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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF BEHAVIORAL HEALTH

Jeffrey A. Meyers  
Commissioner

129 PLEASANT STREET, CONCORD, NH 03301  
603-271-6738 1-800-804-0909

Katja S. Fox  
Director

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May 24, 2015

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, Bureau of Mental Health Services, Division of Behavioral Health to enter into a contract with The Mental Health Center of Greater Manchester, Inc. (Vendor # 177184), 401 Cypress Street, Manchester, NH 03103-3628, for the provision of Mobile Crisis Services and Supports, in an amount not to exceed \$2,657,300, effective July 1, 2016 or date of Governor and Executive Council approval, whichever is later, through June 30, 2018. 100% General Funds.

Funds to support this request are available in the following account in State Fiscal Year 2017, and are anticipated to be available in State Fiscal Year 2018, 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 without further Governor and Executive Council approval if needed and justified.

**05-095-092-920010-59450000-102-502664-92204000 HEALTH AND SOCIAL SERVICES,  
DEPT OF HEALTH AND HUMAN SVCS, HHS: BEHAVIORAL HEALTH DIV OF, DIV OF  
BEHAVIORAL HEALTH, CMH PROGRAM SUPPORT**

State Fiscal Year	Class/Object	Title	Activity Code	Amount
2017	102-502664	Contracts for Program Services	92204000	\$1,312,051
2018	102-502664	Contracts for Program Services	92204000	\$1,345,249
			<b>Total</b>	<b>\$2,657,300</b>

**EXPLANATION**

This request is for the provision of Mobile Crisis Services and Supports to individuals 18 years or older who are experiencing a mental health crisis, including those with a co-occurring substance use disorders, in the New Hampshire Community Mental Health Region VII, which includes Manchester, Auburn, Bedford, Candia, Goffstown, Hooksett, Londonderry and New Boston.

The Division of Behavioral Health is New Hampshire's single state mental health authority. The Division of Behavioral Health seeks to promote full community inclusion for adults (18 years or older) having severe mental illness, severe and persistent mental illness or who are severely mentally disabled. The State places a high emphasis on supporting individuals in their community with a broad range of supports and services that reduce the need for inpatient care.

As part of New Hampshire's implementation of the Community Mental Health Agreement (Amanda D. Settlement), the Division of Behavioral Health is implementing the Mobile Crisis Services and Supports contract for the provision of two (2), two-bedroom, community crisis apartments, a mobile crisis team and timely accessible services and supports, to individuals, 18 years and older experiencing a mental health crisis, in NH Community Mental Health Region VII.

The vendor will implement a mobile crisis team, which will provide crisis stabilization and case management services. The vendor will provide a central phone triage system, where trained clinicians will complete the initial risk assessment to decide the type of services and/or supports the individual may need as well as two (2), two-bedroom, mobile crisis apartments, which will be an alternative to hospitalization and/or institutionalization.

The vendor will collaborate and coordinate with law enforcement personnel to respond to individuals in mental health crisis when law enforcement is involved. Additionally, the vendor will have the ability to respond to requests for crisis assessments and interventions within one (1) hour of receiving calls for mobilization of services. Once the vendor is involved with a case, services and supports will be provided for up to seven (7) days following the onset of the crisis to ensure individuals remain stable.

This contract was competitively bid. The Department published a Request for Proposals on December 7, 2015 to solicit proposals from vendors to provide Mobile Crisis Services and Supports, in the New Hampshire Community Mental Health Region VII, to individuals 18 years or older who are experiencing a mental health crisis, including those with a co-occurring substance use disorder. The request for proposals was available on the Department of Health and Human Services website from December 7, 2015 through January 29, 2016. Two proposals were received.

The proposals were evaluated by a team of Department of Health and Human Services employees with knowledge of the program requirements based on the criteria published in the Request for Proposals. The Department requested the vendor with the highest scoring proposal to reduce their budgets to be within the range of funding available to the Department. The vendor was not able to meet the Department's request. Therefore, the Department entered into contract negotiations with the second bidder who met the criteria requirements and was awarded the contract. The bid summary is attached.

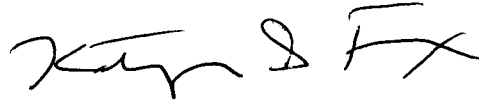
The attached contract is for the provision of services for two (2) years, with the option to renew services for up to two (2) additional years, subject to continued availability of funds, satisfactory performance of services, and approval by the Governor and Executive Council.

Should Governor and Executive Council not approve this contract, the State of New Hampshire would be in violation of the Community Mental Health Agreement in relation to the lawsuit of Amanda D. vs. Governor Hassan, and individuals experiencing a mental health crisis could be placed in hospitals or long term facilities which could result in higher costs to the State.

Area Served: Community Mental Health Region VII (Manchester, Auburn, Bedford, Candia, Goffstown, Hooksett, Londonderry and New Boston)

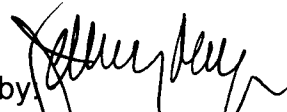
Source of Funds: 100% General Funds

Respectfully submitted,



Katja S. Fox  
Director

Approved by



Jeffrey A. Meyers  
Commissioner



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

**Mobile Crisis Services and Supports  
Manchester and Surrounding Towns**

RFP Name

**17-DHHS-DCBCS-BBH-01**

RFP Number

Reviewer Names

**Bidder Name**

1. **Mental Health Center of Greater Manchester**
2. **Resources for Human Development**

Maximum Points	Actual Points
200	153
200	154

1. Julie Lane - Program Specialist III
2. Kristi Trudel, Program Planning & Review Specialist
3. Thomas Grinley, Program Planner I
4. Albert Maltais, Jr. Program Planner and Review Specialist
5. Philip J Nadeau, Jr. Administrator III
6. Ann Driscoll, Administrator III
7. Peter Reid, Administrator III

Subject: Mobile Crisis Services & Supports


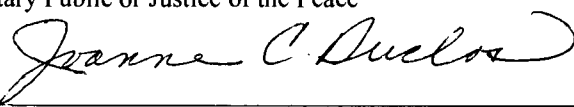
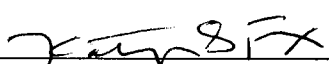
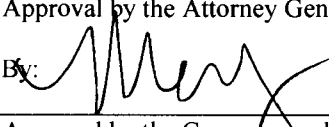
**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

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

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name Department of Health & Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name The Mental Health Center of Greater Manchester, Inc.		1.4 Contractor Address 401 Cypress Street Manchester, NH 03103-3628	
1.5 Contractor Phone Number (603) 206-8552	1.6 Account Number 05-095-092-920010-59450000-102-502664-92204000	1.7 Completion Date June 30, 2018	1.8 Price Limitation \$2,657,300
1.9 Contracting Officer for State Agency Eric D. Borrin, Director		1.10 State Agency Telephone Number (603) 271-9558	
1.11 Contractor Signature  		1.12 Name and Title of Contractor Signatory William Rider, President/Chief Executive Officer	
1.13 Acknowledgement: State of <i>NH</i> , County of <i>Hillsborough</i>  On <i>May 6, 2016</i> , 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 <i>Joanne C. Duclos, Notary Public</i> <b>JOANNE C. DUCLOS, Notary Public</b> <b>My Commission Expires September 18, 2018</b>			
1.14 State Agency Signature  		1.15 Name and Title of State Agency Signatory Date: <i>5/13/16</i> <i>Katya S. Fox, Director</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) (if applicable)  By:  On: <i>5/23/14</i> <i>Megan A. Yade - Attorney</i>			
1.18 Approval by the Governor and Executive Council (if applicable)  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, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("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. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. 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 notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

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

#### **14. INSURANCE.**

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

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate ; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

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

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

**15. WORKERS' COMPENSATION.**

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

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

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

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

**18. AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

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

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

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

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

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

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

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

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





## Scope of Services

### 1. Provisions Applicable to All Services

- 1.1. The Contractor 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 contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. The Contractor shall provide Mobile Crisis Services and supports in the New Hampshire Community Mental Health Region VII (Manchester, Auburn, Bedford, Candia, Goffstown, Hooksett, Londonderry, New Boston), to individuals eighteen (18) years and older who are experiencing a mental health crisis.

### 2. Services to Be Provided

- 2.1. The Contractor shall establish a mobile crisis team (MCT) that includes, but is not limited to:
  - 2.1.1. Master's level trained clinicians.
  - 2.1.2. One (1) peer specialist.
  - 2.1.3. One (1) on-call psychiatrist/APRN.
- 2.2. The Contractor shall provide coverage when there are multiple concurrent crises, which may include both in-person and by telephone, by ensuring resources are scheduled to meet the community's fluctuating needs for mobile mental health crisis response. The Contractor shall ensure staffing includes, but is not limited to:
  - 2.2.1. Skilled masters prepared clinicians, including full-time and per diem staff, scheduled to ensure 24/7 coverage.
  - 2.2.2. Experienced peer support specialists scheduled per diem 24/7 to ensure on-demand availability to clinicians mobilized in crisis responses.
  - 2.2.3. 24/7 schedule of masters prepared clinicians and peer support specialists who function as 'back-ups' for the regularly scheduled clinicians, as needed.
  - 2.2.4. The MCT Coordinator and/or Director shall be available to assume the role of the masters level clinicians, as necessary.

*wtk*  
5/6/16



Exhibit A

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- 2.2.5. Tertiary 'back-up' staff skilled and versed in MCT employed in other roles within the agency during regular business hours that elect to be available per diem, as necessary.
  - 2.2.6. 24/7 access to additional support from on-call psychiatrist/APRN and MCT supervisory staff and administrator-on-call, as needed for consultation, mental health crisis management/treatment planning, implementation and resolution of any issues/concerns that arise.
  - 2.3. The Contractor shall provide services that include, but are not limited to:
    - 2.3.1. Telephone triages, which include but are not limited to initial telephone calls completed by the clinician to complete the initial risk assessments to determine the level of service that will be provided to the caller.
    - 2.3.2. Telephone coaching provided by a Master's level clinical and/or certified peer specialist in order to provide supportive listening, program solving and referrals, as appropriate.
    - 2.3.3. Lethality assessments that are completed by a Master's level clinical during an intensive face-to-face assessment which includes, but is not limited to:
      - 2.3.3.1. Obtaining the individual's history, including but not limited to, identifying problems in narrative form of how and why the person is presenting at this time.
      - 2.3.3.2. Listing immediate safety concerns from the point of view of the individual in crisis, referring parties and other collateral sources.
      - 2.3.3.3. Listing of available crisis precipitants, internal and external supports.
      - 2.3.3.4. Listing of relevant past symptoms, treatments, and medical & substance co-morbidities.
      - 2.3.3.5. Narrative of current functional status.
      - 2.3.3.6. Narrative of current mental status exam with serial assessment over time and in response to immediate treatment interventions.
      - 2.3.3.7. Creating a disposition/crisis plan.
    - 2.3.4. Crisis stabilization services that may include, but are not limited to:
      - 2.3.4.1. Ongoing lethality assessments.
      - 2.3.4.2. Case management/connections to community based services.
      - 2.3.4.3. Therapeutic services based on best practices and evidence informed approaches.

*[Handwritten Signature]*  
*[Handwritten Date: 5/6/16]*



Exhibit A

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- 2.3.4.4. Supports that emphasizes psycho-education, empowerment, partnership and the right to self-determination for individuals challenged by mental illness and recovery.
  - 2.3.4.5. Admissions to a Crisis Stabilization Apartment that provides brief and continuous psychiatric intervention in a community based environment structured to maximize respite and support while minimizing the need for inpatient hospitalization. The Contractor shall ensure:
    - 2.3.4.5.1. Two (2) apartments are available with a total of four (4) beds.
    - 2.3.4.5.2. Ongoing safety assessments are conducted.
    - 2.3.4.5.3. Supervision and serial evaluation of mental status are continuous.
    - 2.3.4.5.4. A focus on individual coping strengths in order to develop a recovery plan.
    - 2.3.4.5.5. Medication evaluations are conducted.
    - 2.3.4.5.6. Individual supportive therapy is available.
    - 2.3.4.5.7. Referrals for psychiatric, social services, substance use and medical aftercare are coordinated.
  - 2.3.5. Peer specialist support services provided by peer support specialists who will provide services in a synergistic fashion with strong partnerships among members of the crisis team in order to offer:
    - 2.3.5.1. Specialized recovery promoting activities.
    - 2.3.5.2. Supportive counseling.
    - 2.3.5.3. Supportive listening.
    - 2.3.5.4. Identification of potential community based resources available to individuals.
    - 2.3.5.5. Practical problem solving around life stressors.
  - 2.3.6. Emergency psychopharmacology interventions provided within twenty-four (24) hours of the crisis response by a full time nurse practitioner or on-call psychiatrist in coordination with primary prescribers, as appropriate.
  - 2.3.7. Case management services that include expedited referrals and linkages to community based services through partnerships in a behaviorally integrated manner.
  - 2.4. The Contractor shall provide a designated Mobile Crisis telephone number that shall be answered and triaged by a Master's level clinician, twenty-four (24)

*[Handwritten Signature]*  
5/6/16



Exhibit A

hours per day, (7) seven days per week in order to gather information to determine:

- 2.4.1. The level and nature of the crisis, which shall be categorized as either:
  - 2.4.1.1. Low, in which case the Contractor shall provide telephone support and referrals.
  - 2.4.1.2. Medium, in which case the Contractor shall provide a crisis stabilization appointment if no safety issues are of immediate concern but the individual must be connected to services or other crisis stabilization levels of service.
  - 2.4.1.3. High, in which case the Contractor shall ensure an immediate response:
    - 2.4.1.3.1. To the individual's residence or other natural environment.
    - 2.4.1.3.2. At a neutral community location if the current environment is dangerous or unsafe.
    - 2.4.1.3.3. In an outpatient mental health setting.
    - 2.4.1.3.4. With police/EMT at one of the locations identified in Section 2.3.1.3.1 through 2.3.1.3.4, if there are immediate safety issues.
- 2.4.2. The safest intervention, either by telephone or face-to-face, by using the Violence and Suicide Assessment (VASA) and/or the Crisis Triage Scale (CTRS), and the algorithms available in the tools.
- 2.4.3. An individual safety plan for the individual by providing self-soothing techniques until the Mobile Crisis team member arrives in person.
- 2.5. The Contractor shall promptly assess individual needs and identify necessary services and supports to meet individual needs, as well as assist the individual with accessing services and supports, either in-person or by telephone, in a timely manner.
- 2.6. The Contractor shall respond to requests for crisis assessments and interventions within one (1) hour of receiving the call for mobilization, as recorded for Quality Assurance (QA) purposes in order to provide interventions to avoid unnecessary hospitalization, incarceration, or admission to a Designated Receiving Facility, Acute Psychiatric Residential Treatment Program, emergency room, or nursing home, which shall include, but not be limited to:
  - 2.6.1. 24 hour live answer of the Mobile Crisis Team line.
  - 2.6.2. A client centered approach.
  - 2.6.3. Peer specialist supports.
  - 2.6.4. Treatment plans.

