STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS AND SERVICES

Lori A. Shibinette
Commissioner

Deborah D. Scheetz
Director

105 PLEASANT STREET, CONCORD, NH 03301
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June 11, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Long Term Supports and Services, to enter into a **Sole Source** amendment to an existing contract with Amoskeag Health (VC #157274), Manchester, NH, to continue providing services that ensure timely access to comprehensive pediatric interdisciplinary developmental assessments and to effectively coordinate primary, specialty, and community care services for children and youth, birth through age twenty-one), with special health care needs, by increasing the price limitation by $900,000 from $4,536,050 to $5,436,050 and by extending the completion date from June 30, 2021 to June 30, 2022 effective July 1, 2021 or upon Governor and Council approval, whichever is later. 25% Federal Funds. 75% General Funds.

The original contract was approved by Governor and Council on July 19, 2017 (Item #13), and amended with Governor and Council approval on June 5, 2019, item #36B.

Funds are anticipated to be available in State Fiscal Year 2022, with the authority to adjust budget line items within the price limitation, and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-93-930010-5191 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DLTSS-DEVELOPMENTAL SVCS DIV, DIV OF DEVELOPMENTAL SERVICES, SPECIAL MEDICAL SERVICES

Comprehensive Nutrition Network

SFY	Class/ Account	Class Title	Job Number	Current Modified	Increase/ (Decrease)	Revised Modified
2018	562-500912	CSHCN Assistance	93001000	$266,525	$0	$266,525
2019	562-500912	CSHCN Assistance	93001000	$266,525	$0	$266,525
2020	562-500912	CSHCN Assistance	93001000	$290,000	$0	$290,000
2021	562-500912	CSHCN Assistance	93001000	$290,000	$0	$290,000
			Subtotal	***$1,113,050***	***$ 0***	***$1,113,050***

Child Development Clinic Network

SFY	Class/ Account	Class Title	Job Number	Current Modified	Increase/ (Decrease)	Revised Modified
2018	561-500911	Specialty Clinics	93001000	$600,000	$0	$600,000
2019	561-500911	Specialty Clinics	93001000	$600,000	$0	$600,000
2020	561-500911	Specialty Clinics	93001000	$614,000	$0	$614,000
2021	561-500911	Specialty Clinics	93001000	$620,000	$0	$620,000
2022	561-500911	Specialty Clinics	*93001000*	*$0*	*$620,000*	*$620,000*
			Subtotal	***$2,434,000***	***$620,000***	***$3,054,000***

Healthcare Coordination Network

SFY	Class/ Account	Class Title	Job Number	Current Modified	Increase/ (Decrease)	Revised Modified
2018	561-500911	Specialty Clinics	93001000	$217,000	$0	$217,000
2019	561-500911	Specialty Clinics	93001000	$217,000	$0	$217,000
2020	561-500911	Specialty Clinics	93001000	$275,000	$0	$275,000
2021	561-500911	Specialty Clinics	93001000	$280,000	$0	$280,000
2022	561-500911	Specialty Clinics	93001000	$0	$280,000	$280,000
			Subtotal	***$989,000***	***$280,000***	***$1,269,000***
			Total	**$4,536,050**	**$900,000**	**$5,436,050**

EXPLANATION

This request is **Sole Source** because the Department is seeking to extend the contract beyond the completion date and there are no renewal options available. There are no known viable alternatives to the services provided by the vendor. The Department published two Requests for Applications (RFA) to solicit applications for services: RFA-2022-DLTSS-03-COMMU Community Based Health Care Coordination Services, on February 9, 2021; and RFA-2022-DLTSS-02-CHILD Child Development Clinic Network, on March 17, 2021. One application was received for each of the two RFAs, both of which were submitted by the current Contractor, Amoskeag Health. This request is to extend the current contract to avoid any interruption in these critical services. The Department will effectuate a new solicitation that comports with recent changes in national best practices for bundling services to maintain pediatric network adequacy. The Comprehensive Nutrition Network for Children and Youth with Special Health Care Needs services previously provided by the Contractor through this contract were solicited with a Request for Proposals, RFP-2022-DLTSS-04-COMPR, published on February 1, 2021, and will not be

extended by this amendment.

The purpose of this request is for the Contractor to continue to provide services to two (2) of the three service groups in the current contract, as follows:

- CHILD DEVELOPMENT CLINIC NETWORK The Contractor will ensure timely access to comprehensive pediatric interdisciplinary developmental assessments for children, from birth to age seven (7) for whom developmental concerns have been identified. This will particularly address the needs of children whose access to appropriate care is hindered by economic, cultural, linguistic, lack of provider adequacy, or other social/structural barriers.
- HEALTHCARE COORDINATION NETWORK The Contractor will effectively coordinate primary, specialty, and community care services for children and youth from birth to age twenty-one (21) with special health care needs and their families (CYSHCN). This comprehensive coordination will incorporate family-centered care, increase the accessibility of pediatric specialty care, and improve health outcomes.

The Comprehensive Nutrition Network for Children and Youth with Special Health Care Needs services previously provided by the Contractor through this contract were solicited with a Request for Proposals, RFP-2022-DLTSS-04-COMPR, published on February 1, 2021, and will be provided through the contract resulting from this procurement.

Approximately 1,000 children and their families will be served from July 1, 2021 through June 30, 2022.

The Department will monitor contracted services using monthly and annual reports provided by the Contractor.

Should the Governor and Council not authorize this request, children from birth to age seven (7) who have been identified with a developmental concern or delay and need a diagnostic evaluation, and children and youth from birth to age twenty-one (21) with special health care needs, and their families, may not receive critical services. Scheduled child development clinics may be cancelled, and follow-up visits may cease. Families may have to manage the coordination of health care, specialty services, and community services independently, potentially delaying needed treatment and services.

Area served: Statewide for Child Development Clinic Network Services, and Rockingham, Hillsborough, and Strafford Counties for Healthcare Coordination Network services.

Source of Funds: 25% Federal Funds CFDA# 93.994; FAIN # B04MC29353, and 75% General Funds

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

Respectfully submitted,

Lori A. Shibinette
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2

This Amendment to the Healthcare Coordination, Comprehensive Nutrition and Child Development Clinic Networks contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Amoskeag Health (formerly known as Manchester Community Health Center) ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 19, 2017, (Item #13), as amended on June 5, 2019, (Item #36B), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, and modify the scope of services to support continued delivery of these services; and

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

1. Form P-37 General Provisions, Block 1.3, Contractor Name, to read:

   Amoskeag Health.

2. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2022.

3. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $5,436,050.

4. Delete Exhibit A-2, Scope of Services, Comprehensive Nutrition Network for Children and Youth with Special Health Care Needs, in its entirety and rename Exhibit A-3, Scope of Services, Healthcare Coordination Network to read: Exhibit A-2, Scope of Services, Healthcare Coordination Network, with no changes to the scope of services for the Healthcare Coordination Network.

5. Modify Exhibit B, Section 1, Subsection 1.2, to read:

   1.2 The Contractor agrees to provide the services in Exhibit A-1, Scope of Services, Child Development Clinic Network, and Exhibit A-2, Scope of Services, Healthcare Coordination Network in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.

6. Add Exhibit B-13, Budget, which is attached hereto and incorporated by reference herein.

7. Add Exhibit B-14, Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon the date of Governor and Executive Council approval.

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

State of New Hampshire
Department of Health and Human Services

6/8/2021
Date

DocuSigned by:
Deborah D. Scheetz
8D0CE916360847A...

Name: Deborah D. Scheetz
Title: Director Division of Long Term Supports and Services

Amoskeag Health

6/4/2021
Date

DocuSigned by:
C52AF939C85F454...

Name: Kris McCracken
Title: President/CEO

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

OFFICE OF THE ATTORNEY GENERAL

6/9/2021

Date

DocuSigned by:

D5CA9202F32C4AF...

Name: Catherine Pinos
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

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Exhibit B-13 - Amendment #2
Budget Sheet for SFY 2022

New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Child Development Clinic Network

Budget Period: 7/1/21-6/30/22

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 291,035.00	$ -	$ 291,035.00	$ 7,138.00	$ -	$ 7,138.00	$ 283,897.00	$ -	$ 283,897.00
2. Employee Benefits	$ 68,364.00	$ -	$ 68,364.00	$ 1,677.00	$ -	$ 1,677.00	$ 66,687.00	$ -	$ 66,687.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational Materials, Tests, Journals	$ 2,174.00	$ -	$ 2,174.00	$ -	$ -	$ -	$ 2,174.00	$ -	$ 2,174.00
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 1,600.00	$ -	$ 1,600.00	$ -	$ -	$ -	$ 1,600.00	$ -	$ 1,600.00
6. Travel	$ 2,400.00	$ -	$ 2,400.00	$ -	$ -	$ -	$ 2,400.00	$ -	$ 2,400.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 1,900.00	$ -	$ 1,900.00	$ -	$ -	$ -	$ 1,900.00	$ -	$ 1,900.00
Postage	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 600.00	$ -	$ 600.00	$ -	$ -	$ -	$ 600.00	$ -	$ 600.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Psychologists	$ 77,060.00	$ -	$ 77,060.00	$ -	$ -	$ -	$ 77,060.00	$ -	$ 77,060.00
Allied Health Professionals	$ 10,290.00	$ -	$ 10,290.00	$ -	$ -	$ -	$ 10,290.00	$ -	$ 10,290.00
Interpreters	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Community Relations/CDP Network Meetings	$ 850.00	$ -	$ 850.00	$ -	$ -	$ -	$ 850.00	$ -	$ 850.00
Information Technology	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Central NH VNA & Hospice	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Elliot Professional Services Network	$ 33,028.00	$ -	$ 33,028.00	$ -	$ -	$ -	$ 33,028.00	$ -	$ 33,028.00
Weeks Medical Center	$ 47,550.00	$ -	$ 47,550.00	$ -	$ -	$ -	$ 47,550.00	$ -	$ 47,550.00
Laconia Psychologists (Joseph T. Keenan, Ph	$ 21,600.00	$ -	$ 21,600.00	$ -	$ -	$ -	$ 21,600.00	$ -	$ 21,600.00
Community Partners	$ 12,000.00	$ -	$ 12,000.00	$ -	$ -	$ -	$ 12,000.00	$ -	$ 12,000.00
Dues and Fees	$ 366.00	$ -	$ 366.00	$ 366.00	$ -	$ 366.00	$ -	$ -	$ -
Space Allocation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Administrative Fee	$ -	$ 57,282.00	$ 57,282.00	$ -	$ 918.00	$ 918.00	$ -	$ 56,364.00	$ 56,364.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 572,817.00**	**$ 57,282.00**	**$ 630,099.00**	**$ 9,181.00**	**$ 918.00**	**$ 10,099.00**	**$ 563,636.00**	**$ 56,364.00**	**$ 620,000.00**

Indirect As A Percent of Direct 10.00%

Contractor Initials 05

Date 6/4/2021

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Exhibit B-14 - Amendment #2
Budget Sheet SFY 2022

New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Healthcare Coordination Network

Budget Period: 7/1/21-6/30/22

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 206,020.00	$ -	$ 206,020.00	$ -	$ -	$ -	$ 206,020.00	$ -	$ 206,020.00
2. Employee Benefits	$ 39,103.00	$ -	$ 39,103.00	$ -	$ -	$ -	$ 39,103.00	$ -	$ 39,103.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 700.00	$ -	$ 700.00	$ -	$ -	$ -	$ 700.00	$ -	$ 700.00
6. Travel	$ 5,557.00	$ -	$ 5,557.00	$ -	$ -	$ -	$ 5,557.00	$ -	$ 5,557.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 1,200.00	$ -	$ 1,200.00	$ -	$ -	$ -	$ 1,200.00	$ -	$ 1,200.00
Postage	$ 265.00	$ -	$ 265.00	$ -	$ -	$ -	$ 265.00	$ -	$ 265.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 275.00	$ -	$ 275.00	$ -	$ -	$ -	$ 275.00	$ -	$ 275.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Cultural/Linguistic Support	$ 400.00	$ -	$ 400.00	$ -	$ -	$ -	$ 400.00	$ -	$ 400.00
Parent Support and Eduction	$ 150.00	$ -	$ 150.00	$ -	$ -	$ -	$ 150.00	$ -	$ 150.00
Team Meetings	$ 125.00	$ -	$ 125.00	$ -	$ -	$ -	$ 125.00	$ -	$ 125.00
Informaiton Technology	$ 750.00	$ -	$ 750.00	$ -	$ -	$ -	$ 750.00	$ -	$ 750.00
Space Allocation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Administrative Fee	$ -	$ 25,455.00	$ 25,455.00	$ -	$ -	$ -	$ -	$ 25,455.00	$ 25,455.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 254,545.00**	**$ 25,455.00**	**$ 280,000.00**	**$ -**	**$ -**	**$ -**	**$ 254,545.00**	**$ 25,455.00**	**$ 280,000.00**

Indirect As A Percent of Direct 10.00%

Contractor Initials BS

Date 6/4/2021

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State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that AMOSKEAG HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 07, 1992. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **175115**

Certificate Number: **0005374103**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 27th day of May A.D. 2021.

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, David Crespo hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Amoskeag Health
2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on June 1st 2021 at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Kris McCracken, President and CEO of Amoskeag Health is duly authorized on behalf of Amoskeag Health to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 6/1/2021

David Crespo

Signature of Elected Officer
Name: David Crespo
Title: Board Secretary, Amoskeag Health

DocuSign Envelope ID: 40749C57-C6EE-494B-944C-6297E759C4B2

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/17/2021

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME: Kim Bilodeau	
Aspen Insurance Agency An Optisure Risk Partner 40 Stark Street Manchester NH 03104	PHONE (A/C, No, Ext): (603) 647-0800	FAX (A/C, No): (603) 647-0330
	E-MAIL ADDRESS: kim.bilodeau@optisure.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Selective Insurance Company	
INSURED AMOSKEAG HEALTH & CHILD HEALTH SERVICES INC 145 HOLLIS ST MANCHESTER NH 03101-1235	INSURER B : Comp-SIGMA Ltd	
	INSURER C : Hanover Professionals Direct	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL2011213067 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			S 2438257	11/01/2020	11/01/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
							NOCR	$
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			S 2438257	11/01/2020	11/01/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							Auto Elite Pac	$
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			S 2438257	11/01/2020	11/01/2021	EACH OCCURRENCE	$ 4,000,000
							AGGREGATE	$ 4,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		HCHS20200000383	02/01/2021	02/01/2022	[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
C	FTCA Gap Professional Liability FTCA Gap Excess Prof Liability			L1VA515491 & L1V0305375	07/01/2020	07/01/2021	Each Incident Aggregate	$1,000,000 $3,000,000

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

CERTIFICATE HOLDER

State of NH - Department of Health and Human Services
129 Pleasant Street
Concord NH 03301-3857

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kim Bilodeau

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AMOSKEAG HEALTH

MISSION

To improve the health and well-being of our patients and the communities we serve by providing exceptional care and services that are accessible to all.

VISION

We envision a healthy and vibrant community with strong families and tight social fabric that ensures everyone has the tools they need to thrive and succeed.

CORE VALUES

We believe in:

- Promoting wellness and empowering patients through education
- Removing barriers so that our patients achieve and maintain their best possible health
- Providing exceptional, evidence-based and patient-centered care
- Fostering an environment of respect, integrity and caring where all people are treated equally with dignity and courtesy

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AMOSKEAG HEALTH

FINANCIAL STATEMENTS

June 30, 2020 and 2019

With Independent Auditor's Report

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BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Amoskeag Health

We have audited the accompanying financial statements of Amoskeag Health, which comprise the balance sheets as of June 30, 2020 and 2019, and the related statements of operations, functional expenses, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Amoskeag Health as of June 30, 2020 and 2019, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, during the year ended June 30, 2020, Amoskeag Health adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2018-08, *Not-for-Profit Entities (Topic 958), Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. Our opinion is not modified with respect to this matter.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
November 3, 2020

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AMOSKEAG HEALTH

Balance Sheets

June 30, 2020 and 2019

ASSETS

	2020	2019
Current assets		
Cash and cash equivalents	$ 3,848,925	$ 1,368,835
Patient accounts receivable, net	1,650,543	1,890,683
Grants and other receivables	985,801	1,063,463
Other current assets	114,920	174,461
Total current assets	6,600,189	4,497,442
Property and equipment, net	4,249,451	4,397,203
Total assets	$10,849,640	$ 8,894,645

LIABILITIES AND NET ASSETS

Current liabilities		
Line of credit	$ 450,000	$ 450,000
Accounts payable and accrued expenses	526,311	576,623
Accrued payroll and related expenses	1,473,665	1,210,890
Deferred revenue	308,131	-
Paycheck Protection Program refundable advance	1,467,800	-
Current maturities of long-term debt	42,505	46,368
Total current liabilities	4,268,412	2,283,881
Long-term debt, less current maturities	1,556,661	1,594,959
Total liabilities	5,825,073	3,878,840
Net assets		
Without donor restrictions	4,711,819	4,409,285
With donor restrictions	312,748	606,520
Total net assets	5,024,567	5,015,805
Total liabilities and net assets	$10,849,640	$ 8,894,645

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

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AMOSKEAG HEALTH

Statements of Operations

Years Ended June 30, 2020 and 2019

	2020	2019
Operating revenue		
Patient service revenue	**$11,473,557**	$10,543,526
Provision for bad debts	**(681,463)**	(380,456)
Net patient service revenue	**10,792,094**	10,163,070
Grants, contracts and support	**8,754,060**	8,260,664
Provider Relief Funds	**214,172**	-
Other operating revenue	**264,523**	546,428
Net assets released from restriction for operations	**380,447**	1,066,720
Total operating revenue	**20,405,296**	20,036,882
Operating expenses		
Salaries and wages	**12,918,995**	11,994,846
Employee benefits	**2,423,466**	2,270,095
Program supplies	**519,960**	525,199
Contracted services	**2,190,239**	2,175,172
Occupancy	**725,333**	716,607
Other	**811,140**	841,861
Depreciation and amortization	**426,791**	428,159
Interest	**86,838**	100,845
Total operating expenses	**20,102,762**	19,052,784
Excess of revenue over expenses	**302,534**	984,098
Net assets released from restriction for capital acquisition	**-**	32,976
Increase in net assets without donor restrictions	**$ 302,534**	$ 1,017,074

