each program based upon specific assets used by the program and is reported as depreciation expense on the supplemental statements of functional expenses.

Other Occupancy expense: expenses are applicable to assets which are used by multiple programs, primarily buildings are charged to the benefiting program based upon an analysis of square footage. Costs related to a building include depreciation, insurance, utilities, building maintenance, etc. These costs are reported as space costs on the supplemental statements of functional expenses.

Insurance: automobile insurance is allocated to programs based on vehicle usage; building liability insurance is allocated to programs based on square footage of the buildings; and insurance for furniture and equipment is allocated to programs using the book basis of the insured assets.

The remaining shared expenses are charged to an Indirect Cost Pool and are allocated to each program based upon a percentage of program expenses. The expenses include items such as administrative salaries, general liability insurance, administrative travel, professional fees and other expenses which cannot be specifically identified and charged to a program.

The Organization submits an indirect cost rate proposal for the paid leave, fringe benefits and other indirect costs to the U.S. Department of Health and Human Services. The proposal effective for the fiscal year beginning July 1, 2013 received provisional approval and is effective until amended at a rate of 12.3%. Per an email with a representative from the U.S. Department of Health and Human Services, the Agency reduced the rate to 12.2% for the year ended June 30, 2015.

Advertising policy

The Organization uses advertising to inform the community about the programs it offers and the availability of services. Advertising is expensed as incurred. The total cost of advertising for the year ended June 30, 2015 was \$18,009.

NOTE 2. CASH AND CASH EQUIVALENTS

Cash and cash equivalents consist of cash on hand, funds on deposit with financial institutions, and investments with original maturities of three months or less. At year end and throughout the year, the Organization's cash balances were deposited with multiple financial institutions. At June 30, 2015, the balances on interest and non-interest bearing accounts were insured by the FDIC up to \$250,000. At June 30, 2015, there was approximately \$395,443 of deposits held in excess of the FDIC limit. Management believes the Organization is not exposed to any significant credit risk on cash and cash equivalents and considers this a normal business risk.

Cash Restrictions

The Organization is required to maintain a deposit account with a bank as part of the loan security agreement disclosed at **Note 6**. The required balance in the account is \$52,497 and is restricted from withdrawal except to make payments of debt service or as approved by the US Department of Agriculture. Amounts withdrawn to make payments of debt service must be replenished with monthly deposits until the maximum required deposit balance is achieved. The balance as of June 30, 2015 was \$11,135. The Organization was not in compliance with this requirement however, in May 2013, the client began making the required monthly deposits. The Organization has made all of their scheduled deposits for the year ended June 30, 2015. This amount is included in restricted cash on the Statement of Financial Position.

The Organization is required to maintain a deposit account with another bank as part of a bond issue (see bond payable in **Note 6**). The required balance in the account is \$186,516 and is equal to the interest payments on the bond for a 12 month period. The balance as of June 30, 2015 was \$186,721, and the Organization was in compliance with this requirement. This amount is included in restricted cash on the Statement of Financial Position.

The Organization maintains a deposit account on behalf of clients who participate in the Guardianship Services Program. The balance in the account is restricted for use on behalf of these clients and an offsetting liability is reported on the financial statements as other current liabilities. The total current liability related to this withdrawal at June 30, 2015 was \$276,791. These amounts are included in other liabilities on the Statement of Financial Position. The total restricted cash within this account at June 30, 2015 was \$271,547, and is included in the restricted cash balance on the Statement of Financial Position. The Organization was assessed a fee of \$5,244 related to the unauthorized use of these funds in prior years. This amount was still outstanding at June 30, 2015 as no official notice or request for payment had been received by the Organization.

All cash related to Cornerstone Housing North, Inc. is restricted for certain uses in the Organization under rules and regulations prescribed by the Department of Housing and Urban Development. The total amount restricted at June 30, 2015 was \$70,992.

NOTE 3. INVENTORY

In 2015, inventory included weatherization materials which have been purchased in bulk. These items are valued at the most recent cost. A physical inventory is taken annually. Cost is determined using the first-in, first-out (FIFO) method. Inventory at June 30, 2015, consists of weatherization materials totaling \$118,150. The inventory related to the Northern Forest Heritage Park was considered to be in poor condition and not saleable. The inventory was written off in April 2015.

NOTE 4. PROPERTY

Property consists of the following at June 30, 2015:

	<u>Capitalized Cost</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Building	\$10,599,723	\$ 3,018,512	\$ 7,581,211
Equipment	2,176,915	1,570,013	606,902
Land	<u>691,467</u>	<u>-</u>	<u>691,467</u>
	<u>\$13,468,105</u>	<u>\$ 4,588,525</u>	<u>\$ 8,879,580</u>

The Organization has use of computers and equipment which are the property of state and federal agencies under grant agreements. The equipment, whose book value is immaterial to the financial statements, is not included in the Organization's property and equipment totals.

Depreciation expense for the year ended June 30, 2015 was \$482,262.

The Organization also had building refinancing costs of \$17,730 during the prior year. Amortization expense and accumulated amortization for the year ended June 30, 2015 was \$887 and \$2,365, respectively.

NOTE 5. ACCRUED EARNED TIME

Employees of the Organization are eligible to accrue vacation for a maximum of 240 hours. At June 30, 2015, the Organization had accrued a liability for future annual leave time that its employees had earned and vested in the amount of \$332,024.

NOTE 6. LONG TERM DEBT

The long term debt of the Organization as of June 30, 2015 consisted of the following:

Note payable with the USDA requiring 360 monthly installments of \$1,746 including interest at 4.5% per annum. Secured by general business assets. Final installment due June 2024.	\$ 133,110
Note payable with the USDA requiring 360 monthly installments of \$1,664 including interest at 5% per annum. Secured by general business assets. Final installment due January 2027.	174,527
Note payable with the USDA requiring 360 monthly installments of \$292 including interest at 4.75% per annum. Secured by general business assets. Final installment due April 2030.	33,651
Note payable with the USDA requiring 360 monthly installments of \$74 including interest at 4.75% per annum. Secured by general business assets. Final installment due June 2029.	9,061

Note payable with a bank requiring 120 monthly installments of \$475 including interest at 4.25% per annum. Secured by a first mortgage on a business condo. Final installment due December 2015.	2,820
Note payable with a bank requiring 120 monthly installments of \$3,799 including interest at 6.75% per annum. Secured by first mortgages on two commercial properties. Final installment due April 2021.	444,989
Note payable to a related party, interest accrues 10% per annum, no monthly installments, full principal amount plus interest is due August 2012, informally extended.	12,578
Note payable to a non-profit organization (related party), interest accrues 5% per annum, no monthly installments, full principal plus interest due during the Organization's fiscal year end 2013, informally extended.	120,147
Bond payable with a bank requiring monthly installments of \$15,260 including interest adjusted by a swap agreement with a fixed rate of 3.85%, adjusted by the difference between the fixed amount and a rate of interest equal to 69% of the sum of the 1 month LIBOR rate plus 3.25% (when the Organization's debt service coverage ratio is 1.10) or 3.00% (when the Organization's debt service coverage ratio is 1.20). Secured by first commercial real estate mortgage on various properties and assignment of rents at various properties. Final installment due August 2040.	2,948,780
Note payable with a bank requiring 240 monthly installments of \$4,518 including interest at 4.16% per annum. Secured by second mortgage on commercial property. Final installment due December 2032.	462,878
Cornerstone Housing North, Inc. capital advance due to the Department of Housing and Urban Development. This capital advance is not subject to interest or principle amortization and will be forgiven after 40 years, or on August 1, 2047.	1,617,600

Cornerstone Housing North, Inc. mortgage payable due to New Hampshire Housing Finance Authority. The mortgage is not subject to interest or principle amortization. Payments are deferred for 40 years.

	<u>250,000</u>
	6,210,141
Less current portion due within one year	<u>(271,685)</u>
Total long term debt	<u>\$ 5,938,456</u>

The scheduled maturities of long term debt as of June 30, 2015 were as follows:

<u>Years ending June 30</u>	<u>Amount</u>
2016	\$ 271,685
2017	142,297
2018	541,085
2019	129,965
2020	135,963
Thereafter	<u>4,989,146</u>
	<u>\$ 6,210,141</u>

As described at **Note 2**, the Organization is required to maintain a reserve account with a bank for the first six notes payable listed above. In May 2013, the Organization began making monthly deposits to the reserve account, but had not yet accumulated the required balance. Failure to meet this requirement may be construed by the Government to constitute default; however, the awarding agency is aware of this issue and has not made a request for advanced payment. The balance in this account as of June 30, 2015 was \$11,135.

Subsequent to year end, the Agency purchased two vehicles with note payables totaling \$38,284. The future scheduled maturities of long term debt for these two vehicles are as follows:

<u>Years ending June 30</u>	<u>Amount</u>
2016	\$ 4,828
2017	5,809
2018	6,138
2019	6,485
2020	6,852
Thereafter	<u>8,172</u>
	<u>\$ 38,284</u>

NOTE 7. DEMAND NOTE PAYABLE

The Organization has available a \$45,000 unsecured line of credit with Northway Bank. Borrowings under the line bear interest at 6.50% per annum, and totaled \$28,045 at June 30, 2015.

The Organization has available a \$750,000 line of credit with TD Bank which was secured with real estate mortgages and assignments of leases and rents on various properties as disclosed in the line of credit agreement. Borrowings under the line bear interest at 4.25% per annum, and totaled \$400,000 at June 30, 2015. The line is subject to renewal each January.

The Organization has available a \$25,000 line of credit with Bank of New Hampshire which is secured with all business assets of the Northern Forest Heritage Park. Borrowings under the line bear interest at 4.25% per annum, and totaled \$15,509 at June 30, 2015. The Northern Forest Heritage Park was sold subsequent to fiscal year end, at which time the line of credit was paid off in full.

The Organization was issued an unsecured revolving line of credit in 2014 with the New Hampshire Department of Administration Services. On June 30, 2015, the outstanding debt totaled \$256,698, which included accrued interest of \$5,860.

NOTE 8. LEASES

Operating Leases

The Organization has entered into numerous lease commitments for space. Leases under non-cancelable lease agreements have various starting dates, lengths, and terms of payment and renewal. Additionally, the Organization has several facilities which are leased on a month to month basis. For the year ended June 30, 2015, the annual rent expense for leased facilities was \$180,867.

Minimum future rental payments under non-cancelable operating leases having initial terms in excess of one year as of June 30, 2015, are as follows:

Years ending <u>June 30</u>	<u>Amount</u>
2016	\$ 139,374
2017	92,385
2018	82,127
2019	68,688
2020	34,974
Thereafter	<u>247,027</u>
	<u>\$ 664,575</u>

NOTE 9. IN-KIND CONTRIBUTIONS

Contributions of donated services that create or enhance non-financial assets or that require specialized skills and would typically need to be purchased if not provided by donation are recorded at their fair values in the period received.

The Organization records the value of in-kind contributions according to the accounting policy described in **Note 1**. The Head Start, Transportation and Elder Programs rely heavily on volunteers who donate their services to the Organization. These services are valued based upon the comparative market wage for similar paid positions. The Organization is also the beneficiary of a donation of in kind in the form of below market rent for some of the facilities utilized by the Head Start and Elder Programs. The value of the in-kind rent is recorded at the difference between the rental payment and the market rate for the property based upon a recent appraisal.

Many other individuals have donated significant amounts of time to the activities of the Organization. The financial statements do not reflect any value for these donated services since there is no reliable basis for making a reasonable determination.

NOTE 10. CONCENTRATION OF RISK

Tri-County Community Action Program, Inc. receives a large majority of its support from federal and state governments. For the year ended June 30, 2015, approximately \$12,900,000 (73%) of the Organization's total revenue was received from federal and state governments. If a significant reduction in the level of support were to occur, it would have a significant effect on the Organization's programs and activities.

Cornerstone Housing North, Inc. receives a large majority of its support from the U.S. Department of Housing and Urban Development. For the year ended June 30, 2015 approximately 69% of the Organizations total revenue was derived from the U.S. Department of Housing and Urban Development. In the absence of additional revenue sources, the future existence of Cornerstone Housing North, Inc. is dependent upon the funding policies of the U.S. Department of Housing and Urban Development.

The majority of Cornerstone Housing North, Inc.'s assets are apartment projects, for which operations are concentrated in the elderly person's real estate market. In addition, the Organization operates in a regulated environment. The operation of the Organization is subject to administrative directives, rules and regulations of federal, state and local regulatory agencies, including, but not limited to, HUD. Such administrative directives, rules and regulations are subject to change by an act of Congress or an administrative change mandated by HUD. Such changes may occur with little notice or inadequate funding to pay for the related cost, including the administrative burden, to comply with the change.

NOTE 11. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following specific program services as of June 30, 2015:

NH Charitable Foundation Grant, Mt. Jasper	\$ 32,653
Berlin Area Renewable Energy Initiative	7,281
RSVP Program Funds	7,112
10 Bricks Shelter Funds	122,252
Donations to Mahoosuc Trail	6,842
Community Contact	15,040
Donations to Maple Fund	1,825
FAP/EAP	38,117
Homeless Programs	47,677
Temporary Municipal Funding	247,754
Julien Fund (AOD)	575
Angelias Fund (AOD)	235
Loan Programs	36,291
Private Funding for Alcohol and Other Drug Program	50,000
L. CHIP – Brown Co. House	19,443
Restricted Buildings	<u>112,813</u>
Total temporarily restricted net assets	<u>\$ 745,910</u>

NOTE 12. COMMITMENTS AND CONTINGENCIES

Grant Compliance

The Organization received funds under several federal and state grants. Under the terms of the grants the Organization is required to comply with various stipulations including use and time restrictions. If the Organization was found to be noncompliant with the provisions of the grant agreements, the Organization could be liable to the grantor or face discontinuation of funding.

Environmental Contingencies

On March 30, 2009 the Organization's Board of Directors agreed to secure ownership of a 1.2-acre site located in Berlin, New Hampshire. There are 2 buildings on this site designated as the East Wing and West Wing Buildings which were formerly used as a research and development facility for the Berlin Mills Company. The exterior soil and interior parts of the East Wing Building contained contaminants which required environmental remediation. In a letter dated May 2, 2012, the State of New Hampshire Department of Environment Services (the Department) noted that the remedial actions for the exterior soils and parts of the East Wing Building had been completed to the Department's satisfaction.

In addition, the Department noted that the contaminants related to the West Wing Building did not pose an exposure hazard to site occupants, area residents, and the environment provided the West Wing Building is maintained to prevent further structural deterioration. If further deterioration occurs and contaminants are released into the environment, the Organization could be required to take additional action including containment and remediation.

NOTE 13. RELATED PARTY TRANSACTIONS

As disclosed in **Note 6**, the Organization has a loan payable to the wife of the former Chief Executive Officer. Also in **Note 6**, the Organization has a loan payable to a non-profit organization which also provides pass-through state and federal funding for some of the Organization's programs. See **Note 6** for terms of the note payables. Total notes payable to related parties for the year ended June 30, 2015 was \$132,725.

NOTE 14. RESIDUAL RECEIPTS ACCOUNT

Cornerstone Housing North, Inc.'s use of the residual receipts account is contingent upon HUD's prior written approval. The amount at June 30, 2015 was \$2,010 and is included in restricted cash.

NOTE 15. SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of financial position date, but before financial statements are available to be issued. Recognized subsequent events are events or transactions that provide additional evidence about conditions that existed at the statement of financial position date, including the estimates inherent in the process of preparing financial statements. Non-recognized subsequent events are events that provide evidence about conditions that did not exist at the statement of financial position date, but arose after that date. Management has evaluated subsequent events through December 10, 2015, the date the financial statements were available to be issued.

Subsequent to year end, but before the date of this report, the Organization sold the Northern Forest Heritage Park. At that time, the associated line of credit was paid off in full. Also, subsequent to year end, the Organization discontinued the Restorative Justice Division.

Subsequent to year end, the Organization purchased two vehicles with long term debt. The long term debt of the two vehicles consisted of the following:

Note payable to a financing company requiring 72 monthly installments of \$312 including interest at 5.49% per annum. Secured by an Organization's vehicle. Final installment due August 2022. \$ 19,127

Note payable to a financing company requiring 72 monthly installments of \$1,664 including interest at 5.54% per annum. Secured by an Organization's vehicle. Final installment due July 2022. 19,157

Less current portion due within one year (4,828)

Total long term debt \$ 33,456

The future principle payments are included in **Note 6**.

TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2015

Federal Grantor/Pass Through Grantor/Program Title	Pass-through Entity Identifying Number	Federal CFDA Number	Federal Expenditures
<u>U.S. Department of Health and Human Services</u>			
<i>Direct</i>			
Head Start	01CH1041/48	93.600	2,261,736
<i>Passed through New Hampshire Office of Energy and Planning</i>			
Low-Income Home Energy Assistance (Admin.)	1033340	93.568	7,671
Low-Income Home Energy Assistance (Assurance 16)	1033340	93.568	34,456
Low-Income Home Energy Assistance (Admin.)	G-15B1NHLIEA	93.568	340,660
Low-Income Home Energy Assistance (Program)	G-15B1NHLIEA	93.568	5,145,180
Low-Income Home Energy Assistance (Assurance 16)	G-15B1NHLIEA	93.568	127,361
Low-Income Home Energy Assistance (HRRP)	1033553	93.568	28,315
Low-Income Home Energy Assistance (HRRP)	G-14B1NHLIEA	93.568	107,100
Special Programs for the Aging - Title III, Part B - Grants for Supportive Services and Senior Centers (SEAS)	15AANH3SP	93.044	10,806
<i>Passed through New Hampshire Health and Human Services</i>			
Community Services Block Grant	102-500731	93.569	121,031
Community Services Block Grant	102-500731	93.569	511,218
Temporary Assistance for Needy Families (NHEP Workplace Success)		93.558	309,724
Temporary Assistance for Needy Families (JARC)	102-500731	93.558	24,300
Preventative Health and Health Services Block Grant (Oral Health Program)	90072003	93.991	11,286
Special Programs for the Aging - Title III, Part D - Disease Prevention and Health Promotion Services (Sr Oral Health)	102-500731	93.043	3,150
Special Programs for the Aging - Title III, Part C - Nutrition Services (HD Meals)	541-500383	93.045	76,084
National Family Caregiver Support (Family Caregiver)		93.052	20,965
Special Programs for the Aging - Title III, Part B - Grants for Supportive Services and Senior Centers (Sr Wheels)	512-500352	93.044	48,356
Medical Assistance Program (Options Counseling and I&R #7)		93.778	70,951
Medical Assistance Program (Transportation)		93.778	44,623
Nutrition Services Incentive Program (NSIP)		93.053	79,843
Social Services Block Grant (Title XX I&R)		93.667	9,269
Social Services Block Grant (HD Title III C2 units)		93.667	176,038
Social Services Block Grant (HD Title III B miles)		93.667	10,217
Social Services Block Grant (Title XX HD miles)		93.667	4,513
Special Programs for the Aging - Title III, Part C - Nutrition Services (Congregate Meals)	541-50000383	93.045	85,467
Affordable Care Act - Aging and Disability Resource Center (Options Counseling)		93.517	26,702
Centers for Medicare and Medicaid Services (SHIP)		93.779	12,707
Special Programs for the Aging - Title IV and Title II - Discretionary Projects (SMPP)		93.048	12,257
Special Programs for the Aging - Title IV and Title II - Discretionary Projects (SMPP Capacity Building)		93.048	6,706
Administration for Community Living - Medicare Enrollment Assistance Program (MIPPA)		93.071	2,405
Centers for Medicare and Medicaid Services (Marketplace Assister Services)		93.525	34,357
Centers for Medicare and Medicaid Services (Marketplace Assister Services)		93.525	11,947
<i>Passed Through New Hampshire Coalition against Domestic and Sexual Violence</i>			
Family Violence Prevention and Services/Battered Women's Shelters - Grants to States and Indian Tribes (SPIRDV)		93.671	26,446
Family Violence Prevention and Services/Battered Women's Shelters - Grants to States and Indian Tribes (DVS)		93.671	22,884
<i>Passed through New Hampshire Division of Public Health Services</i>			
Block Grants for Prevention and Treatment of Substance Abuse		93.959	267,651
<i>Passed through New Hampshire Division of Child Support Services</i>			
Projects for Assistance in Transition from Homelessness (PATH)		93.150	81,767
TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES:			<u>10,176,139</u>
<u>U.S. Department of Energy</u>			
<i>Passed through Governor's Office of Energy and Community Services</i>			
Weatherization Assistance for Low-Income Persons	EE006169	81.042	16,658
Weatherization Assistance for Low-Income Persons	EE006169	81.042	186,742
Weatherization Assistance for Low-Income Persons	EE006169	81.042	74,663
TOTAL U.S. DEPARTMENT OF ENERGY:			<u>288,063</u>
<u>U.S. Corporation for National and Community Service</u>			
<i>Direct</i>			
Retired and Senior Volunteer Program	13SRANH001	94.002	66,717
TOTAL U.S. CORPORATION FOR NATIONAL AND COMMUNITY SERVICE:			<u>66,717</u>

TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS - (CONTINUED)
FOR THE YEAR ENDED JUNE 30, 2015**

Federal Grantor/Pass Through Grantor/Program Title	Pass-through Entity Identifying Number	Federal CFDA Number	Federal Expenditures
<u>U.S. Department of Agriculture</u>			
<i>Direct</i>			
Supplemental Nutrition Assistance Program (food stamps)		10.551	3,230
Rural Housing		10.433	2,110
<i>Passed Through New Hampshire Department of Education</i>			
Child and Adult Care Food Program		10.558	<u>99,635</u>
TOTAL U.S. DEPARTMENT OF AGRICULTURE:			<u>104,975</u>
<u>U.S. Department of Homeland Security</u>			
<i>Direct</i>			
Emergency Management Performance Grants (FEMA)	592200-001	97.042	<u>8,392</u>
TOTAL U.S. DEPARTMENT OF HOMELAND SECURITY:			<u>8,392</u>
<u>U.S. Department of Justice</u>			
<i>Passed through New Hampshire Coalition Against Domestic and Sexual Violence</i>			
Grants to Encourage Arrest Program (GTEAP)	2014-WE-AX-003E	16.590	2,173
Crime Victim Assistance (VOCA)		16.575	71,084
Sexual Assault Services Formula Program (SASP)	2012-KF-AX-0021	16.017	<u>8,364</u>
TOTAL U.S. DEPARTMENT OF JUSTICE:			<u>81,621</u>
<u>U.S. Department of Transportation</u>			
<i>Passed through New Hampshire Department of Transportation</i>			
Formula Grants for Rural Areas (Section 5311)		20.509	338,089
Enhanced Mobility of Seniors and Individuals with Disabilities (5310 POS, NCC)		20.513	54,989
Enhanced Mobility of Seniors and Individuals with Disabilities (5310 POS, MIWVEC)		20.513	<u>18,961</u>
TOTAL U.S. DEPARTMENT OF TRANSPORTATION:			<u>412,039</u>
<u>U.S. Department of Housing and Urban Development</u>			
<i>Passed through New Hampshire Office of Family Services</i>			
Emergency Solutions Grant Program		14.231	32,512
Supportive Housing Program (HOIP)		14.235	127,553
<i>Passed through the City of Berlin</i>			
Community Development Block Grant		14.228	20,482
<i>Passed through New Hampshire Health and Human Services then Southwestern Community Services</i>			
Emergency Solutions Grant Program (Rapid Re-Housing and Prevention)		14.231	<u>393</u>
TOTAL U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT:			<u>180,940</u>
<u>U.S. Department of Labor</u>			
<i>Passed through New Hampshire Department of Labor</i>			
WIA Adult Program	2014-0004	17.258	64,099
WIA Dislocated Worker Formula Grants	2014-0004	17.278	<u>63,090</u>
TOTAL U.S. DEPARTMENT OF LABOR:			<u>127,189</u>
TOTAL EXPENDITURES OF FEDERAL AWARDS			<u>\$ 11,446,075</u>

NOTE A - BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Tri-County Community Action Program, Inc. under programs of the federal government for the year ended June 30, 2015. The information in this Schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Because the Schedule presents only a selected portion of the operations of Tri-County Community Action Program, Inc., it is

TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.

**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 of
Tri-County Community Action Program, Inc.
Berlin, New Hampshire

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 financial statements of Tri-County Community Action Program, Inc. (a nonprofit organization), which comprise the consolidated statement of financial position as of June 30, 2015, 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, and have issued our report thereon dated December 10, 2015.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered Tri-County Community Action Program Inc.'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 Tri-County Community Action Program Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Tri-County Community Action Program Inc.'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 entity'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 Tri-County Community Action Program Inc.'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 consolidated 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

The 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.

Leone, McDonnell & Roberts
Professional Association

December 10, 2015
North Conway, New Hampshire

TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.

*Leone,
McDonnell
& Roberts*

PROFESSIONAL ASSOCIATION

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE
FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL
OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133

CERTIFIED PUBLIC ACCOUNTANTS

WOLFEBORO • NORTH CONWAY

DOVER • CONCORD

STRATHAM

To the Board of Directors of
Tri-County Community Action Program, Inc.
Berlin, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited Tri-County Community Action Program Inc.'s compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of Tri-County Community Action Program Inc.'s major federal programs for the year ended June 30, 2015. Tri-County Community Action Program 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 the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of Tri-County Community Action Program 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 OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 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 Tri-County Community Action Program 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 Tri-County Community Action Program Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, Tri-County Community Action Program, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2015.