*WHL*  
5/6/16



Exhibit A

- 2.6.5. Cognitive restructuring.
- 2.6.6. Practical problem solving skills.
- 2.6.7. Coping skills education.
- 2.6.8. Substance use disorder treatment services.
- 2.6.9. Trauma informed care.
- 2.6.10. Linkage and mobilization of support systems.
- 2.6.11. Transportation to services, including support services.
- 2.7. The Contractor shall work to stabilize individuals as quickly as practical and assist them with returning to their pre-crisis level of functioning.
- 2.8. The Contractor shall collaborate and coordinate with law enforcement personnel to respond to individuals in mental health crisis in situations that involve law enforcement. The Contractor shall:
  - 2.8.1. Initiate meetings with regional police departments to educate them about the services offered by and access to the Mobile Crisis Team.
- 2.9. The Contractor shall collaborate and coordinate with peer specialist(s) who provide support, empathy and education for individuals experiencing a mental health crisis, which may include, but is not limited to:
  - 2.9.1. Assisting with crisis intervention, stabilization and triage.
  - 2.9.2. Assisting the Master's level clinician with completing assessments.
  - 2.9.3. Working in the crisis apartments.
  - 2.9.4. Sharing personal, practical experience, knowledge of recovery principles and first hand insight to facilitate useful outcomes for people who are using Mobile Crisis Team services.
- 2.10. The Contractor shall provide up to seven (7) days of services and supports, following the onset of the crisis, as well as beyond the immediate crisis period, as appropriate.
- 2.11. The Contractor shall refer callers to the emergency department/emergency room when the assessment determines the individual requires an emergency medical assessment and treatment in addition to psychiatric services.
- 2.12. The Contractor shall provide outreach and education to increase community awareness of Mobile Crisis Services and Supports, which shall include but is not limited to:
  - 2.12.1. Publishing local newspaper articles.
  - 2.12.2. Attending stakeholder meetings.
  - 2.12.3. Collaborating with peer support colleagues to support and publicize the program.
  - 2.12.4. Offering specialized training to hospital emergency departments.

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Exhibit A

- 2.13. The Contractor shall prioritize a comprehensive list of community partners that shall be contacted in order to offer education on mobile crisis supports and services as well HIPPA requirements. The Contractor shall:
- 2.13.1. Create a brochure that highlights mobile crisis supports and services available to the community partners.
  - 2.13.2. Network with community partners to ensure linkages and community services are readily available when the Contractor responds to a crisis situation.
- 2.14. The Contractor will provide two (2) Mobile Crisis apartments with no more than two (2) beds per apartment, which will serve as an alternate to hospitalization and/or institutionalization to individuals utilizing mobile crisis supports and services, within sixty (60) days of the contract approval date. The Contractor shall ensure:
- 2.14.1. All crisis apartment beds are certified under administrative rule He-M-1002.
  - 2.14.2. Each crisis apartment has at least one (1) bathroom with a sink, toilet, and a bathtub or shower.
  - 2.14.3. Each crisis apartment has a specific sleeping area designated for each individual and that common areas are not used as bedrooms.
  - 2.14.4. Each crisis apartment has storage space for each individual's clothing and personal possessions.
  - 2.14.5. Each crisis apartment has accommodations for the nutritional needs of an individual.
  - 2.14.6. Each crisis apartment has at least one (1) telephone for incoming and outgoing calls.
  - 2.14.7. An individual's stay at a crisis apartment is limited to seven (7) days.
- 2.15. The Contractor shall provide transportation for individuals from the site of the crisis to the apartment, and to their home or other residential setting after stabilization has occurred. The Contractor shall ensure staff members providing transportation have:
- 2.15.1. A valid driver's license.
  - 2.15.2. A state-inspected vehicle.
  - 2.15.3. Proof that vehicle is insured.
- 2.16. The Contractor shall ensure that each crisis apartment is operated with sufficient clinical support and oversight, and peer staffing, twenty-four (24) hours per day, seven (7) days per week, as is reasonably necessary to prevent unnecessary institutionalization. Staff shall include, but not be limited to:
- 2.16.1. One (1) Master level Clinician/nurse clinician onsite.

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Exhibit A

- 2.16.2. One (1) Peer Specialist onsite.
- 2.16.3. One (1) Psychiatrist/APRN on-call.

**3. Staffing**

- 3.1. The Contractor shall ensure all potential staff provides the following documentation:
  - 3.1.1. A minimum of two (2) references.
  - 3.1.2. BEAS State Registry Consent Form.
  - 3.1.3. Central Registry Name Search Authorization.
  - 3.1.4. Criminal Record Release Authorization Form – General.
- 3.2. The Contractor shall ensure, prior to an offer of employment, the documentation list in Section 3.1 is processed through the appropriate State departments to ensure that the employee has no history of:
  - 3.2.1. A felony conviction.
  - 3.2.2. A misdemeanor conviction involving:
    - 3.2.2.1. Physical or sexual assault.
    - 3.2.2.2. Violence.
    - 3.2.2.3. Exploitation.
    - 3.2.2.4. Child pornography.
    - 3.2.2.5. Threatening or reckless conduct.
    - 3.2.2.6. Theft.
    - 3.2.2.7. Driving under the influence of drugs or alcohol.
    - 3.2.2.8. Any other conduct that represents evidence of behavior that could endanger the well-being of a consumer.
- 3.3. The Contractor shall ensure results from the forms identified in Section 3.1 are kept on file and available to the Department upon request.
- 3.4. The Contractor shall ensure the Mobile Crisis Team and staff operating the crisis apartment are available twenty-four (24) hours per day, seven (7) days per week and have the following qualifications:
  - 3.4.1. At a minimum, Clinicians must have:
    - 3.4.1.1. A master's degree in psychology, psychiatric social work, psychiatric nursing, or mental health counseling.
    - 3.4.1.2. Training in crisis intervention services, risk management, assessment of suicide potential and Integrated Treatment for co-occurring disorders.

*WJL*  
5/6/16



Exhibit A

- 3.4.1.3. A minimum of ten (10) hours of continuing education related to behavioral health every two (2) years.
- 3.4.2. At a minimum, Peer Specialists must have:
  - 3.4.2.1. A high school diploma.
  - 3.4.2.2. Certification as a peer specialist.
  - 3.4.2.3. Training in crisis intervention.
  - 3.4.2.4. A minimum of ten (10) hours of continuing education related to behavioral health every two (2) years.
- 3.4.3. At a minimum, the on-call Psychiatrist/APRN must:
  - 3.4.3.1. Be board certified in Psychiatry.

#### 4. Reporting

- 4.1. The Contractor will provide a monthly report by the tenth (10th) of each month, to the State Project Manager, which shall include but not be limited to following:
  - 4.1.1. Number of individuals who received services.
  - 4.1.2. Insurance carrier of the individual who received services.
  - 4.1.3. Date and time of contact.
  - 4.1.4. Service/or services provided to the individual.
  - 4.1.5. Location of where services were provided.
  - 4.1.6. Length of time services were provided.
  - 4.1.7. Whether law enforcement was involved.
  - 4.1.8. If services were provided beyond the immediate crisis.
  - 4.1.9. Statistics on aversions from hospitalizations.
  - 4.1.10. Outcome of service provided, which may include but is not limited to hospitalization, crisis apartment assignment, home placement or emergency room admission.
  - 4.1.11. Response time of the mobile crisis team.
  - 4.1.12. Referral sources.
  - 4.1.13. Number of clients with Limited English Proficiency who needed translation services.
  - 4.1.14. Number of clients who required interpretation services.

#### 5. Compliance

- 5.1. The Contractor shall comply with all of the requirements of the Health Insurance Portability and Accountability Act (HIPPA) Privacy Rules, Public Law 104-191.

*[Handwritten Signature]*  
5/6/16





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5.2. The Contractor shall comply with all of the requirements of the Certification Standards for Behavioral Health Community Residences He-M 1002.

**6. Performance Measures**

6.1. The Contractor shall ensure 95% of calls received are acted upon within one (1) hour of receiving the call for services in accordance with contract requirements for response.

**7. Deliverables**

7.1. The Contractor shall provide a copy of all outreach and marketing tools designed and used in Section 2.12 to the Department at least ten (10) days prior to implementing them.

7.2. The Contractor shall provide a copy of the brochure designed in accordance with Section 2.13 for Department approval prior to distribution and within 90 days of the contract effective date.

7.3. The Contractor shall ensure Mobile Crisis apartments described in Section 2.14 are operational no later than sixty (60) days from the contract effective date.

*[Handwritten Signature]*  
5/6/14



Exhibit B

**Method and Conditions Precedent to Payment**

1. This contract is funded with a combination of federal funds and general funds anticipated to be available based upon continued appropriation. Funds are conditioned upon continued support of the program by the state and federal governments. Department access to supporting federal funding is dependent upon the selected Contractor meeting the requirements in accordance with the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medical Assistance Program, Catalog of Federal Domestic Assistance (CFDA #) 93.778, Federal Award Identification Number (FAIN) NH20144.
2. The State shall pay the Contractor an amount not to exceed the Price Limitation on Form P37, Block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
3. Payment for all services and expenses shall be on a cost reimbursement basis only for actual expenditures.
4. Services provided by the Mobile Crisis Team will be paid by the New Hampshire Department of Health and Human Services as follows:
  - 4.1. Medicaid enrolled individuals:
    - 4.1.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the vendor will be paid in accordance with its contract with the MCO.
    - 4.1.2. Medicaid Fee for Service: The vendor will bill Medicaid for services on the Fee for Service (FFS) schedule.
  - 4.2. Other insurance/payors:
    - 4.2.1. The vendor will directly bill the other insurance or payors.
  - 4.3. Uninsured individuals:
    - 4.3.1. The vendor will directly bill the New Hampshire Department of Health and Human Services.
5. Services not covered by Medicaid or by other insurance that are eligible for New Hampshire Department of Health and Human Services payment shall be paid to the Contractor within forty-five (45) days, upon receipt of the following:
  - 5.1. The monthly "Bureau of Behavioral Health Green Sheet" Invoice (Exhibit B-1), which shall include:
    - 5.1.1. Agency Name;
    - 5.1.2. Amount of request;
    - 5.1.3. Program Name (Mobile Crisis Response Team or Crisis Apartments);
    - 5.1.4. Time Period for which reimbursement is requested;
    - 5.1.5. Date of Request; and

Exhibit B

Contractor Initials WAL

Date 5/6/16



Exhibit B

- 5.1.6. Costs for which reimbursement is requested must be itemized (e.g. salaries, travel, etc.).
- 5.2. All documents providing evidence of expenditure which must be itemized to reflect the budget line item number indicated in accordance with the Contract Budget (Exhibit B-3).
  - 5.2.1. Payments shall not exceed those indicated in the Contract Budget line items identified in Exhibit B-3.
- 5.3. The Mobile Crisis Teams Compliance Report (Exhibit B-2); and
- 5.4. All payments must be approved by the DHHS Administrator of Community Mental Health Services or designee prior to payment.
6. The Contractor is required to submit a Mobile Crisis Team Monthly Compliance Report (Exhibit B-2) to accompany the monthly invoices. New Hampshire Department of Health and Human Services reserves the right to withhold and/or reduce payments if the Contractor is not in compliance as indicated by the Report.
7. Invoices shall be submitted electronically to:  
Administrator of Community Mental Health Services  
NH Department of Health and Human Services  
Division of Behavioral Health  
105 Pleasant Street  
Concord, NH 03301
8. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibits A and B.
9. A final payment request shall be submitted no later than sixty (60) days after the Contract ends. Failure to submit the invoice, and accompanying documentation could result in nonpayment.
10. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
11. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
12. Notwithstanding paragraph 18 of the P-37, an amendment limited to the adjustment of amounts between budget line items and/or State Fiscal Years, related items, and amendment of related budget exhibits, can be made by written agreement of both parties and does not require additional approval by Governor and Executive Council.

*mt*

**COPY ON GREEN PAPER ONLY**

Exhibit B-1 "Green Sheet"

**NEW HAMPSHIRE BUREAU OF BEHAVIORAL HEALTH**

**Shaded areas for BBH use only**

**APPROVAL REQUEST FOR EXHIBIT B CONTRACT FUNDS**

- 1. Agency name: \_\_\_\_\_
- 2. Date of request: \_\_\_\_\_
- 3. Amount of request: \_\_\_\_\_
- 4. Service development for which funds are requested (use additional sheets if necessary): \_\_\_\_\_

PROGRAM COORD. SIGNATURE (OCA, ELD, CHI etc)	EXHIBIT B ITEM	EXHIBIT B TYPE*	TOTAL AMOUNT REQUESTED	PAYMENT SCHEDULE (i.e., lump sum, monthly, etc.)
_____				
_____				
_____				
_____				
_____				

\* Consumers, Childrens, Elders, Housing, PSA etc.

5. Authorized CMHC/PSA signature: \_\_\_\_\_

**BBH PROGRAM MANAGER:**

- Approved \$ \_\_\_\_\_
- Denied \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BBH PAYMENT APPROVAL:**

- Approved \$ \_\_\_\_\_
- Denied \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Initials WLL

Date 5/6/16

Exhibit B-2  
**MOBILE CRISIS TEAMS**  
**COMPLIANCE REPORT**

Agency Name: \_\_\_\_\_

FY: \_\_\_\_\_ Month: \_\_\_\_\_

The Contractor shall ensure that the Mobile Crisis Team is available twenty-four (24) hours per day, seven (7) days per week.

Meets compliance

Does not meet compliance

**Corrective Action Plan:**

The Mobile Crisis Team is composed of clinicians trained to provide behavioral health emergency services and crisis intervention services, and also includes at least one (1) peer specialist and one (1) on-call psychiatrist/APRN.