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

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AMOSKEAG HEALTH

Statements of Functional Expenses

Years Ended June 30, 2020 and 2019

2020

	Healthcare Services								Administrative and Support Services			
	Non-clinical Support Services	Enabling Services	Behavioral Health	Pharmacy	Medical	Special Medical Programs	Community Services	Total Healthcare Services	Facility	Marketing and Fundraising	Administration	Total
Salaries and wages	$ 1,718,516	$ 526,822	$ 1,927,974	$ 79,500	$ 5,631,705	$ 842,162	$ 236,825	$10,963,504	$ 125,802	$ 158,008	$ 1,671,681	$12,918,995
Employee benefits	323,122	98,862	360,012	14,705	984,467	154,645	42,814	1,978,627	23,506	28,852	392,481	2,423,466
Program supplies	1,308	2,966	58,720	197,339	231,140	7,369	8,622	507,464	1,419	-	11,077	519,960
Contracted services	152,425	265,070	197,932	338,328	474,948	361,030	166,451	1,956,184	14,136	14,036	205,883	2,190,239
Occupancy	114,192	15,814	99,973	4,020	635,524	109,571	-	979,094	(524,235)	16,216	254,258	725,333
Other	69,816	5,692	87,212	435	101,999	20,137	42,731	328,022	55,165	22,673	405,280	811,140
Depreciation and amortization	205	-	11,358	-	50,809	569	1,224	64,165	241,318	462	120,846	426,791
Interest	-	-	-	-	-	-	-	-	62,889	-	23,949	86,838
Total	$ 2,379,584	$ 915,226	$ 2,743,181	$ 634,327	$ 8,110,592	$ 1,495,483	$ 498,667	$16,777,060	$ -	$ 240,247	$ 3,085,455	$20,102,762

2019

	Healthcare Services								Administrative and Support Services			
	Non-clinical Support Services	Enabling Services	Behavioral Health	Pharmacy	Medical	Special Medical Programs	Community Services	Total Healthcare Services	Facility	Marketing and Fundraising	Administration	Total
Salaries and wages	$ 1,697,621	$ 510,217	$ 1,752,659	$ 34,993	$ 5,377,237	$ 845,292	$ 115,735	$10,333,754	$ 120,979	$ 144,863	$ 1,395,250	$11,994,846
Employee benefits	323,075	97,869	330,299	6,406	932,471	164,397	20,419	1,874,936	22,428	27,986	344,745	2,270,095
Program supplies	1,047	5,896	39,987	254,261	217,078	5,211	1,030	524,510	412	120	157	525,199
Contracted services	76,373	251,088	202,352	336,857	445,115	395,557	220,523	1,927,865	21,225	21,502	204,580	2,175,172
Occupancy	121,143	16,549	105,959	4,260	687,382	116,132	-	1,051,425	(516,379)	17,186	164,375	716,607
Other	58,708	6,528	109,127	482	137,613	31,160	25,718	369,336	56,513	36,580	379,432	841,861
Depreciation and amortization	-	-	3,530	-	45,077	474	-	49,081	255,603	-	123,475	428,159
Interest	-	-	-	-	-	-	-	-	39,219	-	61,626	100,845
Total	$ 2,277,967	$ 888,147	$ 2,543,913	$ 637,259	$ 7,841,973	$ 1,558,223	$ 383,425	$16,130,907	$ -	$ 248,237	$ 2,673,640	$19,052,784

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

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AMOSKEAG HEALTH

Statements of Changes in Net Assets

Years Ended June 30, 2020 and 2019

	2020	2019
Net assets without donor restrictions		
Excess of revenue over expenses	$ 302,534	$ 984,098
Net assets released from restriction for capital acquisition	-	32,976
Increase in net assets without donor restrictions	302,534	1,017,074
Net assets with donor restrictions		
Contributions	86,675	1,000,880
Net assets released from restriction for operations	(380,447)	(1,066,720)
Net assets released from restriction for capital acquisition	-	(32,976)
Decrease in net assets with donor restrictions	(293,772)	(98,816)
Change in net assets	8,762	918,258
Net assets, beginning of year	5,015,805	4,097,547
Net assets, end of year	$ 5,024,567	$ 5,015,805

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

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AMOSKEAG HEALTH

Statements of Cash Flows

Years Ended June 30, 2020 and 2019

	2020	2019
Cash flows from operating activities		
Change in net assets	$ 8,762	$ 918,258
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	426,791	428,159
Equity in loss from limited liability company	6,877	-
(Increase) decrease in the following assets		
Patient accounts receivable	240,140	(105,792)
Grants and other receivables	77,662	(539,790)
Other current assets	40,441	10,551
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	(50,312)	(6,838)
Accrued payroll and related expenses	262,775	94,484
Deferred revenue	308,131	-
Net cash provided by operating activities	1,321,267	799,032
Cash flows from investing activities		
Distribution from limited liability company	12,223	-
Capital expenditures	(274,832)	(174,314)
Net cash used by investing activities	(262,609)	(174,314)
Cash flows from financing activities		
Payments on line of credit	-	(235,000)
Proceeds from Paycheck Protection Program refundable advance	1,467,800	-
Payments on long-term debt	(46,368)	(66,375)
Net cash provided (used) by financing activities	1,421,432	(301,375)
Net increase in cash and cash equivalents	2,480,090	323,343
Cash and cash equivalents, beginning of year	1,368,835	1,045,492
Cash and cash equivalents, end of year	$ 3,848,925	$ 1,368,835
Supplemental disclosures of cash flow information		
Cash paid for interest	$ 86,838	$ 100,845
Non-cash transactions		
Line of credit refinanced as long-term debt	$ -	$ 500,000

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

AMOSKEAG HEALTH

Notes to Financial Statements

June 30, 2020 and 2019

Organization

Amoskeag Health (the Organization) is a not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) providing high-quality, comprehensive, and family-oriented primary health care and support services, which meet the needs of a diverse community, regardless of age, ethnicity or income.

1. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Uncertainty Related to COVID-19

On March 11, 2020, the World Health Organization declared the 2019 Novel Coronavirus Disease (COVID-19) a global pandemic. The COVID-19 pandemic has impacted and could further impact the Organization's operations as a result of quarantines and travel and logistics restrictions. The extent to which the COVID-19 pandemic impacts the Organization's business, results of operations and financial condition will depend on future developments, which are highly uncertain and cannot be predicted, including, but not limited to the duration, spread, severity, and impact of the COVID-19 pandemic, the effects of the COVID-19 pandemic on the Organization's members and the remedial actions and stimulus measures adopted by local and federal governments. Therefore, the Organization cannot reasonably estimate the impact at this time.

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Use of Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits, money market funds and petty cash.

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The Organization has not experienced losses in such accounts and management believes the credit risk related to these deposits is minimal.

Grants and Other Receivables

Grants and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue. The Organization has been awarded cost reimbursable grants of $5,557,242 and $4,529,840 that have not been recognized at June 30, 2020 and 2019, respectively, because qualifying expenditures have not yet been incurred. The Organization also has been awarded $4,410,210 in cost-reimbursable grants with a project period beginning July 1, 2020.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (HHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended June 30, 2020 and 2019, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 58% and 61%, respectively, of grants, contracts and support revenue.

Investment in Limited Liability Company

The Organization was one of eight partners in Primary Health Care Partners (PHCP), a limited liability company organized in New Hampshire. The Organization's investment in PHCP was reported on the equity method due to the Organization's ability to exercise significant influence over reporting and financial policies. The Organization's investment in PHCP amounted to $22,589 at June 30, 2019. PHCP was terminated on December 31, 2019 due to changes in the regulatory environment in New Hampshire. The Organization's capital balance was distributed to the Organization during 2020.

Property and Equipment

Property and equipment are carried at cost. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than $1,000.

Provider Relief Funds

The Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement Act (PPPHCE) Act established the Provider Relief Fund (PRF) to support healthcare providers in the battle against the COVID-19 outbreak. The PRF is being administered by HHS. The Organization received PRF in the amount of $214,172 during the year ended June 30, 2020. These funds are to be used for qualifying expenses and to cover lost revenue due to COVID-19. The PRF are considered conditional contributions and are recognized as income when qualifying expenditures have been incurred. Management believes the Organization met the conditions necessary to recognize these contributions as revenue as of June 30, 2020, based on its understanding of the requirements related to lost revenues. Management believes the position taken is a reasonable interpretation of the rules, subject to further clarification, which is expected from HHS.

Subsequent reports to HHS are required for the period ending December 31, 2020. On September 19, 2020 and October 22, 2020, HHS issued reporting requirements which revised the previous definition of qualifying expenditures related to lost revenue. Due to the complexity of the reporting requirements and the continued issuance of clarifying guidance, there is at least a reasonable possibility the amount of income recognized related to lost revenues may change by a material amount. Any difference between amounts previously estimated and amounts subsequently determined to be recoverable or payable will be included in income in the year that such amounts become known.

Paycheck Protection Program

On April 23, 2020, the Organization qualified for and received a loan in the amount of $1,467,800 pursuant to the Paycheck Protection Program (PPP), a program implemented by the U.S. Small Business Administration (SBA) under the CARES Act and the PPPHCE Act. The loan is unsecured, has a two-year term with a maturity date of April 2022, bears an annual interest rate of 1%, and shall be payable monthly with the first six monthly payments deferred. The principal amount of the PPP is subject to forgiveness, upon the Organization's request, to the extent that the proceeds are used to pay qualifying expenditures, including payroll costs, interest on mortgages, rent and utilities, incurred by the Organization.

The Organization has utilized $1,088,067 of the total available PPP for qualifying expenditures as of June 30, 2020 and anticipates utilizing the remaining funds in the first quarter of fiscal year 2021. It is the Organization's intent to apply for forgiveness at that time. Forgiveness is subject to the sole approval of the SBA. The Organization has chosen to follow the conditional contribution model for the PPP and has opted to not record any income until forgiveness is received. The full amount of the PPP received is reported as a refundable advance in the current liabilities section of the balance sheet at June 30, 2020.

COVID-19 Emergency Healthcare System Relief Fund Loan

During July, 2020, the Organization qualified for and received a loan in the amount of $250,000 from the COVID-19 Emergency Healthcare System Relief Fund (Relief Loan), a program implemented by the State of New Hampshire, Department of Health and Human Services. The Relief Loan is unsecured, is interest free, and has a maturity date of 180 days after the expiration of the State of Emergency declared by the Governor at which time the loan is due in full. The principal amount of the Relief Loan has the potential to be converted to a grant at the discretion of the Governor if certain criteria are met. The Organization submitted an application to convert the Relief Loan to a grant which was approved.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHCs and other identified entities at a reduced price. The Organization contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare, Medicaid managed care companies and commercial insurances on behalf of the Organization. Reimbursement received by the pharmacies is remitted to the Organization, less dispensing and administrative fees.

Contributions

During 2020, the Organization adopted Financial Accounting Standards Board Accounting Standards Update (ASU) No. 2018-08, *Not-for-Profit Entities (Topic 958), Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. ASU No. 2018-08 applies to all entities that receive or make contributions and clarifies the definition of transactions accounted for as an exchange transaction subject to applicable guidance for revenue recognition, and transactions that should be accounted for as contributions (non-exchange transactions) subject to the contribution accounting model.

Further, ASU No. 2018-08 provides criteria for evaluating whether contributions are unconditional or conditional. Conditional contributions specify a barrier that the recipient must overcome and a right of return that releases the donor from its obligation if the barrier is not achieved, otherwise the contribution is unconditional. Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. Conditional contributions received prior to incurring qualifying expenditures are reported as deferred revenue. The adoption of ASU No. 2018-08 was effective for the year ended June 30, 2020, and thus had no impact on the Organization's 2019 net assets, results of its operations, or cash flows. Prior to the adoption of ASU No. 2018-08, the Organization reported grant awards in net assets with donor restrictions, with releases from restriction when qualifying expenditures were incurred.

Contributions are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restriction.

Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include depreciation, interest, and office and occupancy costs, which are allocated on a square-footage basis, as well as the shared systems technology fees for the Organization's medical records and billing system, which are allocated based on the percentage of patients served by each function.

Excess of Revenue Over Expenses

The statements of operations reflect the excess of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the excess of revenue over expenses include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through November 3, 2020, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a line of credit.

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The Organization had working capital of $2,331,777 and $2,213,561 at June 30, 2020 and 2019, respectively. The Organization had average days (based on normal expenditures) cash and cash equivalents on hand (including investments and assets limited as to use for working capital) of 150 and 113 at June 30, 2020 and 2019, respectively.

Financial assets available for general expenditure within one year were as follows:

	2020	2019
Cash and cash equivalents	$ 3,848,925	$ 1,368,835
Patient accounts receivable, net	1,650,543	1,890,683
Grants and other receivables	985,801	1,063,463
Financial assets available	6,485,269	4,322,981
Less net assets with donor restrictions	312,748	606,520
Financial assets available for general expenditure	$ 6,172,521	$ 3,716,461

The Organization's goal is generally to have, at the minimum, the Health Resources and Services Administration recommended days cash on hand for operations of 30 days. At June 30, 2020, average days cash on hand was higher than the Organization's goal due to various COVID related relief payments disclosed in Note 1.

The Organization has a $1,000,000 line of credit, as discussed in more detail in Note 5. As of June 30, 2020, $550,000 remained available on the line of credit.

3. Patient Accounts Receivable

Patient accounts receivable consisted of the following as of June 30:

	2020	2019
Patient service accounts receivable	$ 2,977,166	$ 3,115,302
Contract 340B pharmacy program receivables	117,989	106,443
Total patient accounts receivable	3,095,155	3,221,745
Allowance for doubtful accounts	(1,444,612)	(1,331,062)
Patient accounts receivable, net	$ 1,650,543	$ 1,890,683

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Primary payers representing 10% or more of the Organization's gross patient accounts receivable are as follows:

	2020	2019
Medicare	**15 %**	13 %
Medicaid	**22 %**	26 %

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of patient accounts receivable, the Organization analyzes its past history and identifies trends for each individual payer. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

A reconciliation of the allowance for uncollectible accounts follows as of June 30:

	2020	2019
Balance, beginning of year	**$ 1,331,062**	$ 1,219,080
Provision for bad debts	**681,463**	380,456
Write-offs	**(567,913)**	(268,474)
Balance, end of year	**$ 1,444,612**	$ 1,331,062

The increase in the allowance is due to an increase in balances over 240 days old.

4. Property and Equipment

Property and equipment consist of the following as of June 30:

	2020	2019
Land	**$ 81,000**	$ 81,000
Building and leasehold improvements	**5,165,754**	5,125,647
Furniture and equipment	**2,355,196**	2,120,471
Total cost	**7,601,950**	7,327,118
Less accumulated depreciation	**3,352,499**	2,929,915
Property and equipment, net	**$ 4,249,451**	$ 4,397,203

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

5. Line of Credit

The Organization has a $1,000,000 line of credit demand note with a local banking institution subject to an annual review as of December 31. The line of credit is collateralized by all assets. The interest rate is LIBOR plus 3.5% (5.3% at June 30, 2020). There was an outstanding balance on the line of credit of $450,000 at June 30, 2020 and 2019.

The Organization has a 30-day paydown requirement on the line of credit. For the year ended June 30, 2020, the Organization received a waiver from the bank for the paydown requirement.

6. Long-Term Debt

Long-term debt consists of the following as of June 30:

	2020	2019
Note payable, with a local bank (see terms below)	**$ 1,598,648**	$ 1,634,694
Note payable, New Hampshire Health and Education Facilities Authority (NHHEFA), payable in monthly installments of $513, including interest at 1.00%, due July 2020, collateralized by all business assets	**518**	6,633
Total long-term debt	**1,599,166**	1,641,327
Less current maturities	**42,505**	46,368
Long-term debt, less current maturities	**$ 1,556,661**	$ 1,594,959

The Organization has a promissory note with Citizens Bank, N. A. (Citizens), collateralized by real estate, for $1,670,000 with NHHEFA participating in the lending for $450,000 of the note payable. Monthly payments of $8,595, including interest fixed at 3.76%, are based on a 25 year amortization schedule and are to be paid through April 2026, at which time a balloon payment will be due for the remaining balance. The note is collateralized by real estate.

Scheduled principal repayments of long-term debt for the next five years and thereafter follows as of June 30, 2020:

2021	$ 42,505
2022	43,616
2023	45,308
2024	46,912
2025	48,886
Thereafter	1,371,939
Total	$ 1,599,166

The Organization is required to meet an annual minimum working capital and debt service coverage debt covenants as defined in the loan agreement with Citizens. In the event of default, Citizens has the option to terminate the agreement and immediately request payment of the outstanding debt without notice of any kind to the Organization. The Organization was in compliance with all loan covenants at June 30, 2020.

7. Net Assets

Net assets were as follows as of June 30:

	2020	2019
Net assets without donor restrictions		
Undesignated	$ 462,368	$ 12,082
Designated for working capital	4,249,451	4,397,203
Total	$ 4,711,819	$ 4,409,285
Net assets with donor restrictions for specific purpose		
Temporary in nature		
Healthcare services	$ 80,961	$ 364,936
Child health services	130,429	140,226
Total	211,390	505,162
Permanent in nature		
Available to borrow for working capital as needed	101,358	101,358
Total	$ 312,748	$ 606,520

8. Patient Service Revenue

Patient service revenue follows for the years ended June 30:

	2020	2019
Gross charges	$18,001,613	$18,103,265
Contract 340B pharmacy revenue	1,508,541	1,553,866
Total gross revenue	19,510,154	19,657,131
Contractual adjustments	(6,016,154)	(7,174,190)
Sliding fee scale discounts	(2,020,443)	(1,939,415)
Total patient service revenue	$11,473,557	$10,543,526

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Revenue from Medicaid accounted for approximately 55% and 53% of the Organization's gross patient service revenue for the years ended June 30, 2020 and 2019, respectively. No other individual payer represented more than 10% of the Organization's gross patient service revenue.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

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

Medicare

The Organization is reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by Federal guidelines. Overall, reimbursement is subject to a maximum allowable rate per visit.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively determined rates per visit and contractually obligated payment rates which may be less than the Organization's public fee schedule.