Report on Internal Control Over Compliance

Management of Tri-County Community Action Program, 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 Tri-County Community Action Program 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 OMB Circular A-133, 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 Tri-County Community Action Program, 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.

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 OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Leone, McDonnell & Roberts
Professional Association

December 10, 2015
North Conway, New Hampshire

TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2015

1. The auditors' report expresses an unmodified opinion on the consolidated financial statements of Tri-County Community Action Program, Inc.
2. No significant deficiencies relating to the audit of the consolidated financial statements are reported in the *Independent Auditors' 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*.
3. No instances of noncompliance material to the consolidated financial statements of Tri-County Community Action Program, Inc. which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. No significant deficiencies in internal control over major federal award programs during the audit are reported in the *Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance in Accordance with OMB Circular A-133*.
5. The auditors' report on compliance for the major federal award programs for Tri-County Community Action Program, Inc. expresses an unmodified opinion on all major programs.
6. There were no audit findings which the auditor would be required to report under section 510(a) of OMB Circular A-133.
7. The programs tested as major programs included:
 - U.S. Dept. of Health & Human Services, Low Income Home Energy Assistance – CFDA #93.568
 - U.S. Dept. of Health & Human Services, Heat Start – CFDA #93.600
 - U.S. Department of Energy, Weatherization Assistance for Low-Income Persons – CFDA #81.042
 - U.S. Dept. of Health & Human Services, Block Grants for Prevention and Treatment of Substance Abuse – CFDA #93.959
 - U.S. Department of Transportation, Formula Grants for Rural Areas – CFDA #20.509
 - U.S. Dept. of Agriculture, Child and Adult Care Food Program – CFDA #10.558
8. The threshold for distinguishing Type A and B programs was \$343,382.
9. Tri-County Community Action Program, Inc. was determined not to be a low-risk auditee.

FINDINGS - FINANCIAL STATEMENTS AUDIT

None

FINDINGS AND QUESTIONED COSTS - MAJOR FEDERAL AWARD PROGRAMS AUDIT

None

TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.

SUMMARY SCHEDULE OF PRIOR YEAR FINDINGS

FOR THE YEAR ENDED JUNE 30, 2014

Financial Statement Audit

FS-2014-001

Condition: The Organization records their monthly receivables based on the invoicing done by the Program Directors. The non-contract billings are recorded as miscellaneous receivables for the year-end balance. Management reviews subsequent cash receipts to capture any payments that may have been overlooked by a Program Director when completing their reports for year end.

A system needs to be developed to ensure that all financial information, including the receivable balances and estimates for allowance for doubtful accounts, is captured and reported in the financial statements.

Recommendation: The Organization should design and implement policies and procedures for the recording, reporting and collection of all receivables.

Prior Year Management Response: Management agrees with this finding. Due to the structure of the Organization, billing needs to be initiated by the program departments after reviewing their monthly results from their records and the Organization's accounting system. The Finance Department reviews the revenue and expense reports to review for flags (such as budget variances) that indicate possible unbilled items due to an unexpected revenue and expense imbalance. Monthly inquiries are made of Department Directors to ask about potential unbilled items. Written procedures will be created for Directors and/or their designees to follow to help prevent missed billings, receivable adjustments, and/or the accrual of as yet unbilled but earned receivables.

Current Status: During our testing, we noted that there were proper policies and procedures in place for the recording, reporting and collection of all receivables. Corrected.

FS-2014-002

Condition: The Organization failed to comply with the requirements to report net assets as unrestricted, temporarily restricted, and permanently restricted.

The Organization needs to have a process in place to identify restrictions on grants and donations, as well as monies received from Federal funds.

Recommendation: The Organization needs to develop a policy to properly record the donations and grants to the appropriate net asset classification.

Prior Year Management Response: Management agrees with this finding. The predecessor auditor and former fiscal management had discussions related to the treatment of the net asset section. The Organization decided to seek and utilize the guidance of the predecessor auditor. Before this finding current management was reviewing and questioning the prior recommended net asset classifications. After review of documentation and consulting with the current auditors, the current management concurs that net assets need to be classified differently and that specific written instructions are required to insure proper classification in the future. Subsequent to June 30, 2014, management analyzed the net asset balances and posted adjustments to properly classify net assets by restriction at June 30 2014.

Current Status: Corrected.

FS-2014-003

Condition: The Organization failed to design and implement procedures to control and monitor the use of a certain bank account and the proper recording of another account.

Controls over the bank accounts must be designed and implemented to prevent, or detect and correct, errors including misappropriations. A lack of internal control procedures over the Organization's bank accounts, noted above, and the reconciliation of those accounts.

One bank account was not properly recorded in the Organization's general ledger, resulting in an adjustment to the trial balance. Another bank account was reported on a cash basis, rather than an accrual basis, and had to be adjusted accordingly.

Recommendation: Management should further improve controls over the bank accounts in order to ensure that they are being reported properly.

Prior Year Management Response: Management agrees with this finding. Although immaterial to the financial statements in this instance, Management agrees that all bank accounts need to be recorded and reconciled properly due to the responsibility related to the custody of these cash assets. The Organization has corrected the issue related to both referenced accounts above and is performing further research to ensure no other such accounts have been omitted.

Current Status: Corrected.



COMMUNITY ACTION

TRI-COUNTY CAP

30 Exchange Street, Berlin, New Hampshire 03570

p: 603 752-7001 f: 603 752 7607

www.tccap.org

CEO: Robert G. Boschen, Jr.

COO: Jeanne L. Robillard

FD/Interim CFO: Randall S. Pilotte

BOARD OF DIRECTORS FY2017

COÖS COUNTY

Board Chair
Sandy Alonzo

Treasurer
Cathy Conway

Secretary
Gary Coulombe

Andrew Lefebvre

CARROLL COUNTY

Anne Barber

Michael Dewar

Vice Chair
Dino Scala

Karolina Brzozowska

GRAFTON COUNTY

Linda Massimilla

Tricia Garrison

Serving Coös, Carroll & Grafton Counties

Administration
603-752-7001

Weatherization
603-326-6626

Community Contact
603-752-3248

Energy Programs
603-752-7100

AoD
603-752-7941

Transit
603-752-1741

R.S.V.P.
603-752-4103

Elder Programs
603-752-3010

Robert Boschen, Jr., CMA, MBA

WORK EXPERIENCE

- Tri-County Community Action Program** **Berlin, New Hampshire**
Chief Executive Officer **April 2016 –Present**
 Responsible for the strategic and day to day operations for a \$20 million agency. 280+ employees
- Chief Operating/Chief Financial Officer** **March 2015 –April 2016**
 Responsible for assisting with the strategic and day to day operations and fully responsible for the financial operations, information technology, human resources and facilities management.
- Chief Financial Officer** **June 2014 – March 2015**
 Responsible for financial operations and facilities management..
-
- Town of Falmouth** **Falmouth, Maine**
Director of Finance **August 2011 – May 2014**
 Responsible for financial operations and reporting related to the \$11 million budget for the Town – population 11,165
Responsible for the accounts payable for the combined Town/School budget of \$42 million and investments of \$30 million.
-
- City of Waterville** **Waterville, Maine**
Director of Finance/Treasurer **October 2006 – August 2011**
 Responsible for financial operations and reporting related to the \$16 million budget for the City – population 15,600 - a service center that expands to roughly 40,000 during the work day. Responsible for the accounts payable and payroll for the combined City/School budget of \$36 million.
-
- State of Maine, Department of Health and Human Services (DHHS), Augusta, Maine** **Nov 2003 - Oct 2006**
Director of Finance for the Office of Medical Services (Medicaid) **Aug 2005 – Oct 2006**
Director of Finance & Reimbursement for Bureau of Medical Services (Medicaid) **Nov 2003 – Jul 2005**
 Responsible for financial operations, strategies and tactics for the over \$2.3 billion budget for the MaineCare (Medicaid) and related Medicare budget. This consisted of approximately 25% to 30% of the State of Maine's budget and insures over 20% of the State of Maine's population.
-
- M&H Logging and Construction** **Rangeley, Maine**
Controller **September 2001 – November 2003**
 Responsible for the financials, human resources, and office operations (including information technology) for a construction business and its related entities including a logging corporation and a land enterprise.
-
- Franklin Community Health Network** **Farmington, Maine**
Controller **October 1997 – September 2001**
 Reported directly to CFO for this rural health network that had about \$63 million in revenues.
-
- Aetna, Inc. and Aetna Life and Casualty** **September 1991- July 1997**
Aetna, Inc. - Aetna/US Healthcare - Midwest Region **Chicago, Illinois**
Director Planning and Budgeting **September 1996 - July 1997**
 Responsible for operating plans, membership reporting and budget for the Midwest region (one of six and the largest). \$52 million in operating expenses. \$1.4 billion revenue. \$375 million projected profit.
- Aetna Life & Casualty Company - Pharmacy - Finance Department** **Middletown, Connecticut**
Director/CFO - Finance **February 1994 - September 1996**
 Complete responsibility for Finance Department. Reported to CEO. Cost center manager duties.
 \$825 million in revenue in 1996. Exceeded \$1.1 billion by 1997. Profits of \$4 million in 1993 expanded to \$32 million for 1996. Created 1996 to 1998 strategic plans.
- Aetna Life & Casualty Company - Information Technology** **Hartford, Connecticut**
Expense Management Consultant & Account Representative **September 1991 - February 1994**
-
- United Technologies - Otis Elevator International/Hamilton Standard** **Connecticut**
Senior Tax Specialist, Consolidations Accountant & G/L Systems Admin. **February 1988 - September 1991**
- Kaiser Permanente, Accountant - Medical Group** **Hartford, Connecticut, Dec 1986 - Feb. 1988**
- KMG Main Hurdman, Tax Specialist** **Stamford, Connecticut, March 1986 - Dec 1986**
-

PROFESSIONAL ORGANIZATIONS & EDUCATION

- Member of Institute of Management Accountants
 The University of Connecticut, Storrs, Connecticut
 The University of Connecticut, Storrs, Connecticut
- Passed the Certified Public Accountant Examination.
Master of Business Administration
Bachelor of Science in Business Administration - Finance

Jeanne L. Robillard

CORE STRENGTHS

Program development, management and administration ♦ Community collaborations
Development of policy, protocol, and service delivery to meet funder standards
Grant writing and management ♦ Budget performance and financial reporting
Innovative solutions & problem solving ♦ Capacity building
Professional presentations ♦ Public speaking
Dedication ♦ Imagination ♦ Determination ♦ Fortitude

PROFESSIONAL EXPERIENCE

Tri-County Community Action Programs, Inc.

Chief Operating Officer

Berlin, NH current FT employment

Responsible for operation of five program Divisions operating sixty-six individual consumer programs in 48 service locations; oversee division resources, revenues, and expenditures and monitor budget performance; general oversight of programs to meet or exceed agency defined strategic goals; supervise program directors.

Tri-County Community Action Programs, Inc.

Division Director: TCCAP Prevention Services

Berlin, NH 2015- 2016

Responsible for three agency programs under the umbrella of TCCAP Prevention Services; oversee division resources, revenues, and expenditures and monitor budget performance; general oversight of programs to meet or exceed agency defined strategic goals; supervise program directors; write grants to support programs, monitor results, and prepare grant reports and financial statements for funders and agency; develop fundraising and marketing strategies for programs; represent program through participation in state and local initiatives relative to program/division goals and service delivery; collaborate with stakeholders and elected officials, including presenting legislative testimony.

Tri-County Community Action Programs, Inc.

Program/Division Director: Support Center at Burch House

Littleton, New Hampshire 2007- 2015

Oversee daily operation and supervision of domestic and sexual violence crisis center and residential shelter; write grants to support programs, monitor results, and prepare grant reports and financial statements for funders and parent agency; oversee program resources, revenues and expenditures, and monitor budget performance and progress toward strategic goals; create and direct victim advocacy programs to ensure compliance with grant deliverables and applicable state and federal law; develop fundraising and marketing strategies; participate in state and local collaborations to enhance victim services; represent program in state and federal victim service initiatives, including presentation of legislative testimony; create and present trainings for medical and legal professionals on legal standards and best practices for victim services.

Bookkeeper: Women's Rural Entrepreneurial Network (WREN)

Bethlehem, NH current PT employment

Responsible for grant fiscal tracking, reporting, funds release and account transfers, bi-weekly payroll and 941 payments, accounts payable and receivable, month end reconciliations for bank accounts, credit cards, petty cash, retail and market sales; monthly POS/QB reconciliation for three retail locations, preparing monthly cash flow, forecasts, and standard fiscal reports for Board of Directors.

RANDALL S. PILOTTE

SUMMARY

Accounting professional with over 23 years of experience, of which 21 years were with a single private manufacturer. 15 years of experience managing accounting professionals. Key competencies include:

Financial Statements	Accounts Payables	Inventory	Fixed Assets
Payroll	Bank Reconciliations	Accounts Receivables	Sales/Use Tax

EXPERIENCE

ST. PAUL'S UNITED METHODIST CHURCH, Manchester, NH 04/2011-04/2013

Auditor

Performed annual audit of the church finances for F/Y 2010 through 2012 which included various committees such as Finance, Trustee's, Senior's and Women's Group. Trustee's committee bookkeeper for F/Y 2012. Treasurer of Trustee's committee for F/Y 2007 & 2008.

KENT NUTRITION GROUP, INC. (f/k/a Blue Seal Feeds, Inc.), Londonderry, NH 03/1989-09/2010

Assistant Controller (2005-2010)

- Ensured an accurate and timely monthly and year end close, consisting of the preparation of a consolidated and individual financial statements in accordance with GAAP for nine manufacturing plants and 11 retail stores with gross revenues in excess of \$200M. Additional responsibilities included preparing journal entries, account analysis, inventory review and observation, fixed assets, and depreciation.
- Managed, trained, and supervised a staff accountant responsible for ensuring accurate journal entries, inventory reconciliation, tonnage tax returns, bank reconciliations, and assignment of special projects.
- Oversaw all aspects of a proprietary software, multi-state payroll system for 500 employees. Prepared all federal and state payroll tax reports, including quarterly and year-end returns, processing of W2s, and supervision of payroll clerk.
- Prepared multi-state sales/use tax returns and acted as point of contact for audits.
- Pro-actively coached and consulted plant and store management on the annual budget development process.
- Oversaw month-end accruals.
- Assisted and responded to auditors requests on annual audit.
- Filed annual franchise and abandoned property reports with appropriate states.

Accounting Manager (1999-2005)

Supported the Corporate Controller's initiatives by providing supervision and oversight to the Accounting function. Supervised and trained two accounts payable clerks on Chart of Accounts, Accounts Payable, timely and accurate processing and payment of vendor's invoices, employee travel reimbursements, and standard accounting practices.

Accountant/Payroll Supervisor (1994-1999)

Accountant (1989-1994)

NORTHERN TELECOM, INC., Concord, NH 05/1987-03/1989

Associate Results Accountant (1988-1989)

Accounts Payable (1987-1988)

EDUCATION

Bachelor of Science, Accounting, FRANKLIN PIERCE COLLEGE, Concord, NH

Andrea E. M. Brochu

Skills

- Leader Leadership New Hampshire Class of 2015
- Leadership Exchange & Coaching Mentor Recipient –
Northeast Regional Child Advocacy Center,
Pennsylvania September 2011 – May 2013
- Grant Writer New Hampshire Grant Institute
- Forensic Interviewer National Children's Alliance, Alabama February, 2011
- Team Facilitator Training Northeast Regional Child Advocacy Center, New
Hampshire, May 2012
- Board Member – Coos County Family Health Services, 2013
- Excellent verbal, written and technical communication skills.
- Computer literate and proficient with the Microsoft Office Suite (Excel, Word, Outlook,
Publisher, Power Point), Quickbooks, Adobe Acrobat, Constant Contact, Facebook,
Twitter and Survey Monkey.

WORK HISTORY

Division Director of Energy, Homeless & Community Contact Offices (EHCCO)

November 2013 – Present Tri-County Community Action Programs Berlin, New Hampshire

- Provide leadership and oversight to all EHCCO program's operations, budgets and reporting; -
Coordinate and integrate programs' activities.
- Hire, supervise and manage EHCCO staff, including in-house and itinerant employees.
- Prepare and submit grants and proposals.
- Develop, prepare and implement program budgets, narratives, outreach plans and work plans.
- Review and reconcile division financial reports for reimbursement.
- Interact with program monitors, outside auditors, Federal agency auditors and others in review
of program activities, compliance and financial accountability
- Develop new programs and funding streams as appropriate.
- Represent EHCCO and Tri-County CAP at local, state, regional and national meetings as
needed.

Executive Director

October 2010 – Present Child Advocacy Center of Coos County Lancaster, New Hampshire

- Provided leadership in developing program, organizational and financial plans with the Board of
Directors and other staff to advance the mission of the agency.
- Worked with the Board of Directors and recommended operational objectives that supported the
strategic plan and maintained a shared vision for the future of the agency.
- Hired, supervised and disciplined staff members and ensured personnel had appropriate training
and education.
- Maintained a working knowledge of emerging issues and significant developments in the fields
of child abuse investigations, team facilitation, and non-profit and agency administration.
- Developed and provided professional trainings for community agencies and members on issues
relating to child abuse and the role of the Child Advocacy Center.
- Served as a spokesperson for the agency and liaison to community groups and the media.
- Maintained official records and documents, and assured compliance with federal, state, and
local regulations.
- Managed and conducted ongoing program evaluation including outcome measurements.

- Identified grant opportunities, developed proposals, and produced required reports to funding sources.
- Developed relationships and maintained regular communications with funding sources.
- Maintained capital assets, planned for core budget self-sufficiency and monitored expenditures and income of the agency.
- Facilitated case coordination requests for forensic interviews and case review for any and all partner agencies service requests.
- Managed and oversaw agency's multidisciplinary team, compliance with training standards and implementation of best practice standards in a well organized, detail oriented, and confidential team environment for investigative purposes in conformance with New Hampshire Attorney General Policies and accreditation standards.
- Managed and coordinated community "wrap-around" services for child-victims and their caregivers.

Emergency Medical Technician – Basic Volunteer

2001 – 2007 Gorham Emergency Medical Services Gorham, New Hampshire

- Maintained current state and federal licensing status through continuing education and routine testing.
- Practiced patient care with the use of current protocols and best practice standards.

Education

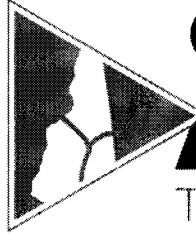
-Master of Public Administration
Norwich University
Vermont June, 2011

-Bachelor of Science - Criminal Justice Administration
Granite State College
New Hampshire December, 2007

-Certificate of Paralegal Studies
College for Lifelong Learning
New Hampshire 2002

Awards & Recognition

- Squad Member of the Year Gorham Emergency Medical Services
New Hampshire June, 2004
- Faculty Selected Outstanding Learner in Criminal Justice Award
Granite State College New Hampshire September, 2005



**COMMUNITY
ACTION**
TRI-COUNTY CAP

30 Exchange Street, Berlin, New Hampshire 03570
 Phone: 603-752-7001 Fax: 603-752-7607
 www.tccap.org admin@tccap.org

CEO: Robert G. Boschen, Jr.
 COO: Jeanne L. Robillard
 FD/Interim CFO: Randall S. Pilotte

List of Key Administrative Personnel

As of: July, 2016			This Contract	
Title	Name	Annual Salary	Percentage	Amount
Chief Executive Officer	Robert G. Boschen, Jr.	\$135,000	0.00%	0
Chief Operating Officer	Jeanne L. Robillard	\$ 72,000	0.00%	0
Finance Director/Interim Chief Financial Officer	Randall S. Pilotte	\$ 70,000	0.00%	0
Energy, Elder & Outreach Services Division Director	Andrea Brochu	\$ 58,000	0.00%	0

Serving Coös, Carroll & Grafton Counties



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the New Hampshire ServiceLink Resource Centers Program Contract**

This second Amendment to the New Hampshire ServiceLink Resource Centers Program contract (hereinafter referred to as "Amendment #2") dated this day of March 5, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Tri-County Community Action Program, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 30 Exchange Street, Berlin, NH 03570.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013 (item #62) and amended by an agreement (Amendment #1 to the Contract) approved on February 28, 2014 (Item #35), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified;

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract;

WHEREAS, pursuant to the General Provisions, Paragraph 18 and Exhibit C-1 Paragraph 3, this Agreement has an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council, by written agreement of the parties;

WHEREAS, the Department and the Contractor agree to extend the completion date by an additional fifteen (15) months and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: September 30, 2016.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$551,073.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Eric Borrin, Director Contracts and Procurement.
4. Form P-37, General Provisions, Item 1.10, to read: (603) 271-9558.
5. Delete Exhibit A Scope of Services and replace with Exhibit A Amendment #1 Scope of Services.
6. Delete Exhibit A-1 Scope of Services.
7. Delete Exhibit B Amendment #1, Method and Conditions Precedent to Payment and replace with Exhibit B Amendment #2, Method and Conditions Precedent to Payment.
8. Delete Exhibit B-7 and replace with Exhibit B-7 Amendment #1.
9. Add Exhibit B-14, Exhibit B-15, and Exhibit B-16.
10. Delete Standard Exhibit C, Special Provisions and replace with Exhibit C, Special Provisions.
11. Delete Standard Exhibit C-1, Additional Special Provisions and replace with Exhibit C-1, Revisions To General Provisions.



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

12. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Section B, Period Covered by this Certification, to read: 1/1/14 to 9/30/16.
13. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read: 1/1/14 to 9/30/16.
14. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.
15. Delete Standard Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement, and replace with Exhibit I, Health Insurance Portability Act Business Associate Agreement.



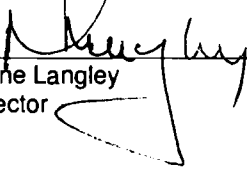
**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

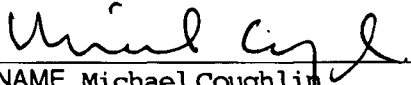
State of ~~New~~ Hampshire
Department of Health and Human Services

4/3/15
Date


Diane Langley
Director

Tri-County Community Action Program, Inc.

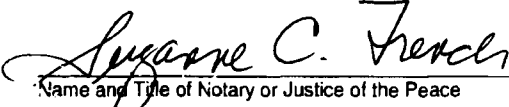
3-6-15
Date


NAME Michael Coughlin
TITLE Chief Executive Officer

Acknowledgement:

State of ~~New Hampshire~~, County of Coos on 3-6-2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace


Name and Title of Notary or Justice of the Peace

Suzanne C. French, Notary

SUZANNE C. FRENCH
Notary Public - New Hampshire
My Commission Expires June 19, 2018



**New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Resource Centers Program**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4/20/15
Date

[Signature]
Name: Megan A. Giguere
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit A Amendment #1

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a full service point of access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire Medicaid's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Quarter: A quarter is defined as: July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare & Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.



Exhibit A Amendment #1

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall provide services defined in this Agreement to the following populations:

- Persons age 60 and over;
- Adults over the age of 18, who are chronically, physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and/or developmental disabilities;
- Veterans;
- People of all ages, income levels and disabilities, including people with dementia and people of different cultures and ethnicities.

3. Geographic Area Served: The Contractor shall provide services as described in this Agreement in the geographic area of Coos County. Geographic area is defined as the area focused on client location (City or Town).

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long-term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

- 4.1.1.1. Consideration of all populations served including different age groups, different income levels, different types of disabilities, cultural diversities, and those underserved, and individuals at risk of nursing home placement, family caregivers, advocates, and professionals who serve these populations. Populations shall include all individuals who may or may not meet public assistance requirements, in addition to those that are hard to reach, those who are private payers and want to plan ahead for their long-term needs;
- 4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and
- 4.1.1.3. A feedback loop to modify activities as needed.
- 4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

- 4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.
- 4.1.2.2. Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.
- 4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.
- 4.1.2.4. Contractor shall use the Alliance of Information and Referral Standards and use the Refer7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The Contractor is responsible for:
 - 4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and
 - 4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private



Exhibit A Amendment #1

paying individuals and families; and the database is accessible to the public via a comprehensive website and is user- friendly, searchable and accessible to persons with disabilities.

4.1.2.5. Contractor's staff shall attend trainings as directed by the Department.

4.2. Options Counseling

4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.

4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others whom they may wish to include in the process, such as family members and/or caregivers/support persons.

4.2.3. The Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration for Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards, when they have been released.

4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arrange for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum, the Contractor shall provide:

4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;

4.2.4.2. Special attention to those clients most at risk of institutionalization;

4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in assessing all the pros and cons;

4.2.4.4. Development of action steps toward a goal or a long-term support plan, with assistance in applying and accessing support options when requested;

4.2.4.5. Counseling in a location that fits the needs of the individual being served, such as a private home and office, and to be accessible to the client by phone, email, etc.;

4.2.4.6. Counseling that ensures that clients understand their options by using the Option Counseling Standards.

4.2.5. The Contractor shall provide confidential, objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.

4.2.6. The Contractor shall serve as full service access entry points for individuals and use standard intake and screening instruments defined by the Department.