Meets compliance

Does not meet compliance

**Corrective Action Plan:**

The Mobile Crisis Team is able to respond to individuals twenty-four (24) hours per day, seven (7) days per week onsite in their homes and in other natural environments and community settings where crises arise, including in crisis apartments.

Meets compliance

Does not meet compliance

**Corrective Action Plan:**

The Mobile Crisis Team is able to offer services and supports via telephone and, whenever necessary, consistent with legitimate safety concerns, meet face-to-face to de-escalate crises without removing the individuals from their homes and/or community programs.

Meets compliance

Does not meet compliance

**Corrective Action Plan:**

The Mobile Crisis Team is able to provide services and supports until the crisis subsides, up to seven (7) days following the onset of the crisis.

Meets compliance

Does not meet compliance

**Corrective Action Plan:**

The Mobile Crisis Team is able to work with law enforcement personnel to respond to individuals in mental health crisis who come into contact with law enforcement.

Meets compliance

Does not meet compliance

**Corrective Action Plan:**

*WTR* 5/6/16

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

Bidder/Program Name: **THE MENTAL HEALTH CENTER OF GREATER MANCHESTER**

Budget Request for: **MOBILE CRISIS SERVICES AND SUPPORTS**

(Name of RFP)

Budget Period: **JULY 1, 2016 - JUNE 30, 2017**

1. Total Salary/Wages	\$ 1,151,052.00	\$ 112,475.00	\$ 1,263,527.00	\$ 420,155.00	\$ 46,700.00	\$ 468,855.00	\$ 730,897.00	\$ 65,775.00	\$ 796,672.00
2. Employee Benefits	\$ 381,257.00	\$ 42,025.00	\$ 423,282.00	\$ 128,648.00	\$ 14,500.00	\$ 143,148.00	\$ 252,609.00	\$ 27,525.00	\$ 280,134.00
3. Consultants	\$ 76,796.00	\$ 8,604.00	\$ 85,400.00	\$ 24,856.00	\$ 3,034.00	\$ 27,890.00	\$ 51,940.00	\$ 5,570.00	\$ 57,510.00
4. Equipment:									
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 13,500.00	\$ 1,500.00	\$ 15,000.00	\$ 4,700.00	\$ 550.00	\$ 5,250.00	\$ 8,800.00	\$ 950.00	\$ 9,750.00
5. Supplies:									
Educational	\$ 8,950.00	\$ 1,050.00	\$ 10,000.00	\$ 3,222.00	\$ 378.00	\$ 3,600.00	\$ 5,728.00	\$ 672.00	\$ 6,400.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ 9,275.00	\$ 725.00	\$ 10,000.00	\$ 3,445.00	\$ 145.00	\$ 3,590.00	\$ 5,830.00	\$ 580.00	\$ 6,410.00
Office	\$ 11,117.00	\$ 1,397.00	\$ 12,514.00	\$ 3,877.00	\$ 592.00	\$ 4,469.00	\$ 7,240.00	\$ 805.00	\$ 8,045.00
6. Travel	\$ 13,400.00	\$ 1,600.00	\$ 15,000.00	\$ 4,673.00	\$ 577.00	\$ 5,250.00	\$ 8,727.00	\$ 1,023.00	\$ 9,750.00
7. Occupancy	\$ 76,245.00	\$ 9,255.00	\$ 85,500.00	\$ 23,783.00	\$ 3,142.00	\$ 26,925.00	\$ 52,462.00	\$ 6,113.00	\$ 58,575.00
8. Current Expenses									
Telephone	\$ 22,375.00	\$ 2,625.00	\$ 25,000.00	\$ 7,831.00	\$ 919.00	\$ 8,750.00	\$ 14,544.00	\$ 1,706.00	\$ 16,250.00
Postage	\$ -	\$ 1,508.00	\$ 1,508.00	\$ -	\$ 528.00	\$ 528.00	\$ -	\$ 980.00	\$ 980.00
Subscriptions	\$ -	\$ 4,200.00	\$ 4,200.00	\$ -	\$ 1,470.00	\$ 1,470.00	\$ -	\$ 2,730.00	\$ 2,730.00
Audit and Legal	\$ 4,103.00	\$ 497.00	\$ 4,600.00	\$ 1,477.00	\$ 173.00	\$ 1,650.00	\$ 2,626.00	\$ 324.00	\$ 2,950.00
Insurance	\$ 11,881.00	\$ 1,419.00	\$ 13,300.00	\$ 4,143.00	\$ 512.00	\$ 4,655.00	\$ 7,738.00	\$ 907.00	\$ 8,645.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software - EMR	\$ 36,200.00	\$ 3,800.00	\$ 40,000.00	\$ 7,800.00	\$ 1,200.00	\$ 9,000.00	\$ 28,400.00	\$ 2,600.00	\$ 31,000.00
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 6,826.00	\$ 674.00	\$ 7,500.00	\$ 2,389.00	\$ 236.00	\$ 2,625.00	\$ 4,437.00	\$ 438.00	\$ 4,875.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):									
13a. Other - Building & Household Supplies	\$ 13,608.00	\$ 1,392.00	\$ 15,000.00	\$ 4,735.00	\$ 515.00	\$ 5,250.00	\$ 8,873.00	\$ 877.00	\$ 9,750.00
13b. Other - Food Supplies-Crisis Apartments	\$ 2,240.00	\$ 260.00	\$ 2,500.00	\$ 790.00	\$ 85.00	\$ 875.00	\$ 1,450.00	\$ 175.00	\$ 1,625.00
<b>TOTAL</b>	\$ 1,838,825.00	\$ 195,005.00	\$ 2,033,831.00	\$ 646,524.00	\$ 75,256.00	\$ 721,780.00	\$ 1,192,301.00	\$ 119,750.00	\$ 1,312,051.00

10.6%

Indirect As A Percent of Direct

The Mental Health Center of Greater Manchester  
 Exhibit B-3 Budget  
 Page 1 of 2

WAT 5/16/14

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

Bidder/Program Name: THE MENTAL HEALTH CENTER OF GREATER MANCHESTER

Budget Request for: MOBILE CRISIS SERVICES AND SUPPORTS

(Name of RFP)

Budget Period: JULY 1, 2017 - JUNE 30, 2018

1. Total Salary/Wages	\$ 1,162,779.00	\$ 125,794.00	\$ 1,288,573.00	\$ 406,114.00	\$ 44,001.00	\$ 450,115.00	\$ 756,665.00	\$ 81,793.00	\$ 838,458.00
2. Employee Benefits	\$ 395,076.00	\$ 43,040.00	\$ 438,116.00	\$ 149,000.00	\$ 14,340.00	\$ 163,340.00	\$ 246,076.00	\$ 28,700.00	\$ 274,776.00
3. Consultants	\$ 109,060.00	\$ 4,940.00	\$ 114,000.00	\$ 50,710.00	\$ 4,190.00	\$ 54,900.00	\$ 58,350.00	\$ 750.00	\$ 59,100.00
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 17,925.00	\$ 2,075.00	\$ 20,000.00	\$ 6,275.00	\$ 725.00	\$ 7,000.00	\$ 11,650.00	\$ 1,350.00	\$ 13,000.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 8,987.00	\$ 1,013.00	\$ 10,000.00	\$ 4,167.00	\$ 325.00	\$ 4,492.00	\$ 4,820.00	\$ 688.00	\$ 5,508.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ 9,050.00	\$ 950.00	\$ 10,000.00	\$ 3,420.00	\$ 360.00	\$ 3,780.00	\$ 5,630.00	\$ 590.00	\$ 6,220.00
Office	\$ 11,179.00	\$ 1,335.00	\$ 12,514.00	\$ 4,850.00	\$ 440.00	\$ 5,290.00	\$ 6,329.00	\$ 895.00	\$ 7,224.00
6. Travel	\$ 13,642.00	\$ 1,358.00	\$ 15,000.00	\$ 5,699.00	\$ 551.00	\$ 6,250.00	\$ 7,943.00	\$ 807.00	\$ 8,750.00
7. Occupancy	\$ 83,647.00	\$ 9,253.00	\$ 92,900.00	\$ 29,300.00	\$ 3,215.00	\$ 32,515.00	\$ 54,347.00	\$ 6,038.00	\$ 60,385.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 26,852.00	\$ 3,148.00	\$ 30,000.00	\$ 9,400.00	\$ 1,100.00	\$ 10,500.00	\$ 17,452.00	\$ 2,048.00	\$ 19,500.00
Postage	\$ -	\$ 1,508.00	\$ 1,508.00	\$ -	\$ 530.00	\$ 530.00	\$ -	\$ 978.00	\$ 978.00
Subscriptions	\$ -	\$ 4,200.00	\$ 4,200.00	\$ -	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 2,700.00	\$ 2,700.00
Audit and Legal	\$ 4,455.00	\$ 545.00	\$ 5,000.00	\$ 1,565.00	\$ 185.00	\$ 1,750.00	\$ 2,890.00	\$ 360.00	\$ 3,250.00
Insurance	\$ 11,945.00	\$ 1,355.00	\$ 13,300.00	\$ 4,225.00	\$ 475.00	\$ 4,700.00	\$ 7,720.00	\$ 880.00	\$ 8,600.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software - EMR	\$ 36,595.00	\$ 3,405.00	\$ 40,000.00	\$ 16,900.00	\$ 1,600.00	\$ 18,500.00	\$ 19,695.00	\$ 1,805.00	\$ 21,500.00
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 6,625.00	\$ 875.00	\$ 7,500.00	\$ 2,650.00	\$ 350.00	\$ 3,000.00	\$ 3,975.00	\$ 525.00	\$ 4,500.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13a. Other - Building & Household Supplies	\$ 13,275.00	\$ 1,725.00	\$ 15,000.00	\$ 5,600.00	\$ 650.00	\$ 6,250.00	\$ 7,875.00	\$ 1,075.00	\$ 8,750.00
13b. Other - Food Supplies-Crisis Apartments	\$ 2,220.00	\$ 280.00	\$ 2,500.00	\$ 995.00	\$ 55.00	\$ 450.00	\$ 1,825.00	\$ 225.00	\$ 2,050.00
TOTAL	\$ 1,913,312.00	\$ 206,798.00	\$ 2,120,111.00	\$ 700,270.00	\$ 74,582.00	\$ 774,862.00	\$ 1,213,042.00	\$ 132,207.00	\$ 1,345,249.00

10.8%

Indirect As A Percent of Direct

The Mental Health Center of Greater Manchester  
 Exhibit B-3 Budget  
 Page 2 of 2

WTR  
5/16/16



### 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 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:
  - 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.

*WHL*

*5/16/14*



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 EEO on file and submit an EEO Certification Form to the OCR, certifying that its EEO 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 EEO Certification Form to the OCR certifying it is not required to submit or maintain an EEO. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEO requirement, but are required to submit a certification form to the OCR to claim the exemption. EEO 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]*  
*5/6/16*



**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 Division reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

*[Handwritten Signature]*  
Date 5/6/16



**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

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

**ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS**

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

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

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

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

*Will*  
5/6/16



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

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

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

Contractor Name: The Mental Health Center of Greater Manchester

5/6/16  
Date

William Rider  
Name: William Rider  
Title: President/Chief Executive Officer



**CERTIFICATION REGARDING LOBBYING**

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

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

Programs (indicate applicable program covered):

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

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name: The Mental Health Center of Greater  
Manchester

5/6/14  
Date

William Rider  
Name: William Rider  
Title: President/Chief Executive Officer

Contractor Initials WR  
Date 5/6/14





**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

*[Handwritten Signature]*

5/6/16



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

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

**PRIMARY COVERED TRANSACTIONS**

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

**LOWER TIER COVERED TRANSACTIONS**

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

Contractor Name: The Mental Health Center of Greater  
Manchester

5/6/16  
Date

*William Rider*  
Name: William Rider  
Title: President/Chief Executive Officer



**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

5/6/16



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: The Mental Health Center of Greater  
Manchester

5/6/16  
Date

WR  
Name: William Rider  
Title: President/Chief Executive Officer

Exhibit G

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

Contractor Initials WR  
Date 5/6/16



**CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

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

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

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

Contractor Name: The Mental Health Center of Greater  
Manchester

5/6/14  
Date


  
Name: William Rider  
Title: President/Chief Executive Officer



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.





**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE**

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

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

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

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

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

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

Contractor Name: The Mental Health Center of Greater  
Manchester

5/6/14  
Date

William Rider  
Name: William Rider  
Title: President/Chief Executive Officer



**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: 073978280
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:

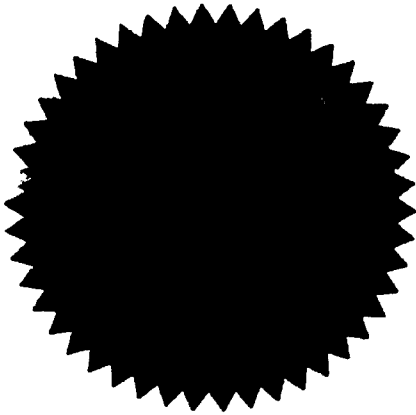
4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: Quentin Turnbull, M.D. Amount: 206,648  
Name: William Rider, CEO Amount: 144,800  
Name: Paul Michaud, CFO Amount: 120,528  
Name: Patricia Carty, COO Amount: 100,569  
Name: Richard Cornell, V.P. Amount: 93,995

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 THE MENTAL HEALTH CENTER OF GREATER MANCHESTER, INC. is a New Hampshire nonprofit corporation formed October 17, 1960. 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 25<sup>th</sup> day of January A.D. 2016

William M. Gardner  
Secretary of State

# CERTIFICATE OF VOTE

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

1. I am a duly elected Officer of The Mental Health Center of Greater Manchester.  
(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 4, 2016:  
(Date)

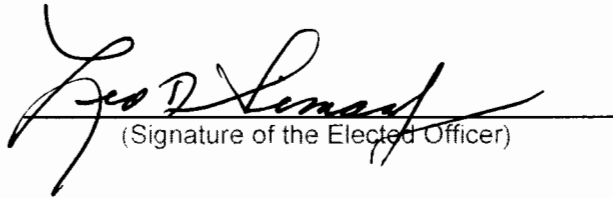
**RESOLVED:** That the President/Chief Executive Officer  
(Title of Contract Signatory)

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 6<sup>th</sup> day of May, 2016.  
(Date Contract Signed)

4. William Rider is the duly elected President/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 Hillsborough

The forgoing instrument was acknowledged before me this 6<sup>th</sup> day of May, 2016,

By Leo Simard  
(Name of Elected Officer of the Agency)

Joanne Duclos  
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: September 18, 2018



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/21/2016

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 CGI Insurance 171 Londonderry Turnpike Hooksett NH 03106	CONTACT NAME: Mark Harvie
	PHONE (A/C, No, Ext): (603) 232-9306 FAX (A/C, No): (603) 622-4618 E-MAIL ADDRESS: mharvie@cgbusinessinsurance.com
INSURED The Mental Health Center of Greater Manchester, Inc. 401 Cypress Street Manchester NH 03103-3628	INSURER(S) AFFORDING COVERAGE
	INSURER A: Philadelphia Insurance
	INSURER B: A.I.M. Mutual
	INSURER C:
	INSURER D:
	INSURER E:

**COVERAGES** CERTIFICATE NUMBER: 16/17 Master 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 <input checked="" type="checkbox"/> Inc. Prof. Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1471055	4/1/2016	4/1/2017	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 Professional Liability \$ 1,000,000
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			PHPK1471055	4/1/2016	4/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB534541	4/1/2016	4/1/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
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	N/A	ECC60040000298-2015A-WC 3A State(s): NH	9/12/2015	9/12/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)  
 \*\*Supplemental Names\*\* Manchester Mental Health Foundation, Inc., Manchester Mental Health Realty, Inc., Manchester Mental Health Services, Inc., Manchester Mental Health Ventures, Inc.  
 This Certificate is issue for insured operations usual to Mental Health Services. RE: Kimberly Calhoun, LICSW

<b>CERTIFICATE HOLDER</b>  NH DHHS 129 Pleasant Street Concord, NH 03301	<b>CANCELLATION</b>  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  Mark Harvie/KDC

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# The Mental Health Center of Greater Manchester

## **MISSION**

To empower individuals to achieve recovery and promote personal and community wellness through an accessible, comprehensive, integrated and evidence-based system of mental health care.