Charity Care

The Organization provides care to patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization sliding fee discount policy amounted to $2,432,740 and $2,217,386 for the years ended June 30, 2020 and 2019, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

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9. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b) that covers substantially all employees. The Organization contributed $285,796 and $309,981 for the years ended June 30, 2020 and 2019, respectively.

10. Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended June 30, 2020, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

11. Lease Commitments

The Organization leases office space under noncancelable operating leases. Future minimum lease payments under these lease agreements are as follows:

2021	$ 194,822
2022	178,451
2023	147,032
2024	94,357
Total	$ 614,662

Rent expense amounted to $226,805 and $223,302 for the years ended June 30, 2020 and 2019, respectively.

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AMOSKEAG HEALTH BOARD OF DIRECTORS AS OF 6/1/2021

Kathleen Davidson	Board Chair
Richard Elwell	Board Treasurer
David Crespo	Board Secretary
Angella Chen-Shadeed	Board Member
Dennis "Danny" Carlsen	Board Member
Phillip Adams	Board Member
David Hildenbrand	Board Member
Dawn McKinney	Board Member
Thomas Lavoie	Board Member
Christian Scott	Board Member
Madhab Gurung	Board Member
Debra (Debbie) Manning	Board Member
Jill Bille	Board Member
Obhed Giri	Board Member
Gail Tudor	Board Member
Rusty Mosca	Board Member

nh.gov Licensing Home

Person Information

Name: GREGORY E PRAZAR, MD

Address Information

Address: AMOSKEAG HEALTH 1245 ELM STREET **City:** MANCHESTER **Zip:** 03101 **State:** NH
Phone: 6032969228

License Information

License No: 5563 **Profession:** Medicine **License Type:** Physician
License Status: Current **Issue Date:** 7/23/1976 **Expiration Date:** 6/30/2022

Additional Information

Specialty: Pediatrics

Board Certification Information

Board Certified	Certification	Expiration	ABMS Board Specialties
Yes	AMERICAN BOARD OF PEDIATRICS	Sep 9 9999 12:00AM	PEDIATRICS
Yes	36495		ABP

Medical Education Information

Type	Facility Name	Country	Year
Medical School	CASE WESTERN RESERVE SCHOOL OF MEDICINE	USA	1972
Internship	DUKE MEDICAL CENTER-DURHAM NC		1973
Residency	DUKE MEDICAL CENTER-DURHAM NC		1974

Remarks

No Related Documents

Disclaimer: The JCAHO and the NCQA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards.

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Change of Address must be reported in writing to:
New Hampshire Board of Medicine
121 South Fruit Street - STE 301
Concord, NH 03301-2414 (603) 326-1161

State of New Hampshire
BOARD OF MEDICINE

GREGORY E PRAZAR, MD

License #: 5563

Issued: 07/23/1976

has been duly registered to practice medicine
in this state through 06/30/2022

President David Pattenaude MD

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CURRICULUM VITAE

Gregory Edward Prazar, M.D.
[redacted]
Office: (603) 772-8900

EDUCATION AND EXPERIENCE:

1968	B.A., The College of Wooster, Wooster, Ohio
1972	M.D., Case Western Reserve University School of Medicine, Cleveland, Ohio
1972 - 1974	Intern and Resident, Department of Pediatrics, Duke University Medical Center, Durham, North Carolina
1974 - 1976	Fellowship, Behavioral Pediatrics, Department of Pediatrics and Division of Child and Adolescent Psychiatry, University of Maryland Hospitals, Baltimore, Maryland
1976 - present	Pediatrician, Exeter Pediatric Associates, Inc., Exeter, New Hampshire

MILITARY SERVICE: None

LICENSURE: New Hampshire Medical License

NATIONAL ACADEMIC & PROFESSIONAL SOCIETY MEMBERSHIPS:

Certified by National Board of Medical Examiners, 1975

Certified by American Board of Pediatrics, 1992, 2002

Fellow, American Academy of Pediatrics;Section Member, Child Development Section, 1978

Affiliate Member, American Academy of Child Psychiatry, 1981

Member, Academic Pediatric Association, 1982

Member, Society for Developmental and Behavioral Pediatrics, 1983

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HONORS:

Chosen as a member of the New Hampshire Pediatric Leadership Task Force, 1992. One of 24 New Hampshire pediatricians chosen by families who have children with special needs.

Listed by "Best Doctors in America," 1996 – present

Special Achievement Award from the American Academy of Pediatrics and the New Hampshire Pediatric Society for distinguished service and dedication to the mission and goals of the Academy, May 2005.

New Hampshire Pediatrician of the Year, 2009

TEACHING & CONSULTING APPOINTMENTS:

Clinical Assistant in Medicine, Adolescent Unit, Children's Hospital Medical Center, Boston, Massachusetts, 1977 - 1979

Consulting Pediatrician, Ritchie McFarland Children's Center, Exeter, New Hampshire, 1976 - present.

Consulting Physician, Exeter Public Schools, Exeter, New Hampshire, 1981-1991

Participant, National Conference on Behavioral Pediatrics, sponsored by the U.S. Department of Health and Human Services, Easton, Maryland, March 3 - 5, 1985

Member, Task Force on Recent Advances, American Board of Pediatrics, 1985 - 1990

Member, Time-Limited Certification Committee, American Board of Pediatrics, 1988 – 2009

Member, Long-Range Planning Committee,American Board of Pediatrics,2009-present

Adjunct Associate Professor of Pediatrics, Dartmouth Medical School, Hanover, New Hampshire, 1998 - present.

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TEACHING & CONSULTING APPOINTMENTS (continued) :

AAP National Committee Liaison (for the New Hampshire Pediatric Society) to:
Committee on Practice and Ambulatory Medicine, 1987 - 1993
Committee on Psychosocial Aspects of Child and Family Health, 1987 - 1993

Member, Executive Committee, New Hampshire Pediatric Society, 1988 - 1993; 2005 – present; Vice-President: 2007-present

Member, Professional Advisory Committee for Seacoast CH.A.D.D., 1990 - 1998

Elected Member, Executive Committee for the Section on Developmental and Behavioral Pediatrics, American Academy of Pediatrics, 1993 - 2003

Member, Editorial Board, Journal of Pediatrics, 1993 - 2003

Member, Task Force on Environmental Stressors; American Academy of Pediatrics Advisory Committee for Development of the DSM - PC, 1994 - 1995

Member, Task Force on Mental Health, American Academy of Pediatrics, 2006 - 2009

Journal Reviewer for:

Journal of Developmental & Behavioral Pediatrics, 1986 - present

Journal of Pediatrics, 1987 - present

Archives of Pediatric and Adolescent Medicine, 2004 - present

Journal of Ambulatory Pediatrics, 2006 - present

State Chapter Co-coordinator for PROS Network (American Academy of Pediatrics Office-Based Research Organization). 1994 - present

Member, Task Force on Type 2 Diabetes in Childhood and Adolescence, American Academy of

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Pediatrics,2008-present

Member,New England Genetics Group Medical Home Workgroup, 2007-present

Member,New England Genetics Group Advisory Council, 2008-present

Member,National Coordinating Center for the Regional Genetics and Newborn Screening Collaborative Medical Home Workgroup,2009-present

Member, New Hampshire Autism Council,2010

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PUBLICATIONS:

Journal Articles:

Prazar, G.E. and Felice, M., "The Psychosocial Effects of Diabetes Mellitus in Childhood and Adolescence." Pediatric Annals, 1975, 4, 351 - 358.

Prazar, G.E. and Charney, E., "Behavioral Pediatrics in Practice," Pediatric Annals, June 1980.

Prazar, G.E., "Conversion Reactions." Pediatrics in Review, 1987, 8 (9), 279 - 286.

Prazar, G.E., "Psychosocial Risk Factors in Childhood: What Can the Pediatrician in Practice Do?"(Commentary). Journal of Developmental & Behavioral Pediatrics, 1990, 11 (4), 210 - 211.

Prazar, G.E., "An Office-Based Approach to Adolescent Psychosocial Issues." Contemporary Pediatrics, 1997, 14 (5), 59 - 71.

Prazar, G.E., "The Aural Infrared Thermometer: A Practitioner's Perspective." Journal of Pediatrics, 1998, 133, 471.

Prazar, G.E., "How Many Pediatricians Does It Take To Change a Practice?" (Editorial). Archives of Pediatric and Adolescent Medicine, 2005, 159, 500 - 502.

Olson, A.L., Dietrich, A.J., Prazar, G.E., Hurley, J.H., Tuddenham, A., Hedberg, V., and Naspinsky, D.A., "Two Approaches to Maternal Depression Screening During Well-Child Visits." Journal of Developmental and Behavioral Pediatrics, 2005, 26 (3), 169 - 175.

Olson, A.L., Dietrich, A.J., Prazar, G.E., Hurley, J.H., "Brief Maternal Depression Screening at Well-Child Visits." Pediatrics 2006, 118, 207- 215.

Book Reviews:

Helfer, R.E and Kempe, C.H. (Eds.) The Battered Child. Chicago: University of Chicago Press, 1974; and Steinmetz, S.K. and Straus, M.D. (Eds.), Violence in the Family. New York: Dodd, Mead and Cough., 1974; In The Journal of Nervous and Mental Disease, 1975, 1975, 162, 162, 437- 439.

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Shaefer, C.E., Millman, H.L., Sichel, S.M., and Zwilling, S.R., Advances in Therapies for Children. San Francisco: Josses-Bass, Inc., 1986. In Journal of Developmental & Behavioral Pediatrics, 1988, 9, 109.

Levine, M.D., Carey, W.B., and Crocker, A.C., Developmental-Behavioral Pediatrics. Philadelphia: W.B. Saunders, 1992. In Journal of Developmental & Behavioral Pediatrics, 1993.

Book Chapters:

Prazar, G.E., "Conversion Symptoms in Childhood." In Primary Pediatric Care. St. Louis: C.V. Mosby, 1987; also in second edition, 1992; third edition, 1997; fourth edition, 2001.

Prazar, G.E., "Lying and Stealing." In Primary Pediatric Care. St. Louis: C.V. Mosby 1987; second edition, 1992; third edition, 1997; fourth edition, 2001.

Prazar, G.E. and Friedman, S.B., "Conversion Symptoms." In Clinical Practice of Adolescent Medicine. New York: Appleton-Century-Crofts, 1979.

Prazar, G.E. and Friedman, S.B, "Behavioral Problems in Children and Adolescents." In Current Diagnosis. Philadelphia: W.B. Saunders, 1985.

Prazar, G.E., "Temper Tantrums and Breathholding Spells." In Primary Pediatric Care. St. Louis: c.v. Mosby Co., 1987; also second edition, 1992; third edition, 1997; fourth edition, 2001.

Prazar, G.E., "Conversion Reactions in Adolescents." In Current Diagnosis (8). Philadelphia: W.B. Saunders, 1991.

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Book Chapters (continued)

Prazar, G.E., "Psychosomatic Symptoms and Conversion Reactions." In Comprehensive Adolescent Health Care (Friedman, S.B., et al, editors), 1992; second edition, 1998.

Prazar, G.E., "A Private Practitioner's Approach to Adolescent Problems." In Friedman, S.B., DeMayo D (eds): Adolescent Psychiatric and Behavioral Disorders. Adolescent Medicine: State of the Art Reviews, vol.9, no. 2. Philadelphia, Hanley & Bellus, Inc., 1998.

Prazar,G.E.,"Conversion Reactions and Hysteria." In: McInerny,T.K,,Adam, H.M.,Campbell,D.E., Kamat,D.K., Kelleher,K.J.,eds. American Academy of Pediatrics Textbook of Pediatric Care. Elk Grove Village,IL: American Academy of Pediatrics, 2008.

Prazar,G.E., "Temper Tantrums and Breath-holding Spells." In:McInerny,T.K.,Adam,H.M.,Campbell,D.E.,Kamat,D.K.,Kelleher,K.J.,eds. American Academy of Pediatrics Textbook of Pediatric Care. Elk Grove Village,Il:American Academy of Pediatrics, 2008.

PRESENTATIONS (past 10 years):

"Stories from the Front Line: Successful Patient Care Improvement Projects." Presentation to fourth-year Dartmouth Medical School students, February 26, 1998.

"The Rural Medical Home Improvement Project, a Model of Collaboration and Communication." Presentation to the New England Rural Pediatricians' Alliance Association (NNERPA), May 7, 1999.

"Local New Hampshire Initiatives: the ADaPT Project, and the Rural Medical Home Improvement Project." Presentation to the spring meeting of the New Hampshire Pediatric Society, May 19, 1999.

"Diagnosis and Management of Attention Deficit Hyperactivity Disorder." Presentation to the Exeter Community, May, 25, 1999.

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"Pediatric Care Coordination at the Medical Home." Presentation at the following conference: Enhanced Care Coordination for the CSHCN in Managed Care Environments: Strategies for the New Millennium, September 30, 1999, Portsmouth New Hampshire.

"Management, Reimbursement and Stress Reduction Strategies: Behavior-Psychosocial Problems." Presentation at the Annual American Academy of Pediatrics Meeting, Washington, D.C., October 12, 1999.

"Collaboration and Coordination: The Rural Medical Home Improvement Project." Presentation to the MCH-Lend graduate course, University of New Hampshire, December 10, 1999.

"Building Primary Care Medical Homes for Children with Special Health Care Needs (CSHCN): Identification of CSHCN." Presentation at the fall meeting of New Hampshire Pediatric Society, Crotched Mountain facility, Greenfield, New Hampshire, November 28, 2001.

"Building Neighborhoods of Medical Homes through Quality Improvement Learning Collaborative." Presentation at the National Summit on Children with Special Health Care needs in Washington, D.C., December 12, 2001.

Continually Improving Medical Homes." Presentation at Expert Panel: Improving Primary Health Care Services for Children with Special Health Care Needs Through Implementation of the Medical Home Concept. Sponsored by the USMCHB Division for Children with Special Health Care Needs. Boston, June 5 - 6, 2002.

"Seven Habits of Highly Effective Medical Home Improvement Teams." Presentation at the Medical Home Learning Collaborative (Learning Session 1), conducted by NICHQ, Miami, FL, April 4 - 5, 2003.

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"It Takes Family-Centered Teamwork to 'Build' a Medical Home." Panel presentation at the First International Conference on Family-Centered Care, Boston, MA, September 5, 2003.

"Building Medical Homes with Family-Centered Improvement Teams." Panel presentation at the First CATCH and Medical Home National Conference, Chicago, Ill, July 16, 2004.

"You and Your Tween Child: A Behavioral Guide for Parents." Presentation to the community; at Exeter Hospital, October 12, 2004.

"Defining Well Child Care for Children and Youth with Special Health Care Needs." Presentation at National Conference sponsored by HSRA Maternal and Child Health Bureau and The Commonwealth Fund, Washington, D.C., October 12 - 13, 2006.

"Use of PDAs in Pediatric Practice at Well Child Visits as a Quality Improvement Tool." Presentation at Dartmouth Hitchcock Medical Center Pediatric Grand Rounds, November 22, 2006.

"How to foster a practice which embraces quality improvement." Presentation at New Hampshire Pediatric Society Fall Education Meeting, October 10,2007.

"Evaluation and treatment of ADHD in children and adolescents." Presentation to the community, Exeter Hospital, April,2008.

"Screening for autism spectrum disorder in practice." Presentation at New Hampshire Pediatric Society Spring Education Meeting, May 12,2010

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Jan McGonagle, M.D.

PHYSICIAN with 25 years of experience in NH and current Harvard University Fellow in Bioethics. Created, developed and implemented state-wide program to improve access and quality care for children with complex medical and developmental needs. Committed to providing excellent patient care and support through a team-centered approach. Key competencies:

- Superb communicator in group or individual environments with many different constituencies
- Strong systems thinking approach with ability to view solutions on both a large and small scale
- Provide quality care for children with a wide range of medical needs
- Excellent collaboration skills across medical, agency and educational services to devise the most effective holistic, treatment solutions
- Strong background working with diverse patients and families

EDUCATION

Harvard University, Fellow in Bioethics, 2019-2020
University of Colorado, Fellow in Hematology/Oncology, 1995; Resident in Pediatrics, 1991-1994
State University of New York at Buffalo, Doctorate of Medicine: Cum Laude, 1991
William Smith College, Bachelor of Science: Summa Cum Laude, 1987
Phi Beta Kappa and Sigma Xi

BOARD CERTIFICATION AND LICENSURE

Board Certification:
Developmental Pediatrics, 2009
General Pediatrics, 1995

Licensure: New Hampshire, 1995-present

MEDICAL EXPERIENCE

Special Medical Services, Amoskeag Health, Manchester, NH, 2009-present
Developmental Pediatrician
Serving the state of New Hampshire's children with complex medical needs. Designed and built state-wide program that expands access to holistic care for all patients in all regions of the state

New Hampshire Neuromotor Clinics, 2000-2020
Developmental Pediatrician

Crotched Mountain Rehabilitation Center, Greenfield, NH, 2009-2017
Developmental Pediatrician

Brattleboro Memorial Hospital, Brattleboro, VT, 2003-2009
General Pediatrician

Dartmouth Hitchcock Medical Center, Keene, NH, 1995-2003
General Pediatrician

Cedarcrest, Inc., Keene, NH, 1995-2008
Medical Director
Served as medical director for the school and long-term care facility serving those with disabilities

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Lindsay M. LaFleur

Education

University of New Hampshire; summa cum laude **2016**
Master of Early Childhood Education: Special Needs Option
Graduate Certificate in Assistive Technology
Graduate Certificate in Intellectual and Developmental Disabilities

Plymouth State University; magna cum laude
Bachelor of Science and Teacher Certification K-3 **2009**

Work Experience

Child Development Clinic Coordinator for Special Medical Programs **2017 - Present**
Manchester Community Health Center, New Hampshire

- Coordinate three clinic sites (Keene, Laconia, and Manchester); managing a team of three Developmental Pediatricians and four Psychologists.
- Participate as an active team member on developmental assessments for children under the age of seven; familiar with the Autism Diagnostic Observation Schedule, Differential Ability Scales, Bailey Scales of Infant Development, Childhood Autism Rating Scale, MCHAT, and the Brief Infant-Toddler Social and Emotional Assessment.
- Aid in the development of the diagnostic reports.
- Collaborate with community providers across the state including school districts, non-profits, medical providers, ABA providers, and mental health providers.
- Support families through the diagnosis process by connecting to community resources, ongoing communication between the clinic team, attending school meetings, and conducting home visits.