4.2.7. The Contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.

4.2.8. The Contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.

4.2.9. The Contractor shall be in regular communication with Adult Protection Service offices and will report abuse and neglect of clients immediately to the Adult Protection program.

4.2.10. The Contractor shall include a plan to schedule future contacts and follow-ups according to the needs of the client.

4.3. Streamlined Eligibility Determination for Public Programs

The Contractor will serve as a full service access point/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation



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Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:

4.3.1. Intake and Screening

The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.

4.3.2. Financial and Functional Eligibility Processes

Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.

4.3.2.1.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.

4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:

4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.

4.3.3. Tracking Eligibility Status

4.3.3.1. The Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems, such as New Heights Financial Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.

4.3.3.2. The Contractor may be informed of individuals who are determined ineligible for public LTSS and the ServiceLink Contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.

4.4. Person-Centered Transitions Support

The Contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:

4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.

4.4.2. The Contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.

4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.

4.4.4. The Contract shall:

4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;

4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and



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- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
 - 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
 - Contractor shall involve consumers on a /local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
 - 4.5.1.1. People over age 60
 - 4.5.1.2. Adults over age 18 living with chronic illnesses or disabilities
 - 4.5.1.3. Family members, caregivers, and family caregivers of the target populations
 - 4.5.1.4. Local community providers
 - 4.5.1.5. Representation from cultural and ethnic minorities residing within the community.
 - 4.5.1.6. At least twenty-five (25) percent of the membership must be from the target population.
 - Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.
 - 4.5.2. Medicaid
 - Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.
 - 4.5.3. Aging and Disability Partners
 - 4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.
 - 4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.
 - 4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.
 - 4.5.4. Other Partners and Stakeholders
 - Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.
- 4.6. New Hampshire Family Caregiver Program
- The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:



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- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
 - 4.6.6. Determine eligibility for the caregiver programs.
 - 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
 - 4.6.8. Provide information, assistance, and options counseling to caregivers
 - 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
 - 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
 - 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
 - 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum. The Contractor shall:
 - 4.6.12.1. Provide a minimum of one (six (6) week session) Powerful Tools for Caregiver Training to a minimum of ten (10) caregivers completing the workshop series.
 - 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.
- 4.7. New Hampshire State Health Insurance Assistance Program
- The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:
- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
 - 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
 - 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
 - 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
 - 4.7.5. Recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.



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4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education, volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
- 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
- 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
- 4.8.7. Comply with the standards in the SHIP Program Guidance.
- 4.8.8. Recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

4.9. Veterans Directed Home and Community Based Program

The Contractor shall provide Veterans the opportunity to receive home and community based services in a consumer directed fashion that enables them to avoid nursing home placement and to continue to live in their homes and communities. The Contractor shall:

- 4.9.1. Develop and implement a Veterans Directed Home and Community Based (VDHCB) program to provide the services described in Section 4.9.2, in the following ways:
 - 4.9.1.1. Enter into a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and/or the Manchester Veteran's Administration Medical Center (Manchester VAMC). The provider agreement is to be based on the Memorandum of Agreement between the Department and the WRJ and/or Manchester VAMC. Under the provider Agreement, the Contractor shall work with the WRJ VAMC and/or the Manchester VAMC and shall be responsible for the service coordination as defined in Section 4.9.2 below.
 - 4.9.1.2. Establish an advisory group to oversee the development, implementation of the program and provide ongoing feedback for continuous improvement of the program and services. Membership is to include representation from key community resources, local Veterans' organizations, Veterans and families of Veterans utilizing the program, and the public.
 - 4.9.1.3. Establish and maintain a budget for the costs to develop and implement the program as follows:



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- 4.9.1.3.1. Ongoing Staff development and training such as but not limited to, costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program.
 - 4.9.1.3.2. Ongoing Travel costs associated with ongoing program development and implementation such as, but not limited to: Staff mileage to and from training sites, staff mileage related to providing education and outreach to the public about the program, assisting the Veteran in getting services and in identifying service providers and services, Establishing and maintaining a of business processes related to the VD-HCBS Program, such as computer equipment, telephone expenses, and office furniture for new staff.
 - 4.9.1.3.3. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services, in Section 4.9.2.
 - 4.9.1.4. Provide or contract with an agency to provide financial management services to the Veterans. The Contractor cannot implement the VDHCBS program until financial management services are reviewed and approved by the VDHCBS national Readiness Review Process, and reviewed by WRJ and Manchester VAMC and DHHS.
 - 4.9.1.5. Provide a minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to Veterans participating in the program in developing and managing an individual service budget.
 - 4.9.1.5.1. The Contractor shall increase the FTE when the Veterans caseload exceeds 19 Veterans. The contractor shall increase the FTE to provide 4.5 hours per month per veteran.
 - 4.9.1.6. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors are trained in the program practices and procedures prior to service delivery defined in Section 4.9.2.
 - 4.9.1.7. Establish Financial Management Readiness and pass formal readiness review prior to implementation of the program. New FMS agreements must pass formal readiness review,
- 4.9.2. Provide options counseling and assist Veterans in arranging consumer directed services as follows:
- 4.9.2.1. Maintain the provider agreement in Section 4.9.1.1 and the contractor shall be responsible for service coordination for the Veteran as follows:
 - 4.9.2.1.1. Accept referrals of eligible Veterans and their authorized budgets to buy long term supports and services, from at least one of the VAMC in Section 4.9.1.1.
 - 4.9.2.1.2. Provide options counseling to Veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. At a minimum, options counseling shall include an assessment, plan of care and identify type of services to meet the needs to the Veteran to remain in the home and community. The Contractor shall submit the Veteran's plan of care with types of services to the VAMC for approval. The Contractor must obtain budget approval of plan of care from the VAMC before the Veteran receives VD-HCBS supports and services. The Contractor shall comply with the VAMC and the Department's program and policies guide for linking Veterans with needed Long term services and supports and making mutual referrals.



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- 4.9.2.2. Provide or maintain the contract with an agency to provide financial management services. Seek reimbursements for service coordination through the VAMC defined in Section 4.9.1. Once the program has been established, the VAMC will, under their provider agreement with the Contractor, reimburse the Contractor for the administration of the program and the Veteran's services.
 - 4.9.3. Ensure the following:
 - 4.9.3.1. All Veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
 - 4.9.3.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
 - 4.9.3.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
 - 4.9.3.4. Of the Veterans served, there will be a 90 % or better, consumer satisfaction rate.
 - 4.9.4. Comply with procedures for reporting requirements defined by DHHS for monthly "Ticker" reporting requirements defined and required by National VDHCS program administration.
 - 4.9.5. Enter contact data into the Refer 7 data base to increase the amount of resources available by geographic area serve Veterans.
 - 4.9.6. Ensure that documentation required by both the Department and the VAMC is kept current and submitted according to the program requirements.
 - 4.9.7. Participate in continuous process improvement activities with the Department and/or the VAMC to evaluate and improve the quality of the program and its policies and processes by attending meetings, trainings, to include monthly VDHCS Faculty Calls, and related conference calls.
 - 4.9.8. Participate in trainings that aim to improve knowledge of military culture and other related trainings to enhance competencies required to serve our military family and service member population.
- 4.10. Medicare Improvements for Patients and Providers Act (MIPPA).
The Contractor shall provide Medicare Improvements for Patients and Providers Act (MIPPA), services through as follows:
- 4.10.1. Provide MIPPA services to assist Medicare beneficiaries to:
 - 4.10.1.1. Reduce Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 4.10.1.2. Increase wellness and prevent illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 4.10.1.3. Promote the Medicare programs described in Section 4.10.1.1 by conducting outreach and education to increase the number of people enrolled into these programs. To assist the Department in determining the outreach and education strategies to implement in the specific geographic area, the contractor shall complete assessments and analysis to determine the effectiveness of informing Medicare beneficiaries and having them enroll in the programs. Specifically the contractor shall:
 - 4.10.2. Complete an assessment of past outreach activities that targeted low income Medicare beneficiaries and those people who may not have physical access to ServiceLink contractor offices, internet access, or access to a telephone. The Department will provide the data to the contractor for the specific geographic area list above. Data will include existing and past outreach and education materials and strategies used in the specific geographic area. The contractor shall report the findings to the Department.
 - 4.10.3. Complete an analysis using available statistics such as Social Security and Centers for Medicaid and Medicare Services statistics to identify target areas for outreach. The



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Department will provide the data to the contractor for the specific geographic area listed above. The contractor shall report the findings to the Department.

- 4.10.4. Assess current and past partnerships with other agencies and community services.
- 4.10.5. Conduct outreach, education and assistance to the target population and geographic area as approved by the Department, based on the Contractor's results of the assessment and analysis described in Section 4.10.2, 4.10.3 and 4.10.4, and to meet the goals in Section 4.10.10. Outreach and education consists of the following, but not limited to:
 - 4.10.5.1. Promote the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS;
 - 4.10.5.2. Set and implement calendar for outreach campaigns (2 per month for each ADRC): (1) Mail introductory letters to town offices, housing sites, home health agencies, Parish Nurses, public libraries, hospital public affair managers, pharmacies, and medical practices; (2) Do follow-up contacts and (3) Arrange face to face meetings.
 - 4.10.5.3. Develop contact list of all fitness centers, health clubs, senior-based websites, AARP local Chapters, churches, senior and community centers, meal sites, and public libraries. The contractor shall request to partner with these contacts to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.6. Work in consultation with NH SHIP Director and the other ServiceLink contractors to set up MIPPA Email list Serve for State/agency leads – Client Services, Medicaid Eligibility, Fuel Assistance, hospital charitable offices, Minority Services, Sight and Hearing Impaired groups –to disseminate LIS/MSP objectives. The developed email List Serve will be used to communicate awareness of Medicare Programs listed in Section 4.10.1.
- 4.10.7. Develop a media list for the geographic area to be covered – radio stations, newspapers, agency/hospital web-based newsletters and other community websites to share LIS/MSP and Preventive benefits. The media list will be used to implement advertising activities to communicate awareness of Medicare Programs listed in Section 4.10.1.
 - 4.10.7.1. Write scripts for Radio, newspapers, and public service announcements. The Department shall approve them prior to publication.
 - 4.10.7.2. The contractor will be responsible for purchasing the media in their local area.
- 4.10.8. Ensure staffing capacity to insure a demonstrated increase and enhanced beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage as described in section 4.7.3 of the ServiceLink Contract.
- 4.10.9. Complying with procedures for reporting requirements defined by DHHS.
- 4.10.10. Performance Measures: The Contractor will be required to meet or exceed the performance measures described below:



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Performance Measure	How it will be measured
Performance Measure 1: Increasing the number of individuals enrolled in: LIS, MSP, and Medicare Part D by eight (8) percent of the total number enrolled in these programs as of September 29, 2014	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 15th of each month.
Performance Measure 2: Implementation of Promotional activities for Medicare's Wellness and Preventive Screening Services	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event activities at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in SHIP Mid-Term and annual Performance Grant application to DHHS

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phones numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route from the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.
- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 5.9 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans



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- Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
 - 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
 - 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
 - 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
 - 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
 - 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
 - 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.

6.5. Information Technology and Management Information Systems

- 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
- 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
 - Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with



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- Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
- 6.5.3. The Department's current hardware standards are as follows:
- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM, 500 GB SATA
 - High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM, 500 GB SATA
 - The State standard is Windows 7, Office 2010 and Internet Explorer 9
- 6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.
- 6.6. Continuous Improvement
- 6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.
- 6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting

- 7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:
1. Number of individuals served
 2. Number of repeat visits by individuals
 3. Type of information/referral given to individuals
 4. Type of follow up performed
 5. Frequency of follow ups
 6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
 7. The number of individuals diverted from nursing home/institutional settings;
 8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).

7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source. There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	



Exhibit A Amendment #1

Program Reporting Data Requirement	Data Source
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and consumer satisfaction surveys, customized reports, and Refer7.
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 4 formal agreements with major pathways has been established by the completion Date in box 1.7 of the General Provisions, Form P-37.	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink	New Heights

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



Exhibit A Amendment #1

Program Reporting Data Requirement	Data Source
contractor	
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7
State Health Insurance Assistance Program (SHIP):	
Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
	Customized Report/Refer7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Refer 7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	



Exhibit A Amendment #1

Program Reporting Data Requirement	Data Source
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards as follows:

- 8.1.1. Possess the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- 8.1.2. Ensure the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- 8.1.3. Ensure knowledge about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- 8.1.4. Treat colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.
- 8.1.5. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.6. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.7. Develop a Staffing Contingency Plan, including but not limited to:
 - 8.1.7.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.7.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.7.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.7.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.7.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
- 8.1.8. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.9. Provide resumes for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.10. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.11. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.



Exhibit A Amendment #1

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- 8.1.12. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.13. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support
This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.
- 8.2.3.1. Required Certification:
- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
 - Obtain training and certification in Options Counseling within 6 months of hire.
 - Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor
- 8.2.4. Options Counseling: Caregiver Specialist
Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:
- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
 - Offer education, support, advocacy and follow-up.



Exhibit A Amendment #1

- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

- 9.1. Updated Workplan: Within thirty (30) days of the effective date of any amendment to the agreement, the contractor shall submit a revised workplan to DHHS.



Exhibit A Amendment #1

10. Cultural Considerations:

The Contractor will 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 effective date of Amendment #2 to the Agreement.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.

13. Contract Monitoring

- 13.1. The Contractor shall:
- 13.2. Ensure the Department has access sufficient for monitoring of contract compliance requirements as identified in OMB Circular A-133.
- 13.3. Ensure the Department is provided with access that includes but is not limited to:
 - 13.3.1. Data
 - 13.3.2. Financial records
 - 13.3.3. Scheduled access to Contractor work sites/locations/work spaces and associated facilities.
 - 13.3.4. Unannounced access to Contractor work sites/locations/work spaces and associated facilities.
 - 13.3.5. Scheduled phone access to Contractor principals and staff



Exhibit B - Amendment #2

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement, Form P-37, in accordance with the budgets defined in Section 5 below, for the services provided by the Contractor pursuant to Exhibit A, Amendment #1 Scope of Services.
2. Services are funded with New Hampshire General Funds and with federal funds made available by the United States Department of Health and Human Services under:

CFDA #	Federal Agency	Grant Description
93.778		Medicaid Grants
93.667	Administration for Children & Families	Social Services Block Grant
93.052	Administration for Community Living	Family Caregiver Support Title III E
93.517	Administration for Community Living	Aging and Disability Resource Center Options Counseling Enhancement Program
93.324	Administration for Community Living	State Health Insurance Assistance Program
93.048	Administration for Community Living	Senior Medicare Patrol Project
93.071	Administration for Community Living	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

2.1. The Contractor agrees to provide the services in Exhibit A, Amendment #1, Scope of Services in compliance with funding requirements.

3. Account Numbers in Block 1.6 of the General Provisions of this Agreement, Form P-37 as follows:

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
Aging and Disability Resource Center Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731



Exhibit B - Amendment #2

4. Payment for said services shall be made as follows:

The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:

Financial Manager
Division of Community Based Care Services
Department of Health and Human Services
129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made cost reimbursement basis only, for allowable expenses based on budgets identified as Exhibits B-1 through Exhibit s B-14. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form.

5.1. Payment for contracted services shall be made on cost reimbursement basis only, for allowable expenses based on the budgets identified as Exhibit B-15 and Exhibit B-16 and in accordance with the Department approved individual program budgets.

5.2. The Contractor will provide invoices on Department supplied forms.

5.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.

7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:

7.1. NH State General Funds SFY14: 47% SFY15: 49%

7.2. Social Services Block Grant SFY14: 15% SFY15: 14%

7.3. Medicaid SFY14: 38% SFY15: 37%

8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:

8.1. Medicaid SFY14: 64% SFY15: 88%

8.2. ADRC Grant SFY14: 36% SFY15: 12%

9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-16 Budgets, to adjust amounts within the budgets and between State Fiscal Years, within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.



Exhibit B - Amendment #2

12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by THE DEPARTMENT.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to THE DEPARTMENT upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
15. Veterans Directed Home and Community Based Program: The funding is from July 1, 2014 to June 30, 2015 for the purposes of developing and implementing the program as defined in Section 4.9.1 of Exhibit A, Amendment #1. Once the program is operational, the contractor shall continue providing the scope of work as defined in Sections 4.9.2 through 4.9.8 of Exhibit A, of Amendment #1, without funding from the Department.

New Hampshire Department of Health and Human Services
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Tri County Community Action Program, Inc.

Program Name: ServiceLink Resource Center

Budget Period: 7/1/16 - 6/30/16

1. Total Salary/Wages	\$	27,813	\$	27,813	\$	27,813	\$	27,813	\$	27,813
2. Employee Benefits	\$	10,145	\$	10,145	\$	10,145	\$	10,145	\$	10,145
3. Contract Labor	\$	-	\$	-	\$	-	\$	-	\$	-
4. Equipment:	\$	-	\$	-	\$	-	\$	-	\$	-
Rental	\$	500	\$	500	\$	500	\$	500	\$	500
Repair and Maintenance	\$	-	\$	-	\$	-	\$	-	\$	-
Purchases/Depreciation	\$	-	\$	-	\$	-	\$	-	\$	-
5. Supplies:	\$	-	\$	-	\$	-	\$	-	\$	-
Educational	\$	50	\$	50	\$	50	\$	50	\$	50
Lab	\$	-	\$	-	\$	-	\$	-	\$	-
Pharmacy	\$	-	\$	-	\$	-	\$	-	\$	-
Medical	\$	-	\$	-	\$	-	\$	-	\$	-
Office	\$	250	\$	250	\$	250	\$	250	\$	250
6. Travel	\$	1,125	\$	1,125	\$	1,125	\$	1,125	\$	1,125
7. Occupancy	\$	4,105	\$	4,105	\$	4,105	\$	4,105	\$	4,105
8. Current Expenses	\$	-	\$	-	\$	-	\$	-	\$	-
Telephone	\$	450	\$	450	\$	450	\$	450	\$	450
Postage	\$	140	\$	140	\$	140	\$	140	\$	140
Subscriptions	\$	-	\$	-	\$	-	\$	-	\$	-
Audit and Legal	\$	-	\$	-	\$	-	\$	-	\$	-
Insurance	\$	-	\$	-	\$	-	\$	-	\$	-
Board Expenses	\$	-	\$	-	\$	-	\$	-	\$	-
Software	\$	-	\$	-	\$	-	\$	-	\$	-
9. Printing (Communications)	\$	300	\$	300	\$	300	\$	300	\$	300
10. Printing (Administrative and Training)	\$	80	\$	80	\$	80	\$	80	\$	80
11. Staff Expenses (Travel)	\$	875	\$	875	\$	875	\$	875	\$	875
12. Subcontract/Agreements	\$	-	\$	-	\$	-	\$	-	\$	-
13. Other (Specify details mandatory):	\$	4,515	\$	4,515	\$	4,515	\$	4,515	\$	4,515
Indirect	\$	1,248	\$	1,248	\$	1,248	\$	1,248	\$	1,248
Volunteers	\$	-	\$	-	\$	-	\$	-	\$	-
0	\$	51,976	\$	51,976	\$	51,976	\$	51,976	\$	51,976
TOTAL	\$	51,976	\$	51,976	\$	51,976	\$	51,976	\$	51,976
Indirect As A Percent of Direct				2.6%		2.6%		2.6%		2.6%
										0.0%
										47,878

Contractor Initials: **UAC**
 Date: **3-16-15**



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;



- 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 (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) 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. The Department reserves the right to extend the completion date of the contract for up to fifteen months to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.
4. Subparagraph 14.1.1 of the General Provisions of this contract, is deleted and the following subparagraph is added:
 - 14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence with additional umbrella liability insurance coverage of not less than \$2,000,000;



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Contractor Initials

WLC

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

3-6-15

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:
Tri-County Community Action Program, Inc.

3-6-15
Date

Michael Coughlin
Name: Michael Coughlin
Title: Chief Executive Officer

Exhibit G

Contractor Initials MC

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections



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

- i. "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 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



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



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) l, 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.

The State

[Signature]

Signature of Authorized Representative

[Signature]

Name of Authorized Representative

Director

Title of Authorized Representative

4/3/15

Date

Tri-County Community Action Program, Inc.
Name of the Contractor

[Signature]

Signature of Authorized Representative

Michael Coughlin

Name of Authorized Representative

Chief Executive Officer

Title of Authorized Representative

3-6-2015

Date



State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Tri-County Community Action Program, Inc. Contract

This 1st Amendment to the ServiceLink Program contract (hereinafter referred to as "Amendment 1") dated this 5th day of February 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Tri-County Community Action Program, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 30 Exchange Street, Berlin, New Hampshire 03570.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 20, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS the Department is adding scope of services to be performed;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

- 1) Amendment and modification of P-37 "Agreement";
 - a. Change Price Limitation in Block 1.8 of the P-37 to read \$293,150.
- 2) Amendment and modification of Exhibit A:
 - a. Add Section 4.6.12 under Section 4 of the New Hampshire Family Caregiver Program
4.6.12 The ServiceLink Contract shall coordinate at least one Powerful Tools for Caregivers Workshop series per State Fiscal Year, with a minimum of ten (10) caregivers completing the workshop series.
- 3) Adding Exhibit A-1.
- 4) Amendment and modification of Exhibit B:
 - a. Deleting Exhibit B and replacing with Exhibit B Amendment #1.
- 5) Adding Exhibits B-11 through B-13.



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

2/10/14
Date

State of New Hampshire
Department of Health and Human Services
[Signature]
Name
Title

2/7/2014
Date

Tri County Community Action Program, Inc.
[Signature]
NAME Michael Coughlin
TITLE Chief Executive

Acknowledgement:
State of NH, County of Cöös on 2-7-14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

[Signature]
Name and Title of Notary or Justice of the Peace

SUZANNE C. FRENCH
Notary Public - New Hampshire
My Commission Expires June 19, 2018

New Hampshire Department of Health and Human Services
New Hampshire ServiceLink Program



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

2-11-14
Date

Rosemary Wiant
Name: Rosemary Wiant
Title: Assistant Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services

1. The Medicare Improvements for Patients and Providers Act (MIPPA)
 - 1.1. MIPPA program is to assist Medicare beneficiaries by:
 - 1.1.1. reducing Medicare cost share expenses for people with limited income by enrolling beneficiaries into the low-income subsidy (LIS) and Medicare Savings Programs (MSP); and enrolling beneficiaries in Medicare Part D prescription coverage.
 - 1.1.2. increasing wellness and preventing illnesses among all Medicare beneficiaries by increasing and promoting awareness of Medicare's preventive and screening services.
 - 1.2. Period: Effective Date of Amendment #1 to September 29, 2014.
 - 1.3. The contractor shall provide this service to individuals located in the geographic area of Coos County.
 - 1.4. The ServiceLink contractor will promote these beneficial programs for people with Medicare, collaborating with community partners to provide outreach, education, and assistance in completing applications for Medicare beneficiaries with limited income. .
 - 1.5. The ServiceLink contractor will initiate outreach contact with low-income individuals who may not have physical access to ServiceLink offices, internet access, or access to a telephone.
 - 1.6. Within 30 days of the effective date of Amendment #1 and upon approval of DHHS, the Contractor shall develop an outreach plan for LIS and MSP, and for preventive services that includes but is not limited to increasing the number of local collaborative partnerships for the purpose of increasing enrollment in these programs and their utilization. At a minimum the plan should be based on the following:
 - 1.6.1. An assessment of past LIS and MSP outreach activities to determine their effectiveness in reaching the target population; i.e., low-income Medicare beneficiaries;
 - 1.6.2. An analysis of Social Security and Centers for Medicaid and Medicare Services statistics to identify and prioritize target areas for outreach;
 - 1.6.3. An assessment of past and current partnerships to determine their effectiveness;
 - 1.6.4. Promoting the availability of Medicare preventive services such as wellness screenings and flu shots to Medicare beneficiaries through the distribution of promotional materials developed by CMS and BEAS and collaboration with community health care providers;
 - 1.6.5. Working with the Department's SHIP Program Director, set specific goals for increasing LIS and MSP enrollments at the end of each year of the contract. Goals are to be based on current performance data and Refer 7 reports.
 - 1.6.6. Identify and recruit regional providers interested in assisting with outreach to Medicare beneficiaries, including but not limited to:
 - Community health centers
 - Senior centers
 - Hospitals
 - Physician practices
 - Town managers, town welfare directors and boards of selectmen
 - Emergency personnel
 - Senior housing
 - 1.7. Deliverables:
 - 1.7.1. LIS and MSP Outreach plan that includes but is not limited to the collaboration of new partnerships in order to increase enrollment.
 - 1.7.2. Medicare preventive service promotion activities.
 - 1.7.3. Statewide MIPPA advertising materials.
 - 1.7.4. Community partnership and incentive strategies for the state/county/regions for increasing enrollment into and awareness of LIS/MSP & Medicare Wellness/Prevention Screenings.