## **VISION**

To promote prevention recovery and wellness, and strive to be a center of excellence and sought after partner in developing and delivering state-of-the-art mental health treatment integrated within our community.

## **GUIDING VALUES AND PRINCIPLES**

We treat everyone with respect, compassion and dignity.

We offer hope and recovery through individualized, quality mental health services.

We provide evidence-based, culturally responsive and consumer/family focused care.

We support skilled staff members who work together and strive for excellence.

We pursue partnerships that promote wellness and create a healthy community.

Revised and Approved by the Board of Directors on June 23, 2015

**The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.**

**COMBINING FINANCIAL STATEMENTS**

**June 30, 2015**

The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
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June 30, 2015

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**Kittell Branagan & Sargent**

*Certified Public Accountants*

Vermont License #167

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
of The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.

We have audited the accompanying combining financial statements of The Mental Health Center of Greater Manchester, Inc. and its affiliate Manchester Mental Health Foundation, Inc. (nonprofit organizations) which comprise the statement of financial position as of June 30, 2015, and the related combining statements of activities and cash flows for the year then ended, and the related notes to the combining 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. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatements.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in 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.

To the Board of Directors  
of The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
Page 2

Opinion

In our opinion, the combining financial statements referred to above present fairly, in all material respects, the individual and combining financial positions of The Mental Health Center of Greater Manchester, Inc. and Manchester Mental Health Foundation, Inc. as of June 30, 2015, and the activities and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the combining financial statements as a whole. The supplementary information on pages 17 through 21 is presented for the 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 audit 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.

*Kittell Branagan & Sugart*

St. Albans, Vermont  
October 14, 2015

The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
COMBINING STATEMENTS OF FINANCIAL POSITION  
June 30, 2015

<u>ASSETS</u>				
	<u>MHCGM</u>	<u>Foundation</u>	<u>Eliminating Entries</u>	<u>Combined Total</u>
<b>CURRENT ASSETS</b>				
Cash	\$ 6,562,483	\$ 14,216	\$ -	\$ 6,576,699
Accounts Receivable, net	2,454,384	-	-	2,454,384
Other Accounts Receivable	175,146	500,600	(500,600)	175,146
Grant Receivable	885	-	-	885
Investments	-	2,533,483	-	2,533,483
Prepaid Expenses	186,659	-	-	186,659
<b>TOTAL CURRENT ASSETS</b>	<u>9,379,557</u>	<u>3,048,299</u>	<u>(500,600)</u>	<u>11,927,256</u>
<b>PROPERTY, PLANT AND EQUIPMENT,</b>				
Net of accumulated depreciation	<u>3,225,205</u>	<u>-</u>	<u>-</u>	<u>3,225,205</u>
<b>TOTAL ASSETS</b>	<u>\$ 12,604,762</u>	<u>\$ 3,048,299</u>	<u>\$ (500,600)</u>	<u>\$ 15,152,461</u>
 <u>LIABILITIES AND NET ASSETS</u>				
<b>CURRENT LIABILITIES</b>				
Accounts Payable	\$ 181,372	\$ -	\$ -	\$ 181,372
Due To Affiliate	500,600	-	(500,600)	-
Accrued Payroll & Vacation, other accruals	1,851,185	4,002	-	1,855,187
Deferred Revenue	50,353	-	-	50,353
Amounts held for Patients and Other Deposits	21,148	-	-	21,148
<b>TOTAL CURRENT LIABILITIES</b>	<u>2,604,658</u>	<u>4,002</u>	<u>(500,600)</u>	<u>2,108,060</u>
<b>EXTENDED ILLNESS LEAVE, Long term</b>	<u>506,285</u>	<u>-</u>	<u>-</u>	<u>506,285</u>
<b>POST-RETIREMENT BENEFIT OBLIGATION</b>	<u>53,469</u>	<u>-</u>	<u>-</u>	<u>53,469</u>
<b>NET ASSETS</b>				
Unrestricted	9,440,350	2,745,793	-	12,186,143
Temporarily restricted	-	66,429	-	66,429
Permanently restricted	-	232,075	-	232,075
<b>TOTAL NET ASSETS</b>	<u>9,440,350</u>	<u>3,044,297</u>	<u>-</u>	<u>12,484,647</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>\$ 12,604,762</u>	<u>\$ 3,048,299</u>	<u>\$ (500,600)</u>	<u>\$ 15,152,461</u>

See Accompanying Notes to Financial Statements

The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
COMBINING STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS  
For the Year Ended June 30, 2015

	MHCGM	Foundation		Eliminating Entries	Combined Total	
	Unrestricted	Unrestricted	Temporarily Restricted			Permanently Restricted
REVENUE AND OTHER SUPPORT						
Program Service Fees	\$ 21,950,887	\$ -	\$ -	\$ -	\$ 21,950,887	
Fees and Grants from Governmental Agencies	1,682,613	-	-	-	1,682,613	
Rental Income	142,493	-	-	-	142,493	
Other Income	1,401,994	-	-	(80,000)	1,321,994	
<b>TOTAL REVENUE AND OTHER SUPPORT</b>	<b>25,177,987</b>	<b>-</b>	<b>-</b>	<b>(80,000)</b>	<b>25,097,987</b>	
OPERATING EXPENSES						
Program Services:						
Children & Adolescents	3,909,688	-	-	-	3,909,688	
Elderly	311,551	-	-	-	311,551	
Emergency Services	1,629,772	-	-	-	1,629,772	
Vocational Services	423,847	-	-	-	423,847	
Non-Eligibles	1,377,346	-	-	-	1,377,346	
Mutli-Service Team	9,356,661	-	-	-	9,356,661	
Crisis Unit	2,240,696	-	-	-	2,240,696	
Community Residences & Support Living	1,208,886	-	-	-	1,208,886	
Other	1,615,957	-	-	-	1,615,957	
Total Program Services	22,074,404	-	-	-	22,074,404	
Supporting Services						
Management and General	2,491,566	-	-	(600,000)	1,891,566	
<b>TOTAL OPERATING EXPENSES</b>	<b>24,565,970</b>	<b>-</b>	<b>-</b>	<b>(600,000)</b>	<b>23,965,970</b>	
INCOME FROM OPERATIONS	612,017	-	-	520,000	1,132,017	
NON-OPERATING REVENUE/(EXPENSES)						
Contributions	278,147	600,000	66,429	1,406	(600,000)	345,982
Interest/Dividend Income	3,227	100,894	-	-	-	104,121
Investment Loss	-	(73,616)	-	-	-	(73,616)
Dues	-	(4,800)	-	-	-	(4,800)
Donations/Contributions	-	(80,000)	-	-	80,000	-
Miscellaneous Expenses	-	(3,500)	-	-	-	(3,500)
<b>NON-OPERATING REVENUE/ (EXPENSES), NET</b>	<b>281,374</b>	<b>538,978</b>	<b>66,429</b>	<b>1,406</b>	<b>(520,000)</b>	<b>368,187</b>
INCREASE IN NET ASSETS	893,391	538,978	66,429	1,406	-	1,500,204
NET ASSETS AT BEGINNING OF YEAR	8,546,959	2,206,815	-	230,669	-	10,984,443
NET ASSETS AT END OF YEAR	\$ 9,440,350	\$ 2,745,793	\$ 66,429	\$ 232,075	\$ -	\$ 12,484,647

See Accompanying Notes to Financial Statements.

The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
COMBINING STATEMENTS OF CASH FLOWS  
For the Year Ended June 30, 2015

	<u>MHCGM</u>	<u>Foundation</u>	<u>Eliminating Entries</u>	<u>Combined Total</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>				
Change in net assets	\$ 893,391	\$ 606,813	\$ -	\$ 1,500,204
Adjustments to reconcile change in net assets to net cash provided by operating activities:				
Depreciation	266,336	-	-	266,336
Unrealized loss on investments	-	250,621	-	250,621
Realized gain on investments	-	(192,862)	-	(192,862)
Decrease (Increase) in Operating Assets:				
Accounts Receivable	1,036,940	-	-	1,036,940
Prepaid Expenses, grants and contracts receivable, and other current assets	(52,471)	-	-	(52,471)
Increase (Decrease) in Operating Liabilities:				
Accounts Payable	(11,331)	-	-	(11,331)
Due to Affiliate	536,400	(436,351)	(100,049)	-
Accrued Expenses and Other Current Liabilities	(17,906)	-	-	(17,906)
Deferred Revenue	(17,095)	-	-	(17,095)
Amounts held for Patients and Other Deposits	1,372	-	-	1,372
Post Retirement Benefit Obligation	(11,337)	-	-	(11,337)
Extended Illness Leave	(42,917)	-	-	(42,917)
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	<u>2,581,382</u>	<u>228,221</u>	<u>(100,049)</u>	<u>2,709,554</u>
 <b>CASH FLOWS FROM INVESTING ACTIVITIES</b>				
Purchase of property, plant, and equipment, net	(341,410)	-	-	(341,410)
Proceeds from sale of investments	-	2,246,689	-	2,246,689
Purchase of investments	-	(2,468,480)	-	(2,468,480)
NET CASH (USED) BY INVESTING ACTIVITIES	<u>(341,410)</u>	<u>(221,791)</u>	<u>-</u>	<u>(563,201)</u>
NET INCREASE (DECREASE) IN CASH	2,239,972	6,430	(100,049)	2,146,353
CASH AT BEGINNING OF YEAR	<u>4,322,511</u>	<u>7,786</u>	<u>100,049</u>	<u>4,430,346</u>
CASH AT END OF YEAR	<u>\$ 6,562,483</u>	<u>\$ 14,216</u>	<u>\$ -</u>	<u>\$ 6,576,699</u>

See Accompanying Notes to Financial Statements.



The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
NOTES TO COMBINING FINANCIAL STATEMENTS  
June 30, 2015

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

The Mental Health Center of Greater Manchester, Inc. (the "Center") a not-for-profit corporation, organized under New Hampshire law to provide services in the areas of mental health, and related non-mental health programs is exempt from income taxes under Section 501 (c)(3) of the Internal Revenue Code. In addition, the organization qualifies for the charitable contribution deduction under Section 170 (b)(1)(a) and has been classified as an organization that is not a private foundation under Section 509(a)(2). In July 1990, the Center was reorganized and Manchester Mental Health Foundation, Inc. (the "Foundation") became the sole corporate member of the Center. The Foundation is also a 501(c)(3). The Foundation's purpose is to raise and invest funds for the benefit of the Center.

Basis of Presentation

The combining financial statements include the accounts of The Mental Health Center of Greater Manchester, Inc. and its affiliate, Manchester Mental Health Foundation, Inc. All inter-company transactions and accounts have been eliminated in combination.

Estimates

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

Income Taxes

Consideration has been given to uncertain tax positions. The federal income tax returns for the years ended after June 30, 2012, remain open for potential examination by major tax jurisdictions, generally for three years after they were filed.

State Grants

The Center receives a number of grants from, and has entered into various contracts with the State of New Hampshire related to the delivery of mental health services.

Depreciation

The cost of property, equipment and improvements is depreciated over the estimated useful life of the assets using the straight line method. Assets deemed to have a useful life greater than three years are deemed capital in nature. Estimated useful lives range from 3 to 40 years.

Vacation Pay and Fringe Benefits

Vacation pay is accrued and charged to the programs when earned by the employee. Fringe benefits are allocated to the appropriate program expense based on the percentage of actual time spent on the programs.

The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
NOTES TO COMBINING FINANCIAL STATEMENTS  
June 30, 2015

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Revenue

Revenue from federal, state and other sources is recognized in the period earned.

Accounts Receivable

Accounts receivable are recorded based on amounts billed for services provided, net of respective contractual adjustments and bad debt allowances.

Policy for Evaluating Collectability of Accounts Receivable

In evaluating the collectability of accounts receivable, the Center analyzes past results and identifies trends for each major payor source of revenue for the purpose of estimating the appropriate amounts of the allowance for contractual adjustments and bad debts. Data in each major payor source is regularly reviewed to evaluate the adequacy of the allowance for contractual adjustments and doubtful accounts. Specifically, for receivables relating to services provided to clients having third-party coverage, an allowance for contractual adjustments and doubtful accounts and a corresponding provision for contractual adjustments and bad debts are established for amounts outstanding for an extended period of time and for third-party payors experiencing financial difficulties; for receivables relating to self-pay clients, a provision for bad debts is made in the period services are rendered based on experience indicating the inability or unwillingness of clients to pay amounts for which they are financially responsible.

Based on management's assessment, the Center provides for estimated contractual allowances and uncollectible amounts through a charge to earnings and a credit to a valuation allowance. Balances that remain outstanding after the Center has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable.