Early Childhood Special Educator for Early Supports and Services **2014 -2017**
Moore Center Services Manchester, New Hampshire

- Served as eligibility evaluator; completing written evaluation reports and Individual Family Support Plans - describing child's individual strengths, skill levels and areas for growth in all areas of development.
- Supported and guided families through the process of transition from Early Supports and Services to public preschool special education and/or community-based activities by developing partnerships with community programs and school districts.
- Conducted home visits- educating families on typical and atypical child development, creating family and child goals, modeling developmentally appropriate activities, and on-going connection to community resources.
- Partnered with New Hampshire universities and mange all incoming student interns; ensuring a smooth transition into the internship site, creating individualized learning experiences for students, and documenting their state and program requirements for certification.

Early Childhood Educator for Early Supports and Services **2010 - 2014**
Lakes Region Community Services Laconia, New Hampshire

- Coached parents in advocating for their children's education and impart case management and support.
- Assisted in creating written procedures for Early Intervention program, adhering to state and national guidelines.

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- Participant in several Memorandum of Agreement meetings between the Lakes Region elementary schools and the Area Agency.
- Facilitated the family advisory board and parent education classes within the Family Resource Center.
- Evaluator and educator for New Hampshire Home Visiting Program within the Family Resource Center; supporting first time mother through education and community resources.
- Served as an eligibility evaluator, created Individualized Family Support Plans, wrote evaluation reports, and conducted home visits.
- Proficient in the Hawaii Early Learning Profile, Infant Toddler Developmental Assessment, MCHAT, and Ages and Stages Questionnaire.

Paraeducator **2009 - 2010**
Bridgewater-Hebron Village School

- 1:1 educator for an eight-year-old child diagnosed with PDD-NOS. Collaborated with IEP team to encourage child's independence and growth in all areas of development.
- Knowledgeable in the PECS program, basic American Sign Language, and communication systems.
- Developed components of Individualized Education Plans.
- Frequently filled position of substitute classroom teacher, preschool through third grade.

Related Experiences

- Registered New Hampshire State Early Intervention validator for prospective Early Intervention candidates; mentoring candidates, reviewing professional portfolios, conducting peer and supervisor interviews, and communicating with the New Hampshire Bureau of Developmental Services in regards to candidates performance. 2016-Present
- Intern Site Supervisor – University of New Hampshire; Early Childhood Education 2016-2018
- Intern Site Supervisor - Plymouth State University 2010-2018
- Intern – Inclusive Preschool Bedford, New Hampshire Fall Semester, 2015
- Participant - Parent Leadership Council through Lakes Region Family Resource Center 2013-2014
- Participant – Lower Grafton Community Resource Meeting 2012-2014
- Mentor - EEIN 2012
- Afterschool Early Childhood Educator – Bridgewater Hebron Village School 2009 - 2010
- Paid Intern – Second Grade Bridgewater Hebron Village School Bristol, New Hampshire 2008-2009

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Lisseth Z. Milkovits

Work Experience

Child Development Clinic at Amoskeag Health
Manchester, NH
April 2019 – Present
Program Assistant and Spanish interpreter

- Gather intake information and assist with the intake interview of Spanish speaking families
- Request and track medical and school records to prepare a child's chart for clinic
- Obtain insurance billing information and prior authorizations
- Assist Spanish speaking families with the identification of community resources prior and after the developmental evaluation
- Provide interpretation services for developmental evaluations

Language Bank –Ascentria Care Alliance
Manchester, NH
July 2014 – Present
Per diem Medical and Community Interpreter: Spanish/English

Amoskeag Health
Manchester, NH
March 2013 – April 2019
Interpreter and Translator: Spanish/English

- Provide direct services of verbal interpretation for patients at all four sites
- Provide translation of documents from English into Spanish and vice versa
- Assist patients in the coordination of care for needed services internally and externally
- Provide cultural orientation to staff if the cultural context should be taken into consideration to provide the best care for a patient.

Administrative Claim Service, Inc.
Work from home
March 2012 – April 2014

Transcriptionist: Spanish/English

- Provide translation and transcriptions of recorded statements for insurance purposes from Spanish to English

Alexander+Roberts (former General Tours)
Salem, NH
December 2005 – March 2013

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International Travel Specialist

- Participate as part of a cross-functional team in a fast paced, detail oriented, professional office environment
- Deliver assistance and problem resolution in Spanish and English through email and phone channels
- Exceeded management expectations regarding attention to detail, note-taking, profitability, and ability to multi task
- Operate tactically on a daily basis to resolve customer issues by partnering with travel agents, merchants, ground and internal operations, and IT resources
- Identify opportunities to improve client experiences in cross cultural itineraries

Columbus Institute
Lima, Peru
May 2001 - September 2004

Teacher of English as a Foreign Language

- Taught basic and intermediate level English to Spanish speaking students
- Created lesson plans and conducted grammar specific workshops to a variety of clients

Education and Certifications

University of Colorado Boulder
Online Speech Language Pathologist Prerequisites Program
May 2016 –August 2017

National Board of Certification for Medical Interpreters
Certified Medical Interpreter - CMI #101397 2014-2019

Boston University
Boston, MA
January 2010 - May 2011

- Community, Legal and Medical Interpreting Certificate

Ricardo Palma University
Lima, Peru
1999-2003

- Bachelor of Arts in Translation and Interpretation; English/Spanish

Peruvian North American Cultural Institute
Lima, Peru
1997-1999

- Certificate for English as a Foreign Language Instructor

Languages

- Native Spanish Speaker, Near Native English Proficiency, Conversational French proficiency, Basic German Proficiency

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VITAE

Name: McLean, Pat

Education

Institution and Location	Degree	Year Conferred	Field of Study
Fitchburg State College University of New Hampshire	B.S.N. M.Ed.	1970 1984	Nursing Early Childhood Special Needs

PROFESSIONAL EXPERIENCE:

2006-Present Health Care Coordinator/Amoskeag Health. This position involves coordination of medically complex children birth to 21yrs and their families. Collaboration with medical and community providers is essential for coordination. As Intake Coordinator for the Child Development Clinic, this position involves triaging all referrals and participating on the Clinic team as needed.

2004- 2016 Developmental Specialist, Capitol Region Family Health, Concord, NH.
This position involves mentoring DHMC Family Residents and medical students about child development and precepting them during well child visits. Providing developmental consults to faculty and residents for children and families in the practice. Participating on the Medical Home curriculum committee for residents.

1995 – JULY 2006 Clinic Coordinator, Seacoast Child Development Clinic – MCH Lend, Durham, NH.
This position involved coordinating interdisciplinary developmental evaluations and follow up, coordinating and collaborating with community providers, providing clinical training and evaluation to interns and fellows enrolled in MCH Lend, University teaching and maintaining a Business Plan for Seacoast Revenues.

July 2002-July 2006 Adjunct Assistant Professor of Pediatrics, Dartmouth Medical School.
This appointment involved community based teaching of Dartmouth Medical Students and Physicians.

July 2000-July 2006 Adjunct Professor in Nursing, University of NH, Durham, NH
This position involved guest lecturing for courses in the Nursing Program and clinical teaching to Master Level Nursing Students.

1986-July 1999 Infant Specialist, Richie McFarland Children's Center, Stratham, NH.
This position involved transdisciplinary early intervention services to infants and their families, medical/developmental consultation to team members, developmental evaluation of children birth to three, supervision of UNH nursing students, participation or chairing focus groups in best

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practice issues and administrative agency decision making.

1986-1988 Research Assistant, University of Massachusetts, Early Intervention Collaborative Study, Worcester, MA.
This position involved utilizing multiple assessment tools for infant/family evaluation research.

1983-1984 Nurse Coordinator, State of New Hampshire, Bureau of Special Medical Services, Concord, NH.
This position involved coordinating a neuromotor interdisciplinary team, nursing assessment of children with neuro-muscular disabilities, counseling and education to children and their families, and consultation to community nurses and allied professionals.

1982-1983 Intern, Boston Children's Hospital Developmental Evaluation Clinic This position involved developmental evaluation of children primarily ages three to six years, assessment of high/risk premature infants, and collaboration on multidisciplinary assessment teams.

1973-1981 Nurse Coordinator, State of New Hampshire, Maternal Child Health, Allenstown, NH.
This position involved administration of local Child and Youth Project, facilitation of team development and functioning, coordinated community involvement in organizing a local advisory board to the project, collaborated with schools, and state and community lecturing.

1971-1973 Clinic Nurse, Boston's Children's Hospital/Harvard Medical School, Family Health Care Program, Boston, Massachusetts.
This position involved primary nursing care to families, family planning and child birth education, collaborating team functioning, curriculum planning and teaching of Harvard University Family Residents, fellows and medical students, conduction of seminars on nursing process and team functioning, supervision of Northeastern nursing students, and lecturing.

1970-1971 Staff and Charge Nurse, Boston Children's Hospital, Boston, Massachusetts.
This position involved providing acute inpatient nursing care.

MAJOR RESEARCH:

Thesis Topic: Towards Coalescence – An Ecological Approach to Developmental Evaluation (1984)

HONORS: SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY OF NURSING
1997 EXCELLENCE IN EARLY INTERVENTION ANNUAL AWARD

Julie Rolfes Smith

Child Development Clinic at Amoskeag Health 2018-present
Manchester, NH

- Clinic Coordinator- Coordinate interdisciplinary team evaluations for children ages 1-7 with developmental concerns including autism, ADHD, and learning. Prepare charts, connect with community providers, coordinate visit, child interaction/observation, support families throughout diagnostic process, and provide resources and follow up support.

University of New Hampshire Maine LEND Program 2008- present

- Family Faculty- Provide perspective and lectures regarding family perspectives on ASD, diagnosis, and clinical practice. Mentor family trainees. Write and edit Spotlight monthly newsletter. 2008-present.
- Clinical Placement Coordinator- Coordinate the clinical placements for NH trainees. 2018-present.
- Clinic and Family Coordinator- Seacoast Child Development Clinic- Supported families of young children through interdisciplinary evaluation: conducted home visits, coordinated the clinic team, provided recommendations for family support, monitored and reviewed reports, mentored trainees. In 2013, additional responsibility of coordinating the clinic structure including referrals, triage, and schedule. 2008-2017.
- ASD Learning Collaborative- Early Identification and Screening of Young Children- Worked with team in the planning and implementation of the series. Presented and represented the family perspective and coordinated parent partners. 2009-2010.

Leadership Roles and Community Involvement in New Hampshire

- Community Partners ASD Repository Workgroup, Dover, NH: March 2021- present.
- Oyster River ASD Friends, Durham, NH: Founder/facilitator of parent group for transition age youth and young adults, October 2015-present.
- Family Advisory Council, Community Partners Area Agency for Developmental Services, Family Support, and community Mental Health, Dover, NH: 2008-2020.
  - CPAC (Community Partners Autism Committee), Feb 2010- 2018.
  - BASE, Parent partner for parent training grant, March 2010- March 2011.
  - Vice Chair, January 2017-present.
    - Family council meetings: 9/2018, 10/2018, 11/2018, 12/2018, 1/2019, 2/2019, 3/2019, 4/2019, 5/2019, 6/2019, 9/2019, 10/2019, 11/11/2019, 1/2020, 2/2020.
  - NH State Family Support Council Representative, Concord, NH: Attended: 7/2018, 10/2018, 12/2018, 4/2019, 6/2019,10/2019, 2/2020.
- Transition Resource Network Consortium, September 2017-2018.
- Transition Community of Practice Collaborative: parent representative, December 2015- August 2017.
- NH Disability and Public Health Project Planning Group, November 2012- June 2015.
- Institute on Disabilities Consumer Advisory Council, 2008-June 2015.
- National Center on Inclusive Education Advisory Council, 2010.
- Parent to Parent of New Hampshire: trained support parent, 2007-present.
- NH Council on Autism Spectrum Disorders-Screening and Diagnosis workgroup, 2009- February 2013. Assisted in the design of next steps form for parents of children with positive developmental screening.
- Act Early Regional Summit Team- Parent representative- RI, April 26, 2010.
- NH Connections Forum- Family/School Partnerships in Special Education: Parent rep Oct 2010.
- FAST-Families and School Together- District project to improve communication. Jan 2011- June 2011.
- Oyster River Parents of Young Children with Autism, founder and facilitator. 2005- 2008.
- NH Connections: Collaborated to bring ABA workshop with Tom Benjamin to school district, 100 parents and professionals attended, 2006.
- Autism Focus Group, New Hampshire Department of Health and Human Services, Division of Developmental Services, 2007.
- SCERTS Work group Oyster River School District: parent representative on project exploring the adoption of model for school district, 2005.

Guest Speaking/Panels

- University of New Hampshire, Seminar in Autism Spectrum Disorders: "Family story and Perspective on ASD Diagnosis and across the Lifespan" Fall 10/2011, 10/2012; 03/2014, 03/2015, 03/2016, 03/ 2017, 03/2018, 03/2019, 03/ 2021.

- Rivier University, Nashua NH, Guest Lecture: Characteristics of Autism Disorder: "Parent Perspective and understanding the Emotional Response to School Teams", October 2013.
- Autism Summer Institute, Presenter, 2010
  - "It's a Play Date, Not a Therapy Session: Parent Perspective on Planning & Supporting a Play Date".
  - "ASD Diagnosis Confirmed: Now What? How parents Navigate Supports and Services".
- Autism Summer Institute, Parent support coordinator, 2009.
- University of New Hampshire Department of Family Studies Class: Panel discussion: "Parenting a child with a disability", Fall 2009.
- University of New Hampshire Department of Education Class: "Parent Perspective on Special Education Process and Inclusion of Children in Typical Classrooms," Fall 2009.
- Autism Summer Institute, University of New Hampshire: Panel for film "Including Samuel", 2009.
- Oyster River High School: Panel Discussion of Curious Incident of a Dog in the Night-time, 2008.
- University of New Hampshire Department of Music Education: "How Children with disabilities survive public school: How my son succeeds in the school band program," 2008.

Advocacy

- NH Dept. of Health and Human Services, In Home Supports Waiver Renewal Listening Session. 12-16-2019.
- New Hampshire HCBS Corrective Action Plan. Public Feedback Session, Epping NH, 11-19-2019.
- Tea at Bridge House Governor's Mansion with Valerie Sununu, Concord, NH: Discussion of the challenges families face with providing supports and services to peoples with developmental disabilities. 10-25-2019.
- Corrective Action Plan (CAP): Participating in a joint committee of NH area agencies to advocate on behalf of parents to allow their case management and services to be administered by their community area agency.
  - Meetings, Virtual, Laconia, NH: 6-2019, 7-2019.
  - Met with Governor Sununu, Concord, NH, 5-9-2019 and Senator Hassan, Concord, NH 5-30-2019.
  - Conflict Free Case Management/CAP Letter Campaign: Assisted the coordination of a 100 Letter campaign to state and federal leaders regarding parent concerns over the implementation of conflict free case management and request to grant waiver in order to maintain present model of care in NH. 2018-present
- NH State Budget 2018-19 Letter campaign to Governor Elect Chris Sununu requesting an additional 1.3 million dollars in state funding to support Early Intervention programs. Also provided written testimony to the House Finance Committee in support of fully funding developmental Services.
- Contacted legislators by letter or phone to advocate for the passage of bills:
  HB 1687: Bill to develop a Comprehensive Mental Health Plan, 2006.
  SB 338, later SB 93: Insurance Coverage for Early Intervention Therapy Services, 2006-07
  Public Testimony, 2007-2008.
  HB 396: Bill to establish a commission to study autism spectrum in New Hampshire.
  HB679: An act relative to the delivery of special education services. Short term objectives.
  HB 766: An Act relative to special education procedural safeguards, dispute resolution, and expert witness fees.
- New Hampshire Rules for the Education of Children with Disabilities: Testified to maintain short term objectives at the request of parents and contacted community board member. 2008.
- New Hampshire Managed Care Advocacy: Represented area agency's family council and family concerns regarding the transition of the behavioral health and developmental services to managed care system. Attended state meetings, regional forum, and met with NH executive councilor to express concerns. 2012.

Publications

NH RAP sheet, Fall 2017: Looking Back/Moving Forward, a Coffee Conversation: Smith
NH RAP Sheet, Spring 2010: Best Practices for Sharing a Diagnosis with a Family: Smith, Fisher, LE
NH RAP Sheet, Winter/Spring 2011: Resource List for ASD. Smith

Education

University of Cincinnati, B.S., 1987, Design.
University of New Hampshire, NH-ME LEND program, 2018.

Previous Work Experience

Jockey International, Kenosha, Wisconsin, 1997-1999. Men's Designer. Primary responsibility was designing fashion product for international brand. Worked in corporate environment within the merchandise team.

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Purchased and implemented first computer design system. Traveled to New York and Europe for market research, supported sales force, and collaborated with international franchisees.

Gillman Knitwear Company, Cincinnati, Ohio, 1987-1996. Knitwear Designer. Designed and manufactured sweaters and knit apparel. Worked closely with owner and Taiwan office for this family owned company. Traveled extensively to Europe and Southeast Asia to research and source product. Increased original design and expanded design staff to three. Assisted national sales force. Purchased and implemented first computer design system.