1.8. Performance Measures

The Contractor will be required to meet or exceed the performance measures described below:

Performance Measure	How it will be measured
Performance Measure 1: Increasing LIS, MSP, and Medicare Part D enrollment: Coos County: 181 individuals enrolled	Work plan and MIPPA monthly Outreach Activities and Enrollment reports sent to DHHS by 10th of each month.
Performance Measure 2: Implementation of Medicare Preventive Services Promotion activities.	Work plan and MIPPA monthly Outreach Activities and Enrollment and SHIP reports, (client contacts/public and media activities).
Performance Measure 3: Effectively advertise, promote, and conduct an educational outreach and/or enrollment event a ctivity at least 1-2 times per month.	Work plan and MIPPA monthly report and SHIP reports to DHHS.
Performance Measure 4: Demonstrate partnership and incentive programs and evaluate effectiveness and lessons learned	Work plan, MIPPA monthly, SHIP reports, and Partnership listing included in CMS SHIP Mid-Term and annual Performance Grant application to DHHS

2. Veterans Directed Home and Community Based Program (VDHCB)

- 2.1. The Veterans Directed Home and Community Based Program is a consumer-directed program targeted to eligible veterans to offer them alternatives to nursing home care. The Contractor shall be responsible to provide options counseling to veterans and their families as they determine how to use their flexible home and community based services budget to meet their long term supports and service needs, goals, and preferences. Contractor shall follow DHHS protocol for linking Veterans with needed LTSS and making mutual referrals.
- 2.2. The Veterans Administration is responsible for determining the eligibility of veterans for the program and for authorizing a budget to buy LTSS services. The Veterans Administration will refer eligible veterans with an authorized flexible service budget to the ServiceLink contractor who will be responsible for service coordination and Financial Management Services (FMS) under the "Agency with Choice" model. As part of the Veterans Directed Home and Community Based Program the Contractor shall establish a provider agreement with the White River Junction Veteran's Administration Medical Center (WRJ VAMC), Vermont and the Manchester Veteran's Administration Medical Center (Manchester VAMC).
- 2.3. Within ten (10) days of the effective date of Amendment #1, the Contractor shall submit their implementation plan for Veterans Directed Home and Community Based Program. The implementation plan shall detail how the Contractor will establish the VDHCB Program, including staffing, training and a timeline for completion of provider agreement with the VA centers.
 - 2.3.1. The Contractor will establish an advisory group to oversee the development and implementation of the program. Membership is to include representation from key community resources, local veterans' organizations, veterans and families of veterans utilizing the program, and the public.
 - 2.3.2. The implementation plan shall include startup costs necessary to develop and implement a statewide Veteran-Directed Home and Community Based Care Program. Once the program has been established, the VAMC will, under their agreement with the Contractor, reimburse the Contractor for the administration of the program and the veteran's services. For the development and implementation of the program, startup funding is limited to the following:
 - 2.3.2.1. Staff development and training: This includes costs of trainings for staff, recruiting and hiring new staff, costs of salaries for newly hired staff during development and implementation of the program,
 - 2.3.2.2. Travel costs associated with capacity building: Staff mileage to training sites, staff mileage related to providing education and outreach to the public about the program,



Exhibit A-1

-
- assisting the Veteran in getting services and in identifying service providers and services, and development and implementation of the advisory committee
- 2.3.2.3. Development and implementation of business processes related to the VD-HCBS Program: computer equipment, telephone expenses, and office furniture for new staff.
- 2.3.3. Contractor shall establish an advisory committee that will include stakeholders and Veterans to provide ongoing feedback for continuous improvement of the program and services.
- 2.3.4. Recruit, hire, and train the minimum of a .5 FTE Veterans Options counselor to provide counseling, assessment, service coordination, and assistance to veterans participating in the program in developing and managing an individual service budget.
- 2.3.5. Ensure that key staffs such as the SLRC Program Director, site supervisors, caregiver specialists, and options counselors have been trained to provide initial start-up and collaborative support for the program.
- 2.3.6. Provide or contract with an agency to provide financial management services to assume the roles and responsibilities of an agency with choice model.
- 2.3.7. Enter into an agreement with the local Veterans Administration servicing the area that defines the roles and responsibilities of each party in delivering the program. The agreement is to be based on the Memorandum of Agreement between BEAS and the VAMC.
- 2.3.8. Assure that documentation required by both BEAS and the VA is kept current and submitted according to schedule.
- 2.3.9. Add contact data in Refer 7 to include region-specific resources serving veterans.
- 2.4. Within thirty (30) days from the effective date of Amendment #1, the Contractor shall have the program infrastructure in place and is actively providing options counseling and assisting veterans in arranging consumer directed services. The Contractor shall be responsible for assuring the following:
- 2.4.1. All veterans referred to the program from the VAMCs are contacted within 3 business days of the referral to ServiceLink contractor to set up a date for assessment.
- 2.4.2. 100% of services provided are based on the needs and preferences of the participating Veteran.
- 2.4.3. Veterans enrolled in the program decide what mix of goods and services will best meet their needs for long term care support.
- 2.4.4. Of the veterans served, there will be a 90 % or better, consumer satisfaction rate.
- 2.4.5. Procedures for complying with program reporting requirements, which shall be defined by DHHS upon approval of the Contractor's final implementation plan, are in place.
- 2.4.6. Maintain the Agreement with the local Veterans Administration.
- 2.4.7. The contractor shall provide this service to Veterans located in the geographic area of Coos County.



Exhibit B Amendment #1

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A and Exhibit A-1 Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project
13AANHMAAA, 13AANHMAADR, IX0CMS331283	93.071	Admin for Community Living & Centers for Medicare & Medicaid Services	CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731
CMS LIS/MSP Outreach to Low Income Medicare Beneficiaries (MIPPA)	05-95-48-481010-88880000-102-500731

4. Payment for said services shall be made as follows:
 The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. The invoice must be submitted to:
 Financial Manager
 Bureau of Elderly and Adult Services
 Department of Health and Human Services
 129 Pleasant Street, Brown Building
 Concord, NH 03301
5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B13. Each budget is specific to a time period



Exhibit B Amendment #1

- as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
 7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
 8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
 9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
 10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-13 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
 11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
 12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
 13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
 14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.
 15. The Medicare Improvements for Patients and Providers Act (MIPPA): The funding is from the effective date of Amendment #1 to September 29, 2014.
 16. Veterans Directed Home and Community Based Program: The funding is from the effective date of Amendment #1 through June 30, 2014, for the purposes of developing and implementing the program. Once the program is operational, the contractor shall continue providing the scope of work as defined in Section 2.4 of Exhibit A-1, without funding from the Department.

CERTIFICATE OF VOTE

(Corporation without Seal)

1. Gary Coulombe, do hereby certify that:
(Name of Clerk of the Corporation; cannot be contract signatory)

1. I am a duly elected Clerk of Tri-County Community Action Program, Inc
(Corporation Name)

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on 2-7-14:
(Date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, for the provision of

Service Link services.

RESOLVED: That the Chief Executive Officer
(Title of Contract Signatory)

is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 7th day of February, 2014.
(Date Contract Signed)

4. Michael Coughlin is the duly elected
Chief Executive Officer
(Name of Contract Signatory) (Title of Contract Signatory)

of the Corporation.

[Signature]
(Signature of Clerk of the Corporation)

STATE OF NEW HAMPSHIRE

County of Cross

The forgoing instrument was acknowledged before me this 7th day of February, 2014.

By Gary Coulombe
(Name of Clerk of the Corporation)

[Signature]
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: 6-19-18

SUZANNE C. FRENCH
Notary Public - New Hampshire
My Commission Expires June 19, 2018


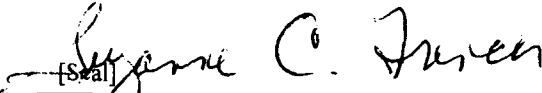
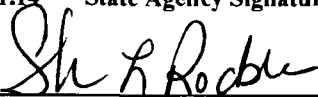
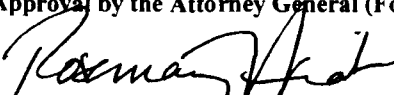
Subject: New Hampshire ServiceLink Resource Centers Program

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Tri-County Community Action Program, Inc.		1.4 Contractor Address 30 Exchange Street Berlin, NH 03570	
1.5 Contractor Phone Number (603) 752-7001	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$284,240.
1.9 Contracting Officer for State Agency Mary Maggioncalda, Administrator		1.10 State Agency Telephone Number 603-271-9096	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Michael Coughlin, Chief Executive Officer	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>COOS</u> 12/4/13 On <u>12/4/13</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace 			
1.13.2 Name and Title of Notary or Justice of the Peace Suzanne C. French, Notary		SUZANNE C. FRENCH Notary Public - New Hampshire My Commission Expires June 19, 2018	
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Sheri L. Rockburn Acting Assoc. Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)			
By:		Director, On:	
1.17 Approval by the Attorney General (Form, Substance and Execution)			
By: 		On: 12-5-13	
1.18 Approval by the Governor and Executive Council			
By:		On:	

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT. Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination

Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

Contractor Initials: MC
Date: 12.4.13

certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions



Exhibit A

are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall reach the following covered populations:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Coos County.



Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs

4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and

4.1.1.3. A feedback loop to modify activities as needed.

4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.

4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.

4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.

4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:

4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and

4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



Exhibit A

- 4.2. Options Counseling
 - 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
 - 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
 - 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
 - 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
 - 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
 - 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
 - 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
 - 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



Exhibit A

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- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:
- 4.3.1. Intake and Screening
- 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.
- 4.3.2. Financial and Functional Eligibility Processes
Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.
- 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.
- 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:
- 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.
- 4.3.3. Tracking Eligibility Status
- 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



Exhibit A

- Eligibility System, NH Easy, and other program specific systems.
Designated staff will be trained and have access to these systems.
- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.
- 4.4. **Person-Centered Transitions Support**
The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:
- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
- 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
- 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. **Consumer Populations and Partnerships**
- 4.5.1. **Consumer Populations**
Contractor shall involve consumers on a /local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
- People over age 60
 - Adults over age 18 living with chronic illnesses or disabilities



Exhibit A

- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

- 4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.
- 4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.
- 4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.



Exhibit A

4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



Exhibit A

Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



Exhibit A

- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
 - 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
 - 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
 - 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
 - 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phone numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



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- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



Exhibit A

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
 - 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
 - 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
 - Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
 - 6.5.3. The Department's current hardware standards are as follows:
 - Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



Exhibit A

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- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
 - High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
 - The Department does not currently use or support Windows 8.
- 6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.
- 6.6. Continuous Improvement
- 6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.
- 6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.
7. Performance Tracking and Reporting
- 7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:
1. Number of individuals served
 2. Number of repeat visits by individuals
 3. Type of information/referral given to individuals
 4. Type of follow up performed
 5. Frequency of follow ups
 6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
 7. The number of individuals diverted from nursing home/institutional settings;
 8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



Exhibit A

7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source. There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	



Exhibit A

Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



Exhibit A

Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP): Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS



Exhibit A

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

- 8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.3. Develop a Staffing Contingency Plan, including but not limited to:
 - 8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.3.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
- 8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins



Exhibit A

- providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support



Exhibit A

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



Exhibit A

State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. **Notwithstanding** paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Tri-County CAP - SLRC of Coos County

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Funded by DHS Contract Share	
	Direct	Indirect	Direct	Indirect	Direct	Indirect
1. Total Salary/Wages	\$ 18,408.00	\$ -	\$ -	\$ -	\$ 18,408.00	\$ -
2. Employee Benefits	\$ 7,547.28	\$ -	\$ -	\$ -	\$ 7,547.28	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 984.00	\$ -	\$ -	\$ -	\$ 984.00	\$ -
Repair and Maintenance	\$ 250.00	\$ -	\$ -	\$ -	\$ 250.00	\$ -
Purchases/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ 750.00	\$ -	\$ -	\$ -	\$ 750.00	\$ -
Office	\$ 2,050.00	\$ -	\$ -	\$ -	\$ 2,050.00	\$ -
Travel	\$ 6,059.00	\$ -	\$ 3,200.00	\$ -	\$ 2,859.00	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 887.79	\$ -	\$ -	\$ -	\$ 887.79	\$ -
Postage	\$ 300.00	\$ -	\$ -	\$ -	\$ 300.00	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 350.00	\$ -	\$ -	\$ -	\$ 350.00	\$ -
11. Staff Education and Training	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Specific details mandatory)	\$ 3,661.35	\$ -	\$ -	\$ -	\$ 3,661.35	\$ -
Indirect cost 10.2%	\$ 624.00	\$ -	\$ 624.00	\$ -	\$ -	\$ 624.00
Volunteers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 43,381.42	\$ -	\$ 3,824.00	\$ -	\$ 38,557.42	\$ 624.00
Indirect As A Percent of Direct						10.2%

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder/Program Name: **Tri-County CAP - SLRC of Coos County**
 Budget Request for: **Options Counseling and Person Centered Transitions Support Program**
 (Name of Program)

Budget Period: **11/14-03/14**

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Provided by DHHS Contract Share	
	Direct Incremental	Indirect	Direct Incremental	Indirect	Direct Incremental	Indirect
1. Total Salary/Wages	\$ 20,254.00	\$ -	\$ -	\$ -	\$ 20,254.00	\$ -
2. Employee Benefits	\$ 8,304.14	\$ -	\$ -	\$ -	\$ 8,304.14	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 750.00	\$ -	\$ -	\$ -	\$ 750.00	\$ -
14. Travel	\$ 1,584.00	\$ -	\$ -	\$ -	\$ 1,584.00	\$ -
15. Occupancy	\$ 2,854.00	\$ -	\$ -	\$ -	\$ 2,854.00	\$ -
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18. Postage	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Staff Education and Training	\$ 600.00	\$ -	\$ -	\$ -	\$ 600.00	\$ -
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory) indirect 10.2%	\$ 3,514.53	\$ -	\$ -	\$ -	\$ 3,514.53	\$ -
TOTAL	\$ 37,976.67	\$ -	\$ -	\$ -	\$ 37,976.67	\$ -
Indirect As A Percent of Direct		10.2%		10.2%		10.2%

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Tri-County CAP - SLRC of Coos County
Budget Request for: Family Caregiver Program
Budget Period: 11/14-6/30/14

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Provided by DHHS Contract Share	
	Direct Incremental	Indirect Placed	Direct Incremental	Indirect Placed	Direct Incremental	Indirect Placed
1. Total Salary/Wages	\$ 7,280.00	\$ -	\$ -	\$ -	\$ 7,280.00	\$ -
2. Employee Benefits	\$ 874.00	\$ -	\$ -	\$ -	\$ 874.00	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 250.00	\$ -	\$ -	\$ -	\$ 250.00	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 285.00	\$ -	\$ -	\$ -	\$ 285.00	\$ -
7. Occupancy	\$ 650.00	\$ -	\$ -	\$ -	\$ 650.00	\$ -
8. Current Expenses	\$ 282.00	\$ -	\$ -	\$ -	\$ 282.00	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 99.00	\$ -	\$ -	\$ -	\$ 99.00	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 350.00	\$ -	\$ -	\$ -	\$ 350.00	\$ -
11. Staff Education and Training	\$ 750.00	\$ -	\$ -	\$ -	\$ 750.00	\$ -
12. Subcontracts/Agreements	\$ 1,800.00	\$ -	\$ 1,800.00	\$ -	\$ -	\$ -
13. Other (specific details mandatory) Indirect 10.2%	\$ 1,102.00	\$ -	\$ -	\$ -	\$ 1,102.00	\$ -
TOTAL	\$ 13,702.00	\$ -	\$ 1,800.00	\$ 0.00	\$ 11,902.00	\$ -
Indirect As A Percent of Direct				0.0%		10.2%

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Tri-County CAP - SLRC of Coos County

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Provided by DRRS Contract Share	
	Direct	Indirect	Direct	Indirect	Direct	Indirect
1. Total Salary/Wages	\$ 3,424.00	\$ -	\$ -	\$ -	\$ 3,424.00	\$ -
2. Employee Benefits	\$ 1,424.79	\$ -	\$ -	\$ -	\$ 1,424.79	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repairs and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchased Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 116.60	\$ -	\$ -	\$ -	\$ 116.60	\$ -
14. Travel	\$ 400.00	\$ -	\$ -	\$ -	\$ 400.00	\$ -
15. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18. Postage	\$ 91.36	\$ -	\$ -	\$ -	\$ 91.36	\$ -
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ 300.00	\$ -	\$ 300.00	\$ -	\$ -	\$ -
25. Staff Education and Training	\$ 200.00	\$ -	\$ -	\$ -	\$ 200.00	\$ -
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory)	\$ 644.40	\$ -	\$ -	\$ -	\$ 644.40	\$ -
TOTAL	\$ 6,671.15	\$ -	\$ 300.00	\$ -	\$ 6,371.15	\$ -

10.2%

10.2%

Indirect As A Percent of Direct

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Tri-County CAP - SJRC of Coos County
Budget Request for: Senior Medicare Patrol Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Provided by DHS/Contract Share		Total
	Direct	Indirect	Direct	Indirect	Direct	Indirect	
1. Total Salary/Wages	\$ 4,876.00	\$ -	\$ -	\$ -	\$ 4,876.00	\$ -	\$ 4,876.00
2. Employee Benefits	\$ 2,066.00	\$ -	\$ -	\$ -	\$ 2,066.00	\$ -	\$ 2,066.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ 564.00	\$ -	\$ -	\$ -	\$ 564.00	\$ -	\$ 564.00
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 216.80	\$ -	\$ -	\$ -	\$ 216.80	\$ -	\$ 216.80
6. Travel	\$ 750.00	\$ -	\$ -	\$ -	\$ 750.00	\$ -	\$ 750.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 88.00	\$ -	\$ -	\$ -	\$ 88.00	\$ -	\$ 88.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Marketing/Communications	\$ 155.26	\$ -	\$ -	\$ -	\$ 155.26	\$ -	\$ 155.26
10. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Subcontracts/Agreements	\$ 973.00	\$ -	\$ -	\$ -	\$ 973.00	\$ -	\$ 973.00
12. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 9,688.86	\$ -	\$ -	\$ -	\$ 9,688.86	\$ -	\$ 9,688.86

Indirect As A Percent of Direct 10.2%

Contractor Initials: **MLC**
 Date: **12-4-13**

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder/Program Name: Tri-County CAP - SLRC of Coos County
 Budget Request for: Information, Referral and Awareness
 (Name of Program)

Budget Period: 7/1/14- 6/30/15

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Provided by DHS Contract Shares	
	Direct Incremental	Indirect	Direct Incremental	Indirect	Direct Incremental	Indirect
1. Total Salary/Wages	\$ 29,848.00	\$ -	\$ -	\$ -	\$ 29,848.00	\$ -
2. Employee Benefits	\$ 12,237.68	\$ -	\$ -	\$ -	\$ 12,237.68	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,920.00	\$ -	\$ -	\$ -	\$ 1,920.00	\$ -
Repair and Maintenance	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 50.00	\$ -	\$ -	\$ -	\$ 50.00	\$ -
Travel	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -
Occupancy	\$ 12,118.00	\$ -	\$ 6,400.00	\$ -	\$ 6,400.00	\$ -
Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,800.00	\$ -	\$ -	\$ -	\$ 1,800.00	\$ -
Postage	\$ 180.00	\$ -	\$ -	\$ -	\$ 180.00	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Marketing/Communications	\$ 1,200.00	\$ 107.00	\$ 1,000.00	\$ 107.00	\$ 200.00	\$ -
Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (specify details mandatory)	\$ 5,460.44	\$ -	\$ -	\$ -	\$ 5,460.44	\$ -
Indirect cost on program	\$ 2,498.00	\$ -	\$ 2,498.00	\$ -	\$ -	\$ -
Volunteers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 69,990.12	\$ 107.00	\$ 9,898.00	\$ 107.00	\$ 83,984.12	\$ -
Indirect As A Percent of Direct						10.2%

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder/Program Name: Tri-County CAP - SLRC of Coos County

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 7/1/14- 6/30/15

Line Item	Total Program Cost		Contractor Share / Match		Requested Budget to be Provided by DHS Contract Share	
	Direct Incremental	Indirect Placed	Direct Incremental	Indirect Placed	Direct Incremental	Indirect Placed
1. Total Salary/Wages	\$ 43,966.00	\$ -	\$ -	\$ -	\$ 43,966.00	\$ -
2. Employee Benefits	\$ 18,026.06	\$ -	\$ -	\$ -	\$ 18,026.06	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -
Travel	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ -
Occupancy	\$ 2,854.00	\$ -	\$ -	\$ -	\$ 2,854.00	\$ -
Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 50.00	\$ -	\$ -	\$ -	\$ 50.00	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Education and Training	\$ 257.65	\$ -	\$ -	\$ -	\$ 257.65	\$ -
Subcontract/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Specific details mandatory): indirect 10.2%	\$ 6,778.28	\$ -	\$ -	\$ -	\$ 6,778.28	\$ -
TOTAL	\$ 73,231.99	\$ -	\$ -	\$ -	\$ 73,231.99	\$ -

Indirect As A Percent of Direct 10.2%

Contractor Initials: *MC*
Date: 12.14.13

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder/Program Name: Tri-County CAP - SLIRC of Coos County
 Budget Request for: Family Caregiver Program
 Budget Period: 7/1/14- 6/30/15

Line Item	Total Program Cost		Total		Contractor Share / Match		Requested Budget to be Provided by DHHHS		Contract Share Total
	Direct	Indirect	Direct	Indirect	Direct	Indirect	Direct	Indirect	
1. Total Salary/Wages	\$ 16,432.00	\$ -	\$ 16,432.00	\$ -	\$ -	\$ -	\$ 16,432.00	\$ -	\$ 16,432.00
2. Employee Benefits	\$ 2,514.72	\$ -	\$ 2,514.72	\$ -	\$ -	\$ -	\$ 2,514.72	\$ -	\$ 2,514.72
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Deprecation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ 250.00	\$ -	\$ 250.00	\$ -	\$ -	\$ -	\$ 250.00	\$ -	\$ 250.00
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 265.47	\$ -	\$ 265.47	\$ -	\$ -	\$ -	\$ 265.47	\$ -	\$ 265.47
Travel	\$ 650.00	\$ -	\$ 650.00	\$ -	\$ -	\$ -	\$ 650.00	\$ -	\$ 650.00
Occupancy	\$ 282.00	\$ -	\$ 282.00	\$ -	\$ -	\$ -	\$ 282.00	\$ -	\$ 282.00
Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 99.00	\$ -	\$ 99.00	\$ -	\$ -	\$ -	\$ 99.00	\$ -	\$ 99.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 750.00	\$ -	\$ 750.00	\$ -	\$ -	\$ -	\$ 750.00	\$ -	\$ 750.00
12. Subcontracts/Agreements	\$ 3,200.00	\$ -	\$ 3,200.00	\$ -	\$ 3,200.00	\$ -	\$ -	\$ 3,200.00	\$ 3,200.00
13. Other (specific details mandatory) Indirect 10.2%	\$ 2,168.81	\$ -	\$ 2,168.81	\$ -	\$ -	\$ -	\$ 2,168.81	\$ -	\$ 2,168.81
TOTAL	\$ 26,619.09	\$ -	\$ 26,619.09	\$ -	\$ 3,200.00	\$ -	\$ 23,419.09	\$ -	\$ 23,419.09
Indirect As A Percent of Direct									10.2%
									0.0%

Line Item	Total Program Cost		Contractor Base / Net/ish		Requested Budget to be Provided by Other Contract Base	
	Direct Incremental	Indirect	Direct Incremental	Indirect	Direct Incremental	Indirect
1. Total Salary/Wages	\$ 5,706.16	\$ -	\$ -	\$ -	\$ 5,706.16	\$ -
2. Employee Benefits	\$ 1,843.00	\$ -	\$ -	\$ -	\$ 1,843.00	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 220.04	\$ -	\$ -	\$ -	\$ 220.04	\$ -
Travel	\$ 600.00	\$ -	\$ -	\$ -	\$ 600.00	\$ -
7. Occupancy	\$ 1,168.00	\$ -	\$ -	\$ -	\$ 1,168.00	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 120.00	\$ -	\$ -	\$ -	\$ 120.00	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 300.00	\$ -	\$ -	\$ -	\$ 300.00	\$ -
12. Subcontract/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specify details in narrative) indirect 10.2%	\$ 1,130.00	\$ -	\$ -	\$ -	\$ 1,130.00	\$ -
Volunteer	\$ 1,248.00	\$ -	\$ 1,248.00	\$ -	\$ -	\$ -
TOTAL	\$ 12,338.20	\$ -	\$ 1,248.00	\$ -	\$ 11,090.20	\$ -

Indirect As A Percent of Direct 10.2%

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Tri-County CAP - SLRC of Coos County

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 7/1/14- 6/30/15

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Tri-County CAP - SLRC of Coos County
 Budget Request for: Senior Medicare Patrol Program
 (Name of Program)

Budget Period: 7/1/14- 6/30/15

Line Item	Total Program Cost		Contractor Share / Health		Requested Budget to be Provided by DSHS Contract Share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 7,072.00	\$ -	\$ -	\$ -	\$ 7,072.00	\$ -	\$ 7,072.00
2. Employee Benefits	\$ 2,899.52	\$ -	\$ -	\$ -	\$ 2,899.52	\$ -	\$ 2,899.52
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Travel	\$ 164.54	\$ -	\$ -	\$ -	\$ 164.54	\$ -	\$ 164.54
14. Office	\$ 600.00	\$ -	\$ -	\$ -	\$ 600.00	\$ -	\$ 600.00
15. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16. Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Postage	\$ 88.00	\$ -	\$ -	\$ -	\$ 88.00	\$ -	\$ 88.00
18. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Other (Specify details mandatory) indirect 10.2%	\$ 1,202.00	\$ -	\$ -	\$ -	\$ 1,202.00	\$ -	\$ 1,202.00
26. Volunteer	\$ 1,248.00	\$ -	\$ 1,248.00	\$ -	\$ -	\$ -	\$ 1,248.00
TOTAL	\$ 13,274.06	\$ -	\$ 1,248.00	\$ -	\$ 13,274.06	\$ -	\$ 14,522.06

Indirect As A Percent of Direct 10.2%

NH Department of Health and Human Services

STANDARD EXHIBIT C

SPECIAL PROVISIONS

1. Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. Compliance with Federal and State Laws: If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. Time and Manner of Determination: Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. Documentation: In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. Fair Hearings: The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. Gratuities or Kickbacks: The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. Retroactive Payments: Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. Conditions of Purchase: Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:

8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. Maintenance of Records: In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 Fiscal Records: books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 Statistical Records: Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the Contractor fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 Audit and Review: During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 Audit Liabilities: In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. Confidentiality of Records: All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. Reports: Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.