During 2015, the Center increased its estimate in the allowance for doubtful accounts from 58% to 71% of total accounts receivable to \$6,050,921 as of June 30, 2015 from \$4,918,837 as of June 30, 2014. This was a result of self-pay patient accounts receivable increasing as a percentage of accounts receivable to 53% of total accounts receivable as of June 30, 2015 from 45% of total accounts receivable as of June 30, 2014.

Client Service Revenue

The Center recognizes client service revenue relating to services rendered to clients that have third-party payor coverage and are self pay. The Center receives reimbursement from Medicare, Medicaid and Insurance Companies at defined rates for services to clients covered by such third-party payor programs. The difference between the established billing rates and the actual rate of reimbursement is recorded as allowances when received. For services rendered to uninsured clients (i.e., self-pay clients), revenue is recognized on the basis of standard or negotiated discounted rates. At the time services are rendered to self-pay clients, a provision for bad debts is recorded based on experience and the effects of newly identified circumstances and trends in pay rates. Client service revenue (net of contractual allowances and discounts but before taking account of the provision for bad debts) recognized during the year ended June 30, 2015 totaled \$21,950,887, of which \$21,292,274 was revenue from third-party payors and \$658,613 was revenue from self-pay clients.

The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
NOTES TO COMBINING FINANCIAL STATEMENTS  
June 30, 2015

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Company considers all short-term debt securities purchased with a maturity of three months or less to be cash equivalents.

Temporarily and Permanently Restricted Net Assets

Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of donated assets.

Temporarily restricted net assets are those whose use by the Center or Foundation has been limited by donors to a specific time period or purpose. When a donor restriction expires (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 statement of operations as either net assets released from restrictions (for non-capital related items) or as net assets released from restrictions used for capital purchases (capital related items).

Permanently restricted net assets are restricted by donors and to be maintained in perpetuity. Income earned on permanently restricted net assets, to the extent not restricted by the donor, including net realized appreciation on investments, would be included in the statement of activities as unrestricted resources or as a change in temporarily restricted net assets in accordance with donor-intended purposes.

Included in the Foundation's unrestricted net assets is \$600,000 of board designated net assets, which was result of a board approved donation from the Center to the foundation during the year ended June 30, 2015 of \$600,000.

Employee Benefit Program

The Center maintains a tax-sheltered annuity benefit program, which covers substantially all employees. Eligible employees may contribute up to maximum limitations (set annually by the IRS) of their annual salary. After one year's employment, the employees' contributions are matched by the Center up to 5 percent of their annual salary. The combined amount of employee and employer contributions is subject by law to yearly maximum amounts. The employer match was \$409,390 for the year ended June 30, 2015.

Postretirement Medical Benefits

The Center sponsors an unfunded defined benefit postretirement plan covering certain of its employees (employed prior to January 1, 1997). In 2008, all eligible active employees were offered and accepted a buyout of the program leaving the plan to provide medical benefits to eligible retired employees. See Note 8 for further discussion of the Plan.

For retirements prior to January 1, 1997, benefits are based upon quoted premium rates. For retirements on or after January 1, 1997 up to June 30, 2007, the benefits are based on monthly premiums frozen at their December 31, 1996 level. The plan is funded as premiums are paid.

The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
NOTES TO COMBINING FINANCIAL STATEMENTS  
June 30, 2015

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Malpractice Loss Contingencies

The Center has an occurrence basis policy for its malpractice insurance coverage. An occurrence basis policy provides specific coverage for claims resulting from incidents that occur during the policy term, regardless of when the claims are reported to the insurance carrier. The possibility exists, as a normal risk of doing business, that malpractice claims in excess of insurance coverage may be asserted against the Center. In the event a loss contingency should occur, the Center would give it appropriate recognition in its financial statements.

NOTE 2 CLIENT SERVICE REVENUES FROM THIRD PARTY PAYORS

The Center has agreements with third-party payors that provide payments to the Center at established rates. These payments include:

New Hampshire and Managed Medicaid

The Center is reimbursed for services from the State of New Hampshire and Managed Care Organizations for services rendered to Medicaid clients on the basis of fixed Fee for Service rates.

Approximately 79% of net client service revenue is from participation in the state and managed care organization sponsored Medicaid programs for the year ended June 30, 2015. Laws and regulations governing the Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonable possible that recorded estimates could change materially in the near term.

NOTE 3 PROPERTY AND EQUIPMENT

Property, plant and equipment is stated at cost. Expenditures for maintenance and repairs are charged to expense as incurred and expenditures for major renovations are capitalized. Depreciation is computed on the straight-line method over the estimated useful lives of the assets being depreciated.

Property and equipment consisted of the following at June 30, 2015:

Land	\$ 1,415,708
Buildings and improvements	4,581,240
Furniture and equipment	<u>1,576,978</u>
	7,573,926
Accumulated depreciation	<u>(4,348,721)</u>
	<u>\$ 3,225,205</u>

Depreciation expense for the year ended June 30, 2015 was \$266,336.

The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
NOTES TO COMBINING FINANCIAL STATEMENTS  
June 30, 2015

NOTE 4

ACCOUNTS RECEIVABLE

ACCOUNTS RECEIVABLE - TRADE

Due from clients	\$ 4,534,780
Managed medicaid	1,134,488
Medicaid receivable	1,305,578
Medicare receivable	516,628
Other insurance	<u>1,013,831</u>
	8,505,305
Allowance	<u>(6,050,921)</u>
	<u>\$ 2,454,384</u>

ACCOUNTS RECEIVABLE – OTHER

Amoskeag Residences	\$ 6,422
Boston University COG	48,083
Catholic Medical Center	7,642
Community Connection	12,156
Dartmouth	9,951
Easter Seals	9,238
Farnum Center	15,458
HCHC	12,006
Manchester Community Health	21,215
Miscellaneous accounts receivable	44,539
North Shore LIJ	22,116
United Way	<u>8,750</u>
	<u>\$ 175,146</u>

GRANTS RECEIVABLE

State of New Hampshire – DHHS	
Division for Children, Youth and Families	<u>\$ 885</u>

NOTE 5

DEFERRED REVENUE

CIP Grant	\$ 23,558
Central NY Services	11,140
Greater Manchester Charitable Trust	7,273
HCHC Gym Memberships	3,141
Miscellaneous deferred revenue	1,574
State of NH DIG Grant	<u>3,667</u>
	<u>\$ 50,353</u>

The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
NOTES TO COMBINING FINANCIAL STATEMENTS  
June 30, 2015

NOTE 6      LINE OF CREDIT

As of June 30, 2015, the organization had available a line of credit with a bank due on demand with an upper limit of \$2,500,000. The line was not utilized as of June 30, 2015. These funds are available with interest charged at Prime Rate.

NOTE 7      LEASES

The Center leases certain facilities and equipment under operating leases which expire at various dates. Aggregate future minimum payments under non-cancelable operating leases with terms of one year or more are as follows:

2016	\$	427,666
2017		54,228
2018		20,198

Rental expense was \$357,616 for the year ended June 30, 2015.

NOTE 8      EXTENDED ILLNESS LEAVE (EIL)

The following table sets forth the Center's funded status of EIL as of June 30, 2015:

Net Post-Retirement Health Cost:

Service cost	\$	32,096
Interest cost		<u>20,225</u>
Net post retirement health cost	\$	<u>52,321</u>

Change in Accumulated Projected Benefit Obligation:

Accumulated benefit obligation at beginning of year	\$	549,202
Service cost		32,096
Interest cost		20,225
Actuarial loss		(8,060)
Benefits paid		<u>(87,178)</u>
Benefit obligation at end of year	\$	<u>506,285</u>

Balance Sheet Liability:

Accumulated postretirement benefit obligation	\$	506,285
Fair value of plan assets		<u>-</u>
Unfunded accumulated postretirement benefit obligation	\$	<u>506,285</u>

The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
NOTES TO COMBINING FINANCIAL STATEMENTS  
June 30, 2015

NOTE 8 EXTENDED ILLNESS LEAVE (EIL) (continued)

Reconciliation of Accrued Costs:

Accrued benefit obligation at beginning of year	\$ 594,082
Net post retirement health cost for the year	52,321
Contributions made during the year (benefits paid)	<u>(87,178)</u>
Accrued post retirement health cost at end of year	<u>\$ 559,225</u>

Estimated Future Benefit Payments:

2015 – 2016	\$ 34,900
2016 – 2017	20,600
2017 – 2018	51,900
2018 – 2019	43,000
2019 – 2020	107,200
2020 – 2025	<u>251,100</u>

Expected contribution for next fiscal year \$ 34,900

Change in Balance Sheet Liability:

Balance sheet liability at beginning of year	\$ (549,202)
Net actuarial gain arising during the year	8,060
Increase from current year service and interest cost	(52,321)
Contributions made during the year	<u>87,178</u>

Balance sheet liability at end of year \$ (506,285)

Amounts Recognized as Adjustments to Unrestricted Net Assets:

Adjustments to unrestricted net assets from adoption of of FAS 158 at beginning of year	\$ (44,881)
Net actuarial (gain) or loss arising during the year	(8,060)
Reclassification from amortization of net actuarial loss recognized during the year	<u>-</u>

Unrestricted net assets not yet classified as NPBC  
at end of year \$ (52,941)

The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
NOTES TO COMBINING FINANCIAL STATEMENTS  
June 30, 2015

NOTE 8 EXTENDED ILLNESS LEAVE (EIL) (continued)

Unrestricted Net Assets Not Yet Classified As Net  
Postretirement Benefit Cost:

Unrecognized prior service cost	\$ -
Unrecognized net actuarial gain or (loss)	<u>(52,941)</u>

Unrestricted net assets not yet classified as NPBC at end of year	<u>\$ (52,941)</u>
--	--------------------

The weighted-average discount rate used in determining the accumulated benefit obligation was 4.25% at June 30, 2015.

NOTE 9 OTHER POST-RETIREMENT HEALTH BENEFIT PLAN

During 2007, the Center offered a buyout to employees who would have been eligible to participate in the post-retirement health plan upon their retirement. As a result, no additional employees will be enrolled in the plan. Only current retirees participate in the plan.

During 1997, the Center amended the plan to freeze monthly premiums at their December 31, 1996 level and to no longer provide the postretirement benefit to employees hired after December 31, 1996. The weighted-average annual assumed rate of increase in per capita cost of covered benefits (i.e., health care cost trend rate) was 4.00% for the year ending June 30, 2015; and 4.00% per year for retirements that occurs on or after January 1, 1997, until those retirees' monthly premium cap of \$188 is reached.

Net Post-Retirement Health Cost:

Interest cost	\$ 2,325
Net amortization of (gain)	<u>(16,110)</u>
Net post retirement health cost/(income)	<u>\$ (13,785)</u>

Change in Accumulated Projected Benefit Obligation:

Accumulated benefit obligation at beginning of year	\$ 64,806
Interest cost	2,325
Actuarial loss	(287)
Benefits paid	<u>(13,375)</u>
Benefit obligation at end of year	<u>\$ 53,469</u>

FASB Balance Sheet Liability:

Accumulated postretirement benefit obligation	\$ 53,469
Fair value of plan assets	<u>-</u>
Unfunded accumulated postretirement benefit obligation	<u>\$ 53,469</u>



The Mental Health Center of Greater Manchester, Inc.  
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NOTES TO COMBINING FINANCIAL STATEMENTS  
June 30, 2015

NOTE 9 OTHER POST-RETIREMENT HEALTH BENEFIT PLAN (continued)

Reconciliation of Accrued Costs:

Accrued benefit obligation at beginning of year	\$ 232,383
Net post retirement health cost/(income) for the year	(13,785)
Contributions made during the year (benefits paid)	<u>(13,375)</u>
 Accrued post retirement health cost at end of year	 <u>\$ 205,223</u>

Gains and losses in excess of 10% of the greater of the benefit obligation and the fair value of assets are amortized over the average remaining service period of active participants.

Assumptions

Weighted-average assumptions used to determine Benefit Obligations at June 30, 2015:

Discount rate 4.25%

Assumed health care cost trend rates have a significant effect on the amounts reported for health care plans. A 1% change in assumed health care cost trend rates would have the following effects:

	<u>1% Increase</u>	<u>1% Decrease</u>
Effect on total of service and interest cost components of net periodic postretirement health care benefit cost	<u>\$ 2,370</u>	<u>\$ 2,281</u>
	<u>1% Increase</u>	<u>1% Decrease</u>
Effect on the health care component of the accumulated postretirement benefit obligation	<u>\$ 54,624</u>	<u>\$ 52,343</u>

Weighted-average assumptions used to determine Net Periodic Benefit Cost at June 30, 2015:

Discount rate 4.25%

Cash Flows

Estimated Future Benefit Payments:

2015 – 2016	\$ 14,300
2016 – 2017	14,900
2017 – 2018	15,500
2018 – 2019	16,200
2019 – 2020	2,300
2020 – 2025	<u>11,300</u>

Expected contribution for next fiscal year: \$ 14,300

The Mental Health Center of Greater Manchester, Inc.  
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NOTES TO COMBINING FINANCIAL STATEMENTS  
June 30, 2015

NOTE 9 OTHER POST-RETIREMENT HEALTH BENEFIT PLAN (continued)

Change in Balance Sheet Liability:	
Balance sheet liability at beginning of year	\$ (64,806)
Net actuarial gain or (loss) arising during the year	287
Increase from current year service and interest cost	(2,325)
Contributions made during the year	<u>13,375</u>
Balance sheet liability at end of year	<u>\$ (53,469)</u>
Amounts Recognized as Adjustments to Unrestricted Net Assets:	
Adjustments to unrestricted net assets from adoption of of FAS 158 at beginning of year	\$ (167,578)
Net actuarial (gain) arising during the year	(287)
Reclassification from amortization of net actuarial loss recognized during the year	<u>16,110</u>
Unrestricted net assets not yet classified as NPBC at end of year	<u>\$ (151,755)</u>
Reconciliation of Accrued Costs:	
Unrecognized prior service cost	\$ -
Unrecognized net actuarial gain or (loss)	<u>(151,755)</u>
Unrestricted net assets not yet classified as NPBC at end of year	<u>\$ (151,755)</u>
Unrestricted Net Assets Expected to be Reclassified as Net Postretirement Benefit Cost in Next Fiscal Year:	
Recognition of amortization of net Actuarial Loss in next fiscal year's expense	<u>\$ 16,110</u>

NOTE 10 COMMITMENTS AND CONTINGENCIES

The Center held deposits with TD Bank North totaling \$6,649,316 as of June 30, 2015. Of this amount \$305,091 is in excess of FDIC coverage of \$250,000 and collateralized Federal repurchase agreements totaling \$6,094,224 as of June 30, 2015.