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JANET E. CLARK

PROFESSIONAL EXPERIENCE:

Amoskeag Health, Manchester, NH
Director, Special Medical Programs 2003 to Present

- Management of four programs for children with special health care needs throughout NH including the Child Development Clinic, Neuromotor Clinic, Complex Care Network, Health Care Coordination, and Nutrition programs.
- Member of Amoskeag Health Management Team, Marketing and Development Committee
- Responsible for contract management and program compliance with state and federal mandates.
- Prepare Requests for Proposals to DHHS every four years to assure consistent funding
- Supervise 14 Amoskeag Health employees and 11 contractors
- Facets in Epilepsy Care: Innovative Strategies in Serving Children and Youth with Epilepsy, a three-year project in collaboration with the Epilepsy Foundation ,Children's Hospital at Dartmouth and NH Family Voices 2010-2013
- Co-lead for Action Learning Collaborative on the Ease of Use of Services for Latino Families Who Have Children and Youth with Special Health Care Needs. 2013-2015

Regional Program Coordinator, Child Development Clinic Network October 1987 to Present

- Manage statewide Child Development Clinic Network, including clinical assessment, community relations, family support, advocacy, all organizational functions of multi-disciplinary team (MD's, PhD's, support staff).
- Develop yearly clinical activities, collaborative initiatives and long-range goals, annual report to DHHS
- 2006-2015 Co-coordinator of the Manchester Infant Mental Health team
- Coordinated Child Development Services Consortium – joint effort by CHS, Area Agency and Early Intervention Programs
- Participated in agency-wide time study for billing and Quality Assurance purposes/UNH Health policy and Management Personnel.
- Coordinated Health Care Transition Grant for three-year A-D/HD Clinic at Child Health Services.

Special Medical Services Bureau, NH Dept of Health and Human Services, Concord, NH
Intake Coordinator (Contractor) 1997- 1999

- Perform initial intake assessment and develop appropriate service plan for new SMSB applicants
- Triage referrals, collaborate with community health and human service providers to assure quality care for children 0-18 years old.

SSI Needs Assessments (Contractor) 1995-1997

- Perform intake/needs assessments for children whose families have applied for SSI benefits and refer for services as appropriate in compliance with Federal Social Security regulations.

Regional Clinic Coordinator – Genetics Services Program 1995-1998

- Provided community-based coordination as part of Genetic outreach program collaboratively provided by Children's Hospital at Dartmouth and Special Medical Services Bureau.
- Intake assessment, referral and information to all families scheduled.
- Obtained medical history, pedigree and provided family support at clinic.

Child Health Services
Family Support Worker 1984 –1987

- Part of a multi-disciplinary pediatric team providing clinical and social services within the agency setting, home visits, coordination of community resources

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New Hampshire Catholic Charities, Inc. Manchester and Keene, NH
Social Worker 1979 –1983
Responsible for the delivery of clinical, social and parish outreach services.

Cooperative Extension Services, Milford, NH
Program Assistant 1978- 1979
Responsible for planning and implementing volunteer recruitment programs for Hillsborough County.

Main Street House, Noank, CT
Assistant Director 1976 -1977
A group home for teenage girls, ages 14 though 18.

EDUCATIONAL BACKGROUND:

Graduate courses in Public Health, University of NH, Manchester 2000- 2002
Health Administration courses New Hampshire College, Manchester, NH 1994- 1995
Graduate courses in counseling at Connecticut College, New London, CT and 1976- 1980
University of New Hampshire, Durham, NH,
BSW, Providence College, Providence, R.I. 1975

Professional Development:
Certificate in Community Health Leadership (Bi-State Primary Care Association) 2010
Autism Spectrum Disorder, Training Certification in Autism Diagnostic Observation Scale (ADOS), ADHD, Family Support, Genetics, Spectrum of Developmental Disabilities at Johns Hopkins University (1990 and 2013) CHAD Child Maltreatment Conferences, ACE/Trauma Informed Interventions, Zero to Three, Boston Medical Center Developmental Pediatrics

References available upon request.

MANCHESTER COMMUNITY HEALTH CENTER
Child Development Clinic Network
07/01/21 - 06/30/22

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Janet Clark	Director of SMP	$82,866	62.50%	$51,791.00

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MANCHESTER COMMUNITY HEALTH CENTER
Healthcare Coordination Network
07/01/21 - 06/30/22

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Janet Clark	Director of SMP	$82,866	2.50%	$2,072

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STATE OF NEW HAMPSHIRE 2019 MAY 10 AM 10:05 DAS

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF LONG TERM SUPPORTS AND SERVICES

Jeffrey A. Meyers
Commissioner

Christine L. Santaniello
Director

105 PLEASANT STREET, CONCORD, NH 03301
603-271-5034 1-800-852-3345 Ext. 5034
Fax: 603-271-5166 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 9, 2019

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Long Term Supports and Services, to exercise a renewal option and amend an existing agreement with Manchester Community Health Center, Vendor #157274, 145 Hollis Street, Manchester, NH 03101, to continue providing services that assure timely access to comprehensive pediatric interdisciplinary developmental assessments, community based nutrition services, and to effectively coordinate primary, specialty, and community care services for children and youth, birth through age twenty-one (21), with special health care needs, by increasing the price limitation by $2,369,000 from $2,167,050 to $4,536,050 and by extending the completion date from June 30, 2019 to June 30, 2021, effective upon Governor and Executive Council approval. 25% Federal Funds, 75% General Funds.

This agreement was originally approved by the Governor and Executive Council on July 19, 2017 (Item #13).

Funds are anticipated to be available in State Fiscal Year (SFY) 2020 and SFY 2021, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office without further approval from the Governor and Executive Council, if needed and justified.

05-95-93-930010-5191 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DEVELOPMENTAL SVCS DIV, DIV OF DEVELOPMENTAL SERVICES, SPECIAL MEDICAL SERVICES

Comprehensive Nutrition Network

SFY	Class/ Account	Class Title	Job Number	Current Modified	Increase/ (Decrease)	Revised Modified
2018	562-500912	CSHCN Assistance	93001000	$266,525	$0	$266,525
2019	562-500912	CSHCN Assistance	93001000	$266,525	$0	$266,525
2020	562-500912	CSHCN Assistance	93001000	-	$290,000	$290,000
2021	562-500912	CSHCN Assistance	93001000	-	$290,000	$290,000
			Subtotal	***$533,050***	***$580,000***	***$1,113,050***

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Child Development Clinic Network

SFY	Class/ Account	Class Title	Job Number	Current Modified	Increase/ (Decrease)	Revised Modified
2018	561-500911	Specialty Clinics	93001000	$600,000	$0	$600,000
2019	561-500911	Specialty Clinics	93001000	$600,000	$0	$600,000
2020	561-500911	Specialty Clinics	93001000	-	$614,000	$614,000
2021	561-500911	Specialty Clinics	93001000	-	$620,000	$620,000
			Subtotal	***$1,200,000***	***$1,234,000***	***$2,434,000***

Healthcare Coordination Network

SFY	Class/ Account	Class Title	Job Number	Current Modified	Increase/ (Decrease)	Revised Modified
2018	561-500911	Specialty Clinics	93001000	$217,000	-	$217,000
2019	561-500911	Specialty Clinics	93001000	$217,000	-	$217,000
2020	561-500911	Specialty Clinics	93001000	-	$275,000	$275,000
2021	561-500911	Specialty Clinics	93001000	-	$280,000	$280,000
			Subtotal	***$434,000***	***$555,000***	***$989,000***
			Total	**$2,167,050**	**$2,369,000**	**$4,536,050**

EXPLANATION

The purpose of this request is to continue services for three (3) purposes:

1. COMPREHENSIVE NUTRITION NETWORK (CNN) The first purpose is for the provision of community-based nutrition services for children and youth, birth through age twenty-one (21), with special health care needs for whom nutrition concerns have been identified. CNN services include, but are not limited to the identification, training, and oversight of staff, intake and eligibility determination, and completion of community based consultations for Children and Youth with Special Health Care Needs (CYSHCN).
2. CHILD DEVELOPMENT CLINIC NETWORK The second purpose is to assure timely access to comprehensive pediatric interdisciplinary developmental assessments for children, from birth to age seven (7) for whom developmental concerns have been identified. This will particularly address the needs of children whose access to appropriate care is hindered by economic, cultural, linguistic, lack of provider adequacy, or other social/structural barriers.
3. HEALTHCARE COORDINATION NETWORK The third purpose is to effectively coordinate primary, specialty, and community care services for CYSHCN. This comprehensive coordination will incorporate family-centered care, increase the accessibility of pediatric specialty care, and improve health outcomes.

Approximately 2,000 children and their families will be served from July 1, 2019 through June 30, 2021.

As referenced in the Request for Proposals in Exhibit C-1 of this contract the Department has the option to extend contract services for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. This request, if approved, utilizes the two (2) years of renewal that are available, leaving no additional renewals.

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Benefits to the system of care for CYSHCN will include but are not limited to:

- An increase in the participation of families with CYSHCN in planning and delivery of services in all programmatic areas, including the assessment of consumer satisfaction.
- Organizations working with communities will enhance their ability to provide quality health care and family support to CYSHCN.
- Integration of services.

According to the most recent National Survey of Children with Special Health Care Needs, NH has approximately 54,569 children with special health care needs. Through this survey, parents report that more than half of these children do not have a Medical Home, which is a physician, primary care provider, or clinic that is the recipient's source of preventive and primary care services, and one third report difficulty accessing services.

Should the Governor and Executive Council not authorize this request, approximately two thousand (2,000) children will be impacted. Scheduled nutrition consultations and child development clinics will be cancelled and follow-up visits will cease. Families will have to manage the coordination of health care, specialty services, and community services independently, potentially delaying needed treatment and services.

Area served: Statewide (Exception: Only Rockingham, Hillsborough, and Strafford County for the Healthcare Coordination Network services)

Source of Funds: 25% Federal Funds and 75% General Funds. (CFDA# 93.994; FAIN # B04MC29353.)

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

Respectfully submitted,

Jeffrey A. Meyers
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Healthcare Coordination, Comprehensive Nutrition and
Child Development Clinic Networks Contract

This 1st Amendment to the Healthcare Coordination, Comprehensive Nutrition and Child Development Clinic Networks contract (hereinafter referred to as "Amendment #1") dated this 11th day of February, 2019, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Manchester Community Health Center, (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 145 Hollis Street, Manchester, NH 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 19, 2017, (Item #13), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions Paragraph 3, the State may modify the scope of work and the payment schedule of the contract upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement and increase the price limitation with no change to the scope of services to support continued delivery of these services; and

WHEREAS, all terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #1 remain in full force and effect; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2021.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $4,536,050.

3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:

   Nathan D. White, Director.

4. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:

   603-271-9631.

5. Exhibit A-2, Scope of Services, Comprehensive Nutrition Network for Children and Youth with Special Health Care Needs, Section 6, Performance Measures, Subsection 6.1, Paragraph 6.1.4, to read:

   6.1.4. The Contractor shall provide a minimum of seven hundred and sixty-five (765) nutrition visits per year.

6. Exhibit A-3, Scope of Services, Healthcare Coordination Network, Section 1, Scope of Services, Subsection 1.1, to read:

   1.1. The Contractor shall ensure that intake, eligibility determination, and services are provided in Strafford, Rockingham, and Hillsborough Counties, in accordance with HE-M 520 which includes, but is not limited to, rules pertaining to:

   1.1.1. Application procedures.

   1.1.2. Eligibility guidelines.

   1.1.3. Financial guidelines.

   1.1.4. Waivers.

   1.1.5. Services provided.

   1.1.6. Appeals.

7. Add Exhibit B-7 – Amendment #1, Budget Sheet for SFY 2020.
8. Add Exhibit B-8 – Amendment #1, Budget Sheet for SFY 2021.
9. Add Exhibit B-9 – Amendment #1, Budget Sheet for SFY 2020.
10. Add Exhibit B-10 – Amendment #1, Budget Sheet for SFY 2021.
11. Add Exhibit B-11 – Amendment #1, Budget Sheet for SFY 2020.
12. Add Exhibit B-12 – Amendment #1, Budget Sheet for SFY 2021.
13. Add Exhibit K, DHHS Information Security Requirements.

The rest of this page left intentionally blank.

New Hampshire Department of Health and Human Services
Healthcare Coordination, Comprehensive Nutrition and
Child Development Clinic Networks

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

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

State of New Hampshire
Department of Health and Human Services

5-17-19
Date

Name: Deborah D. Scheetz
Title: Director

Manchester Community Health Center

5/14/19
Date

Name: Janet Langlois
Title: CFO

Acknowledgement of Contractor's signature:

State of New Hampshire County of Hillsborough May 14 2019 before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

KURT LAWLOR-JONES, Notary Public
State of New Hampshire
My Commission Expires October 17, 2023
Name and Title of Notary or Justice of the Peace

My Commission Expires: 10/17/2023

New Hampshire Department of Health and Human Services
Healthcare Coordination, Comprehensive Nutrition and
Child Development Clinic Networks

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

OFFICE OF THE ATTORNEY GENERAL

5/24/2019
Date

Name: Nancy J. Smith
Title: Asst Atty General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit B-7 - Amendment #1
Budget Sheet for SFY 2020

New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Child Development Clinic Network

Budget Period: 7/1/19-6/30/20

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 188,685.00	$ -	$ 188,685.00	$ -	$ -	$ -	$ 188,685.00	$ -	$ 188,685.00
2. Employee Benefits	$ 57,383.00	$ -	$ 57,383.00	$ 1,671.00	$ -	$ 1,671.00	$ 55,712.00	$ -	$ 55,712.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational Materials, Tests, Journals	$ 3,150.00	$ -	$ 3,150.00	$ -	$ -	$ -	$ 3,150.00	$ -	$ 3,150.00
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
6. Travel	$ 1,200.00	$ -	$ 1,200.00	$ -	$ -	$ -	$ 1,200.00	$ -	$ 1,200.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 1,200.00	$ -	$ 1,200.00	$ -	$ -	$ -	$ 1,200.00	$ -	$ 1,200.00
Postage	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -	$ 500.00	$ -	$ 500.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Psychologists	$ 76,317.00	$ -	$ 76,317.00	$ -	$ -	$ -	$ 76,317.00	$ -	$ 76,317.00
Developmental Pediatricians	$ 91,779.00	$ -	$ 91,779.00	$ 8,170.00	$ -	$ 8,170.00	$ 83,609.00	$ -	$ 83,609.00
Developmental Pediatrician Travel	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -	$ 500.00	$ -	$ 500.00
Allied Health Professionals	$ 10,290.00	$ -	$ 10,290.00	$ -	$ -	$ -	$ 10,290.00	$ -	$ 10,290.00
Interpreters	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Community Relations/COP Network Meetings	$ 850.00	$ -	$ 850.00	$ -	$ -	$ -	$ 850.00	$ -	$ 850.00
Information Technology	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Central NH VNA & Hospice	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Dartmouth Hitchcock Clinic	$ 10,000.00	$ -	$ 10,000.00	$ -	$ -	$ -	$ 10,000.00	$ -	$ 10,000.00
Elliot Professional Services Network	$ 44,037.00	$ -	$ 44,037.00	$ -	$ -	$ -	$ 44,037.00	$ -	$ 44,037.00
Weeks Medical Center	$ 47,550.00	$ -	$ 47,550.00	$ -	$ -	$ -	$ 47,550.00	$ -	$ 47,550.00
Laconia Psychologists (Joseph T. Keenan, Ph.D	$ 21,600.00	$ -	$ 21,600.00	$ -	$ -	$ -	$ 21,600.00	$ -	$ 21,600.00
Community Partners	$ 10,000.00	$ -	$ 10,000.00	$ -	$ -	$ -	$ 10,000.00	$ -	$ 10,000.00
Dues and Fees	$ 245.00	$ -	$ 245.00	$ 245.00	$ -	$ 245.00	$ -	$ -	$ -
Space Allocation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Administrative Fee	$ -	$ 90,357.00	$ 90,357.00	$ -	$ 34,557.00	$ 34,557.00	$ -	$ 55,800.00	$ 55,800.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 558,286.00	$ 90,357.00	$ 858,643.00	$ 10,086.00	$ 34,557.00	$ 44,643.00	$ 558,200.00	$ 55,800.00	$ 614,000.00

Indirect As A Percent of Direct 15.90%

Contractor Initials
Date 5/14/19

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Exhibit B-8 - Amendment #1
Budget Sheet for SFY 2021

New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Child Development Clinic Network

Budget Period: 7/1/20-6/30/21

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 191,597.00	$ -	$ 191,597.00	$ -	$ -	$ -	$ 191,597.00	$ -	$ 191,597.00
2. Employee Benefits	$ 58,282.00	$ -	$ 58,282.00	$ 2,002.00	$ -	$ 2,002.00	$ 56,280.00	$ -	$ 56,280.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational Materials, Tests, Journals	$ 3,150.00	$ -	$ 3,150.00	$ -	$ -	$ -	$ 3,150.00	$ -	$ 3,150.00
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 1,800.00	$ -	$ 1,800.00	$ -	$ -	$ -	$ 1,800.00	$ -	$ 1,800.00
6. Travel	$ 1,400.00	$ -	$ 1,400.00	$ -	$ -	$ -	$ 1,400.00	$ -	$ 1,400.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 1,900.00	$ -	$ 1,900.00	$ -	$ -	$ -	$ 1,900.00	$ -	$ 1,900.00
Postage	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 600.00	$ -	$ 600.00	$ -	$ -	$ -	$ 600.00	$ -	$ 600.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Psychologists	$ 76,317.00	$ -	$ 76,317.00	$ -	$ -	$ -	$ 76,317.00	$ -	$ 76,317.00
Developmental Pediatricians	$ 93,159.00	$ -	$ 93,159.00	$ 9,680.00	$ -	$ 9,680.00	$ 83,479.00	$ -	$ 83,479.00
Developmental Pediatrician Travel	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Allied Health Professionals	$ 10,290.00	$ -	$ 10,290.00	$ -	$ -	$ -	$ 10,290.00	$ -	$ 10,290.00
Interpreters	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Community Relations/CDP Network Meetings	$ 850.00	$ -	$ 850.00	$ -	$ -	$ -	$ 850.00	$ -	$ 850.00
Information Technology	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Central NH VNA & Hospice	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Dartmouth Hitchcock Clinic	$ 10,000.00	$ -	$ 10,000.00	$ -	$ -	$ -	$ 10,000.00	$ -	$ 10,000.00
Elliot Professional Services Network	$ 44,037.00	$ -	$ 44,037.00	$ -	$ -	$ -	$ 44,037.00	$ -	$ 44,037.00
Weeks Medical Center	$ 47,550.00	$ -	$ 47,550.00	$ -	$ -	$ -	$ 47,550.00	$ -	$ 47,550.00
Laconia Psychologists (Joseph T. Keenan, Ph.	$ 21,600.00	$ -	$ 21,600.00	$ -	$ -	$ -	$ 21,600.00	$ -	$ 21,600.00
Community Partners	$ 10,000.00	$ -	$ 10,000.00	$ -	$ -	$ -	$ 10,000.00	$ -	$ 10,000.00
Dues and Fees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Space Allocation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Administrative Fee	$ -	$ 91,478.00	$ 91,478.00	$ -	$ 35,128.00	$ 35,128.00	$ -	$ 56,350.00	$ 56,350.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 575,332.00	$ 91,478.00	$ 666,810.00	$ 11,682.00	$ 35,128.00	$ 46,810.00	$ 563,650.00	$ 56,350.00	$ 620,000.00