12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. Completion of Services: Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. Credits: All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

14.1 The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. Prior Approval and Copyright Ownership:

All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.

16. Operation of Facilities: Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

17. Subcontractors: DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

SPECIAL PROVISIONS – DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

NH Department of Health and Human Services

STANDARD EXHIBIT D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR 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

- (A) The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Tri-County Community Action Program, Inc.

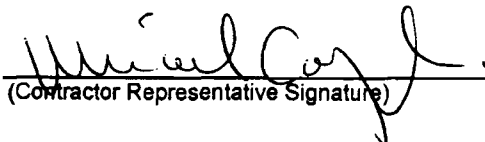
From: 1/1/14 To: 6/30/15

(Contractor Name)

(Period Covered by this Certification)

Michael Coughlin, Chief Executive Officer

(Name & Title of Authorized Contractor Representative)


(Contractor Representative Signature)

12/4/13

(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT E

CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

- Programs (indicate applicable program covered):
- *Temporary Assistance to Needy Families under Title IV-A
 - *Child Support Enforcement Program under Title IV-D
 - *Social Services Block Grant Program under Title XX
 - *Medicaid Program under Title XIX
 - *Community Services Block Grant under Title VI
 - *Child Care Development Block Grant under Title IV

Contract Period: 1/1/14 through 6/30/13

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-1.)
- (3) The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.


(Contractor Representative Signature)

Michael Coughlin, Chief Executive Director
(Authorized Contractor Representative Name & Title)

Tri-County Community Action Program, Inc.
(Contractor Name)

12/4/13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT F

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

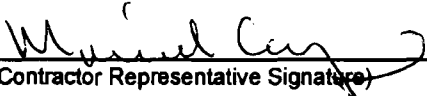
- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

 Michael Coughlin, Chief Executive Officer
(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

Tri-County Community Action Program, Inc. 12/4/13
(Contractor Name) (Date)

Contractor Initials: mc

Date: 12.4.13

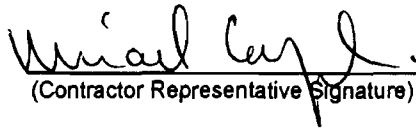
NH Department of Health and Human Services

STANDARD EXHIBIT G

CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.



(Contractor Representative Signature)

Michael Coughlin, Chief Executive Officer

(Authorized Contractor Representative Name & Title)

Tri-County Community Action Program, Inc.

(Contractor Name)

12/4/13

(Date)

NH Department of Health and Human Services

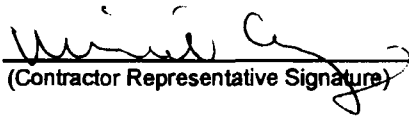
STANDARD EXHIBIT H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.


(Contractor Representative Signature)

Michael Coughlin, Chief Executive Officer

(Authorized Contractor Representative Name & Title)

Tri-County Community Action Program, Inc.

12/4/13

(Contractor Name)

(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 and those parts of the HITECH Act applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

- k. “Protected Health Information” shall have the same meaning as the term “protected health information” in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. “Required by Law” shall have the same meaning as the term “required by law” in 45 CFR Section 164.501.
- m. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. “Security Rule” shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. “Unsecured Protected Health Information” means protected health information that is not secured by a technology standard that renders protected health information unusable, unreasonable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) Use and Disclosure of Protected Health Information.

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402 of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec.13404.
- c. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- d. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)b and (3)k herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- f. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- g. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

- h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- i. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) **Termination for Cause**

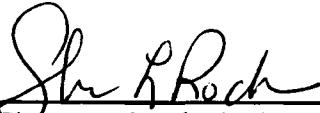

In addition to standard provision #10 of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) **Miscellaneous**

- a. **Definitions and Regulatory References.** All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, and the HITECH Act as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. **Amendment.** Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. **Data Ownership.** The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. **Interpretation.** The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule and the HITECH Act.
- e. **Segregation.** If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. **Survival.** Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health & Human Services Tri-County Community Action Program, Inc.
The State Agency Name Name of the Contractor

 
Signature of Authorized Representative Signature of Authorized Representative

Sheri L. Rockburn Michael Coughlin
Name of Authorized Representative Name of Authorized Representative

Acting Associate Commissioner Chief Executive Officer
Title of Authorized Representative Title of Authorized Representative

12/5/13 12/4/13
Date Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND
TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

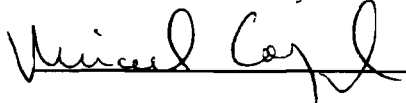
In accordance with 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

- 1) Name of entity
- 2) Amount of award
- 3) Funding agency
- 4) NAICS code for contracts / CFDA program number for grants
- 5) Program source
- 6) Award title descriptive of the purpose of the funding action
- 7) Location of the entity
- 8) Principle place of performance
- 9) Unique identifier of the entity (DUNS #)
- 10) Total compensation and names of the top five executives if:
 - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - b. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

 Michael Coughlin, Chief Executive Officer

 (Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

Tri-County Community Action Program, Inc. 12/4/13

 (Contractor Name) (Date)

Contractor initials: MC
 Date: 12.4.13
 Page # 1 of Page # 1

NH Department of Health and Human Services

STANDARD EXHIBIT J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 073975708 _____

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO

YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO

YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Contractor initials: UMC

Date: 12.4.13

Page # 1 of Page # 1



STATE OF NEW HAMPSHIRE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 OFFICE OF HUMAN SERVICES
 BUREAU OF ELDERLY & ADULT SERVICES

Nicholas A. Toumpas
 Commissioner

Mary Ann Cooney
 Associate Commissioner

129 PLEASANT STREET, CONCORD, NH 03301
 603-271-9404 1-800-852-3345 Ext. 9404
 Fax: 603-271-4232 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

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1/27/16 #9

December 28, 2015

Her Excellency, Governor Margaret Wood Hassan
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

Retroactive
 Sole Source

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into a **retroactive, sole source** Amendment with Community Action Program Belknap and Merrimack Counties, Inc., (Vendor #177203), 2 Industrial Park Drive, Concord, New Hampshire, to add to their ServiceLink contract the provision of the statewide Volunteer Risk Program Management services, by increasing the amount by \$50,000 from \$941,757 to an amount not to exceed \$991,757, retroactive to October 1, 2015, effective upon the date of Governor and Council approval. There is no change to the end date of September 30, 2016. The Governor and Executive Council approved the Agreement on December 20, 2013 (Item #62), and an amendment to the Agreement on February 28, 2014 (Item #35), June 4, 2014 (Item #59), and May 6, 2015 (Item #23). 100% Federal Funds.

Funds are available in the following account in State Fiscal Years 2016 and 2017 with authority to adjust amounts within each State Fiscal Year and adjust encumbrances between State Fiscal Years within the price limitation, through the Budget Office if needed and justified without further approval from Governor and Council.

See Attached Financial Detail

EXPLANATION

This Amendment is **retroactive and sole source**. The Community Action Program Belknap and Merrimack Counties, Inc. has provided under contract with the Department statewide Volunteer Risk Program Management services for the past several years. The contract for the provision of this specific service expired on September 29, 2015, and the Department has allowed the services to continue to ensure retention of the volunteers and to ensure distribution of the Medicare Minutes by those volunteers who make presentations to the community of Medicare Fraud Topics as required by the federal government. This Amendment will add statewide Volunteer Risk Program Management services to a pre-existing contract the Department has with Community Action Program Belknap and Merrimack Counties, Inc. This Amendment is **retroactive** because the Department was unable to complete the extension of the contract for the continued work described above before the contract expired on September 29, 2015. This Amendment is **sole source** because the Vendor is the only contractor that has provided statewide Volunteer Risk Program Management services and consultation.

Approval of this Amendment to the Contractor's ServiceLink program will allow the Contractor to continue to provide Volunteer Risk Program Management services and consultation statewide for the entire Department's ServiceLink Contractors to ensure the continual promotion of the Volunteer Risk Program Management and the support of its volunteers to continue to educate the public about Medicare Fraud.

The Contractor was selected through a competitive bid process.

The Contract retains nine (9) months of the two year renewal option.

Should Governor and Executive Council decide not to authorize this request, important outreach and education provided by volunteers on how to avoid health care fraud will not be provided to Medicare beneficiaries, their families and caregivers. Seniors and other people with disabilities receiving Medicare services are among the most vulnerable to becoming victims of unethical billing practices, billing errors, and other scams. Without approval of this request, people will not receive services on how to protect themselves, their health care benefits, private financial information and their medical identity. The consequences will result in an increase in the number of beneficiaries, many of whom are low or moderate income, who are victimized, and an increase in costs to taxpayers who must bear the burden of funding the investigation and prosecution of health care fraud.

Area Served: Statewide

Source of Funds: 100% Federal Funds. United States Department of Health and Human Services, Administration for Community Living, Catalog of Federal Domestic Assistance #93,048, Federal Award Identification Number 90MP024101.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Mary Ann Cooney,
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

Financial Detail

05-95-48-481010-9565 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SERVICELINK (100% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$38,925.69	0.00	\$38,925.69
102-500734	Contracts for Program Services	2015	\$78,745.44	0.00	\$78,745.44
102-500734	Contracts for Program Services	2016	\$76,192.39	0.00	\$76,192.39
102-500734	Contracts for Program Services	2017	\$18,604.32	0.00	\$18,604.32
		Subtotal	\$212,467.84	\$0.00	\$212,467.84

05-95-48-481510-6180 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, MEDICAL SERVICES, LTC ASSESSMENT AND COUNSELING (50% Federal Funds; 50% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$45,861.03	0.00	\$45,861.03
550-500398	Assessment & Counseling	2015	\$92,880.09	0.00	\$92,880.09
550-500398	Assessment & Counseling	2016	\$117,601.30	0.00	\$117,601.30
550-500398	Assessment & Counseling	2017	\$25,470.56	0.00	\$25,470.56
		Subtotal	\$281,812.98	\$0.00	\$281,812.98

05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICE BLOCK GRANT (46% Federal Funds; 54% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$12,423.10	0.00	\$12,423.10
545-500387	I & R Contracts	2015	\$22,659.29	0.00	\$22,659.29
545-500387	I & R Contracts	2016	\$22,312.10	0.00	\$22,312.10
545-500387	I & R Contracts	2017	\$5,315.52	0.00	\$5,315.52
		Subtotal	\$62,710.01	\$0.00	\$62,710.01

05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS (86% Federal Funds; 14% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$8,093.93	0.00	\$8,093.93
570-500928	Family Caregiver	2014	\$20,713.86	0.00	\$20,713.86
072-500575	Grants - Federal	2015	\$17,724.75	0.00	\$17,724.75
570-500928	Family Caregiver	2015	\$40,177.14	0.00	\$40,177.14
072-500575	Grants - Federal	2016	\$13,110.09	0.00	\$13,110.09
570-500928	Family Caregiver	2016	\$44,196.86	0.00	\$44,196.86
072-500575	Grants - Federal	2017	\$1,557.60	0.00	\$1,557.60
570-500928	Family Caregiver	2017	\$10,305.00	0.00	\$10,305.00
		Subtotal	\$155,879.23	\$0.00	\$155,879.23

05-95-48-481010-8925 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, MEDICAL SERVICE GRANTS (100% Federal Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$13,938.26	0.00	\$13,938.26
102-500731	Contracts for Program Services	2015	\$21,238.65	0.00	\$21,238.65
102-500731	Contracts for Program Services	2016	\$31,789.03	0.00	\$31,789.03
102-500731	Contracts for Program Services	2017	\$6,572.00	0.00	\$6,572.00
		Subtotal	\$73,537.94	\$0.00	\$73,537.94

05-95-48-481010-3317 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - SMPP (83% Federal Funds; 17% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$16,546.00	0.00	\$16,546.00
102-500731	Contracts for Program Services	2015	\$27,385.46	0.00	\$27,385.46
102-500731	Contracts for Program Services	2016	\$52,608.54	\$33,000.00	\$85,608.54
102-500731	Contracts for Program Services	2017	\$9,824.00	\$17,000.00	\$26,824.00
		Subtotal	\$106,364.00	\$50,000.00	\$156,364.00

05-95-48-481010-8888 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - MIPPA (100% Federal Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$16,012.09	0.00	\$16,012.09
102-500731	Contracts for Program Services	2016	\$29,983.91	0.00	\$29,983.91
102-500731	Contracts for Program Services	2017	\$2,989.00	0.00	\$2,989.00
		Subtotal	\$48,985.00	\$48,985.00	\$48,985.00

05-95-49-490510-29850000-102-500731 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIV OF COMM BASED SVS, COMMUNITY BASED CARE SERVICES, BALANCE INCENTIVE PROGRAM BIP, (100% FEDERAL FUNDS)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2016	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$0.00	0.00	\$0.00
		Subtotal	\$0.00	0.00	\$0.00

Summary by Vendor by Year

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
	2014	\$156,501.87	\$0.00	\$156,501.87
	2015	\$316,822.91	\$0.00	\$316,822.91
	2016	\$387,794.22	\$33,000.00	\$420,794.22
	2017	\$80,638.00	\$17,000.00	\$97,638.00
	Subtotal	\$941,757.00	\$50,000.00	\$991,757.00



Nicholas A. Toumpas
Commissioner

Mary Ann Cooney
Associate Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HUMAN SERVICES

BUREAU OF COMMUNITY BASED MILITARY PROGRAMS

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9394 1-800-852-3345 Ext. 9394
Fax: 603-271-8556 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

YV 10

10/7/15 *10

August 20, 2015

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Sole Source

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Human Services, to enter into a **sole source** amendment to an existing agreement with Easter Seals New Hampshire, Inc. (Vendor # 177204), 555 Auburn Street, Manchester, NH 03103, to include Sustainable System of Care Improvements to the ServiceLink contract for service members, veterans and/or their families, by increasing the price limitation by \$250,000 from \$1,765,800 to \$2,015,800 effective upon Governor and Executive Council approval, with no change to the end date of September 30, 2016. This contract is funded with 69.93% Federal Funds and 30.07% General Funds.

The original contract was approved by the Governor and Executive Council on December 20, 2013 (Item #62) and amended by agreements (Amendment #1 to the Contract) approved by the Governor and Executive Council on June 4, 2014 (Item #59), (Amendment #2 to the Contract) approved by the Governor and Executive Council on October 1, 2014 (Item #14), and (Amendment #3 to the Contract) approved by Governor and Executive Council on May 6, 2015 (Item #23).

Funds to support this request are anticipated to be available in the following accounts in State Fiscal Year 2016 and State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budget, with the ability to adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified, without further approval from the Governor and Executive Council.

(See attachment for Fiscal Details)

EXPLANATION

This request is **sole source** because it increases the original contract amount by more than ten percent (10%). This sole source amendment increases funding for services that will address the immediate need for Care Coordination Services, in a manner that effectively integrates NH CarePath access and works with partners, to streamline access and create a sustainable and integrated service delivery system that ensures quality of care for New Hampshire's military-veteran population.

The Contractor will provide outreach services to ensure that service members, veterans and their families are aware of and can access care coordination services in a timely manner. During the initial assessment process each case will be screened by the Contractor's experienced intake worker. Care coordinated services will be provided when the Contractor cannot serve the service member, veteran, and/or their family member/s through other contracts, subcontracts or other public funding streams.

The Contractor will work closely with the Bureau of Community Based Military Programs to create a Sustainable Military Access Task Force. The Task Force will establish new protocols and systems that promote easier access points for care. They will also research, identify and apply for federal grants as appropriate, which will include substantial inter-agency partnerships. A memorandum of understanding will be created for inter-agency partnerships to promote further coordination and sustainability efforts beyond the end date of this contract.

This Contractor has established services that assist military personnel and families affected by deployment, such as financial assistance through the Veterans Count program. The Contractor's collaborative partnerships, experience and military cultural competence is unique due to it's' development and implementation of the Deployment Cycle Support Care Coordination Program. The Contractor also assisted with the coordination of services for veterans of all eras through the No Wrong Door system to ensure service members, veterans and their families have access to long term support services, and critical ancillary services related to employment, housing, counseling, suicide prevention and other critical needs. They have also provided cross training to ServiceLink Resource Centers, ProForce and coordinated statewide training for civilian providers. The Contractor's experience gained through these programs uniquely positions them to be able to effectively access and create improvements to the sustainable system of care for service members, veterans and their families.

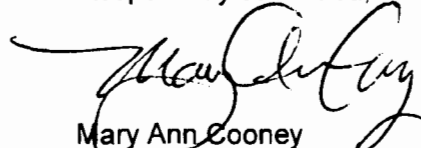
Should the Governor and Executive Council determine to not approve this request approximately one-hundred and twenty-five (125) military related cases will not receive care coordinated support services. Additionally, there will not be a task force in effect to research various federal funding to sustain inter-agency coordinated support services for New Hampshire service members, veterans and their families.

Area served: Statewide

Source of funds: 69.93% Federal Funds
30.07% General Funds

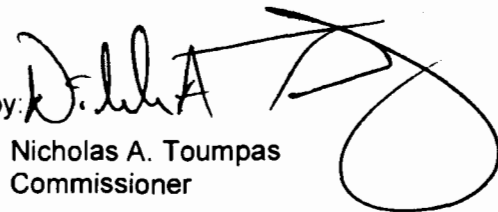
In the event federal funds become no longer available, general funds will not be requested to support this request.

Respectfully submitted,



Mary Ann Cooney
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

Fiscal Details for Easter Seals Amendment #4 of the Servicelink Contract

05-95-48-481010-9565 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SERVICELINK (100% General Funds)

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$43,102.83	\$0.00	\$43,102.83
102-500734	Contracts for Program Services	2015	\$85,983.20	\$0.00	\$85,983.20
102-500734	Contracts for Program Services	2016	\$85,848.49	\$0.00	\$85,848.49
102-500734	Contracts for Program Services	2017	\$21,462.00	\$0.00	\$21,462.00
		Subtotal	\$236,396.52	\$0.00	\$236,396.52

05-95-48-481510-6180 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, MEDICAL SERVICES, LTC ASSESSMENT AND COUNSELING (50% Federal Funds; 50% General Funds)

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$93,542.32	\$0.00	\$93,542.32
550-500398	Assessment & Counseling	2015	\$221,448.24	\$0.00	\$221,448.24
550-500398	Assessment & Counseling	2016	\$219,001.25	\$0.00	\$219,001.25
550-500398	Assessment & Counseling	2017	\$54,750.00	\$0.00	\$54,750.00
		Subtotal	\$588,741.81	\$0.00	\$588,741.81

05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICE BLOCK GRANT (46% Federal Funds; 54% General Funds)

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$13,756.24	\$0.00	\$13,756.24
545-500387	I & R Contracts	2015	\$25,135.65	\$0.00	\$25,135.65
545-500387	I & R Contracts	2016	\$24,528.14	\$0.00	\$24,528.14
545-500387	I & R Contracts	2017	\$6,132.00	\$0.00	\$6,132.00
		Subtotal	\$69,552.03	\$0.00	\$69,552.03

Fiscal Details for Easter Seals Amendment #4 of the Servicelink Contract

05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS (86% Federal Funds; 14% General Funds)

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$33,014.92	\$0.00	\$33,014.92
570-500928	Family Caregiver	2014	\$19,587.04	\$0.00	\$19,587.04
072-500575	Grants - Federal	2015	\$47,098.16	\$0.00	\$47,098.16
570-500928	Family Caregiver	2015	\$38,621.06	\$0.00	\$38,621.06
072-500575	Grants - Federal	2016	\$21,024.12	\$0.00	\$21,024.12
570-500928	Family Caregiver	2016	\$38,621.00	\$0.00	\$38,621.00
072-500575	Grants - Federal	2017	\$5,256.00	\$0.00	\$5,256.00
570-500928	Family Caregiver	2017	\$9,655.00	\$0.00	\$9,655.00
		Subtotal	\$212,877.30	\$0.00	\$212,877.30

05-95-48-481010-8925 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, MEDICAL SERVICE GRANTS (100% Federal Funds)

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$14,911.91	\$0.00	\$14,911.91
102-500731	Contracts for Program Services	2015	\$25,948.65	\$0.00	\$25,948.65
102-500731	Contracts for Program Services	2016	\$25,949.00	\$0.00	\$25,949.00
102-500731	Contracts for Program Services	2017	\$6,487.00	\$0.00	\$6,487.00
		Subtotal	\$73,296.56	\$0.00	\$73,296.56

05-95-48-481010-3317 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - SMPP (75% Federal Funds; 25% General Funds)

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$8,499.81	\$0.00	\$8,499.81
102-500731	Contracts for Program Services	2015	\$10,396.97	\$0.00	\$10,396.97
102-500731	Contracts for Program Services	2016	\$10,397.00	\$0.00	\$10,397.00
102-500731	Contracts for Program Services	2017	\$2,599.00	\$0.00	\$2,599.00
		Subtotal	\$31,892.78	\$0.00	\$31,892.78

Fiscal Details for Easter Seals Amendment #4 of the ServiceLink Contract

05-95-48-481010-8888 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - MIPPA (100% Federal Funds)

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$6,232.12	\$0.00	\$6,232.12
102-500731	Contracts for Program Services	2015	\$29,377.88	\$0.00	\$29,377.88
102-500731	Contracts for Program Services	2016	\$13,946.00	\$0.00	\$13,946.00
102-500731	Contracts for Program Services	2017	\$3,487.00	\$0.00	\$3,487.00
		Subtotal	\$53,043.00	\$0.00	\$53,043.00

05-95-49-490510-29850000-102-500731 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIV OF COMM BASED SVS, COMMUNITY BASED CARE SERVICES, BALANCE INCENTIVE PROGRAM BIP, (100% FEDERAL FUNDS)

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$500,000.00	\$0.00	\$500,000.00
102-500731	Contracts for Program Services	2016	\$0.00	\$187,503.00	\$187,503.00
102-500731	Contracts for Program Services	2017	\$0.00	\$62,497.00	\$62,497.00
		Subtotal	\$500,000.00	\$250,000.00	\$750,000.00

Summary for Each Year

Easter Seals New Hampshire, Inc. (Vendor # 177204)

	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
	2014	\$232,647.19	\$0.00	\$232,647.19
	2015	\$984,009.81	\$0.00	\$984,009.81
	2016	\$439,315.00	\$187,503.00	\$626,818.00
	2017	\$109,828.00	\$62,497.00	\$172,325.00
	Grand Total	\$1,765,800.00	\$250,000.00	\$2,015,800.00



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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES

Nicholas A. Toumpas
Commissioner

Diane Langley
Director

BUREAU OF ELDERLY & ADULT SERVICES
129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9203 1-800-351-1888
Fax: 603-271-4643 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

5/6/15 #23

April 10, 2015

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Retroactive

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to **retroactively** amend existing agreements, with the vendors listed below, for the continuation of Medicare Improvements for Patients and Providers Act programs, statewide, and to exercise a renewal option with the same vendors for the continuation of the ServiceLink Resource Center programs, by increasing the price limitation by \$4,226,874 from \$5,276,180 to an amount not to exceed \$9,503,054, and extending the completion date from June 30, 2015 to September 30, 2016, effective upon Governor and Executive Council approval. 61% Federal funds and 39% General funds.

Summary of contracted amounts by vendor:

Vendor Name	Vendor Number	Location	Current Budget	Increase/ (Decrease)	Revised Budget Amount
Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners of Strafford County	177278	Rochester, NH	\$ 374,315	\$450,610	\$824,925
Community Action Program Belknap and Merrimack Counties, Inc.	177203	Concord, NH	\$516,527	\$425,230	\$941,757
Crotched Mountain Community Care, Inc.	177293	Portsmouth and Atkinson, NH	\$824,191	\$739,407	\$1,563,598
Easter Seals New Hampshire, Inc.	177204	Manchester and Nashua, NH	\$1,197,547	\$568,253	\$1,765,800
Grafton County Senior Citizens Council, Inc.	177675	Lebanon and Littleton, NH	\$486,063	\$408,409	\$894,472
Lakes Region Partnership for Public Health, Inc.	165635	Laconia and Tamworth, NH	\$701,558	\$601,900	\$1,303,458
Monadnock Collaborative	159303	Keene and Claremont, NH	\$ 882,829	\$775,142	\$1,657,971
Tri-County Community Action Program, Inc.	177195	Berlin, NH	\$293,150	\$257,923	\$551,073
		Grand Total	\$5,276,180	\$4,226,874	\$9,503,054

Funds are available in State Fiscal Year 2015 and are anticipated to be available in State Fiscal Years 2016 and 2017 in the following accounts, upon availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Please see attachment for fiscal details.