The Foundation held investments with LPL Financial totaling \$2,533,483 as of June 30, 2015. Of this amount \$2,033,483 is in excess of SIPC coverage of \$500,000 and is uninsured.

The Mental Health Center of Greater Manchester, Inc.  
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NOTES TO COMBINING FINANCIAL STATEMENTS  
June 30, 2015

NOTE 11 RELATED PARTY TRANSACTIONS

Amoskeag Residences, Inc. was formed by the Mental Health Center of Greater Manchester, Inc. The board of directors for Amoskeag Residences, Inc. is comprised of members of management from the Center. Included in accounts receivable as of June 30, 2015 is \$6,422 due to the Center from Amoskeag Residences, Inc. The Mental Health Center of Greater Manchester, Inc. is reimbursed for services it provides to Amoskeag Residences, Inc., such as bookkeeping services, insurance coverage, and repairs and maintenance services. The amounts for the years ended June 30, 2015 are as follows:

Billed	<u>\$ 65,258</u>
Reimbursed	<u>\$ 66,487</u>

NOTE 12 INVESTMENTS

Investments are presented in the combining financial statements at market value as follows:

	<u>Cost</u>	<u>Market</u>
Cash and Cash Equivalents	\$ 32,525	\$ 32,525
Marketable Equity Securities	<u>2,458,924</u>	<u>2,500,958</u>
<b>TOTAL</b>	<u>\$ 2,491,449</u>	<u>\$ 2,533,483</u>

Investment return consisted of the following:

Advisory Fees	\$ (15,857)
Net realized gain	192,862
Change in Fair Market Value - Net unrealized loss	<u>(250,621)</u>
<b>TOTAL INVESTMENT LOSS</b>	<u>\$ (73,616)</u>

NOTE 13 FAIR VALUE MEASUREMENTS

The Foundation's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable or reflective of future fair values. Furthermore, although the Foundation believes its valuations methods are appropriate and consistent with other market participant, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quotes prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority.

The Mental Health Center of Greater Manchester, Inc.  
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NOTES TO COMBINING FINANCIAL STATEMENTS  
June 30, 2015

NOTE 13 FAIR VALUE MEASUREMENTS (continued)

The Foundation uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Foundation measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 input valuation methods are described in detail below and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds, equities and options are valued at the daily closing price as reported by the fund. Mutual funds, equities and options held by the Foundation are open-end and are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The investments held by the Foundation are deemed to be actively traded.

The following table presents by level, within the fair value hierarchy, the Foundation investment assets at fair value, as of June 30, 2015. As required by professional accounting standards, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

<u>Description</u>	<u>06/30/15</u>	<u>Quoted Price In Active Markets For Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Cash and Cash Equivalents	\$ 32,525	\$ 32,525	\$ -	\$ -
<b>Mutual Funds:</b>				
Nontraditional Bond	220,508	220,508	-	-
Diversfied Emerging Mkts	72,476	72,476	-	-
Conservative Allocation	138,374	138,374	-	-
Intermediate - Term Bond	249,872	249,872	-	-
Foreign Large Blend	238,087	238,087	-	-
Large Growth	168,317	168,317	-	-
Multsector Bonds	225,919	225,919	-	-
Large Value	74,531	74,531	-	-
Large Blend	643,460	643,460	-	-
Mid-Cap Value	94,256	94,256	-	-
Health	237,045	237,045	-	-
Intermediate Government	138,113	138,113	-	-
<b>Total</b>	<b>\$ 2,533,483</b>	<b>\$ 2,533,483</b>	<b>\$ -</b>	<b>\$ -</b>

The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
NOTES TO COMBINING FINANCIAL STATEMENTS  
June 30, 2015

NOTE 14      CONCENTRATIONS OF CREDIT RISK

The Center grants credit without collateral to its clients, most of who are area residents and are insured under third-party payor agreements. The mix of receivables due from clients and third-party payors at June 30, 2015 is as follows:

Due from clients	53 %
Managed medicaid	13
Medicaid	16
Medicare	6
Other insurance	<u>12</u>
	<u>100 %</u>

NOTE 15      SUBSEQUENT EVENTS

In accordance with professional accounting standards, the Center and Foundation has evaluated subsequent events through October 14, 2015, which is the date these basic financial statements were available to be issued. All subsequent events requiring recognition as of June 30, 2015, have been incorporated into these basic financial statements herein.

**SUPPLEMENTARY INFORMATION**

The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
ANALYSIS OF ACCOUNTS RECEIVABLE  
For the Year Ended June 30, 2015

	Accounts Receivable Beginning of Year	Gross Fees	Contractual Allowances and Other Discounts Given	Cash Receipts	Accounts Receivable End of Year
CLIENT FEES	\$ 3,768,469	\$ 6,150,670	\$ (4,924,209)	\$ 460,150	\$ 4,534,780
MANAGED MEDICAID	1,715,878	17,717,052	(3,941,232)	14,357,210	1,134,488
MEDICAID	1,401,476	8,872,654	(4,183,941)	4,784,611	1,305,578
MEDICARE	490,783	3,385,847	(2,292,830)	1,067,172	516,628
OTHER INSURANCE	1,033,555	2,892,131	(593,171)	2,318,684	1,013,831
ALLOWANCE	<u>(4,918,837)</u>	<u>-</u>	<u>(1,132,084)</u>	<u>-</u>	<u>(6,050,921)</u>
TOTAL	<u>\$ 3,491,324</u>	<u>\$ 39,018,354</u>	<u>\$(17,067,467)</u>	<u>\$ 22,987,827</u>	<u>\$ 2,454,384</u>

See Independent Auditor's Report.

The Mental Health Center of Greater Manchester, Inc.  
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ANALYSIS OF BBH REVENUES, RECEIPTS AND RECEIVABLES  
For the Year Ended June 30, 2015

	(Deferral) From BBH Beginning of Year	BBH Revenues Per Audited Financial Statements	Receipts for Year	(Deferral) From BBH End of Year
CONTRACT YEAR, June 30, 2015	\$ (9,959)	\$ 1,684,375	\$ (1,692,657)	\$ (18,241)

Analysis of Receipts: Date of Receipt/Deposit	Amount
07/01/14	\$ 1,770
08/04/14	7,397
08/26/14	417,249
09/03/14	14,942
09/19/14	101,583
10/08/14	14,842
10/15/14	885
11/06/14	116,751
11/19/14	102,697
12/18/14	37,098
12/26/14	101,583
01/23/15	101,583
01/28/15	885
02/10/15	1,015
02/12/15	14,115
02/25/15	102,474
02/17/15	13,386
03/10/15	154,483
04/02/15	116,571
04/23/15	885
05/08/15	119,422
06/01/15	112,315
06/09/15	6,700
06/22/15	15,816
06/30/15	16,210
	<u>\$ 1,692,657</u>

See Independent Auditor's Report.



The Mental Health Center of Greater Manchester, Inc.  
and Manchester Mental Health Foundation, Inc.  
STATEMENT OF FUNCTIONAL PUBLIC SUPPORT AND REVENUES  
For the Year Ended June 30, 2015

	<u>Total Agency</u>	<u>Total Admin.</u>	<u>Total Programs</u>	<u>Child/ Adol.</u>	<u>Elderly Services</u>	<u>Emergency Services</u>
<b>PROGRAM SERVICE FEES</b>						
Net Client Fees	\$ 575,098	\$ -	\$ 575,098	\$ (27,721)	\$ 42,700	\$ 177,156
HMO's	1,083,073	-	1,083,073	204,429	10,821	118,862
Blue Cross/Blue Shield	1,420,772	-	1,420,772	224,533	21,983	202,244
Medicaid	17,257,718	-	17,257,718	5,225,665	269,937	283,437
Medicare	1,225,890	-	1,225,890	147	181,640	33,855
Other Insurance	304,821	-	304,821	96,597	3,608	63,134
Other Program Fees	83,515	-	83,515	4,810	(547)	1,735
Sub-total	<u>21,950,887</u>	<u>-</u>	<u>21,950,887</u>	<u>5,728,460</u>	<u>530,142</u>	<u>880,423</u>
<b>PUBLIC SUPPORT</b>						
United Way	32,900	-	32,900	-	-	-
<b>LOCAL/COUNTY GOVERNMENT</b>						
Donations/Contributions	278,147	-	278,147	-	-	-
Div. Alc/Drug Abuse Prev	2,938	-	2,938	2,938	-	-
Div. for Children, Youth & Families	3,540	-	3,540	3,540	-	-
<b>FEDERAL FUNDING</b>						
PATH	40,121	-	40,121	-	-	40,121
CARE NH Contracts	300	-	300	-	-	-
OTHER FEDERAL GRANTS	-	-	-	-	-	-
RENTAL INCOME	142,493	-	142,493	-	-	-
INTEREST INCOME	3,227	-	3,227	-	-	-
<b>BBH</b>						
Bureau of Behavioral Health	1,635,714	-	1,635,714	-	-	440,883
Other BBH	5,000	-	5,000	-	-	-
OTHER REVENUES	<u>1,364,094</u>	<u>-</u>	<u>1,364,094</u>	<u>25,595</u>	<u>326</u>	<u>340,290</u>
Sub-total	<u>3,508,474</u>	<u>-</u>	<u>3,508,474</u>	<u>32,073</u>	<u>326</u>	<u>821,294</u>
<b>TOTAL PROGRAM REVENUES</b>	<u>\$ 25,459,361</u>	<u>\$ -</u>	<u>\$ 25,459,361</u>	<u>\$ 5,760,533</u>	<u>\$ 530,468</u>	<u>\$ 1,701,717</u>

<u>Vocational Services</u>	<u>Non - Eligibles</u>	<u>Multi. Service Team</u>	<u>Respite</u>	<u>Crisis Unit</u>	<u>Community Residence</u>	<u>Supportive Living</u>	<u>Other Mental Health</u>	<u>Other Non-BBH</u>
\$ 15,318	\$ 91,324	\$ (74,256)	\$ 3,017	\$ 187,873	\$ 20,532	\$ 16,125	\$ -	\$ 123,030
-	274,740	231,629	-	242,578	-	-	-	14
-	370,007	370,861	-	231,144	-	-	-	-
521,559	255,592	8,329,529	(685)	1,131,815	444,502	796,367	-	-
36	126,615	883,727	-	(25)	(104)	(1)	-	-
-	73,414	55,392	-	12,674	-	-	-	2
(212)	49,812	21,827	-	6,652	-	(562)	-	-
<u>536,701</u>	<u>1,241,504</u>	<u>9,818,709</u>	<u>2,332</u>	<u>1,812,711</u>	<u>464,930</u>	<u>811,929</u>	<u>-</u>	<u>123,046</u>
-	32,900	-	-	-	-	-	-	-
-	80,000	-	-	-	-	-	-	198,147
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	300	-	-	-	-	-	-	-
-	-	-	1,596	-	-	136,038	-	4,859
-	-	-	-	-	-	-	-	3,227
-	-	446,078	-	675,000	10,753	-	63,000	-
-	-	5,000	-	-	-	-	-	-
261	8,015	99,018	-	1,097	192	5,412	46	883,842
<u>261</u>	<u>121,215</u>	<u>550,096</u>	<u>1,596</u>	<u>676,097</u>	<u>10,945</u>	<u>141,450</u>	<u>63,046</u>	<u>1,090,075</u>
<u>\$ 536,962</u>	<u>\$ 1,362,719</u>	<u>\$10,368,805</u>	<u>\$ 3,928</u>	<u>\$ 2,488,808</u>	<u>\$ 475,875</u>	<u>\$ 953,379</u>	<u>\$ 63,046</u>	<u>\$ 1,213,121</u>

See Independent Auditor's Report.

The Mental Health Center of Greater Manchester, Inc.

STATEMENT OF FUNCTIONAL EXPENSES

For the Year Ended June 30, 2015

	Total Agency	Total Admin.	Total Programs	Child/ Adol.	Elderly Services	Emergency Services
<b>PERSONNEL COSTS</b>						
Salary and Wages	\$ 15,819,757	\$ 1,542,247	\$ 14,277,510	\$ 2,608,218	\$ 191,438	\$ 1,188,613
Employee Benefits	3,352,724	328,904	3,023,820	604,104	35,753	207,182
Payroll Taxes	1,162,301	111,086	1,051,215	195,428	15,457	81,432
Sub-total	20,334,782	1,982,237	18,352,545	3,407,750	242,648	1,477,227
<b>PROFESSIONAL FEES</b>						
Client Evaluations/Services	349,271	226,313	122,958	(2,646)	2,974	6,730
Audit Fees	40,499	3,843	36,656	6,922	1,434	1,964
Legal Fees	32,153	1,297	30,856	1,075	218	207
Other Prof. Fees/Consultants	28,389	6,974	21,415	3,638	754	1,032
<b>STAFF DEVELOPMENT &amp; TRAINING</b>						
Journals/Publications	3,605	747	2,858	128	2	3
In-service Training	5,114	348	4,766	269	56	76
Conferences/Conventions	60,905	8,950	51,955	7,774	1,146	2,409
Other Staff Development	16,797	235	16,562	750	-	-
<b>OCCUPANCY COSTS</b>						
Rent	357,616	8,407	349,209	193,769	-	-
Heating Costs	34,571	-	34,571	-	-	-
Other Utilities	256,554	26,098	230,456	11,773	7,936	26,630
Maintenance & Repairs	411,984	25,916	386,068	30,455	10,955	22,669
Other Occupancy Costs	7,816	(19)	7,835	54	9	292
<b>CONSUMABLE SUPPLIES</b>						
Office	179,051	33,495	145,556	20,152	1,439	6,032
Building/Household	66,277	4,764	61,513	4,212	1,044	4,692
Educational/Training	280,377	2,609	277,768	44,671	8,346	6,188
Food	61,041	98	60,943	427	-	62
Medical	62,737	77	62,660	(174)	32	39
Other Consumable Supplies	175,828	20,623	155,205	28,397	5,006	8,211
Depreciation-Equipment	153,798	17,057	136,741	23,868	4,790	9,697
Depreciation-Building	112,538	6,808	105,730	693	5,064	7,848
Equipment Maintenance	8,757	3,665	5,092	702	41	22
Advertising	35,806	12,673	23,133	3,792	886	1,019
Printing	42,755	10,773	31,982	5,982	699	1,842
Telephone/Communication	183,682	24,728	158,954	27,418	4,349	13,524
Postage & Shipping	51,095	28,301	22,794	4,280	887	1,247