Indirect As A Percent of Direct 15.90%

Contractor Initials JL
Date 5/14/19

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New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Comprehensive Nutrition Network for Children and Youth With Special Healthcare Needs

Budget Period: 7/1/19-6/30/20

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 120,768.00	$ -	$ 120,768.00	$ -	$ -	$ -	$ 120,768.00	$ -	$ 120,768.00
2. Employee Benefits	$ 24,709.00	$ -	$ 24,709.00	$ -	$ -	$ -	$ 24,709.00	$ -	$ 24,709.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 600.00	$ -	$ 600.00	$ -	$ -	$ -	$ 600.00	$ -	$ 600.00
6. Travel	$ 300.00	$ -	$ 300.00	$ -	$ -	$ -	$ 300.00	$ -	$ 300.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ 200.00	$ -	$ 200.00	$ -	$ -	$ -	$ 200.00	$ -	$ 200.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 200.00	$ -	$ 200.00	$ -	$ -	$ -	$ 200.00	$ -	$ 200.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Patient Visits	$ 152,252.00	$ -	$ 152,252.00	$ 52,802.00	$ -	$ 52,802.00	$ 99,450.00	$ -	$ 99,450.00
Travel for Patient Visits	$ 5,250.00	$ -	$ 5,250.00	$ -	$ -	$ -	$ 5,250.00	$ -	$ 5,250.00
Community Outreach	$ 200.00	$ -	$ 200.00	$ -	$ -	$ -	$ 200.00	$ -	$ 200.00
North Country Stipend	$ 825.00	$ -	$ 825.00	$ -	$ -	$ -	$ 825.00	$ -	$ 825.00
Regional Nutritionists Training	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
Cultural/Linguistic Support	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Space Allocation	$ 8,059.00	$ -	$ 8,059.00	$ 8,059.00	$ -	$ 8,059.00	$ -	$ -	$ -
Administrative Fee	$ -	$ 49,338.00	$ 49,338.00	$ -	$ 18,840.00	$ 18,840.00	$ -	$ 32,498.00	$ 32,498.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 318,383.00	$ 49,338.00	$ 387,701.00	$ 60,861.00	$ 18,840.00	$ 77,701.00	$ 257,522.00	$ 32,498.00	$ 290,000.00

Indirect As A Percent of Direct 15.50%

Contractor Initials J.L.
Date 5/14/19

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Exhibit B-10 - Amendment #1
Budget Sheet for SFY 2021

New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Comprehensive Nutrition Network for Children and Youth With Special Healthcare Needs

Budget Period: 7/1/20-6/30/21

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 122,703.00	$ -	$ 122,703.00	$ -	$ -	$ -	$ 122,703.00	$ -	$ 122,703.00
2. Employee Benefits	$ 25,105.00	$ -	$ 25,105.00	$ -	$ -	$ -	$ 25,105.00	$ -	$ 25,105.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 600.00	$ -	$ 600.00	$ -	$ -	$ -	$ 600.00	$ -	$ 600.00
6. Travel	$ 300.00	$ -	$ 300.00	$ -	$ -	$ -	$ 300.00	$ -	$ 300.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ 200.00	$ -	$ 200.00	$ -	$ -	$ -	$ 200.00	$ -	$ 200.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 200.00	$ -	$ 200.00	$ -	$ -	$ -	$ 200.00	$ -	$ 200.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Patient Visits and Travel	$ 152,484.00	$ -	$ 152,484.00	$ 53,034.00	$ -	$ 53,034.00	$ 99,450.00	$ -	$ 99,450.00
Travel for Patient Visits	$ 5,250.00	$ -	$ 5,250.00	$ -	$ -	$ -	$ 5,250.00	$ -	$ 5,250.00
Community Outreach	$ 200.00	$ -	$ 200.00	$ -	$ -	$ -	$ 200.00	$ -	$ 200.00
North Country Stipend	$ 825.00	$ -	$ 825.00	$ -	$ -	$ -	$ 825.00	$ -	$ 825.00
Regional Nutritionists Training	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
Cultural/Linguistic Support	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Space Allocation	$ 8,059.00	$ -	$ 8,059.00	$ 8,059.00	$ -	$ 8,059.00	$ -	$ -	$ -
Administrative Fee	$ -	$ 49,748.00	$ 49,748.00	$ -	$ 19,579.00	$ 19,579.00	$ -	$ 30,167.00	$ 30,167.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 320,926.00	$ 49,748.00	$ 370,672.00	$ 61,093.00	$ 19,579.00	$ 80,672.00	$ 259,833.00	$ 30,167.00	$ 290,000.00
Indirect As A Percent of Direct		15.50%							

Contractor Initials JL
Date 5/14/19

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Exhibit B-11 - Amendment #1
Budget Sheet for SFY 2020

New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Healthcare Coordination Network

Budget Period: 7/1/19-6/30/20

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 189,398.00	$ -	$ 189,398.00	$ -	$ -	$ -	$ 189,398.00	$ -	$ 189,398.00
2. Employee Benefits	$ 38,751.00	$ -	$ 38,751.00	$ -	$ -	$ -	$ 38,751.00	$ -	$ 38,751.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 700.00	$ -	$ 700.00	$ -	$ -	$ -	$ 700.00	$ -	$ 700.00
6. Travel	$ 5,500.00	$ -	$ 5,500.00	$ -	$ -	$ -	$ 5,500.00	$ -	$ 5,500.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 1,200.00	$ -	$ 1,200.00	$ -	$ -	$ -	$ 1,200.00	$ -	$ 1,200.00
Postage	$ 265.00	$ -	$ 265.00	$ -	$ -	$ -	$ 265.00	$ -	$ 265.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 275.00	$ -	$ 275.00	$ -	$ -	$ -	$ 275.00	$ -	$ 275.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Cultural/Linguistic Support	$ 400.00	$ -	$ 400.00	$ -	$ -	$ -	$ 400.00	$ -	$ 400.00
Parent Support and Eduction	$ 150.00	$ -	$ 150.00	$ -	$ -	$ -	$ 150.00	$ -	$ 150.00
Team Meetings	$ 125.00	$ -	$ 125.00	$ -	$ -	$ -	$ 125.00	$ -	$ 125.00
Information Technology	$ 750.00	$ -	$ 750.00	$ -	$ -	$ -	$ 750.00	$ -	$ 750.00
Space Allocation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Administrative Fee	$ -	$ 37,785.00	$ 37,785.00	$ -	$ 279.00	$ 279.00	$ -	$ 37,486.00	$ 37,486.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 237,514.00	$ 37,785.00	$ 275,279.00	$ -	$ 279.00	$ 279.00	$ 237,514.00	$ 37,486.00	$ 275,000.00

Indirect As A Percent of Direct 15.90%

Contractor Initials
Date 5/14/19

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Exhibit B-12 - Amendment #1
Budget Sheet SFY 2021

New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Healthcare Coordination Network

Budget Period: 7/1/20-6/30/21

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 193,004.00	$ -	$ 193,004.00	$ -	$ -	$ -	$ 193,004.00	$ -	$ 193,004.00
2. Employee Benefits	$ 39,489.00	$ -	$ 39,489.00	$ -	$ -	$ -	$ 39,489.00	$ -	$ 39,489.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 700.00	$ -	$ 700.00	$ -	$ -	$ -	$ 700.00	$ -	$ 700.00
6. Travel	$ 5,500.00	$ -	$ 5,500.00	$ -	$ -	$ -	$ 5,500.00	$ -	$ 5,500.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 1,200.00	$ -	$ 1,200.00	$ -	$ -	$ -	$ 1,200.00	$ -	$ 1,200.00
Postage	$ 265.00	$ -	$ 265.00	$ -	$ -	$ -	$ 265.00	$ -	$ 265.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 275.00	$ -	$ 275.00	$ -	$ -	$ -	$ 275.00	$ -	$ 275.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Cultural/Linguistic Support	$ 400.00	$ -	$ 400.00	$ -	$ -	$ -	$ 400.00	$ -	$ 400.00
Parent Support and Eduction	$ 150.00	$ -	$ 150.00	$ -	$ -	$ -	$ 150.00	$ -	$ 150.00
Team Meetings	$ 125.00	$ -	$ 125.00	$ -	$ -	$ -	$ 125.00	$ -	$ 125.00
Information Technology	$ 750.00	$ -	$ 750.00	$ -	$ -	$ -	$ 750.00	$ -	$ 750.00
Space Allocation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Administrative Fee	$ -	$ 38,455.00	$ 38,455.00	$ -	$ 313.00	$ 313.00	$ -	$ 38,142.00	$ 38,142.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 241,858.00	$ 38,455.00	$ 280,313.00	$ -	$ 313.00	$ 313.00	$ 241,858.00	$ 38,142.00	$ 280,000.00

Indirect As A Percent of Direct 15.90%

Contractor Initials
Date 5/19/19

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

2. The Contractor must not disclose any Confidential Information in response to a

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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.

10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).

11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.

2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.

4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2

5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

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

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

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

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

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

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

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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13 MAC

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID SERVICES
Bureau of Developmental Services

Jeffrey A. Meyers
Commissioner

Christine Santaniello
Director

105 PLEASANT STREET, CONCORD, NH 03301
603-271-5023 1-800-852-3345 Ext. 5034
Fax: 603-271-5166 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

June 15, 2017

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Bureau of Developmental Services, to enter into a **retroactive** agreement with Manchester Community Health Center, Vendor #157274, 145 Hollis Street, Manchester, NH 03101, in an amount not to exceed $2,167,050.00 to provide services that assure timely access to comprehensive pediatric interdisciplinary developmental assessments, community based nutrition services, and to effectively coordinate primary, specialty, and community care services for children and youth, birth through age twenty-one (21), with special health care needs, retroactive to July 1, 2017, effective upon Governor and Council approval, through June 30, 2019. 30% Federal Funds, 70% General Funds.

Funds are anticipated to be available in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

05-95-93-930010-5191 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF DEVELOPMENTAL SERVICES, DIVISION OF DEVELOPMENTAL SERVICES, SPECIAL MEDICAL SERVICES

Comprehensive Nutrition Network

SFY	Class/Account	Class Title	Job Number	Total Amount
2018	562-500912	CSHCN Assistance	93001000	$266,525.00
2019	562-500912	CSHCN Assistance	93001000	$266,525.00
			Sub Total	***$533,050.00***

Child Development Clinic Network

SFY	Class/Account	Class Title	Job Number	Total Amount
2018	561-500911	Specialty Clinics	93001000	$600,000.00
2019	561-500911	Specialty Clinics	93001000	$600,000.00
			Sub Total	***$1,200,000.00***

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Healthcare Coordination Network

SFY	Class/Account	Class Title	Job Number	Total Amount
2018	561-500911	Specialty Clinics	93001000	$217,000.00
2019	561-500911	Specialty Clinics	93001000	$217,000.00
			Sub Total	***$434,000.00***
			Total	***$2,167,050.00***

EXPLANATION

This request is **retroactive** because the contract review and approval process took longer than anticipated.

Funds for this agreement will be used to meet three (3) purposes:

1. COMPREHENSIVE NUTRITION NETWORK The first purpose is for the provision of community-based nutrition services for children and youth, birth through age twenty-one (21), with special health care needs which requires the provision of a Comprehensive Nutrition Network (CNN). Network services include, but are not limited to the identification, training, and oversight of staff, intake and eligibility determination, and completion of community based consultations for Children and Youth with Special Health Care Needs (CYSHCN).

2. CHILD DEVELOPMENT CLINIC NETWORK The second purpose is to assure timely access to comprehensive pediatric interdisciplinary developmental assessments for children, from birth to age seven (7) for whom developmental concerns have been identified. This will particularly address the needs of children whose access to appropriate care is hindered by economic, cultural, linguistic, lack of provider adequacy, or other social/structural barriers.

3. HEALTHCARE COORDINATION NETWORK The third purpose is to effectively coordinate primary, specialty, and community care services for CYSHCN. This comprehensive coordination will incorporate family-centered care, increase the accessibility of pediatric specialty care, and improve health outcomes.

Benefits to the system of care for CYSHCN will include but are not limited to:

- An increase in the participation of families with CYSHCN in planning and delivery of services in all programmatic areas, including the assessment of consumer satisfaction.
- Organizations working with communities will enhance their ability to provide quality health care and family support to CYSHCN.
- Integration of services.

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According to the most recent National Survey of Children with Special Health Care Needs, NH has approximately 54,569 children with special health care needs. Through this survey, parents report that more than half of these children do not have a Medical Home, which is a physician, primary care provider, or clinic that is the recipient's source of preventive and primary care services, and one third report difficulty accessing services.

Manchester Community Health Center was selected for this project through a competitive bid process. Three (3) Request for Proposals were posted on The Department of Health and Human Services' web site from March 3, 2017 through April 3, 2017 for three (3) different services, outlined above. The Department received one (1) proposal per RFP, all from Manchester Community Health Center. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Scoring Summaries are attached.

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

Should the Governor and Executive Council not authorize this request, approximately two thousand children will be impacted. Scheduled nutrition consultations and child development clinics will be cancelled and follow-up visits will cease. Families will have to manage the coordination of health care, specialty services, and community services independently, potentially delaying needed treatment and services.

Area served: Rockingham, Hillsborough, and Strafford County

Source of Funds: 30% Federal Funds and 70% General Funds. (CFDA# 93.994; FAIN # B04MC29353.)

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

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Respectfully submitted,

Christine Santaniello
Bureau of Developmental Services
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

Child Development Clinic Network
RFP Name

RFP-2018-BDS-03-CHILD
RFP Number

Bidder Name	Pass/Fail	Maximum Points	Actual Points
1. Manchester Community Health Center		150	115
2. 0		150	0
3. 0		150	0
4. 0		150	0

Reviewer Names

1. Sue Moore, SMS program Director
2. Chris Santaniello, BDS Director
3. Dee Dunn Tierney, SMS Family Support Administrator
4. Paula Bundy
5. Tanja Milic
6.

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

Comprehensive Nutrition Network for Children and Youth with Special Healthcare Needs
RFP Name

RFP-2018-BDS-04-COMPR
RFP Number

Bidder Name	Pass/Fail	Maximum Points	Actual Points
1. Manchester Community Health Center		150	138
2. 0		150	0
3. 0		150	0
4. 0		150	0

Reviewer Names

1. Sue Moore, SMS Program Manager
2. Chris Santaniello, BDS Director
3. Dee Dunn Tierney, SMS Family Support Administrator
4. Tanja Milic
5. Paula Bundy
6.

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

Healthcare Coordination Network
RFP Name

RFP-2018-BDS-02-HEALT
RFP Number

Bidder Name	Pass/Fail	Maximum Points	Actual Points
1. Manchester Community Health Center		150	129
2. 0		150	0
3. 0		150	0
4. 0		150	0

Reviewer Names

1. Dee Dunn Tierney, SMS Family Support Administrator (Tech)
2. Sue Moore, SMS Program Mgr (Tech)
3. Lorene Reagan (Tech)
4. Paula Bundy (Cost)
5. Tanja Milic (Cost)
6.

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY
27 Hazen Dr., Concord, NH 03301
Fax: 603-271-1516 TDD Access: 1-800-735-2964
www.nh.gov/doit

Denis Goulet
Commissioner

June 20, 2017

Jeffrey A. Meyers, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

Dear Commissioner Meyers:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a **retroactive** agreement with Manchester Community Health Center of Manchester, NH as described below and referenced as DoIT No. 2017-075.

> The Department of Health and Human Services, Bureau of Developmental Services, requests to enter into a retroactive agreement that assures timely access to community-based nutrition services for children and youth through the provision of a Comprehensive Nutrition Network (CNN) and community based consultations for Children and Youth with Special Health Care Needs (CYSHCN). Manchester Community Health Center will also provide comprehensive pediatric interdisciplinary developmental assessments for children and will coordinate primary, specialty and community care services for CYSHCN.
>
> The amount of the contract is not to exceed $2,167,050.00, and shall become effective retroactive to July 1, 2017, effective upon Governor and Executive Council approval, through June 30, 2019.

A copy of this letter should accompany the Department of Health and Human Services' submission to the Governor and Executive Council for approval.

Sincerely,

Denis Goulet

DG/kaf
DoIT #2017-075

cc: Bruce Smith, IT Manager,

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FORM NUMBER P-37 (version 5/8/15)

Subject: Healthcase Coordination, Comprehensive Nutrition, and Child Development Clinic Networks (RFP-2018-BDS-02-HEALT)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Manchester Community Health Center		1.4 Contractor Address 145 Hollis Street Manchester, NH 03101	
1.5 Contractor Phone Number 603-296-9228	1.6 Account Number 05-95-93-930010-5191-561-500311 / 05-95-93-930010-5191-562-500912	1.7 Completion Date 6/30/2019	1.8 Price Limitation $2,167,050.00
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature		1.12 Name and Title of Contractor Signatory Kris McCracken, President/CEO	

1.13 Acknowledgement: State of New Hampshire, County of Hillsborough

On June 2, 2017, 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] Sarah Gibson

SARAH E. GIBSON MY COMMISSION EXPIRES SEPT. 7, 2021 NOTARY PUBLIC NEW HAMPSHIRE

1.13.2 Name and Title of Notary or Justice of the Peace

Sarah Gibson, Notary Public

1.14 State Agency Signature Christine Santaniello Date: 6/16/17	1.15 Name and Title of State Agency Signatory Christine Santaniello, BDS Director

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: Megan A. Yeh, Attorney On: 6/27/17

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

Contractor Initials MC
Date 6/12/17

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 $1,000,000per 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.

Contractor Initials KMC
Date 6/2/17

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.