EXPLANATION

This request consists of two distinct elements that effect all the attached contracts. The first is a **retroactive** amendment to the contracts so that vendors can be paid for services they rendered at risk because a federal grant expired. The second request exercises existing renewal language within the contracts to extend the completion dates of the contracts.

The ServiceLink Contractors have continued providing, at their risk, services associated with the Medicare Improvements for Patients and Providers Act since September 30, 2014, the scheduled end date for the federal grant that funded the services. The Department has been awarded a new grant from the United States Department of Health and Human Services, Administration for Community Living to continue the same scope of work. The new grant allows for payments to providers retroactive to the expiration of the previous grant period.

The Medicare Improvements for Patients and Providers Act program supplements the Counseling for Medicare Beneficiaries program also provided by the ServiceLink Contractors. Services provided by the Contractors through the Medicare Improvements for Patients and Providers Act program assist consumers with navigating Medicare options that promote wellness and enrollment in Medicare prescription coverage Part D by helping them reduce their cost share portion of healthcare premiums and enroll in cost savings Medicare programs.

The second purpose of this amendment is to exercise a fifteen (15) month renewal option for the continuation of ServiceLink program, statewide. Governor and Executive Council approved these original Agreements on December 20, 2013 (Item #62), and Amendments on February 28, 2014 (Item #35) for six contracts, June 4, 2014 (Item #59) for four contracts, and October 1, 2014 (Item #14) for only one contract, with Easter Seals of New Hampshire, Inc.

The ServiceLink Contractors serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and also serve as a single point of entry to Medicaid long-term support programs and benefits. The ServiceLink Program includes the following:

- Information, Referral and Assistance,
- Options Counseling and Person Centered Transition Support
- Family Caregiver Supports and Services
- Counseling for Medicare Beneficiaries
- Senior Medicare Patrol
- Medicare Improvements for Patients and Providers Act program
- Veterans Directed and Community Based Program
- Medicare Comparison
- Medicare Training.

The aforementioned services are collectively provided by ServiceLink Contractors that utilize the No Wrong Door and Option Counseling models. ServiceLink Contractors operate as full service access points for individuals in New Hampshire so they can experience a streamlined process for eligibility determination, options counseling and program enrollment. The Contractors follow standardized processes established by the Department for providing information, referrals and eligibility determinations so that individuals accessing the system at different locations experience a similar process.

The Contractors were selected through a competitive bid process.

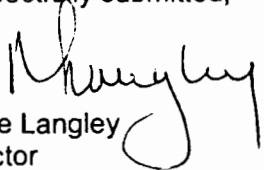
Should Governor and Executive Council decide not to authorize this request, the Department would have to design and implement an alternative method of complying with RSA 151-E:5, which mandates that it establish a system of community based information and referral services for elderly and chronically ill adults. The Department would be vulnerable to losing federal discretionary funds through the Balancing Incentive Program which relies on the ServiceLink program as the platform for implementing the No Wrong Door model and Options Counseling Model. It is likely that admissions to nursing homes and hospitals would increase because there would be no statewide mechanism in the community to advise people of home and community based options and assist them to access these options. The unintended consequences would increase the State's Medicaid expenditures.

Area Served: Statewide.

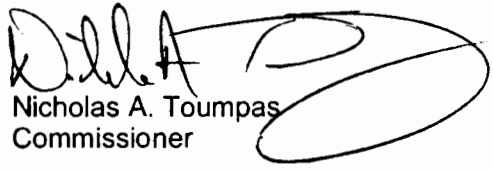
Source of Funds: 39% General Funds and 61% Federal Funds from United States Department of Health and Humans Services, Centers for Medicare and Medicaid, Administration for Children and Families, and Administration for Community Living.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,


Diane Langley
Director

Approved by:


Nicholas A. Toumpas
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET

05-95-48-481010-9565 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SERVICELINK (100% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$38,925.69	\$0.00	\$38,925.69
102-500734	Contracts for Program Services	2015	\$80,520.55	\$0.00	\$80,520.55
102-500734	Contracts for Program Services	2016	\$0.00	\$74,417.28	\$74,417.28
102-500734	Contracts for Program Services	2017	\$0.00	\$18,604.32	\$18,604.32
		Subtotal	\$119,446.24	\$93,021.60	\$212,467.84

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$26,543.55	\$0.00	\$26,543.55
102-500734	Contracts for Program Services	2015	\$50,596.11	\$0.00	\$50,596.11
102-500734	Contracts for Program Services	2016	\$0.00	\$50,960.00	\$50,960.00
102-500734	Contracts for Program Services	2017	\$0.00	\$12,740.00	\$12,740.00
		Subtotal	\$77,139.66	\$63,700.00	\$140,839.66

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$39,614.45	\$0.00	\$39,614.45
102-500734	Contracts for Program Services	2015	\$122,033.80	\$0.00	\$122,033.80
102-500734	Contracts for Program Services	2016	\$0.00	\$114,693.32	\$114,693.32
102-500734	Contracts for Program Services	2017	\$0.00	\$28,673.33	\$28,673.33
		Subtotal	\$161,648.25	\$143,366.65	\$305,014.90

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$43,102.83	\$0.00	\$43,102.83
102-500734	Contracts for Program Services	2015	\$85,983.20	\$0.00	\$85,983.20
102-500734	Contracts for Program Services	2016	\$0.00	\$85,848.49	\$85,848.49
102-500734	Contracts for Program Services	2017	\$0.00	\$21,462.00	\$21,462.00
		Subtotal	\$129,086.03	\$107,310.49	\$236,396.52

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$4,444.42	\$0.00	\$4,444.42
102-500734	Contracts for Program Services	2015	\$8,469.93	\$0.00	\$8,469.93
102-500734	Contracts for Program Services	2016	\$0.00	\$8,513.75	\$8,513.75
102-500734	Contracts for Program Services	2017	\$0.00	\$2,128.56	\$2,128.56
		Subtotal	\$12,914.35	\$10,642.31	\$23,556.66

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$29,361.06	\$0.00	\$29,361.06
102-500734	Contracts for Program Services	2015	\$68,281.36	\$0.00	\$68,281.36
102-500734	Contracts for Program Services	2016	\$0.00	\$68,720.05	\$68,720.05
102-500734	Contracts for Program Services	2017	\$0.00	\$17,179.89	\$17,179.89
		Subtotal	\$97,642.42	\$85,899.94	\$183,542.36

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$26,176.33	\$0.00	\$26,176.33
102-500734	Contracts for Program Services	2015	\$87,661.19	\$0.00	\$87,661.19
102-500734	Contracts for Program Services	2016	\$0.00	\$77,579.25	\$77,579.25
102-500734	Contracts for Program Services	2017	\$0.00	\$19,394.69	\$19,394.69
		Subtotal	\$113,837.52	\$96,973.94	\$210,811.46

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$16,289.82	\$0.00	\$16,289.82
102-500734	Contracts for Program Services	2015	\$30,994.85	\$0.00	\$30,994.85
102-500734	Contracts for Program Services	2016	\$0.00	\$28,907.06	\$28,907.06
102-500734	Contracts for Program Services	2017	\$0.00	\$7,227.01	\$7,227.01
		Subtotal	\$47,284.67	\$36,134.07	\$83,418.74

Total 9565	\$758,999.14	\$637,049.00	\$1,396,048.14
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05-95-48-481510-6180 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, MEDICAL SERVICES, LTC ASSESSMENT AND COUNSELING (50% Federal Funds; 50% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$45,861.03	\$0.00	\$45,861.03
550-500398	Assessment & Counseling	2015	\$108,598.27	\$0.00	\$108,598.27
550-500398	Assessment & Counseling	2016	\$0.00	\$101,883.12	\$101,883.12
550-500398	Assessment & Counseling	2017	\$0.00	\$25,470.56	\$25,470.56
		Subtotal	\$154,459.30	\$127,353.68	\$281,812.98

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$43,781.78	\$0.00	\$43,781.78
550-500398	Assessment & Counseling	2015	\$96,117.28	\$0.00	\$96,117.28
550-500398	Assessment & Counseling	2016	\$0.00	\$95,680.00	\$95,680.00
550-500398	Assessment & Counseling	2017	\$0.00	\$23,920.00	\$23,920.00
		Subtotal	\$139,899.06	\$119,600.00	\$259,499.06

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$85,971.81	\$0.00	\$85,971.81
550-500398	Assessment & Counseling	2015	\$311,435.93	\$0.00	\$311,435.93
550-500398	Assessment & Counseling	2016	\$0.00	\$292,585.00	\$292,585.00
550-500398	Assessment & Counseling	2017	\$0.00	\$73,146.25	\$73,146.25
		Subtotal	\$397,407.74	\$365,731.25	\$763,138.99

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$93,542.32	\$0.00	\$93,542.32
550-500398	Assessment & Counseling	2015	\$221,448.24	\$0.00	\$221,448.24
550-500398	Assessment & Counseling	2016	\$0.00	\$219,001.25	\$219,001.25
550-500398	Assessment & Counseling	2017	\$0.00	\$54,750.00	\$54,750.00
		Subtotal	\$314,990.56	\$273,751.25	\$588,741.81

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$60,644.47	\$0.00	\$60,644.47
550-500398	Assessment & Counseling	2015	\$197,198.35	\$0.00	\$197,198.35
550-500398	Assessment & Counseling	2016	\$0.00	\$186,331.55	\$186,331.55
550-500398	Assessment & Counseling	2017	\$0.00	\$46,583.20	\$46,583.20
		Subtotal	\$257,842.82	\$232,914.75	\$490,757.57

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$72,396.82	\$0.00	\$72,396.82
550-500398	Assessment & Counseling	2015	\$117,724.75	\$0.00	\$117,724.75
550-500398	Assessment & Counseling	2016	\$0.00	\$117,188.41	\$117,188.41
550-500398	Assessment & Counseling	2017	\$0.00	\$29,297.45	\$29,297.45
		Subtotal	\$190,121.57	\$146,485.86	\$336,607.43

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$68,909.31	\$0.00	\$68,909.31
550-500398	Assessment & Counseling	2015	\$169,573.55	\$0.00	\$169,573.55
550-500398	Assessment & Counseling	2016	\$0.00	\$158,731.29	\$158,731.29
550-500398	Assessment & Counseling	2017	\$0.00	\$39,682.73	\$39,682.73
		Subtotal	\$238,482.86	\$198,414.02	\$436,896.88

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$33,889.30	\$0.00	\$33,889.30
550-500398	Assessment & Counseling	2015	\$92,020.55	\$0.00	\$92,020.55
550-500398	Assessment & Counseling	2016	\$0.00	\$86,271.94	\$86,271.94
550-500398	Assessment & Counseling	2017	\$0.00	\$21,568.17	\$21,568.17
		Subtotal	\$125,909.85	\$107,840.11	\$233,749.96

Total 6180	\$1,819,113.76	\$1,572,090.92	\$3,391,204.68
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05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICE BLOCK GRANT (46% Federal Funds; 54% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$12,423.10	\$0.00	\$12,423.10
545-500387	I & R Contracts	2015	\$23,709.31	\$0.00	\$23,709.31
545-500387	I & R Contracts	2016	\$0.00	\$21,262.08	\$21,262.08
545-500387	I & R Contracts	2017	\$0.00	\$5,315.52	\$5,315.52
		Subtotal	\$36,132.41	\$26,577.60	\$62,710.01

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$8,506.63	\$0.00	\$8,506.63
545-500387	I & R Contracts	2015	\$14,744.37	\$0.00	\$14,744.37
545-500387	I & R Contracts	2016	\$0.00	\$14,560.00	\$14,560.00
545-500387	I & R Contracts	2017	\$0.00	\$3,640.00	\$3,640.00
		Subtotal	\$23,251.00	\$18,200.00	\$41,451.00

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$12,643.23	\$0.00	\$12,643.23
545-500387	I & R Contracts	2015	\$35,851.74	\$0.00	\$35,851.74
545-500387	I & R Contracts	2016	\$0.00	\$32,769.52	\$32,769.52
545-500387	I & R Contracts	2017	\$0.00	\$8,192.38	\$8,192.38
		Subtotal	\$48,494.97	\$40,961.90	\$89,456.87

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$13,756.24	\$0.00	\$13,756.24
545-500387	I & R Contracts	2015	\$25,135.65	\$0.00	\$25,135.65
545-500387	I & R Contracts	2016	\$0.00	\$24,528.14	\$24,528.14
545-500387	I & R Contracts	2017	\$0.00	\$6,132.00	\$6,132.00
		Subtotal	\$38,891.89	\$30,660.14	\$69,552.03

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$1,419.48	\$0.00	\$1,419.48
545-500387	I & R Contracts	2015	\$2,473.60	\$0.00	\$2,473.60
545-500387	I & R Contracts	2016	\$0.00	\$2,432.50	\$2,432.50
545-500387	I & R Contracts	2017	\$0.00	\$608.16	\$608.16
		Subtotal	\$3,893.08	\$3,040.66	\$6,933.74

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$9,373.32	\$0.00	\$9,373.32
545-500387	I & R Contracts	2015	\$19,935.85	\$0.00	\$19,935.85
545-500387	I & R Contracts	2016	\$0.00	\$19,634.30	\$19,634.30
545-500387	I & R Contracts	2017	\$0.00	\$4,908.54	\$4,908.54
		Subtotal	\$29,309.17	\$24,542.84	\$53,852.01

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$8,364.02	\$0.00	\$8,364.02
545-500387	I & R Contracts	2015	\$25,879.67	\$0.00	\$25,879.67
545-500387	I & R Contracts	2016	\$0.00	\$22,165.50	\$22,165.50
545-500387	I & R Contracts	2017	\$0.00	\$5,541.34	\$5,541.34
		Subtotal	\$34,243.69	\$27,706.84	\$61,950.53

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$5,202.97	\$0.00	\$5,202.97
545-500387	I & R Contracts	2015	\$9,116.55	\$0.00	\$9,116.55
545-500387	I & R Contracts	2016	\$0.00	\$8,259.16	\$8,259.16
545-500387	I & R Contracts	2017	\$0.00	\$2,064.86	\$2,064.86
		Subtotal	\$14,319.52	\$10,324.02	\$24,643.54

Total 9255	\$228,535.73	\$182,014.00	\$410,549.73
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05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS (86% Federal Funds; 14% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$8,093.93	\$0.00	\$8,093.93
570-500928	Family Caregiver	2014	\$20,713.86	\$0.00	\$20,713.86
072-500575	Grants - Federal	2015	\$21,604.32	\$3,000.00	\$24,604.32
570-500928	Family Caregiver	2015	\$43,156.00	\$0.00	\$43,156.00
072-500575	Grants - Federal	2016	\$0.00	\$6,230.52	\$6,230.52
570-500928	Family Caregiver	2016	\$0.00	\$41,218.00	\$41,218.00
072-500575	Grants - Federal	2017	\$0.00	\$1,557.60	\$1,557.60
570-500928	Family Caregiver	2017	\$0.00	\$10,305.00	\$10,305.00
		Subtotal	\$93,568.11	\$62,311.12	\$155,879.23

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$12,668.04	\$0.00	\$12,668.04
570-500928	Family Caregiver	2014	\$8,750.00	\$0.00	\$8,750.00
072-500575	Grants - Federal	2015	\$22,542.24	\$3,000.00	\$25,542.24
570-500928	Family Caregiver	2015	\$16,500.00	\$0.00	\$16,500.00
072-500575	Grants - Federal	2016	\$0.00	\$7,800.00	\$7,800.00
570-500928	Family Caregiver	2016	\$0.00	\$24,000.00	\$24,000.00
072-500575	Grants - Federal	2017	\$0.00	\$1,950.00	\$1,950.00
570-500928	Family Caregiver	2017	\$0.00	\$6,000.00	\$6,000.00
		Subtotal	\$60,460.28	\$42,750.00	\$103,210.28

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$30,342.98	\$0.00	\$30,342.98
570-500928	Family Caregiver	2014	\$11,090.25	\$0.00	\$11,090.25
072-500575	Grants - Federal	2015	\$55,887.12	\$6,000.00	\$61,887.12
570-500928	Family Caregiver	2015	\$43,252.00	\$0.00	\$43,252.00
072-500575	Grants - Federal	2016	\$0.00	\$28,088.16	\$28,088.16
570-500928	Family Caregiver	2016	\$0.00	\$40,962.00	\$40,962.00
072-500575	Grants - Federal	2017	\$0.00	\$7,022.04	\$7,022.04
570-500928	Family Caregiver	2017	\$0.00	\$10,241.00	\$10,241.00
		Subtotal	\$140,572.35	\$92,313.20	\$232,885.55

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$33,014.92	\$0.00	\$33,014.92
570-500928	Family Caregiver	2014	\$19,587.04	\$0.00	\$19,587.04
072-500575	Grants - Federal	2015	\$41,098.16	\$6,000.00	\$47,098.16
570-500928	Family Caregiver	2015	\$38,621.06	\$0.00	\$38,621.06
072-500575	Grants - Federal	2016	\$0.00	\$21,024.12	\$21,024.12
570-500928	Family Caregiver	2016	\$0.00	\$38,621.00	\$38,621.00
072-500575	Grants - Federal	2017	\$0.00	\$5,256.00	\$5,256.00
570-500928	Family Caregiver	2017	\$0.00	\$9,655.00	\$9,655.00
		Subtotal	\$132,321.18	\$80,556.12	\$212,877.30

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$44,260.81	\$0.00	\$44,260.81
570-500928	Family Caregiver	2014	\$20,240.52	\$0.00	\$20,240.52
072-500575	Grants - Federal	2015	\$32,347.54	\$6,000.00	\$38,347.54
570-500928	Family Caregiver	2015	\$49,739.82	\$0.00	\$49,739.82
072-500575	Grants - Federal	2016	\$0.00	\$24,532.20	\$24,532.20
570-500928	Family Caregiver	2016	\$0.00	\$47,533.00	\$47,533.00
072-500575	Grants - Federal	2017	\$0.00	\$6,133.08	\$6,133.08
570-500928	Family Caregiver	2017	\$0.00	\$11,883.00	\$11,883.00
		Subtotal	\$146,588.69	\$96,081.28	\$242,669.97

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$46,413.11	\$0.00	\$46,413.11
570-500928	Family Caregiver	2014	\$38,665.23	\$0.00	\$38,665.23
072-500575	Grants - Federal	2015	\$81,971.73	\$6,000.00	\$87,971.73
570-500928	Family Caregiver	2015	\$78,682.77	\$0.00	\$78,682.77
072-500575	Grants - Federal	2016	\$0.00	\$74,231.24	\$74,231.24
570-500928	Family Caregiver	2016	\$0.00	\$78,360.00	\$78,360.00
072-500575	Grants - Federal	2017	\$0.00	\$18,558.12	\$18,558.12
570-500928	Family Caregiver	2017	\$0.00	\$19,590.00	\$19,590.00
		Subtotal	\$245,732.84	\$196,739.36	\$442,472.20

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$32,108.91	\$0.00	\$32,108.91
570-500928	Family Caregiver	2014	\$18,718.17	\$0.00	\$18,718.17
072-500575	Grants - Federal	2015	\$160,971.43	\$6,000.00	\$166,971.43
570-500928	Family Caregiver	2015	\$86,074.26	\$0.00	\$86,074.26
072-500575	Grants - Federal	2016	\$0.00	\$127,880.96	\$127,880.96
570-500928	Family Caregiver	2016	\$0.00	\$70,339.00	\$70,339.00
072-500575	Grants - Federal	2017	\$0.00	\$31,970.24	\$31,970.24
570-500928	Family Caregiver	2017	\$0.00	\$17,585.00	\$17,585.00
		Subtotal	\$297,872.77	\$253,775.20	\$551,647.97

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$14,554.35	\$0.00	\$14,554.35
570-500928	Family Caregiver	2014	\$10,738.11	\$0.00	\$10,738.11
072-500575	Grants - Federal	2015	\$10,786.34	\$3,000.00	\$13,786.34
570-500928	Family Caregiver	2015	\$24,573.89	\$0.00	\$24,573.89
072-500575	Grants - Federal	2016	\$0.00	\$8,787.84	\$8,787.84
570-500928	Family Caregiver	2016	\$0.00	\$23,410.00	\$23,410.00
072-500575	Grants - Federal	2017	\$0.00	\$2,196.96	\$2,196.96
570-500928	Family Caregiver	2017	\$0.00	\$5,853.00	\$5,853.00
		Subtotal	\$60,652.69	\$43,247.80	\$103,900.49

Total 7872	\$1,177,768.91	\$867,774.08	\$2,045,542.99
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05-95-48-481010-8925 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, MEDICAL SERVICE GRANTS (100% Federal Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$13,938.26	\$0.00	\$13,938.26
102-500731	Contracts for Program Services	2015	\$26,739.68	\$0.00	\$26,739.68
102-500731	Contracts for Program Services	2016	\$0.00	\$26,288.00	\$26,288.00
102-500731	Contracts for Program Services	2017	\$0.00	\$6,572.00	\$6,572.00
		Subtotal	\$40,677.94	\$32,860.00	\$73,537.94

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$10,913.00	\$0.00	\$10,913.00
102-500731	Contracts for Program Services	2015	\$17,986.00	\$0.00	\$17,986.00
102-500731	Contracts for Program Services	2016	\$0.00	\$17,986.00	\$17,986.00
102-500731	Contracts for Program Services	2017	\$0.00	\$4,497.00	\$4,497.00
		Subtotal	\$28,899.00	\$22,483.00	\$51,382.00

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$6,850.23	\$0.00	\$6,850.23
102-500731	Contracts for Program Services	2015	\$21,281.52	\$0.00	\$21,281.52
102-500731	Contracts for Program Services	2016	\$0.00	\$19,861.00	\$19,861.00
102-500731	Contracts for Program Services	2017	\$0.00	\$4,965.00	\$4,965.00
		Subtotal	\$28,131.75	\$24,826.00	\$52,957.75

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$14,911.91	\$0.00	\$14,911.91
102-500731	Contracts for Program Services	2015	\$25,948.65	\$0.00	\$25,948.65
102-500731	Contracts for Program Services	2016	\$0.00	\$25,949.00	\$25,949.00
102-500731	Contracts for Program Services	2017	\$0.00	\$6,487.00	\$6,487.00
		Subtotal	\$40,860.56	\$32,436.00	\$73,296.56

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$10,552.67	\$0.00	\$10,552.67
102-500731	Contracts for Program Services	2015	\$22,019.85	\$0.00	\$22,019.85
102-500731	Contracts for Program Services	2016	\$0.00	\$21,520.00	\$21,520.00
102-500731	Contracts for Program Services	2017	\$0.00	\$5,380.00	\$5,380.00
		Subtotal	\$32,572.52	\$26,900.00	\$59,472.52

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$20,941.44	\$0.00	\$20,941.44
102-500731	Contracts for Program Services	2015	\$47,198.56	\$0.00	\$47,198.56
102-500731	Contracts for Program Services	2016	\$0.00	\$46,976.00	\$46,976.00
102-500731	Contracts for Program Services	2017	\$0.00	\$11,744.00	\$11,744.00
		Subtotal	\$68,140.00	\$58,720.00	\$126,860.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$39,327.38	\$0.00	\$39,327.38
102-500731	Contracts for Program Services	2015	\$81,805.78	\$0.00	\$81,805.78
102-500731	Contracts for Program Services	2016	\$0.00	\$79,020.00	\$79,020.00
102-500731	Contracts for Program Services	2017	\$0.00	\$19,755.00	\$19,755.00
		Subtotal	\$121,133.16	\$98,775.00	\$219,908.16

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$4,196.87	\$0.00	\$4,196.87
102-500731	Contracts for Program Services	2015	\$13,261.48	\$0.00	\$13,261.48
102-500731	Contracts for Program Services	2016	\$0.00	\$11,087.00	\$11,087.00
102-500731	Contracts for Program Services	2017	\$0.00	\$2,772.00	\$2,772.00
		Subtotal	\$17,458.35	\$13,859.00	\$31,317.35

Total 8925	\$377,873.28	\$310,859.00	\$688,732.28
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05-95-48-481010-3317 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - SMPP (75% Federal Funds; 25% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$16,546.00	\$0.00	\$16,546.00
102-500731	Contracts for Program Services	2015	\$40,697.00	\$0.00	\$40,697.00
102-500731	Contracts for Program Services	2016	\$0.00	\$39,297.00	\$39,297.00
102-500731	Contracts for Program Services	2017	\$0.00	\$9,824.00	\$9,824.00
		Subtotal	\$57,243.00	\$49,121.00	\$106,364.00

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$10,813.00	\$0.00	\$10,813.00
102-500731	Contracts for Program Services	2015	\$22,310.00	\$0.00	\$22,310.00
102-500731	Contracts for Program Services	2016	\$0.00	\$22,310.00	\$22,310.00
102-500731	Contracts for Program Services	2017	\$0.00	\$5,578.00	\$5,578.00
		Subtotal	\$33,123.00	\$27,888.00	\$61,011.00