Vocational Services	Non - Eligibles	Multi. Service Team	Respite	Crisis Unit	Community Residence	Supportive Living	Other Mental Health	Other Non-DMH
\$ 243,641	\$ 990,325	\$ 6,361,502	\$ -	\$ 1,350,160	\$ 253,028	\$ 456,745	\$ 46,568	\$ 587,272
51,728	103,893	1,451,032	-	254,417	59,861	125,498	8,803	121,549
19,326	64,502	475,093	-	98,361	18,256	32,397	3,545	47,418
<u>314,695</u>	<u>1,158,720</u>	<u>8,287,627</u>	<u>-</u>	<u>1,702,938</u>	<u>331,145</u>	<u>614,640</u>	<u>58,916</u>	<u>756,239</u>
4,358	15,237	27,456	-	68,331	-	-	4,018	(3,500)
1,134	2,519	13,664	-	4,285	830	2,474	203	1,227
2,934	265	25,099	-	496	87	261	85	129
596	1,324	7,182	-	2,400	436	1,301	106	2,646
2	83	21	-	302	1	723	-	1,593
44	98	531	-	167	32	96	8	3,389
789	1,917	25,673	-	3,389	479	4,193	102	4,084
750	-	7,130	-	3,210	1,975	-	-	2,747
-	98,646	56,794	-	-	-	-	-	-
-	-	-	-	-	-	34,571	-	-
10,597	5,968	70,208	-	53,260	-	33,801	9,751	532
14,605	13,937	109,761	-	119,274	361	50,302	12,781	968
110	17	933	-	1,605	5	4,793	3	14
4,415	18,330	56,075	-	15,332	473	14,109	1,175	8,024
1,378	1,800	10,117	-	27,840	28	9,038	1,230	134
1,861	1,375	160,531	-	16,813	9,441	2,668	148	25,726
352	-	65	-	58,013	-	2,014	-	10
27	50	12,709	-	45,138	17	50	8	4,764
7,702	10,626	57,813	-	16,350	3,163	12,771	1,408	3,758
3,969	8,815	47,638	-	21,558	2,758	8,804	708	4,136
6,762	299	50,407	-	16,070	-	12,225	6,223	139
122	205	1,773	-	1,345	9	788	32	53
588	3,336	7,090	-	2,637	431	1,284	105	1,965
620	6,820	9,792	-	3,842	341	1,017	218	809
8,663	8,466	59,924	-	22,029	972	7,581	4,092	1,936
704	1,558	8,518	-	2,650	513	1,553	125	759

See Independent Auditor's Report.

The Mental Health Center of Greater Manchester, Inc.

STATEMENT OF FUNCTIONAL EXPENSES

For the Year Ended June 30, 2015

	<u>Total Agency</u>	<u>Total Admin.</u>	<u>Total Programs</u>	<u>Child/ Adol.</u>	<u>Elderly Services</u>	<u>Emergency Services</u>
<b>TRANSPORTATION</b>						
Staff	211,173	5,974	205,199	36,861	1,230	16,880
Clients	22,877	-	22,877	324	1	72
<b>INSURANCE</b>						
Malpractice & Bonding	73,502	6,778	66,724	12,599	2,610	3,575
Vehicles	11,095	1,053	10,042	1,896	393	538
Comp Property/Liability	140,314	13,316	126,998	23,980	4,967	6,805
<b>MEMBERSHIP DUES</b>	55,053	3,411	51,642	4,438	919	1,259
<b>INTEREST EXPENSE</b>	-	-	-	-	-	-
<b>OTHER EXPENDITURES</b>	<u>698,158</u>	<u>4,017</u>	<u>694,141</u>	<u>3,459</u>	<u>716</u>	<u>981</u>
<b>Total Expenditures</b>	24,565,970	2,491,566	22,074,404	3,909,688	311,551	1,629,772
<b>Administration Allocation</b>	<u>-</u>	<u>(2,491,566)</u>	<u>2,491,566</u>	<u>465,299</u>	<u>42,948</u>	<u>190,524</u>
<b>TOTAL PROGRAM EXPENSES</b>	<u>24,565,970</u>	<u>-</u>	<u>24,565,970</u>	<u>4,374,987</u>	<u>354,499</u>	<u>1,820,296</u>
<b>SURPLUS/(DEFICIT)</b>	<u>\$ 893,391</u>	<u>\$ -</u>	<u>\$ 893,391</u>	<u>\$ 1,385,546</u>	<u>\$ 175,969</u>	<u>\$ (118,579)</u>

<u>Vocational Services</u>	<u>Non - Eligibles</u>	<u>Multi. Service Team</u>	<u>Respite</u>	<u>Crisis Unit</u>	<u>Community Residence</u>	<u>Supportive Living</u>	<u>Other Mental Health</u>	<u>Other Non-DMH</u>
28,396	59	110,058	-	487	1,537	6,677	350	2,664
26	1	16,280	-	2,229	-	3,943	1	-
2,064	4,585	24,873	-	7,800	1,511	4,504	369	2,234
311	690	3,744	-	1,174	227	678	55	336
3,929	8,727	47,342	-	14,845	2,876	8,573	702	4,252
727	1,615	32,885	-	2,747	532	1,623	4,110	787
<u>617</u>	<u>1,258</u>	<u>6,948</u>	<u>-</u>	<u>2,140</u>	<u>415</u>	<u>1,236</u>	<u>181</u>	<u>676,190</u>
423,847	1,377,346	9,356,661	-	2,240,696	360,595	848,291	107,213	1,508,744
<u>48,228</u>	<u>156,199</u>	<u>1,089,548</u>	<u>-</u>	<u>261,743</u>	<u>42,892</u>	<u>107,125</u>	<u>12,769</u>	<u>74,291</u>
<u>472,075</u>	<u>1,533,545</u>	<u>10,446,209</u>	<u>-</u>	<u>2,502,439</u>	<u>403,487</u>	<u>955,416</u>	<u>119,982</u>	<u>1,583,035</u>
<u>\$ 64,887</u>	<u>\$ (170,826)</u>	<u>\$ (77,404)</u>	<u>\$ 3,928</u>	<u>\$ (13,631)</u>	<u>\$ 72,388</u>	<u>\$ (2,037)</u>	<u>\$ (56,936)</u>	<u>\$ (369,914)</u>

See Independent Auditor's Report.







Board of Directors – 2015 – 2016		Page 2	
<b>Philip Hastings (Term 6 yrs 10/2015-9/2021)</b>			
(H)			
<b>Jaime Hoebeke (Term 6 yrs 10/2015 – 10/2021)</b>			
		(W)	Manchester Health Department
			1528 Elm Street
			Manchester, NH 03101
			628-6003 ext. 355
			<a href="mailto:jhoebeke@manchesternh.gov">jhoebeke@manchesternh.gov</a>
<b>Dia Kalakonas *(Term 6 yrs 10/2014 – 10/2020)</b>			
(H)		(W)	Cookson Strategies
			36 Lowell Street
			Manchester, NH 03101
			782-8192
			<a href="mailto:dia@cooksonstrategies.com">dia@cooksonstrategies.com</a>
<b>Thomas Lavoie *(Term 6 yrs 10/2013 – 9/2019)</b>			
(H)		(W)	Clark Insurance
			80 Canal Street
			Manchester, NH 03101
			716-2366
			<a href="mailto:tlavoie@clarkinsurance.com">tlavoie@clarkinsurance.com</a>
<b>Nicole Ledoux, Lt. (Term 6 yrs 10/2015-9/2021)</b>			
(H)		(W)	Manchester Police Department
			405 Valley Street
			Manchester, NH 03013
			792-5546
			<a href="mailto:nledoux@manchesternh.gov">nledoux@manchesternh.gov</a>
<b>Geoffrey Lundy, MD (Term 6 yrs 10/2011-9/2017)</b>			
(H)		(W)	Dartmouth Hitchcock Clinic
			100 Hitchcock Way
			Manchester, NH 03104
			Phone: 629-1793
			Cell: 491-7358
			<a href="mailto:Geoffnh@aol.com">Geoffnh@aol.com</a>
<b>Lizabeth MacDonald *(Term 6 yrs 4/2016-9/2022)</b>			
(H)		(W)	Weston Elementary School
			1066 Hanover Street
			Manchester, NH 03104
			Phone: 624-6347
			<a href="mailto:lmacdonald@mansd.org">lmacdonald@mansd.org</a>
<b>* Mail info to home address</b>			

<b>Board of Directors – 2015-2016</b>		<b>Page 3</b>
<b>Chief David Mara (Term 6 yrs 10/2013 – 9/2019)</b>		
(H)	[REDACTED]	
	[REDACTED]	
	[REDACTED]	
	[REDACTED]	
<b>Sheila McNeil *(Term 6 yrs 10/2013 – 9/2019)</b>		
(H)	[REDACTED]	(W) Howe, Riley & Howe, PLLC
	[REDACTED]	600 Chestnut Street
	[REDACTED]	Manchester, NH 03101
	[REDACTED]	Phone: 627-3838
	[REDACTED]	<a href="mailto:Sheila@hrhcpa.com">Sheila@hrhcpa.com</a>
<b>Christina Mellor (Term 6 yrs 10/2015 – 9/2021)</b>		
	[REDACTED]	(W) Lavallee Brensinger Architects
	[REDACTED]	155 Dow Street
	[REDACTED]	Manchester, NH 03101
	[REDACTED]	622-5450
	[REDACTED]	<a href="mailto:christina.mellor@lbpa.com">christina.mellor@lbpa.com</a>
<b>Elaine Michaud (Term 6 yrs 10/2015 – 9/2021)</b>		
	[REDACTED]	(W) Devine, Millimet & Branch, P.A.
	[REDACTED]	111 Amherst Street
	[REDACTED]	Manchester, NH 03101
	[REDACTED]	695-8546
	[REDACTED]	<a href="mailto:emichaud@devinemillimet.com">emichaud@devinemillimet.com</a>
<b>Theresa Ryan *(Term 6 yrs 10/2014 – 9/2020)</b>		
(H)	[REDACTED]	(W) Pater Real Estate Management Co, Inc.
	[REDACTED]	82 West Broadway
	[REDACTED]	Derry, NH 03038
	[REDACTED]	Phone: 437-0771 ext. 10
	[REDACTED]	Fax: 437-5748
<b>Shannon Sullivan *(Term 6 yrs 10/2014 – 9/2020)</b>		
(H)	[REDACTED]	(W) Union Leader Corporation
	[REDACTED]	100 William Loeb Drive
	[REDACTED]	Manchester, NH 03109
	[REDACTED]	Phone: 206-7833
	[REDACTED]	Fax: 314-0130
	[REDACTED]	<a href="mailto:ssullivan@unionleader.com">ssullivan@unionleader.com</a>
<b>* Mail info to home address</b>		

QUENTIN ANTHONY TURNBULL

CURRICULUM VITAE

• PERSONAL INFORMATION

[REDACTED]

• Telephone:

[REDACTED]

(work) 603-668-4111

(work fax) 603-625-6824

• CURRENT EMPLOYMENT

Medical Director  
**Mental Health Center of Greater Manchester**  
1555 Elm Street  
Manchester  
NH 03101  
01/2006-present

• PREVIOUS EMPLOYMENT

Staff Psychiatrist  
**Mental Health Center of Greater Manchester**  
1555 Elm Street  
Manchester  
NH 03101  
07/2001-12/2005

Staff Psychiatrist  
**New Hampshire Hospital**  
36 Clinton Street  
Concord  
NH 03301  
05/2001-07/2001

Staff Psychiatrist  
**Genesis the Counseling Group**  
111 Church Street  
Laconia  
NH 03246  
08/2000-04/2001

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- **FELLOWSHIP**

*PGY V year (Geriatric Psychiatry Fellowship)*

**University of Virginia**  
Department of Psychiatry  
Charlottesville, Virginia

1999-2000

under the direction of *Dr Suzanne Holroyd*

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- **INTERNSHIP/RESIDENCY**

*PGY IV year (Psychiatry)*

**University of Virginia Medical Center**  
Department of Psychiatry  
Charlottesville, Virginia

1998-1999

included a rotation in Community Psychiatry at the Region 10 CSB (Community Service Board) under the direction of *Dr Moody*

*PGY I-III years (Psychiatry)*

**Dartmouth-Hitchcock Medical Center**  
Department of Psychiatry  
Lebanon, New Hampshire

1995-1998

included a five month rotation through the New Hampshire State Hospital under the direction of *Dr Vidaver* and a year's rotation in Community Psychiatry at the Mental Health Center of Greater Manchester under the direction of *Dr Potenza*

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- **INTERNSHIP (SOUTH AFRICA)**

**Baragwanath Hospital**  
Departments of Medicine and Surgery  
Soweto, Gauteng  
Republic of South Africa  
1994

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- **MEDICAL SCHOOL**

**University of the Witwatersrand Medical School**  
Parktown, Johannesburg  
Republic of South Africa  
1986-1993

• **DEGREES**

**MBBCh** (Bachelor of Medicine and Bachelor of Surgery)

conferred 12/01/1993

**BSc Med** (Bachelor of Science in Medicine)

conferred 05/08/1990

• **AWARDS**

AMA Physician's Recognition Award 1998

University Council Certificate of Merit

conferred 05/12/1986

Standard Bank University Scholarship

Rotary International Foreign Exchange Student 1985 (to Medina, OH)

Standard Bank Scholar of the Year 1984

• **PROFESSIONAL REGISTRATIONS (SOUTH AFRICA)**

issued by the *South African Medical and Dental Council*

*Student-Intern* number IN 23009\*5 (issued 12/31/1992)

*Intern* number IN 27723 (issued 06/12/1993)

*Medical Practitioner* number MP 0410195 (issued 12/31/1994)

• **PROFESSIONAL REGISTRATIONS (USA)**

issued by the *Commonwealth of Virginia Board of Medicine*

*Medical License* number 0101 058354 (issued 08/07/1998)

issued by the *New Hampshire Board of Medicine*

*Medical license* number 10459 (issued 11/04/1998)