Contractor Initials KN
Date 6/2/17

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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. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30,2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 and SFY 2020-2021 biennia.

2. Information Security Requirements Applicable to All Services

2.1. The Contractor shall sign and comply with any and all system access policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system. This will be completed prior to system access being authorized, and on a regular basis as requested by the Department.

2.2. The Contractor shall maintain proper security and privacy controls on its systems used to connect to the NH State network and systems according to applicable federal, state, and local regulations and aligned with industry standards and best practices including but not limited to CMS Federal regulations, HIPAA/HITECH, RSA 359c.

2.3. The Contractor shall ensure the safe and secure management of vulnerabilities through recurring practice of identifying, classifying, remediating, and mitigating threats.

2.4. The Contractor shall develop, maintain, and follow procedures to ensure that data is protected throughout its entire information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

2.5. The Contractor shall provide to the Department, on an annual basis, a written attestation of HIPAA security compliance, which will demonstrate proper operational security and privacy controls, policies, and procedures are in place and maintained within their organization and any applicable sub-contractors.

2.6. The Contractor shall provide a documented process for securely disposing of data, data storage hardware, and or media; and will obtain written certification for any State data destroyed by the vendor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations.

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2.7. The Contractor shall render electronic media containing Department data unrecoverable when no longer in use via a secure wipe program in accordance with industry-accepted standards for secure deletion, or otherwise physically destroying the media (for example, degaussing).

2.8. The Contractor may be required to provide additional documentation when using third party service providers to create, collect, access, transmit, or store State of New Hampshire data.

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Scope of Services

Child Development Clinic Network

1. Scope of Services

1.1. The Contractor shall provide services to children (from birth to age seven (7)) who have been identified with a developmental concern or delay and need a diagnostic evaluation, with an emphasis on services for children who:

1.1.1. Do not have timely access to diagnostic services from other sources.

1.1.2. Do not have health insurance.

1.1.3. Have conditions requiring a comprehensive team approach for an adequate evaluation.

1.1.4. Are medically fragile or have complex medical needs.

1.2. The Contractor shall accept all referrals and collect health records as well as educational, developmental, and family information to determine eligibility for the Child Development Clinics.

1.3. The Contractor shall identify developmental pediatrician(s), community-based psychologists, allied health providers, and local coordinators to participate as members of the interdisciplinary team performing child assessments. This team will also participate in the development of a plan of care for the child.

1.4. The Contractor shall provide interdisciplinary specialty care, the purpose of which is to coordinate and collaborate across professional disciplines to provide comprehensive medical evaluations and treatment.

1.5. The Contractor shall oversee the Regional Child Development Team(s) whose activities will include, but are not limited to:

1.5.1. Intake.

1.5.2. Triage.

1.5.3. Consultation.

1.5.4. Diagnostic evaluation.

1.6. The Contractor shall ensure a Clinic Coordinator will support the family by:

1.6.1. Assisting the family during the interdisciplinary team evaluation.

1.6.2. Planning the clinical session from the time of initial referral to the satisfactory completion of all evaluations and assessments.

1.6.3. Being available to make home visits, office visits, on-site visits, and/or at community agencies.

1.6.4. Attending school meetings when requested by parents.

1.7. The Contractor shall ensure the Clinic Coordinator will conduct an assessment of the child's needs and assist the family with identifying and gaining access to needed medical, social, educational, or other services.

1.8. The Contractor shall ensure a Regional Child Development Coordinator (RCDC) will assume the responsibility for coordinating efforts for children with existing specialty

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medical team clinics.. The RCDC will meet quarterly with the State designee, and coordinate activities with other State-funded projects providing case management to the children in the program.

1.9. The Contractor shall ensure the treatment team works with the family or guardian to develop a plan of care for the child. The individual plan for community-based services must specify the type of services required, the individual responsible for delivering specific services, and their frequency and duration. Incorporated into that plan is the indication of how follow-up, monitoring, and reassessment are to occur.

1.10. The Contractor shall plan and coordinate Child Development Network Meetings at least once a year to convene all interdisciplinary team members. Meetings will provide an opportunity to review diagnostic processes, evidence-based practices, barriers, and problem solving.

1.11. The Contractor shall consult with the Department regarding planning, resource location and coordination of community-based services.

1.12. The Contractor shall collaborate with area agencies in providing care including, but not limited to:

1.12.1. Early Supports and Services.

1.12.2. Preschool special education providers.

1.12.3. Child care programs.

1.12.4. Head Start and Early Head Start.

1.12.5. Area agencies.

1.12.6. Community health centers.

1.12.7. Community mental health centers.

1.12.8. Primary care providers.

1.12.9. Allied health professionals.

1.12.10. Medical specialists.

1.12.11. Parent support/ advocacy groups.

1.13. The Contractor shall attend activities as assigned by the Administrator or designee of the Department.

1.14. The Contractor may be required to attend pertinent technical assistance sessions or progress reviews sponsored by the Department.

2. Staffing

2.1. The Contractor shall establish and maintain program personnel policies and procedures. These policies include, but are not limited to:

2.1.1. Selection and dismissal of staff, volunteers and others;

2.1.2. Delivering or coordinating services under the provider's direction;

2.1.3. Procedures for verifying staff/volunteer qualifications; and,

2.1.4. Program and personnel policies and procedures will be accessible and available to all agency staff and Special Medical Services.

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2.2. The Contractor shall employ Clinic Coordinators whose qualifications include, but are not limited to:

2.2.1. Registered Nurse with an active NH Nursing License and at least two (2) years of experience in care coordination or clinic coordination serving CYSHCN; or

2.2.2. Licensed Social Worker with at least two (2) years of experience in care coordination or clinic coordination serving CYSHCN; or

2.2.3. Early Childhood Educator with at least two (2) years of experience working with families and young children; or

2.2.4. Parent Professional with at least two (2) years of experience working with families of children in a Family Navigator or coordinator role.

2.3. The Contractor shall employ Developmental Pediatricians whose qualifications include, but are not limited to:

2.3.1. Licensed by the State of New Hampshire, Board of Registration in Medicine.

2.3.2. Have completed fellowship training in child development, developmental disabilities, rehabilitative medicine, or have equivalent training and experience.

2.3.3. Have at least five (5) years of experience working with families who have children with developmental issues and/or birth defects in a clinical setting.

2.3.4. Have demonstrated strong interpersonal skills in communication with primary care physicians, local early intervention and education agencies, allied health professionals, and families.

2.3.5. Able to work with children and other health professionals within a interdisciplinary framework.

2.3.6. Able and willing to travel within the region on assignment.

2.3.7. Familiarity with standardized cognitive assessments and their applicability to children with specific disabilities.

2.4. The Contractor shall employ Community-Based Psychologists whose qualifications include, but are not limited to:

2.4.1. Being licensed by the New Hampshire Board of Examiners of Psychologists as a certified psychologist.

2.4.2. Possessing a Doctorate degree from a recognized college or university with a major emphasis in child psychology.

2.4.3. Having knowledge of the principles and practices of developmental and child psychology that are required for assessment and treatment of infants and young children, birth to seven (7) years of age. This includes, but is not limited to:

2.4.3.1. Skill in behavioral observation.

2.4.3.2. Psychological testing (cognitive functioning).

2.4.3.3. Scoring and interpretation.

2.4.3.4. Consultation and counseling.

2.4.4. Having ten (10) years of experience in child psychology, three (3) of which should be serving high-risk infants, young children, and their families within a family/developmental context.

2.4.5. Being able to work with children and other health professionals within a interdisciplinary framework.

2.4.6. Being able and willing to travel within the region on assignment.

2.4.7. Working under the leadership of, and taking clinical direction from the Developmental Pediatrician at the Regional Project Site.

2.5. The Contractor may employ professionals and paraprofessionals to assist Clinic Coordinators in providing services which may include, but are not limited to:

2.5.1. Specialty physicians.

2.5.2. Therapists.

2.5.3. Family support workers.

2.5.4. Community aides.

2.5.5. Experienced parents.

2.6. The Contractor shall ensure that paraprofessionals receive appropriate training and work in collaboration with, and under the supervision of professional staff.

2.7. The Contractor shall recruit for all positions in the event of a vacancy in any of the positions.

2.7.1. The Department will maintain final approval in the selection process.

2.7.2. The Department retains the right to reorganize services in the event of a vacancy to ensure continuity of service delivery.

3. Reporting

3.1. The Contractor shall provide monthly reports using the Department form, which include, but are not limited to:

3.1.1. The unduplicated number and demographic characteristics of each client receiving services, and insurance status.

3.1.2. Any problems, obstacles, or hindrances experienced during the previous month with a plan to address the problems, obstacles, or hindrances in the following month.

3.2. The Contractor shall provide annual reports using the Department template, which include, but are not limited to:

3.2.1. Quality assurance activities.

3.2.2. Progress made and efforts undertaken to meet goals and objectives for each activity or service funded in quantitative terms, including statistical measures for evaluating successful outcomes.

3.2.3. Overall progress and statistical information.

3.2.4. Program effectiveness.

3.2.5. Future plans or goals.

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3.3. The Contractor shall document members of the interdisciplinary team present at all team evaluations, consultation/TA meetings, and/or record reviews, on the approved Encounter Form. This will include each team member's name and their agency affiliation.

3.4. The Contractor shall document family involvement by count of face-to-face encounters with family members.

3.5. The Contractor shall submit a separate statistical monthly report and encounter form which includes, but is not limited to:

3.5.1. Application for all children receiving services.

3.5.2. Number of direct (hands-on) diagnostic evaluations performed with details about the complement of team members participating.

3.5.3. Number of evaluations performed by each team member.

3.5.4. Number of parent/school conferences held and who attended.

3.5.5. Number of outreach consultations to local MD's and method.

3.5.6. Consult/Technical Assistance/Education:

3.5.6.1. Number of consults provided and to whom.

3.5.6.2. Number of in-services/trainings/educational sessions presented to include topic/who presented/who attended (agency affiliation) and location.

3.5.7. Number of community planning meetings held including who attended (agency affiliation) and outcome.

4. Performance Measures

4.1. The Contractor shall ensure that the following performance indicators are achieved and monitored to measure the effectiveness of the agreement:

4.1.1. The Contractor shall document the date each referral for Child Development Clinic services was received and that outreach to the child's parent/caregivers was initiated within thirty (30) days.

4.1.2. The Contractor shall obtain a completed Department application for each child scheduled for Child Development Clinic services prior to any child receiving services.

4.1.3. The Contractor shall provide monthly and annual reports as indicated in Section 3, Reporting.

4.2. Annually, the Contractor shall develop and submit a corrective action plan to the Department for any performance measure that was not achieved.

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Scope of Services

Comprehensive Nutrition Network for Children and Youth with Special Health Care Needs

1. Scope of Services

1.1. The Contractor shall provide services to children and youth, from birth through age twenty-one (21), with special healthcare needs (CYSHCN) who have conditions requiring specialty nutrition consultation.

1.2. The Contractor shall provide community-based nutritional assessments, intervention, recommendations, and ongoing monitoring of the growth and health status of children accepted for services by the Comprehensive Nutrition Network (CNN) and the Department. The Contractor shall ensure:

1.2.1. Pediatric Dietitians that comprise the CNN are available for consultation and technical assistance to all Department community-based coordinators and clinic coordinators.

1.2.2. Nutrition Network Coordinators that comprise the CNN develop and maintain educational material, policies and procedures, training material, and an evaluation plan, as well as collaborate with other agencies as needed including, but not limited to:

1.2.2.1. New Hampshire Hospital for Children.

1.2.2.2. Dartmouth Hitchcock Medical Center TLC Program.

1.2.2.3. Complex Feeding Team Collaborative Program with Mass General Hospital.

1.2.3. Intake/Referral Coordinators that comprise the CNN perform data entry as needed, check health insurance statuses, guide the intake process, provide referrals, assign clinical caseloads, encourage participation in the evaluation plan, supervise the activities of all professional and support personnel, and assure that Dietitians associated with the CNN attend CNN Program/Training Meetings.

1.2.4. The Clinical Supervisor of the CNN oversees the reporting process and reviews notes from the Dietitians for completeness and accuracy.

1.2.5. The same individual may hold more than one of the roles designated above or one role may be held by a single individual to meet the needs of the program and plan of work.

1.3. The Contractor shall collaborate with other community-based agencies, including, but not limited to the Department Feeding and Swallowing Program, in order to ensure coordination of care, interagency referrals, and joint training and planning for shared clients.

1.4. The Contractor shall review and propose alternative means of service provision should there be an unmet need identified for a specific population of CYSHCN.

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2. Staffing

2.1. The Contractor shall notify the Department in writing within one (1) month of hire of when a new Pediatric Dietitian is hired to work in the program. A resume of the employee must accompany this notification.

2.2. The Contractor shall recruit for the position in the event of a vacancy in any of the positions.

2.2.1. The Department will maintain final approval in the selection process.

2.2.2. The Department retains the right to reorganize services in the event of a vacancy to ensure continuity of service delivery.

2.3. The Contractor shall make a request in writing to the Department before hiring new program personnel that do not meet the required staff qualifications. A waiver may be granted based on the need of the program and/or the individual's experience and education.

2.4. The Contractor shall ensure that all health professionals obtain and maintain a National Provider Identification (NPI) number and credentialing with Council for Affordable Quality Healthcare (CAQH).

2.5. The Contractor shall ensure that all Dietitians obtain, maintain, and provide documentation of a State of New Hampshire Dietetic License.

2.6. The Contractor shall ensure that all Dietitians have a Bachelor's degree in nutrition science, foods and nutrition, or home economics, or a Master's degree in nutrition science, nutrition education or public health nutrition, and current Registered Dietitian status in accordance with the Commission on Dietetic Registration of the American Dietetic Association.

2.7. The Contractor shall ensure that all Dietitians obtain, maintain, and provide documentation of professional liability insurance.

3. Reporting

3.1. The Contractor shall provide monthly reports using the Department form which include, but are not limited to:

3.1.1. The unduplicated number and demographic characteristics of each client receiving services, and insurance status.

3.1.2. Any problems, obstacles, or hindrances experienced during the previous month with a plan to address the problems, obstacles, or hindrances in the following month.

3.2. The Contractor shall provide annual reports using the Department template, which include, but are not limited to:

3.2.1. Quality assurance activities.

3.2.2. Progress made and efforts undertaken to meet goals and objectives for each activity or service funded in quantitative terms, including statistical measures for evaluating successful outcomes.

3.2.3. Overall progress toward program goals and supporting statistical information.

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3.2.4. Program effectiveness.

3.2.5. Future plans or goals.

3.2.6. Third-party reimbursement funding and progress toward greater financial independence.

3.2.7. Future plans or goals.

3.3. The Contractor shall ensure that data is inputted in a timely manner into the Department Database system. Additional information may be requested by the Department at any time during the contract period.

4. Billing and Sustainability

4.1. The Contractor shall coordinate a system integrating public and private funding to sustain the availability of specialized nutrition services to CYSHCN throughout the State which includes but is not limited to:

4.1.1. Developing and maintaining relationships with third-party insurance payers and public health funders.

4.1.2. Developing a system to negotiate and secure reimbursements for nutrition services, and serve as the paymaster for the established network of community-based providers' fee-for-service and training activities.

5. Definitions

5.1. **Children and youth with special healthcare needs (CYSHCN)** – Children and youth with special health care needs (CYSHCN) are defined as "...those who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally" (Maternal Child and Health Bureau (MCHB)). This includes children and youth ages birth to age twenty-one (21) with health conditions that:

5.1.1. Have a biologic, psychological, and/or cognitive basis;

5.1.2. Have lasted or are virtually certain to last for at least one year;

5.1.3. Result in limited function, activities or social roles in comparison with healthy age peers in general areas of physical, cognitive, emotional and social growth and development; and,

5.1.4. Who have a need for medical care and related services, physiological services, or educational services over and above the usual care for the child's age.

6. Performance Measures

6.1. The Contractor shall ensure that the following performance indicators are achieved and monitored to measure the effectiveness of the agreement:

6.1.1. Eighty percent (80%) of the families responding to the Department Biannual Survey shall report that the NFS program services have met all or most of their NFS related needs and goals.

6.1.2. NFS Program Family Satisfaction Surveys shall have a consistent minimum of eighty-five percent (85 %) satisfaction with services provided.

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6.1.3. Monthly and annual reports shall be completed as indicated in Section 3, Reporting.

6.1.4. The Contractor shall provide a minimum of seven hundred (700) nutrition visits per year.

6.2. Annually, the Contractor shall develop and submit a corrective action plan to the Department for any performance measure that was not achieved.

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Scope of Services

Healthcare Coordination Network

1. Scope of Services

1.1. The Contractor shall ensure that intake, eligibility determination, and services are provided in accordance with HE-M 520 which includes, but is not limited to, rules pertaining to:

1.1.1. Application procedures.

1.1.2. Eligibility guidelines.

1.1.3. Financial guidelines.

1.1.4. Waivers.

1.1.5. Services provided.

1.1.6. Appeals.

1.2. The Contractor shall ensure each child and youth from birth through age twenty-one (21) with special health care needs (CYSHCN) and their families that are assigned to the program has a family-centered plan of care for community-based services that includes, but is not limited to:

1.2.1. The type of services required.

1.2.2. The individuals responsible for specific services.

1.2.3. The frequency and duration of services.

1.2.4. Identification of plans which include, but are not limited to:

1.2.4.1. Follow-up.

1.2.4.2. Monitoring.

1.2.4.3. Reassessment.

1.3. The Contractor shall ensure that Health Care Coordinators:

1.3.1. Assume the overall responsibility for assisting the family in accessing services for the child through the development of a base of knowledge of appropriate health and social services in the community.

1.3.2. Take primary responsibility for establishing and coordinating the plan and management of community-based health care, and ensure continuity of care and follow-up for CYSHCN. Management includes, but is not limited to assessment, planning, implementation, and evaluation of health/medical services delivered.

1.3.3. Communicate and collaborate with agencies including, but not limited to:

1.3.3.1. Medical Homes.

1.3.3.2. Local care providers.

1.3.3.3. Schools.

1.3.3.4. Families.

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1.3.3.5. Local service agencies.