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$9,653.49	\$0.00	\$9,653.49
102-500731	Contracts for Program Services	2015	\$30,301.45	\$0.00	\$30,301.45
102-500731	Contracts for Program Services	2016	\$0.00	\$28,381.00	\$28,381.00
102-500731	Contracts for Program Services	2017	\$0.00	\$7,095.00	\$7,095.00
		Subtotal	\$39,954.94	\$35,476.00	\$75,430.94

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$8,499.81	\$0.00	\$8,499.81
102-500731	Contracts for Program Services	2015	\$10,396.97	\$0.00	\$10,396.97
102-500731	Contracts for Program Services	2016	\$0.00	\$10,397.00	\$10,397.00
102-500731	Contracts for Program Services	2017	\$0.00	\$2,599.00	\$2,599.00
		Subtotal	\$18,896.78	\$12,996.00	\$31,892.78

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$8,903.82	\$0.00	\$8,903.82
102-500731	Contracts for Program Services	2015	\$12,729.72	\$0.00	\$12,729.72
102-500731	Contracts for Program Services	2016	\$0.00	\$12,174.00	\$12,174.00
102-500731	Contracts for Program Services	2017	\$0.00	\$3,044.00	\$3,044.00
		Subtotal	\$21,633.54	\$15,218.00	\$36,851.54

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$16,734.90	\$0.00	\$16,734.90
102-500731	Contracts for Program Services	2015	\$42,358.10	\$0.00	\$42,358.10
102-500731	Contracts for Program Services	2016	\$0.00	\$42,224.00	\$42,224.00
102-500731	Contracts for Program Services	2017	\$0.00	\$10,556.00	\$10,556.00
		Subtotal	\$59,093.00	\$52,780.00	\$111,873.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$15,182.21	\$0.00	\$15,182.21
102-500731	Contracts for Program Services	2015	\$50,533.79	\$0.00	\$50,533.79
102-500731	Contracts for Program Services	2016	\$0.00	\$43,916.00	\$43,916.00
102-500731	Contracts for Program Services	2017	\$0.00	\$10,979.00	\$10,979.00
		Subtotal	\$65,716.00	\$54,895.00	\$120,611.00

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$7,354.41	\$0.00	\$7,354.41
102-500731	Contracts for Program Services	2015	\$14,360.51	\$0.00	\$14,360.51
102-500731	Contracts for Program Services	2016	\$0.00	\$12,026.00	\$12,026.00
102-500731	Contracts for Program Services	2017	\$0.00	\$3,007.00	\$3,007.00
		Subtotal	\$21,714.92	\$15,033.00	\$36,747.92

Total 3317	\$317,375.18	\$263,407.00	\$580,782.18
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05-95-48-481010-8888 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - MIPPA (100% Federal Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$15,000.00	\$19,042.00	\$34,042.00
102-500731	Contracts for Program Services	2016	\$0.00	\$11,954.00	\$11,954.00
102-500731	Contracts for Program Services	2017	\$0.00	\$2,989.00	\$2,989.00
		Subtotal	\$15,000.00	\$33,985.00	\$48,985.00

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$7,226.00	\$0.00	\$7,226.00
102-500731	Contracts for Program Services	2015	\$4,317.00	\$0.00	\$4,317.00
102-500731	Contracts for Program Services	2016	\$0.00	\$7,969.00	\$7,969.00
102-500731	Contracts for Program Services	2017	\$0.00	\$1,992.00	\$1,992.00
		Subtotal	\$11,543.00	\$9,961.00	\$21,504.00

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$3,151.48	\$0.00	\$3,151.48
102-500731	Contracts for Program Services	2015	\$4,829.52	\$19,299.00	\$24,128.52
102-500731	Contracts for Program Services	2016	\$0.00	\$13,946.00	\$13,946.00
102-500731	Contracts for Program Services	2017	\$0.00	\$3,487.00	\$3,487.00
		Subtotal	\$7,981.00	\$36,732.00	\$44,713.00

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$6,232.12	\$0.00	\$6,232.12
102-500731	Contracts for Program Services	2015	\$16,267.88	\$13,110.00	\$29,377.88
102-500731	Contracts for Program Services	2016	\$0.00	\$13,946.00	\$13,946.00
102-500731	Contracts for Program Services	2017	\$0.00	\$3,487.00	\$3,487.00
		Subtotal	\$22,500.00	\$30,543.00	\$53,043.00

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$7,851.64	\$0.00	\$7,851.64
102-500731	Contracts for Program Services	2015	\$2,766.36	\$12,406.00	\$15,172.36
102-500731	Contracts for Program Services	2016	\$0.00	\$8,965.00	\$8,965.00
102-500731	Contracts for Program Services	2017	\$0.00	\$2,241.00	\$2,241.00
		Subtotal	\$10,618.00	\$23,612.00	\$34,230.00

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$6,565.93	\$0.00	\$6,565.93
102-500731	Contracts for Program Services	2015	\$4,953.07	\$19,299.00	\$24,252.07
102-500731	Contracts for Program Services	2016	\$0.00	\$13,946.00	\$13,946.00
102-500731	Contracts for Program Services	2017	\$0.00	\$3,487.00	\$3,487.00
		Subtotal	\$11,519.00	\$36,732.00	\$48,251.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$11,543.00	\$23,434.00	\$34,977.00
102-500731	Contracts for Program Services	2016	\$0.00	\$16,934.00	\$16,934.00
102-500731	Contracts for Program Services	2017	\$0.00	\$4,234.00	\$4,234.00
		Subtotal	\$11,543.00	\$44,602.00	\$56,145.00

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$2,818.31	\$0.00	\$2,818.31
102-500731	Contracts for Program Services	2015	\$2,991.69	\$16,542.00	\$19,533.69
102-500731	Contracts for Program Services	2016	\$0.00	\$11,954.00	\$11,954.00
102-500731	Contracts for Program Services	2017	\$0.00	\$2,989.00	\$2,989.00
		Subtotal	\$5,810.00	\$31,485.00	\$37,295.00

Total 8888	\$96,514.00	\$247,652.00	\$344,166.00
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05-95-49-490510-29850000-102-500731 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIV OF COMM BASED SVS, COMMUNITY BASED CARE SERVICES, BALANCE INCENTIVE PROGRAM BIP, (100% FEDERAL FUNDS)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2016	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$0.00	\$0.00	\$0.00
		Subtotal	\$0.00	\$0.00	\$0.00

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$0.00	\$71,028.00	\$71,028.00
102-500731	Contracts for Program Services	2016	\$0.00	\$75,000.00	\$75,000.00
102-500731	Contracts for Program Services	2017	\$0.00	\$0.00	\$0.00
		Subtotal	\$0.00	\$146,028.00	\$146,028.00

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2016	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$0.00	\$0.00	\$0.00
		Subtotal	\$0.00	\$0.00	\$0.00

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$500,000.00	\$0.00	\$500,000.00
102-500731	Contracts for Program Services	2016	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$0.00	\$0.00	\$0.00
		Subtotal	\$500,000.00	\$0.00	\$500,000.00

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2016	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$0.00	\$0.00	\$0.00
		Subtotal	\$0.00	\$0.00	\$0.00

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2016	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$0.00	\$0.00	\$0.00
		Subtotal	\$0.00	\$0.00	\$0.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2016	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$0.00	\$0.00	\$0.00
		Subtotal	\$0.00	\$0.00	\$0.00

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2016	\$0.00	\$0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$0.00	\$0.00	\$0.00
		Subtotal	\$0.00	\$0.00	\$0.00

Total 2985	\$500,000.00	\$146,028.00	\$646,028.00
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Summary by Vendor by Year

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
		2014	\$156,501.87	\$0.00	\$156,501.87
		2015	\$360,025.13	\$22,042.00	\$382,067.13
		2016	\$0.00	\$322,550.00	\$322,550.00
		2017	\$0.00	\$80,638.00	\$80,638.00
		Subtotal	\$516,527.00	\$425,230.00	\$941,757.00

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
		2014	\$129,202.00	\$0.00	\$129,202.00
		2015	\$245,113.00	\$74,028.00	\$319,141.00
		2016	\$0.00	\$316,265.00	\$316,265.00
		2017	\$0.00	\$60,317.00	\$60,317.00
		Subtotal	\$374,315.00	\$450,610.00	\$824,925.00

Crotched Mountain Community Care, Inc. (Vendor # 177293)

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
		2014	\$199,317.92	\$0.00	\$199,317.92
		2015	\$624,873.08	\$25,299.00	\$650,172.08
		2016	\$0.00	\$571,286.00	\$571,286.00
		2017	\$0.00	\$142,822.00	\$142,822.00
		Subtotal	\$824,191.00	\$739,407.00	\$1,563,598.00

Easter Seals New Hampshire, Inc. (Vendor # 177204)

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
		2014	\$232,647.19	\$0.00	\$232,647.19
		2015	\$964,899.81	\$19,110.00	\$984,009.81
		2016	\$0.00	\$439,315.00	\$439,315.00
		2017	\$0.00	\$109,828.00	\$109,828.00
		Subtotal	\$1,197,547.00	\$568,253.00	\$1,765,800.00

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
		2014	\$158,317.83	\$0.00	\$158,317.83
		2015	\$327,745.17	\$18,406.00	\$346,151.17
		2016	\$0.00	\$312,002.00	\$312,002.00
		2017	\$0.00	\$78,001.00	\$78,001.00
		Subtotal	\$486,063.00	\$408,409.00	\$894,472.00

Lakes Region Partnership for Public Health (Vendor # 165635)

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
		2014	\$240,451.81	\$0.00	\$240,451.81
		2015	\$461,106.19	\$25,299.00	\$486,405.19
		2016	\$0.00	\$461,280.00	\$461,280.00
		2017	\$0.00	\$115,321.00	\$115,321.00
		Subtotal	\$701,558.00	\$601,900.00	\$1,303,458.00

Monadnock Collaborative (Vendor # 159303)

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
		2014	\$208,786.33	\$0.00	\$208,786.33
		2015	\$674,042.67	\$29,434.00	\$703,476.67
		2016	\$0.00	\$596,566.00	\$596,566.00
		2017	\$0.00	\$149,142.00	\$149,142.00
		Subtotal	\$882,829.00	\$775,142.00	\$1,657,971.00

Tri County Community Action Program, Inc. (Vendor # 177195)

		State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
		2014	\$95,044.14	\$0.00	\$95,044.14
		2015	\$198,105.86	\$19,542.00	\$217,647.86
		2016	\$0.00	\$190,703.00	\$190,703.00
		2017	\$0.00	\$47,678.00	\$47,678.00
		Subtotal	\$293,150.00	\$257,923.00	\$551,073.00

Grand Total SFY14	2014	\$1,420,269.09	\$0.00	\$1,420,269.09
Grand Total SFY15	2015	\$3,855,910.91	\$233,160.00	\$4,089,070.91
Grand Total SFY16	2016	\$0.00	\$3,209,967.00	\$3,209,967.00
Grand Total SFY17	2017	\$0.00	\$783,747.00	\$783,747.00
Total Contract		\$5,276,180.00	\$4,226,874.00	\$9,503,054.00

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9520 1-800-852-3345 Ext. 9520
Fax: 603-271-4643 TDD Access: 1-800-735-2964

Nicholas A. Toumpas
Commissioner

Diane Langley
Director

10/1/14
14

September 12, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

100% Federal funds
Sole source

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services to enter into a sole source amendment to an existing agreement with Easter Seals New Hampshire, Inc. (Vendor # 177204), 555 Auburn Street, Manchester, NH 03103, for the provision of a Military Veteran Access to No Wrong Door program that includes a provision for providing and coordinating cross training to other ServiceLink Resource Centers, Civilian Providers, and Military-Veteran Providers statewide in order to ensure continuation of community-based services to veterans, service members and their families, by increasing the price limitation by \$500,000 from \$697,547 to \$1,197,547 effective upon Governor and Executive Council approval, with no change to the end date of June 30, 2015.

The original contract was approved by the Governor and Executive Council on December 20, 2013 (Item #62) and subsequently amended on June 4, 2014 (Item #59).

Funds are available in the following accounts for State Fiscal Year 2015.
(See attachment for Fiscal Details.)

EXPLANATION

This request is sole source because it increases the original contract amount by more than ten percent (10%). This sole source amendment increases funding for services that provide and/or coordinate military culture training; core competence training; and technical assistance to ServiceLink Resource Centers. Additionally, the Contractor will coordinate statewide training to civilian service providers and work to develop a partnership with the federal contractor, ProForce, that is responsible for the new National Guard Care Coordination Program.

ProForce is a Service-Disabled Veteran-Owned Small Business that has a strong background in case management, as well as a history in partnering with the Veterans' Administration and with the National Guard Bureau's Child & Youth Programs nationwide. The

Contractor will partner with ProForce in order to create a safety net for individuals who are found ineligible for care coordination through ProForce. Additionally, the Contractor will work with ProForce by providing information, training, and access to long-term support services for military personnel and their families pre, during and post deployment who are eligible for case management services through ProForce.

The Contractor is one (1) of eight (8) ServiceLink Resource Center contractors. In addition to providing services through the ServiceLink Resource Center, the Contractor has developed, piloted and implemented the statewide Deployment Cycle Support Care Coordination Program since 2008. The Deployment Cycle Support Care Coordination Program builds a community-based support system, which integrates current veteran services with existing service delivery systems while allowing local access for a full-spectrum of care. The Deployment Cycle Support Care Coordination Program supports families and military members pre, during and post deployment. Crisis prevention for families and military members is addressed through early development of care plans by professional care coordinators. The care plan is a risk assessment tool used to organize support services early, thereby reducing the overall number of emergency situations for service members and families involved in the war effort. Care coordinators proactively address care plan needs and refer individuals to community-based care services or provide further treatment. The Deployment Cycle Support Care Coordination Program, in partnership with the New Hampshire National Guard and the Department, will be replaced with a federally contracted care coordination program administered by ProForce, effective October 1, 2014.

In order to ensure a smooth transition as well as a strong and integrated safety net, the Contractor will partner with the New Hampshire National Guard, ServiceLink and ProForce to ensure that all programs have a full spectrum of understanding of military culture, as well as the services available to military personnel, veterans and their families. The Contractor will also coordinate statewide core competency training sessions for civilian providers, which include Community Mental Health Centers, hospitals, and private practitioners.

The Contractor will provide services through the Department's No Wrong Door single entry process system that educates, informs and guides consumers and stakeholders regarding available Medicaid community long-term services and supports, some of which are listed below.

- Evidenced Based Care Transitions

This service increases the options counseling and person centered transitions support services by directly working with individuals who are in hospitals, assisting them in transitioning from the hospital setting back into the community.

- Medicare Improvements for Patients and Providers Act

This service enhances counseling to Medicare Beneficiaries by directly working with low income individuals to help them reduce their cost share portion of healthcare premiums and to assist them in enrolling in these cost savings Medicare programs.

- Veterans Directed Home and Community Based Program

This service expands the service coordination offered to veterans and their families, by finding respite and supplemental services to help them stay in the community.

The long-term support services listed above can be cumbersome to navigate. The Contractor will assist in establishing an integrated referral process to seamlessly transition military personnel and their families from the Deployment Cycle Support Care Coordination Program to the newly established National Guard' care coordination program, administered by ProForce, or to ServiceLink. The Contractor will assist with coordination of services for veterans of all eras through the No Wrong Door system to ensure service members, veterans and their families have access to long term support services, and critical ancillary services related to employment, housing, counseling, suicide prevention and other critical needs.

This Contractor has established services that assist military personnel and families affected by deployment, such as financial assistance through the Veterans Count program. The Contractor's collaborative partnerships, experience and military cultural competence is unique due to its development and implementation of the Deployment Cycle Support Care Coordination Program. The Contractor's experience gained through the Deployment Cycle Support Care Coordination Program uniquely positions this Contractor to be able to provide cross training to ServiceLink Resource Centers and ProForce, as well as to be able to coordinate statewide training for civilian providers.

The Contractor will work with existing and new programs to help ensure a sustainable framework for access to long term support services by New Hampshire service members, veterans and their families by educating ProForce care coordinators in long term support services available in New Hampshire through community-based and other services unique to this State. Likewise, because the Contractor is a ServiceLink Resource Center provider, this Contractor will be equipped to educate other ServiceLink Resource Center providers on the military culture unique to service members, veterans and their families. The Contractor will also coordinate statewide training and training supports to civilian providers to further ensure integrated access to long term support services for this population.

The Contractor will create outreach materials and resource guides in partnership with ServiceLink to ensure public awareness and access of Long Term Support Services available in New Hampshire. Ensuring access to the resources available in different arenas will assist in educating the public on services available to military personnel and their families.

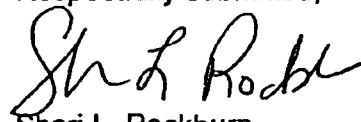
Should the Governor and Executive Council determine to not approve this request, over one hundred (100) Deployment Cycle Support Care Coordination Program cases no longer eligible for services under the new federal program could stop receiving care coordination for long term support services, which would negatively impact the citizens of New Hampshire, especially military personnel, veterans and their families. Further, future service members, veterans and their families would be unable to have access to these critical services available through a comprehensive safety net. Moreover, without providing and coordinating statewide training, providers would lack the full spectrum of knowledge regarding military/veteran issues; New Hampshire-specific community-based services; and New Hampshire-specific long term support services available through the No Wrong Door single entry process system. The indirect impact of loss of supports could be devastating to military and civilian citizens statewide.

Area served: Statewide

Source of funds: 72.98% Federal Funds
27.02% General Funds

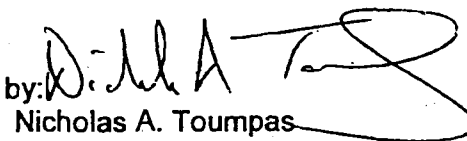
In the event federal funds become no longer available, general funds will not be requested to support this request.

Respectfully submitted,



Sheri L. Rockburn
Chief Financial Officer

Approved by:



Nicholas A. Toumpas
Commissioner



STATE OF NEW HAMPSHIRE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF COMMUNITY BASED CARE SERVICES

BUREAU OF ELDERLY & ADULT SERVICES

Nicholas A. Toumpas
 Commissioner

Diane Langley, Director
 Sheri Rockburn, Director

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-9203 1-800-351-1888
 Fax: 603-271-4643 TDD Access: 1-800-735-2964 www.dbhs.nh.gov

May 6, 2014

G&C Approved

Her Excellency, Governor Margaret Wood Hassan
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

Date 6/4/14
 Item # 59

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into Amendments with four ServiceLink Resource Center vendors to provide information and access to long-term supports and services to all citizens in New Hampshire by increasing the price limitation by \$110,586, from \$4,665,594 to \$4,776,180 in the aggregate, effective upon approval of Governor and Executive Council through June 30, 2015.

Summary of contracted amounts by vendor:

Vendor	Current Budget	Increase/Decrease Amount	Revised Modified Budget
Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners of Strafford County	\$ 347,772	\$ 26,543	\$ 374,315
Community Action Program Belknap and Merrimack Counties, Inc.	\$ 486,527	\$ 30,000	\$ 516,527
Crotched Mountain Community Care, Inc.	\$ 824,191	\$ 0	\$ 824,191
Easter Seals of New Hampshire, Inc.	\$ 655,047	\$ 42,500	\$ 697,547
Grafton County Senior Citizens Council, Inc.	\$ 486,063	\$ 0	\$ 486,063
Lakes Region Partnership for Public Health, Inc.	\$ 701,558	\$ 0	\$ 701,558
Monadnock Collaborative	\$ 871,286	\$ 11,543	\$ 882,829
Tri County Community Action Program, Inc.	\$ 293,150	\$ 0	\$ 293,150
Total	\$4,665,594	\$110,586	\$4,776,180

Funds to support this request are available in the following accounts in State Fiscal Years 2014 and 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

Please see attachment for fiscal details

EXPLANATION

This requested action seeks approval of four (4) amendments that represent the \$110,586 total anticipated to be spent in specific geographic locations of the state, by adding the Medicare Improvements for Patients and Providers Act and/or the Veterans Directed Home and Community Based Program scope of work. These amendments will expand the services to geographic areas of the state that are currently not available to citizens of New Hampshire, and subsequently allow these two services to be offered statewide.

The original agreements were approved by Governor and Executive Council on December 20, 2013, item #62, as a result of a procurement process. On February 28, 2014, item #35, amendments were completed for six of the eight of the ServiceLink contractors to expand services to specific geographic regions of the state by offering Evidenced Based Care Transitions, State Health Insurance Program Trainer, Medicare Improvements for Patients and Providers Act and/or the Veterans Directed Home and Community Based Program.

Medicare Improvements for Patients and Providers Act

This service enhances counseling to Medicare Beneficiaries by directly working with low income individuals to help them reduce their cost share portion of healthcare premiums and to assist them in enrolling in these cost savings Medicare programs. This service will be offered to citizens located in the geographic regions of Merrimack, Strafford, and Hillsborough, Sullivan, and Cheshire Counties. Four contractors were selected (see Summary of Applicants) that represent \$60,586.

Veterans Directed Home and Community Based Program

This service expands the service coordination offered to Veterans and their families to find respite and supplemental services to help them stay in the community. The ServiceLink Contracts will develop and implement this program for Veterans residing in Merrimack, Strafford, and Hillsborough Counties. This service is currently slated to start in Rockingham County in SFY 15 and is operational in Belknap, Carroll, Coos, Grafton, Sullivan Counties and the Monadnock Region. Three contractors were selected (see Summary of Applicants) that represent \$50,000.

Performance Measures

The additional services described above expand upon the existing scope of services included in the current ServiceLink contracts. Performance will be measured by the following:

- Contractor shall track and report to Department on the number of people they serve in the different age groups, with different types of disabilities and to show that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS.
- Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance;
- The number of individuals diverted from nursing home/institutional settings;
- The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).

Should Governor and Executive Council decide not to authorize this request, New Hampshire citizens who utilize services at ServiceLink Resource Centers may not be able to access these specialized services that support them remaining in the community and assist them in reducing their healthcare costs under Medicare. Additionally, it is likely that readmissions to hospitals may increase and could consequently increase financial costs to hospitals for preventable readmissions. This decision would also increase County budgets to provide for those low income individuals who will depend on Medicaid for their nursing home care.

These contractors were selected through a Request for Application. The Department issued a Request for Applications on April 8, and April 17, 2014, for the Veterans Directed Home and Community Based Services and Medicare Improvements for Patients and Providers Act, respectively, to seek ServiceLink Resource Center contractors to provide these services in the geographic regions not currently receiving these services. (See Summary of Applicants)

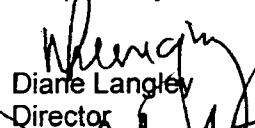
The contracts include an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

Area Served: See attached Bid Summary.

Source of Funds: 100% Federal funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,


Diane Langley
Director

Approved by:


Nicholas A. Toumpas
Commissioner

New Hampshire DHHS Contract Unit

REQUEST FOR APPLICATIONS (RFA)

#14-DHHS-DCBCS-BEAS-RFA-01
 Veterans Directed Home and Community Based Care Services
 And
 #14-DHHS-DCBCS-BEAS-RFA-02
 Medicare Improvements for Patients and Providers Act

Summary of Applicants
 DHHS selected all applications for contract

Veterans Directed Home and Community Based Care Services			
	Bidder	Geographic Area to be Served	Department Selection
1.	Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	Strafford	Selected
2.	Community Action Program Belknap and Merrimack Counties, Inc.	Merrimack County	Selected
3.	Easter Seals New Hampshire Inc.	Hillsborough County, excluding the western Hillsborough County defined as the cities and towns of: Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor.	Selected

Medicare Improvements for Patients and Providers Act			
	Applicants	Geographic Area to be Served	Department Selection
1.	Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	Strafford County	Selected
2.	Community Action Program Belknap and Merrimack Counties, Inc.	Merrimack County	Selected
3.	Easter Seals New Hampshire Inc.	Hillsborough County, excluding the western Hillsborough County defined as the cities and towns of: Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor.	Selected
4.	Monadnock Collaborative	Monadnock Region defined as Cheshire County, western Hillsborough County (defined as the cities and towns of: Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor), and Sullivan County (excluding Plainfield and Grantham).	Selected



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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES

Nicholas A. Toumpas
Commissioner

BUREAU OF ELDERLY & ADULT SERVICES

Diane Langley, Director
Sheri Rockburn, Director

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9203 1-800-351-1888
Fax: 603-271-4643 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

February 11, 2013

G&C Approved

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Date 2-28-14
Item # 35

REQUESTED ACTION

100% Federal funds

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into **retroactive** amendments with six of the eight ServiceLink contractors by increasing the price limitation by \$330,999 in aggregate from \$4,334,595 to \$4,665,594 in aggregate in order for the contractors to provide information and access to long-term supports and services to all citizens in New Hampshire. The Department is requesting that these amendments be effective retroactive to January 1, 2014 upon approval of Governor and Executive Council through June 30, 2015.