• **US MEDICAL and PSYCHIATRIC EXAMINATIONS COMPLETED**

**ABPN** (*American Board of Psychiatry and Neurology*) *Certificate* number 48990 (expires December 31, 2020)

**ABPN** (*American Board of Psychiatry and Neurology*) *Subspecialty Certificate in Geriatric Psychiatry* number 2589 (expires 2012)

**ABPN** (*American Board of Psychiatry and Neurology*) *Part I* November 3, 1999 (first attempt)

**ABPN** (*American Board of Psychiatry and Neurology*) *Part II* September 19, 2000 (first attempt)

**ABPN** (*American Board of Psychiatry and Neurology*) *Subspecialty Certification in Geriatric Psychiatry* April 15, 2002 (first attempt)

**FMGEMS Basic Science** January 1993 (first attempt)

**FMGEMS Clinical Science** July 1993 (first attempt)

**USMLE Part One** June 1997 (first attempt)

**USMLE Part Two** August 1996 (first attempt)  
**USMLE Part Three** December 1997 (first attempt)

**ECFMG Certificate** number 0-492-301-7 (with permanent revalidation)



• **PUBLICATIONS**

Holroyd S, Turnbull Q, Wolf A. 2002. What are the patients and their families told about the diagnosis of dementia? Results of a family survey. *Int J Geriatr Psychiatry* 17: 218-221

Turnbull Q, Wolf AM, Holroyd S. 2003. Attitudes of elderly subjects towards "truth telling for the diagnosis of Alzheimer's Disease. *J Geriatr Psychiatry Neurol* 16(2):90-3

# William T. Rider

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**Objective** To provide effective leadership in community mental healthcare

**Experience** **The Mental Health Center of Greater Manchester**  
401 Cypress St Manchester, NH 03103 (603) 668-4111

- 3/2015 to Present: President, Chief Executive Officer
- 3/2000 to 3/2015: Executive VP, Chief Operating Officer
- 1/1995 to 2/2000: Director, Community Support Program
- 7/1987 to 12/1994: Assistant Director Community Support Program
- 6/1985 to 6/1987: Clinical Case Manager

**Carroll County Mental Health**  
25 West Main St. Conway NH 03818

- 4/78 to 5/85: Clinical Case Manager

**New Hampshire Hospital**  
24 Clinton St  
Concord NH 03301

- 10/76 to 4/78: Mental Health Counselor

**Education** 2001 to 2002 Franklin Pierce College Concord, NH

- 12 Graduate Credits

1972 to 1976 Canisius College Buffalo, NY

- BA Psychology 1976

**Community Activity** Granite Pathways: Vice Chair, Board of Directors  
Postpartum Support International-NH, Founders Board  
NAMI of NH Member since 1985

- 1992 NAMI Professional of the Year Award

**PATRICIA CARTY, MS, CCBT**  
Executive Vice President/Chief Operating Officer

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**DESCRIPTION**

Works collaboratively with members of Senior Leadership Team and is an active participant in planning and development. Attends meetings with the Board of Directors and contributes to Board effort in governing The Center. Advises the President/CEO of opportunities and trends within the environment that The Center operates, as well as analyzing the strengths and weaknesses of Center programs and personnel. Understands and incorporates The Center's mission, vision and Guiding Values and Principles in all areas of performance. Positively represents The Center to all constituent groups; including regulatory agencies, media, general public, staff, consumers and families. May be requested to take part in consultations, education activities, speakers bureau, presentations, supervision of employees toward licensure, and will be expected to take part in Quality Improvements activities.

**EDUCATION**

MS	Springfield College, Manchester Community/Psychology	1994
BA	University of Vermont Psychology	1985

**EXPERIENCE**

	The Mental Health Center of Greater Manchester	Manchester, NH
July 2015 to present	Executive Vice President/Chief Operating Officer	
2000 to July 2015	Director of Community Support Services	
1996 – 2000	Assistant Director of Community Support Services	
1990 – 1996	Assistant Coordinator, Restorative Partial Hospital	
1987 – 1990	Counselor, Restorative Partial Hospital	
1986 – 1987	Residential Specialist	

**PROFESSIONAL AFFILIATIONS, MEMBERSHIPS, LICENSES AND CERTIFICATIONS**

- Member – Psychopharmacology Research Group, Department of Psychiatry, Dartmouth Medical School – 2003 to present
- 1998 Recipient of the Mental Illness Administrator of the Year Award by the National Alliance for the Mentally Ill
- 1998 American Psychiatric Association Gold Award participant winner accepting on behalf of the entire DBT treatment program
- American Mental Health Counselor's Association (#999020788)
- Certified Cognitive Behavioral Therapist (#12421)
- National Association of Cognitive Behavioral Therapists



**PATRICIA CARTY, MS, CCBT**  
Executive Vice President/Chief Operating Officer

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**PUBLICATIONS**

The Trauma Recovery Group: A Cognitive-Behavioral Program for Post-Traumatic Stress Disorder in Persons with Severe Mental Illness. Community Mental Health Journal, Vol. 43, No. 3, June 2007.

Co-authored Chapter 25 for text entitled Improving Mental Health Care: Commitment to Quality. Edited by Sederer & Dickey, 2001.

Psychometric Evaluation of Trauma and Post-traumatic Stress Disorder Assessment in Persons with Severe Mental Illness. Psychology Assessment. 2001. Vol. 13, No. 1, 110-117.

HIV Risk Factors Among People with Severe Mental Illness in Urban and Rural Areas. Psychiatric Services. April 1999.

Trauma and Post-traumatic Stress Disorder in Severe Mental Illness. Journal of Consulting and Clinical Psychology. 1998. Vol. 49, No. 10, 1338-1340.

Integrating Dialectical Behavior Therapy into a Community Mental Health Program. Psychiatric Services. October 1998. Vol. 49, No. 10, 1338-1340.

**PAUL J. MICHAUD  
MSB, BS**



Seasoned professional with 30 years of financial management, reporting, and leadership experience, inclusive of general ledger oversight & reconciliations, month-end close, payroll, A/P, A/R, budgeting / forecasting, variance analysis, product costing, revenue cycle management, revenue enhancement, treasury / cash-flow forecasting, environmental & operational analysis, staff supervision, H/R, workers comp. and insurance / risk administration, regulatory and statutory reporting, external audits, strategic planning, policy development, grants / funding management, technology implementation, EMR, compliance, and security.

**LEADERSHIP POSITIONS**

<b><u>Chief Financial Officer</u></b>	The Mental Health Center Of Greater Manchester (NH)	2011 to present
<b><u>Controller</u></b>	Associated Home Care, Inc. Beverly, MA	2009 to 2011
<b><u>Chief Financial Officer</u></b>	Seacoast VNA, North Hampton, NH	1998 to 2009
<b><u>Manager, Public Accounting</u></b>	Berry, Dunn, McNeil & Parker, CPA	1996 to 1998
<b><u>Director, Budget &amp; Cost / Controller</u></b>	BCBS of Maine, So. Portland, ME	1993 to 1996

**Key Accountabilities:** Oversight of all accounting, financial reporting, transaction processing, budgets / forecasts, A/R, A/P, G/L, payroll, I/T, product costing, profitability analysis, and vendor contracting. Regular collaboration with Senior Management Team, Finance Committees, Board of Directors, external auditors, and federal / state regulators. Other responsibilities include: revenue cycle & cash flow management, analysis and resolution of forecast variances, management of billing, A/R and collections, banking, investor, lender relationships, new business development, staff recruitment, supervision, training, benefits / retirement plans administration, cost accounting, operational analyses, systems integration, development and maintenance of accounting and management information systems. Duties also include assessing risk exposure & insurance coverage, M & A evaluations and due diligence, grant applications, and preparation of corporate income tax schedules and support ( Forms 990 and 1120 )

***Significant Accomplishments – Post-Acute Healthcare facilities:***

Key member of EMR implementation team (billing, A/R, Accounting, registration functions)  
Financial oversight during period of 100% revenue growth  
Financial oversight during period of national Top 500 Agency Status  
Financial oversight during period of 300% reduction in Days in A/R  
One-year oversight – due diligence process – Merger with \$50 million entity

**Audit / Consulting Manager**

Berry, Dunn, McNeil & Parker, CPA's & Management Consultants 1996 to 1998  
Provided consultation and advisory services to hospitals, nursing homes, ALF's, and other healthcare facilities (acute & post-acute) in areas of reimbursement, financial planning and reporting and systems evaluations and integration. Coordinated and supervised audit engagements, regulatory report preparation, feasibility studies, due diligence, financial forecasts and projections, and operational and compliance reviews. Assisted clients with regulatory licensing and certifications.

**Budget Director, Finance Division, Budget & Cost Department**

Blue Cross & Blue Shield of Maine      So. Portland, ME      1993 through 1996  
Directed corporate administrative budgeting and forecasting process for Maine's largest managed care organization. Determined, distributed, analyzed, and forecast annual operating expenses in excess of \$70 million. Oversight responsibilities of administrative expense reimbursement for all federal and state contracts. Supervised professional and administrative staff. A/P. Payroll, G/L, financial & budget variance reporting & analysis. Interim appointment as VP of Finance.

***Significant Accomplishments:***

Reorganized corporate budgeting and costing process, converting to electronic format while enhancing routine communications with department heads and improving variance reporting..  
Restructured payroll and A/P functions resulting in operational and economic efficiencies.  
Collaborated with senior management in major corporate reorganization to streamline operations and reduce administrative costs. Reduced administrative budget in excess of 25%.  
Appointed to corporate job evaluation and compensation committee

**Audit Manager, Medicare Fiscal Intermediary**

Blue Cross & Blue Shield of Maine      So. Portland, ME      1985 through 1993

Oversight responsibilities for Medicare cost report audit and reimbursement functions for hospital complexes, home health care agencies, skilled nursing facilities, and other healthcare providers. Interpreted and applied federal program laws, regulations and cost reporting instructions. Interacted with provider officers and external consultants, CPA's and federal program officials. Staff supervision.

***Accomplishments:***

Planned, organized and implemented New England Regional Home Health Agency audit department in 1986, inclusive of development of audit programs and policies, fraud and abuse detection programs, staff recruitment and training, and all related administrative and management functions.  
Administered annual audit and provider service functions resulting in HCFA recognition of Blue Cross & Blue Shield of Maine as one of the leading and most cost efficient audit intermediaries in the entire country based upon federal performance and quality standards. (1989 through 1995)

**Staff Auditor – Public Accounting**

Planned and conducted audit examinations and prepared financial statements and tax returns for clients within the retail, financial services, healthcare and manufacturing industries.

Arthur Young & Company, Portland, Maine      1982 through 1983

**EDUCATIONAL EXPERIENCE**

**Husson College, Bangor, Maine**

**Masters of Science in Business Administration (MSB – Accounting Concentration)      1990**

**Husson College, Bangor, Maine**

**Bachelor of Science in Accounting (BSA)      1980**

**TECHNICAL PROFICIENCIES**

Microsoft Office Products – Excel, Word, Powerpoint, database management tools  
Various accounting & patient billing programs ( *Quantum, myAvatar, QuickBooks, MAS 90, MISYS, HAS, CERNER* )

## **Resume**

**Richard Cornell MSW, ACSW, LICSW**  
**Vice President of Community Relations**  
**The Mental Health Center of Greater Manchester**  
**401 Cypress Street**  
**Manchester, NH 03103**  
**603-206-8547**

**WORK EXPERIENCE - Please note that I have worked for the MHCGM since 1973.**

**July 2014 to Present -**

**Vice President of Community Relations for the Mental Health Center of Greater Manchester. Responsible for overseeing all Community and Development Projects as well as Community Education & Strategic Resources.**

**2000 to July 2014 -**

**Director of Bedford Counseling Associates. Responsible for all clinical decisions made by the staff in our Manchester and Derry office settings. Supervised the decisions made by the scheduling department. Monitored the use of funding source monies. Worked with other departments to assure open communication and that client needs were met (member of CST, Management and Marketing Teams). Supervised new staff and students. Maintained a full-time case load. Performed community presentations as needed. Resolved any client conflicts in the delivery of their services.**

**1999 to 2000 -**

**Coordinator of Bedford Counseling Associates. Full-time therapist. Supervised intake coordination and emergency services related to this program.**

**1986 to 1999 -**

**Child and Adolescent Therapist. Responsible for community outreach with local schools, hospitals and primary care offices. Performed presentations for local businesses when needed.**

**1980 to 1986 -**

**Child Therapist. Worked with families and community programs.**

**1981 to 1984 -**

**Volunteer Coordinator & Vocational Development. Worked with the Director**

*of Community Development to expand a highly successful volunteer program for the center. We also worked to create a supportive employment program (Options) for the center. During this time additionally carried a full clinical caseload.*

**1978 to 1980 -**

*Adult Out-Patient Therapist. Caseload was mixed with Emergency Services and the Adult Out-Patient Department.*

**1976 to 1980 - .**

*Emergency Services Clinician. Responsible for crisis intervention training. Performed psychiatric assessments. Took on-call duties in office and out in the community. Worked with Emergency Room Departments, Police and many community agencies.*

**1973 to 1975 -**

*Mental Health Worker. Therapist on the night and evening shifts of the center's in-patient unit.*

## **EDUCATION**

**1987-**

*MSW with a concentration in youth and group work. Boston University, School of Social Work*

**1981 -**

*BS in Human Services, New Hampshire College*

## **LICENSURE/MEMBERSHIPS**

- ❖ *LICSW - Licensed Independent Clinical Social Worker, NH # 457*
- ❖ *ACSW - Academy of Certified Social Workers since 1990*
- ❖ *NASW - National Association Of Social Workers since 1984*

## **QUALIFICATIONS**

- ❖ *Demonstration of strong leadership skills*
- ❖ *Sound background of clinical practice*
- ❖ *History of positive supervisory skills*
- ❖ *Lengthy public speaking experience*

*(References available upon request)*

**THE MENTAL HEALTH CENTER OF GREATER MANCHESTER**

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Quentin Turnbull	VP / Chief Medical Officer	\$ 206,648	2.00%	\$ 4,132.96
William Rider	President / CEO	\$ 144,800	3.75%	\$ 5,430.00
Paul Michaud	VP / CFO	\$ 120,528	2.75%	\$ 3,314.52
Patricia Carty	Executive VP / COO	\$ 100,569	8.0%	\$ 8,045.52
Richard Cornell	VP of Community Relations	\$ 93,995	1.5%	\$ 1,409.93