Summary of contracted amounts by vendor:

Vendor	Current Budget	Increase/Decrease Amount	Revised Modified Budget
Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	\$347,772	\$0	\$347,772
Community Action Program Belknap and Merrimack Counties, Inc.	\$478,594	\$7,933	\$486,527
Crotched Mountain Community Care, Inc.	\$791,127	\$33,064	\$824,191
Easter Seals of NH, Inc.	\$655,047	\$0	\$655,047
Grafton County Senior Citizens Council, Inc.	\$460,601	\$25,462	\$486,063
Lakes Region Partnership for Public Health, Inc.	\$597,849	\$103,709	\$701,558
Monadnock Collaborative	\$719,365	\$151,921	\$871,286
Tri-County Community Action Program, Inc.	\$284,240	\$8,910	\$293,150
Total	\$4,334,595	\$330,999	\$4,665,594

Funds to support this request are available in the following accounts in State Fiscal Years 2014 and 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

Please see attachment for fiscal details

EXPLANATION

The Department is requesting that the Governor and Executive Council approve these (6) amendments retroactively to January 1, 2014. The Department requests that these amendments be retroactive because the Department's limited staffing resources lead to additional time being needed to review proposals and scores to make a selection and process contract amendments before these services could be added to the ServiceLink contractors' Agreements.

This requested action seeks approval of six (6) amendments that represent the \$330,999 total anticipated to be spent in specific geographic locations of the state. The original agreements were approved by Governor and Executive Council on December 20, 2013, item #62, as a result of a procurement process. Additional services in the requested action were part of the original procurement. The Department selected these six (6) ServiceLink contracts to provide expanded services to the community. These services are intended to support the Department's No Wrong Door model by serving as a single access point for all citizens seeking a full range of information and assistance about long term care services and supports.

Evidenced Based Care Transitions

This service increases the options counseling and person centered transitions support services by directly working with individuals who are in hospitals and to assist them in transitioning from the hospital setting back into the community. The Service Link Contractors will continue developing and implementing this service that they have been working with under another grant project, separate from this procurement. This service would be offered to citizens located in the geographic regions of Belknap, Carroll, and Sullivan, Cheshire, and western Hillsborough County. Two Contractors with the highest scores were selected (see Bid Summary) that represent \$230,828.

Medicare Improvements for Patients and Providers Act

This service enhances counseling to Medicare Beneficiaries by directly working with low income individuals to help them reduce their cost share portion of healthcare premiums and to assist them in enrolling in these cost savings Medicare programs. This service would be offered to citizens located in the geographic regions of Rockingham, Grafton and Sullivan Counties, as well as Belknap, Carroll, and Coos counties. Four Contractors were selected (see Bid Summary) that represent \$35,928.

Veterans Directed Home and Community Based Program

This service expands the service coordination offered to Veterans and their families to find respite and supplemental services to help them stay in the community. The ServiceLink Contracts will develop and implement this program for Veterans residing in Rockingham, Carroll, Grafton, Sullivan, Cheshire, western Hillsborough and Coos Counties. This service is currently operational in Belknap County. Five contractors were selected (see Bid Summary) that represent \$53,491.

State Health Insurance Program Trainer

The Contractor will provide ongoing training to increase the education and training of the all New Hampshire ServiceLink contractors' staff and volunteers who counsel Medicare beneficiaries. This training includes topics from Medicare eligibility, types of long-term care insurances to health care fraud and prevention. One contractor was selected that represents \$7,933. (See Bid Summary).

Medicare Supplement Insurance Comparison

The Contractor will collect accurate and timely information about Medicare Supplemental Insurance cost information for Medicare beneficiaries and provide this cost information to the Department and to all the New Hampshire ServiceLink contractors who counsel and assist individuals in making decisions about Medicare programs and health plans. One contractor was selected that represents \$2,819. (See Bid Summary).

Performance Measures

The additional services described above expand upon the existing scope of services included in the current ServiceLink contracts. Performance will be measured by the following:

- Contractor shall track and report to Department on the number of people they serve in the different age groups, with different types of disabilities and to show that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS.
- Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance;
- The number of individuals diverted from nursing home/institutional settings;
- The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).

Should Governor and Executive Council decide not to authorize this request, New Hampshire citizens who utilize services at ServiceLink may not be able to access these specialized services that support them remaining in the community and assist them in reducing their healthcare costs under Medicare. Additionally, it is likely that readmissions to hospitals may increase and could consequently increase financial costs to hospitals for preventable readmissions. This decision would also increase County budgets to provide for those low income individuals who will depend on Medicaid for their nursing home care.

These contractors were selected through a competitive bid process. The Department issued a Request for Proposal published on the Department's website October 18, 2013. The Department received eight (8) proposals representing some or all these additional services. The evaluation committee recommended awarding agreements to six (6) Contractors. (See Bid Summary).

The proposal was evaluated and scored using a consensus model. Four Department staff evaluated the proposals on its technical merits consistent with the criteria for evaluation of Technical Proposal as specified in the Request for Proposals. These staffs' experiences included quality management, operational management and strategic planning over client services, and social work. Two Department staff, with over twenty years' experience as certificated accountants, evaluated the proposal's cost. (See Bid Summary)

The proposal and subsequently the contracts include an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of work, and subsequent approval by the Governor and Executive Council.

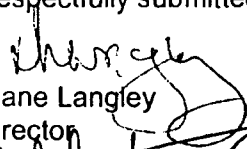
Area Served: See attached Bid Summary.

Source of Funds: 100% Federal funds.

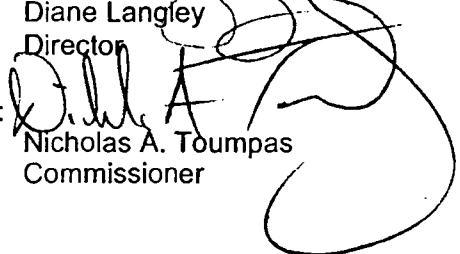
Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
February 11, 2014
Page 4

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,


Diane Langley
Director

Approved by:


Nicholas A. Toumpas
Commissioner

New Hampshire DHHS Contract Unit

ServiceLink Program
RFP #14-DHHS-DCBCS-BEAS-03
Bid Summary

Evidenced Based Care Transitions				
	Bidder	Total Score (Max = 120.87)	Geographic Area to be Served	Department Selection
1	Lakes Region Partnership for Public Health, Inc.	110.5	Belknap and Carroll	Selected
2	Monadnock Collaborative	108	Cheshire County , 12 Cities and towns in Western Hillsborough County (Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor) and all of Sullivan County (excluding two towns: Grantham and Plainfield)	Selected
3	Grafton County Senior Citizens Council, Inc.	105.5	Grafton County and Grantham and Plainfield in Sullivan County	Not selected
4	Crotched Mountain Community Care, Inc.	101.5	Rockingham* County	Not selected
5	Easter Seals New Hampshire, Inc.	100	Hillsborough County (excluding 12 cities and town in western part of the county: Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor)	Not selected
6	Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	96	Strafford County	Not selected
7	Tri-County Community Action Program, Inc.	89	Coos County	Not selected
8	Community Action Program Belknap and Merrimack Counties, Inc.	15	Merrimack County	Not selected

New Hampshire DHHS Contract Unit

Medicare Improvements for Patients and Providers Act				
	Bidder	Total Score (Max = 141.6)	Geographic Area to be Served	Department Selection
1	Grafton County Senior Citizens Council, Inc.	118	Grafton County and Grantham and Plainfield in Sullivan County	Selected
2	Tri-County Community Action Program, Inc.	108	Coos County	Selected
3	Lakes Region Partnership for Public Health, Inc.	106	Belknap and Carroll	Selected
4	Crotched Mountain Community Care, Inc.	103	Rockingham County	Selected
5	Community Action Program Belknap and Merrimack Counties, Inc.	90	Merrimack County	Not selected
6	Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	0	Strafford County	Not selected

New Hampshire DHHS Contract Unit

Veterans Directed				
	Bidder	Total Score (Max. = 141.6)	Geographic Area to be Served	Department Selection
1	Grafton County Senior Citizens Council, Inc.	129.5	Grafton County and Grantham and Plainfield Sullivan County	Selected
2	Crotched Mountain Community Care, Inc.	122	Rockingham County	Selected
3	Monadnock Collaborative	121	Did not provide when asked for clarification Cheshire County , 12 Cities and towns in Western Hillsborough County (Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor) and all of Sullivan County (excluding two towns: Grantham and Plainfield)	Selected
4	Tri-County Community Action Program, Inc.	103	Coos	Selected
5	Community Action Program Belknap and Merrimack Counties, Inc.	90	Merrimack County	Not Selected
6	Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	90	Strafford	Not Selected
7	Lakes Region Partnership for Public Health, Inc.	75	Belknap and Carroll (Note: score reflects technical component only as the cost component was not applicable).	Selected

New Hampshire DHHS Contract Unit

Medicare Supplemental Comparison (Statewide)			
	Bidder	Total Score (Max. = 112.5)	Department Selection
1	Crotched Mountain Community Care, Inc.	106	Selected
2	Easter Seals New Hampshire, Inc.	95	Not Selected
3	Community Action Program Belknap and Merrimack Counties, Inc.	76	Not Selected

SHIP Trainer			
	Bidder	Total Score (Max. 112.5)	Department Selection
1	Community Action Program Belknap and Merrimack Counties, Inc.	76	Selected

Technical Proposal Evaluation Team:

Carol Sideris, Director of Client Services

Michael Kelly, Division of Community Based Care, Program Specialist – Quality Management Review

Denise Pliska, Bureau of Elderly and Adult Services, District Office Supervisor of Adult Protection Services

Patricia Jackson, Bureau of Homeless and Housing, Program Planning and Review Specialist

Cost Proposal Team:

Ann Driscoll, Bureau of Elderly and Adult Services, Administrator and Certified Public Accountant

Donna Ferland, New Hampshire Hospital, Financial Manager and Certified Public Accountant



STATE OF NEW HAMPSHIRE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF COMMUNITY BASED CARE SERVICES

BUREAU OF ELDERLY & ADULT SERVICES

Nicholas A. Toumpas
 Commissioner

Nancy L. Rollins
 Associate
 Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-9203 1-800-351-1888
 Fax: 603-271-4643 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

December 5, 2013

12/20/13
 # 62

Her Excellency, Governor Margaret Wood Hassan
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into Agreements with vendors to have ServiceLink Resource Centers in designated communities serving as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and ServiceLink Resource Centers also function as a single point of entry for access to Medicaid long-term support programs and benefits, with a price limitation of \$4,334,595 to be effective January 1, 2014 or upon the date of Governor and Executive Council approval, whichever is later through June 30, 2015.

Summary of contracted amounts by vendor:

Vendor	Amount
Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	\$347,772
Community Action Program, Belknap and Merrimack Counties, Inc.	\$478,594
Crotched Mountain Community Care, Inc.	\$791,127
Easter Seals New Hampshire, Inc.	\$655,047
Grafton County Senior Citizens Council, Inc.	\$460,601
Lakes Region Partnership for Public Health, Inc.	\$597,849
Monadnock Collaborative	\$719,365
Tri-County Community Action Program, Inc.	\$284,240
Total	\$4,334,595

Funds to support this request are anticipated to be available in the following accounts in State Fiscal Year 2014 and 2015 and are subject to the availability of the federal funding to the Department, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

Please see attachment for fiscal details.

EXPLANATION

The Department is requesting that the Governor and Executive Council approve eight (8) Agreements that represent \$4,334,595 total anticipated to be spent statewide to provide the ServiceLink Resource Center Program in New Hampshire. As a group, these Contractors will provide statewide coverage to people in New Hampshire and to their out-of-state friend and family members by providing the following services as part of the ServiceLink Program: Information, Referral and Assistance, Options Counseling and Person Centered Transition Support, Family Caregiver Supports and Services, Counseling for Medicare Beneficiaries, and Senior Medicare Patrol.

Populations Served:

The populations served under these contracts are:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about Long Term Services and Supports;
- Individuals with intellectual, physical, and developmental disabilities;
- Veterans; and
- People of all ages, income levels and disabilities.

The ServiceLink Resource Center Contractors will:

- Serve as a highly visible and trusted place for people of all ages to turn to for objective and unbiased information on the full range of long term care supports and services
- Promote awareness of the various options available to people in their community
- Link individuals with needed services
- Provide person-centered one-on-one assistance and decision support to individuals
- Serve as a full service access point to all long-term supports and services
- Create formal relationships between and among the major pathways people travel while transitioning from one setting of care to another
- Ensure services adhere to the highest standards and produce measureable results

No Wrong Door for Citizens of New Hampshire

The ServiceLink Resource Center contractors will operate as a full service single access point for individuals to inquire about community long term supports and services. Individuals shall experience a streamlined eligibility determination, options counseling and enrollment process through standardized processes specified by the State of NH DHHS. The Aging and Disability Resource Centers will follow standardized processes established by NH DHHS for providing information, referrals and eligibility determinations so that individuals accessing the system at different locations experience a similar process and are provided a consistent core set of information about community Long Term Services and Supports options in the state. The Aging and Disability Resource Centers will assist and support an individual's applications for financial and functional assessments for public programs. The goal is that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

Contractors shall support the No Wrong Door by the following criteria:

- Coordinate with existing community long term support and service (LTSS) counseling entities and initiatives;

- Have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance;
- Ensure that a consistent experience and core set of information is provided to all individuals;
- Coordinate both the financial and functional assessment and eligibility determination process from start to finish, utilizing a single contact for the individual;

Performance Measures

- Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS.
- Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance;
- The number of individuals diverted from nursing home/institutional settings;
- The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).

Should Governor and Executive Council decide not to authorize this request, the Department would have to design and implement an alternative method of complying with RSA 151-E:5, which mandates that it establish a system of community based information and referral services for elderly and chronically ill adults. This has the potential of incurring additional State funds for additional positions to take on the roles, responsibilities, and activities described above. The Department would be vulnerable to losing federal discretionary funds through the Balancing Incentive Program and the State Innovation Model Program, which both rely on the ServiceLink network as the platform for implementing the No Wrong Door model and Options Counseling Model. It is likely that admissions to nursing homes and hospitals would increase because there would be no statewide mechanism in the community to advise people of home and community based options and assist them to access these options. The unintended consequences would increase the State's Medicaid expenditures.

These contractors were selected through a competitive bid process. The Department issued a Request for Proposal published on the Department's website October 18, 2013, and notified potential bidders. The Department received eight (8) proposals. The evaluation committee recommended awarding agreements to all eight (8) Contractors. (See Bid Summary).

The proposal was evaluated and scored using a consensus model. Four Department staff evaluated the proposals on its technical merits consistent with the criteria for evaluation of Technical Proposal as specified in the Request for Proposals. These staffs' experiences included quality management, operational management and strategic planning over client services, and social work. Two Department staff, with over twenty years' experience as certificated accountants, evaluated the proposal's cost. (See Bid Summary)

The proposal and subsequently the contracts include an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of work, and subsequent approval by the Governor and Executive Council.

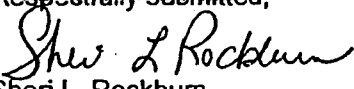
Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
December 5, 2013
Page 4

Area Served: Statewide.

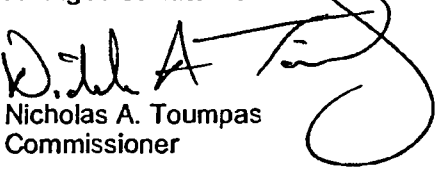
Source of Funds: 54% Federal funds and 46% General funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,


Sheri L. Rockburn
Acting Associate Commissioner

Approved by:


Nicholas A. Toumpas
Commissioner

New Hampshire DHHS Contract Unit
 New Hampshire ServiceLink Program
 RFP 14-DHHS-DCBCS-BEAS-03
 Bid Summary

	Core Services	Maximum Possible Score	Technical Score	Cost Score	Total Score	Geographic Area to be Served
	Bidder		1250	104.35	1354.35	
1	Community Action Program Belknap and Merrimack Counties, Inc.		940	78	1018	Merrimack County
2	Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners		1158	80	1238	Strafford County
3	Crotched Mountain Community Care, Inc.		1090	82.5	1172.5	Rockingham County
4	Easter Seals New Hampshire, Inc.		955	76	1031	Hillsborough County (excluding: 12 Cities and Towns in Western part of the County: Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor)
5	Grafton County Senior Citizens Council, Inc.		1125	78.5	1203.5	Grafton County, and two towns in Sullivan County (Grantham and Plainfield)
6	Lakes Region Partnership for Public Health, Inc.		1005	77.5	1082.5	Belknap and Carroll County
7	Monadnock Collaborative		1088	90	1178	Cheshire County, 12 Cities and towns in Western Hillsborough County (Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor) and all of Sullivan County (excluding two towns: Grantham and Plainfield)
8	Tri-County Community Action Program, Inc.		940	74	1014	Coos County

Technical Proposal Evaluation Team:

Carol Sideris, Director of Client Services
 Michael Kelly, Division of Community Based Care, Program Specialist – Quality Management Review
 Denise Pliska, Bureau of Elderly and Adult Services, District Office Supervisor of Adult Protection Services
 Patricia Jackson, Bureau of Homeless and Housing, Program Planning and Review Specialist

Cost Proposal Team:

Ann Driscoll, Bureau of Elderly and Adult Services, Administrator and Certified Public Accountant
 Donna Ferland, New Hampshire Hospital, Financial Manager and Certified Public Accountant



STATE OF NEW HAMPSHIRE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 OFFICE OF HUMAN SERVICES

BUREAU OF ELDERLY & ADULT SERVICES

Nicholas A. Toumpas
 Commissioner

Mary Ann Cooney
 Associate Commissioner

129 PLEASANT STREET, CONCORD, NH 03301
 603-271-9404 1-800-852-3345 Ext. 9404
 Fax: 603-271-4232 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

4u 9

December 28, 2015

Her Excellency, Governor Margaret Wood Hassan
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

*Retroactive
 Sole Source*

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into a **retroactive, sole source** Amendment with Community Action Program Belknap and Merrimack Counties, Inc., (Vendor #177203), 2 Industrial Park Drive, Concord, New Hampshire, to add to their ServiceLink contract the provision of the statewide Volunteer Risk Program Management services, by increasing the amount by \$50,000 from \$941,757 to an amount not to exceed \$991,757, retroactive to October 1, 2015, effective upon the date of Governor and Council approval. There is no change to the end date of September 30, 2016. The Governor and Executive Council approved the Agreement on December 20, 2013 (Item #62), and an amendment to the Agreement on February 28, 2014 (Item #35), June 4, 2014 (Item #59), and May 6, 2015 (Item #23). 100% Federal Funds.

Funds are available in the following account in State Fiscal Years 2016 and 2017 with authority to adjust amounts within each State Fiscal Year and adjust encumbrances between State Fiscal Years within the price limitation, through the Budget Office if needed and justified without further approval from Governor and Council.

See Attached Financial Detail

EXPLANATION

This Amendment is **retroactive and sole source**. The Community Action Program Belknap and Merrimack Counties, Inc. has provided under contract with the Department statewide Volunteer Risk Program Management services for the past several years. The contract for the provision of this specific service expired on September 29, 2015, and the Department has allowed the services to continue to ensure retention of the volunteers and to ensure distribution of the Medicare Minutes by those volunteers who make presentations to the community of Medicare Fraud Topics as required by the federal government. This Amendment will add statewide Volunteer Risk Program Management services to a pre-existing contract the Department has with Community Action Program Belknap and Merrimack Counties, Inc. This Amendment is **retroactive** because the Department was unable to complete the extension of the contract for the continued work described above before the contract expired on September 29, 2015. This Amendment is **sole source** because the Vendor is the only contractor that has provided statewide Volunteer Risk Program Management services and consultation.

Approval of this Amendment to the Contractor's ServiceLink program will allow the Contractor to continue to provide Volunteer Risk Program Management services and consultation statewide for the entire Department's ServiceLink Contractors to ensure the continual promotion of the Volunteer Risk Program Management and the support of its volunteers to continue to educate the public about Medicare Fraud.

The Contractor was selected through a competitive bid process.

The Contract retains nine (9) months of the two year renewal option.

Should Governor and Executive Council decide not to authorize this request, important outreach and education provided by volunteers on how to avoid health care fraud will not be provided to Medicare beneficiaries, their families and caregivers. Seniors and other people with disabilities receiving Medicare services are among the most vulnerable to becoming victims of unethical billing practices, billing errors, and other scams. Without approval of this request, people will not receive services on how to protect themselves, their health care benefits, private financial information and their medical identity. The consequences will result in an increase in the number of beneficiaries, many of whom are low or moderate income, who are victimized, and an increase in costs to taxpayers who must bear the burden of funding the investigation and prosecution of health care fraud.

Area Served: Statewide

Source of Funds: 100% Federal Funds. United States Department of Health and Human Services, Administration for Community Living, Catalog of Federal Domestic Assistance #93,048, Federal Award Identification Number 90MP024101.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Mary Ann Cooney,
Associate Commissioner

Approved by: 
Nicholas A. Toumpas
Commissioner

Financial Detail

05-95-48-481010-9565 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SERVICELINK (100% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500734	Contracts for Program Services	2014	\$38,925.69	0.00	\$38,925.69
102-500734	Contracts for Program Services	2015	\$78,745.44	0.00	\$78,745.44
102-500734	Contracts for Program Services	2016	\$76,192.39	0.00	\$76,192.39
102-500734	Contracts for Program Services	2017	\$18,604.32	0.00	\$18,604.32
		Subtotal	\$212,467.84	\$0.00	\$212,467.84

05-95-48-481510-6180 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, MEDICAL SERVICES, LTC ASSESSMENT AND COUNSELING (50% Federal Funds; 50% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
550-500398	Assessment & Counseling	2014	\$45,861.03	0.00	\$45,861.03
550-500398	Assessment & Counseling	2015	\$92,880.09	0.00	\$92,880.09
550-500398	Assessment & Counseling	2016	\$117,601.30	0.00	\$117,601.30
550-500398	Assessment & Counseling	2017	\$25,470.56	0.00	\$25,470.56
		Subtotal	\$281,812.98	\$0.00	\$281,812.98

05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICE BLOCK GRANT (46% Federal Funds; 54% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
545-500387	I & R Contracts	2014	\$12,423.10	0.00	\$12,423.10
545-500387	I & R Contracts	2015	\$22,659.29	0.00	\$22,659.29
545-500387	I & R Contracts	2016	\$22,312.10	0.00	\$22,312.10
545-500387	I & R Contracts	2017	\$5,315.52	0.00	\$5,315.52
		Subtotal	\$62,710.01	\$0.00	\$62,710.01

Financial Detail

05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS (86% Federal Funds; 14% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
072-500575	Grants - Federal	2014	\$8,093.93	0.00	\$8,093.93
570-500928	Family Caregiver	2014	\$20,713.86	0.00	\$20,713.86
072-500575	Grants - Federal	2015	\$17,724.75	0.00	\$17,724.75
570-500928	Family Caregiver	2015	\$40,177.14	0.00	\$40,177.14
072-500575	Grants - Federal	2016	\$13,110.09	0.00	\$13,110.09
570-500928	Family Caregiver	2016	\$44,196.86	0.00	\$44,196.86
072-500575	Grants - Federal	2017	\$1,557.60	0.00	\$1,557.60
570-500928	Family Caregiver	2017	\$10,305.00	0.00	\$10,305.00
		Subtotal	\$155,879.23	\$0.00	\$155,879.23

05-95-48-481010-8925 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, MEDICAL SERVICE GRANTS (100% Federal Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$13,938.26	0.00	\$13,938.26
102-500731	Contracts for Program Services	2015	\$21,238.65	0.00	\$21,238.65
102-500731	Contracts for Program Services	2016	\$31,789.03	0.00	\$31,789.03
102-500731	Contracts for Program Services	2017	\$6,572.00	0.00	\$6,572.00
		Subtotal	\$73,537.94	\$0.00	\$73,537.94

05-95-48-481010-3317 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - SMPP (83% Federal Funds; 17% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$16,546.00	0.00	\$16,546.00
102-500731	Contracts for Program Services	2015	\$27,385.46	0.00	\$27,385.46
102-500731	Contracts for Program Services	2016	\$52,608.54	\$33,000.00	\$85,608.54
102-500731	Contracts for Program Services	2017	\$9,824.00	\$17,000.00	\$26,824.00
		Subtotal	\$106,364.00	\$50,000.00	\$156,364.00

05-95-48-481010-8888 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS GRANT - MIPPA (100% Federal Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$16,012.09	0.00	\$16,012.09
102-500731	Contracts for Program Services	2016	\$29,983.91	0.00	\$29,983.91
102-500731	Contracts for Program Services	2017	\$2,989.00	0.00	\$2,989.00
		Subtotal	\$48,985.00	\$48,985.00	\$48,985.00

05-95-49-490510-29850000-102-500731 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIV OF COMM BASED SVS, COMMUNITY BASED CARE SERVICES, BALANCE INCENTIVE PROGRAM BIP, (100% FEDERAL FUNDS)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
102-500731	Contracts for Program Services	2014	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2015	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2016	\$0.00	0.00	\$0.00
102-500731	Contracts for Program Services	2017	\$0.00	0.00	\$0.00
		Subtotal	\$0.00	0.00	\$0.00

Summary by Vendor by Year

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

	State Fiscal Year	Current Modified Budget	Increased (Decreased) Budget	Revised Modified Budget
	2014	\$156,501.87	\$0.00	\$156,501.87
	2015	\$316,822.91	\$0.00	\$316,822.91
	2016	\$387,794.22	\$33,000.00	\$420,794.22
	2017	\$80,638.00	\$17,000.00	\$97,638.00
	Subtotal	\$941,757.00	\$50,000.00	\$991,757.00