1.3.3.6. Medical teams in primary and specialty care.

1.3.3.7. Area agency case managers and Family Centered Early Support and Services (FCESS)staff.

1.3.3.8. Home care nursing agencies.

1.3.3.9. State agencies.

1.3.3.10. Mental health agencies.

1.3.3.11. Child Health Services.

1.3.4. Consult with the Department regarding planning, resource location, and coordination of community-based consultations, diagnostics, and care planning for individual cases.

1.3.5. Work collaboratively with other disciplines in identifying and meeting the physical, developmental, psychological, and emotional needs of CYSHCN.

1.3.6. Teach and counsel CYSHCN and their families about health conditions.

1.3.7. Develop parent/client information materials, including wellness and injury prevention recommendations.

1.3.8. Identify and utilize appropriate community resources to meet the needs of children and their families, and function as a liaison among the agency, the family, and the team.

1.3.9. Attend meetings and activities as assigned by the Department including, but not limited to:

1.3.9.1. Required Monthly Health Care Coordinator meetings which review information including, but not limited to:

1.3.9.1.1. Best practices.

1.3.9.1.2. Department processes.

1.3.9.1.3. Evidence-based practices.

1.3.9.1.4. Regional successes and challenges.

1.3.9.1.5. State-wide initiatives.

1.3.9.1.6. Program development.

1.3.9.1.7. Barriers, and problem solving.

1.3.9.2. Trainings including, but not limited to topics regarding:

1.3.9.2.1. Professional development.

1.3.9.2.2. Data training.

1.3.9.2.3. Collaboration opportunities.

1.3.9.2.4. Chronic health conditions.

1.3.9.2.5. Healthcare financing.

1.3.9.2.6. Supportive services.

1.4. The Contractor shall coordinate services with the Department which include, but are not limited to:

1.4.1. Coordinating efforts for CYSHCN who have community and health care teams.

1.4.2. Participating in the planning, development and evaluation of program goals and objectives in conjunction with Department staff including how best to respond to emerging issues identified by state agencies.

1.4.3. Developing, implementing, and revising quality assurance activities and standards.

1.4.4. Coordinating activities with other State-funded agencies providing case management, care coordination, family support services, and systems improvement for CYSHCN including, but not limited to:

1.4.4.1. Partners in Health.

1.4.4.2. Division of Behavioral Health's Community Mental Health Centers and Children's Behavioral Health Collaborative.

1.4.4.3. Bureau of Developmental Services' Area Agencies and Family Centered Early Supports and Services Agencies.

1.4.4.4. Family Support Programs.

1.4.4.5. NH Family Voices.

1.5. The Contractor shall collaborate with area agencies in providing care including, but not limited to:

1.5.1. Medical teams in primary and specialty care.

1.5.2. School teams.

1.5.3. Area agency case managers and FCESS staff.

1.5.4. Home care nursing agencies.

1.5.5. State agencies.

1.5.6. Mental health agencies.

1.5.7. Child Health Services.

1.6. The Contractor shall refer CYSHCN and their families to programs and grant sources as appropriate including, but not limited to:

1.6.1. Womenade.

1.6.2. Harry Alan Gregg Foundation.

1.6.3. Annie's Angels.

1.6.4. Community Action Programs whose offerings may include, but are not limited to:

1.6.4.1. WIC.

1.6.4.2. Utility payment assistance.

1.6.4.3. Fuel assistance.

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1.6.4.4. Weatherization programs.

1.6.5. Assistive Technology Services.

1.6.6. NH Family Voices.

1.6.7. Parent Information Center.

1.6.8. Partners in Health.

1.7. The Contractor shall provide focus groups to include CYSHCN and their families in order to improve quality and develop innovative initiatives.

1.8. The Contractor shall enter data into the Department database by the tenth (10th) of the month following a client encounter which shall include, but not be limited to:

1.8.1. Encounters care plans and assessments.

1.8.2. Progress notes.

1.8.3. Discharge information.

1.8.4. Intakes.

1.8.5. Complexity and Level of Care scores.

2. Staffing

2.1. The Contractor shall establish and maintain program personnel policies and procedures including, but not limited to:

2.1.1. Selection and dismissal of staff, volunteers and others;

2.1.2. Delivering or coordinating services under the provider's direction;

2.1.3. Procedures for supporting students/interns interested in working with CYSHCN;

2.1.4. Procedures for verifying staff, volunteer and student trainee/intern qualifications; and,

2.1.5. Program and personnel policies and procedures will be accessible and available to all agency staff and the Department.

2.2. The Contractor shall employ Health Care Coordinators whose qualifications include, but are not limited to:

2.2.1. Registered Nurse with a Master's or Bachelor's degree and two (2) years of experience in care coordination or working within community programs serving CYSHCN; or

2.2.2. Registered Nurse with an Associate's degree in nursing and four (4) years of experience in care coordination or working within community programs serving CYSHCN; or

2.2.3. Licensed Master Social Worker (LMSW) and one (1) year of experience in care coordination or within community programs serving CYSHCN; or

2.2.4. Licensed Social Worker with a Bachelor's degree and two (2) years of experience in care coordination or within community programs serving CYSHCN; or

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2.2.5. Early Childhood Educator with a Bachelor's degree and at least 2 (5) years of experience working with families and young children.

2.3. The Contractor shall recruit for the Health Care Coordinator position in the event of a vacancy in any of the positions.

2.3.1. The Department will maintain final approval in the selection process.

2.3.2. The Department retains the right to reorganize services in the event of a vacancy to ensure continuity of service delivery.

2.4. The Contractor shall notify the Department in writing at least one (1) week prior to the employee's start date when a new Health Care Coordinator is hired to work in the program. Information submitted with this notification shall include, but not be limited to:

2.4.1. Full name with middle initial.

2.4.2. Official start date.

2.4.3. Work phone number and email.

2.4.4. Resume.

2.5. The Contractor may employ professionals and paraprofessionals to assist Health Care Coordinators in providing services which may include, but are not limited to:

2.5.1. Specialty physicians.

2.5.2. Therapists.

2.5.3. Family support workers.

2.5.4. Community aides.

2.5.5. Experienced parents.

2.6. The Contractor shall ensure that paraprofessionals receive appropriate training and work in collaboration with, and under the supervision of, professional staff.

3. Reporting

3.1. The Contractor shall provide data for monthly reports using the Department format, which includes, but is not limited to:

3.1.1. The unduplicated number and demographic characteristics of each client receiving services, and insurance status monthly.

3.1.2. Any problems, obstacles, or hindrances experienced during the previous month, with a plan to address the problems, obstacles, or hindrances in the following month.

3.1.3. Assessment of client needs and individual goals, referrals, encounters, financial support, and progress notes.

3.2. The Contractor shall provide annual reports using the Department template, which include, but are not limited to:

3.2.1. Quality assurance activities.

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3.2.2. Progress made and efforts undertaken to meet goals and objectives for each activity or service funded in quantitative terms, including statistical measures for evaluating successful outcomes.

3.2.3. Overall progress toward program goals and supporting statistical information.

3.2.4. Program effectiveness.

3.2.5. Future plans or goals.

3.3. The Contractor shall ensure that data is inputted in a timely manner into the Department Database system. Additional information may be requested by the Department at any time during the contract period.

4. Definitions

4.1. **Children and youth with special healthcare needs (CYSHCN)** – Children and youth with special health care needs (CYSHCN) are defined as "...those who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally" (Maternal Child and Health Bureau (MCHB)). This includes children and youth ages birth to age twenty-one (21) with health conditions that:

4.1.1. Have a biologic, psychological, and/or cognitive basis;

4.1.2. Have lasted or are virtually certain to last for at least one year;

4.1.3. Result in limited function, activities or social roles in comparison with healthy age peers in general areas of physical, cognitive, emotional and social growth and development; and,

4.1.4. Who have a need for medical care and related services, physiological services, or educational services over and above the usual care for the child's age.

5. Performance Measures

5.1. The Contractor shall ensure that the following performance indicators are achieved and monitored to measure the effectiveness of the agreement:

5.1.1. The Contractor shall initiate contact with a child's parent/caregiver within thirty (30) days of the receipt of an application for intake or referral.

5.1.2. Audits of the encounter data in the Department database will demonstrate 100% compliance with guidance regarding transition readiness of youth and consistent with standards set for Level of Care/Complexity.

5.1.3. Monthly and annual reports as indicated in Section 3, Reporting.

5.2. Annually, the Contractor shall develop and submit a corrective action plan to the Department for any performance measure that was not achieved.

Exhibit B

Method and Conditions Precedent to Payment

1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.

   1.1. This contract is funded with funds from the U.S. Department of Health and Human Services, Maternal and Child Health Services Block Grant, CFDA #93.994 Federal Award Identification Number (FAIN), B04MC29353.

   - Federal Funds from the Child Health Services Block Grant
   - General Funds

   1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.

2) Payment for said services shall be made monthly as follows:

   2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.

   2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.

   2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.

   2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

   2.5. Invoices shall be mailed to:
   Department of Health and Human Services
   Special Medical Services
   129 Pleasant Street, Thayer Building
   Concord, NH 03301
   Email address: Robin.Hlobeczy@dhhs.nh.gov

   2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.

3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1
Budget for SFY 2018

New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Child Development Clinic Network

Budget Period: 7/1/17-6/30/18

	Total Program Cost			Contractor Share / Match			Funded by Other Sources		
Line Item	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	$ 131,054.00	$ -	$ 131,054.00	$ 4,368.00	$ -	$ 4,368.00	$ 126,686.00	$ -	$ 126,686.00
2. Employee Benefits	$ 24,900.00	$ -	$ 24,900.00	$ 829.00	$ -	$ 829.00	$ 24,071.00	$ -	$ 24,071.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational Materials, Tests, Journals	$ 850.00	$ -	$ 850.00	$ -	$ -	$ -	$ 850.00	$ -	$ 850.00
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 1,800.00	$ -	$ 1,800.00	$ -	$ -	$ -	$ 1,800.00	$ -	$ 1,800.00
6. Travel	$ 1,400.00	$ -	$ 1,400.00	$ -	$ -	$ -	$ 1,400.00	$ -	$ 1,400.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 2,140.00	$ -	$ 2,140.00	$ -	$ -	$ -	$ 2,140.00	$ -	$ 2,140.00
Postage	$ 900.00	$ -	$ 900.00	$ -	$ -	$ -	$ 900.00	$ -	$ 900.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 600.00	$ -	$ 600.00	$ -	$ -	$ -	$ 600.00	$ -	$ 600.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Psychologists	$ 98,042.00	$ -	$ 98,042.00	$ -	$ -	$ -	$ 98,042.00	$ -	$ 98,042.00
Developmental Pediatricians	$ 58,582.00	$ -	$ 58,582.00	$ -	$ -	$ -	$ 58,582.00	$ -	$ 58,582.00
Allied Health Professionals	$ 13,729.00	$ -	$ 13,729.00	$ -	$ -	$ -	$ 13,729.00	$ -	$ 13,729.00
Interpreters	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Community Relations/COP Network Meetings	$ 850.00	$ -	$ 850.00	$ -	$ -	$ -	$ 850.00	$ -	$ 850.00
Information Technology	$ 300.00	$ -	$ 300.00	$ -	$ -	$ -	$ 300.00	$ -	$ 300.00
Central NH VNA & Hospice	$ 56,930.00	$ -	$ 56,930.00	$ -	$ -	$ -	$ 56,930.00	$ -	$ 56,930.00
Dartmouth Hitchcock Clinic	$ 14,281.00	$ -	$ 14,281.00	$ -	$ -	$ -	$ 14,281.00	$ -	$ 14,281.00
Elliot Professional Services Network	$ 44,918.00	$ -	$ 44,918.00	$ -	$ -	$ -	$ 44,918.00	$ -	$ 44,918.00
Weeks Medical Center	$ 47,550.00	$ -	$ 47,550.00	$ -	$ -	$ -	$ 47,550.00	$ -	$ 47,550.00
Lacoma Psychologists (Joseph T. Keenan, Ph.	$ 21,000.00	$ -	$ 21,000.00	$ -	$ -	$ -	$ 21,000.00	$ -	$ 21,000.00
Community Partners	$ 10,000.00	$ -	$ 10,000.00	$ -	$ -	$ -	$ 10,000.00	$ -	$ 10,000.00
Space Allocation	$ -	$ 8,058.00	$ 8,058.00	$ -	$ 8,058.00	$ 8,058.00	$ -	$ -	$ -
Administrative Fee	$ -	$ 76,151.00	$ 76,151.00	$ -	$ 571.00	$ 571.00	$ -	$ 75,580.00	$ 75,580.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 829,817.00	$ 84,209.00	$ 913,026.00	$ 5,197.00	$ 8,629.00	$ 13,826.00	$ 824,620.00	$ 75,580.00	$ 900,200.00

Indirect As A Percent of Direct 15.80%

Contractor Initials KC
Date 6/2/17

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Exhibit B-2
Budget for SFY 2019

New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Child Development Clinic Network

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

Line Item	Total Program Cost: Direct Incremental	Total Program Cost: Indirect Fixed	Total Program Cost: Total	Contractor Share/Match: Direct Incremental	Contractor Share/Match: Indirect Fixed	Contractor Share/Match: Total	Funded by DHHS contract share: Direct Incremental	Funded by DHHS contract share: Indirect Fixed	Funded by DHHS contract share: Total
1. Total Salary/Wages	$ 133,006.00	$ -	$ 133,006.00	$ 4,456.00	$ -	$ 4,456.00	$ 129,208.00	$ -	$ 129,208.00
2. Employee Benefits	$ 25,397.00	$ -	$ 25,397.00	$ 847.00	$ -	$ 847.00	$ 24,550.00	$ -	$ 24,550.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational Materials, Tests, Journals	$ 850.00	$ -	$ 850.00	$ -	$ -	$ -	$ 850.00	$ -	$ 850.00
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 1,800.00	$ -	$ 1,800.00	$ -	$ -	$ -	$ 1,800.00	$ -	$ 1,800.00
6. Travel	$ 1,400.00	$ -	$ 1,400.00	$ -	$ -	$ -	$ 1,400.00	$ -	$ 1,400.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 2,140.00	$ -	$ 2,140.00	$ -	$ -	$ -	$ 2,140.00	$ -	$ 2,140.00
Postage	$ 900.00	$ -	$ 900.00	$ -	$ -	$ -	$ 900.00	$ -	$ 900.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 600.00	$ -	$ 600.00	$ -	$ -	$ -	$ 600.00	$ -	$ 600.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Psychologists	$ 87,984.00	$ -	$ 87,984.00	$ -	$ -	$ -	$ 87,984.00	$ -	$ 87,984.00
Developmental Pediatricians	$ 90,770.00	$ -	$ 90,770.00	$ -	$ -	$ -	$ 90,770.00	$ -	$ 90,770.00
Allied Health Professionals	$ 13,995.00	$ -	$ 13,995.00	$ -	$ -	$ -	$ 13,995.00	$ -	$ 13,995.00
Interpreters	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Community Relations/CDP Network Meetings	$ 850.00	$ -	$ 850.00	$ -	$ -	$ -	$ 850.00	$ -	$ 850.00
Information Technology	$ 300.00	$ -	$ 300.00	$ -	$ -	$ -	$ 300.00	$ -	$ 300.00
Central NH VNA & Hospice	$ 56,930.00	$ -	$ 56,930.00	$ -	$ -	$ -	$ 56,930.00	$ -	$ 56,930.00
Dartmouth Hitchcock Clinic	$ 14,568.00	$ -	$ 14,568.00	$ -	$ -	$ -	$ 14,568.00	$ -	$ 14,568.00
Elliot Professional Services Network	$ 45,816.00	$ -	$ 45,816.00	$ -	$ -	$ -	$ 45,816.00	$ -	$ 45,816.00
Weeks Medical Center	$ 47,550.00	$ -	$ 47,550.00	$ -	$ -	$ -	$ 47,550.00	$ -	$ 47,550.00
Lacasse Psychologists, Joseph T. Keenan, Ph.D.	$ 21,000.00	$ -	$ 21,000.00	$ -	$ -	$ -	$ 21,000.00	$ -	$ 21,000.00
Community Partners	$ 10,000.00	$ -	$ 10,000.00	$ -	$ -	$ -	$ 10,000.00	$ -	$ 10,000.00
Space Allocation	$ -	$ 8,058.00	$ 8,058.00	$ -	$ 8,058.00	$ 8,058.00	$ -	$ -	$ -
Administrative Fee	$ -	$ 77,372.00	$ 77,372.00	$ -	$ 9,363.00	$ 9,363.00	$ -	$ 68,009.00	$ 68,009.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ 537,296.00	$ 85,430.00	$ 622,726.00	$ 5,303.00	$ 17,421.00	$ 22,724.00	$ 531,993.00	$ 68,009.00	$ 600,002.00

Indirect As A Percent of Direct 15.90%

Contractor Initials VG
Date 6/2/17

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Exhibit B-3
Budget for SFY 2018

New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Comprehensive Nutrition Network for Children and Youth With Special Healthcare Needs

Budget Period: 7/1/17-6/30/18

Line Item	Total Program Cost: Direct Incremental	Total Program Cost: Indirect Fixed	Total Program Cost: Total	Contractor Share / Match: Direct Incremental	Contractor Share / Match: Indirect Fixed	Contractor Share / Match: Total	Funded by DHHS contract share: Direct Incremental	Funded by DHHS contract share: Indirect Fixed	Funded by DHHS contract share: Total
1. Total Salary/Wages	$ 126,603.00	$ -	$ 126,603.00	$ 18,038.00	$ -	$ 18,038.00	$ 112,565.00	$ -	$ 112,565.00
2. Employee Benefits	$ 24,435.00	$ -	$ 24,435.00	$ 3,048.00	$ -	$ 3,048.00	$ 21,387.00	$ -	$ 21,387.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 600.00	$ -	$ 600.00	$ -	$ -	$ -	$ 600.00	$ -	$ 600.00
6. Travel	$ 300.00	$ -	$ 300.00	$ -	$ -	$ -	$ 300.00	$ -	$ 300.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ 200.00	$ -	$ 200.00	$ -	$ -	$ -	$ 200.00	$ -	$ 200.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 200.00	$ -	$ 200.00	$ -	$ -	$ -	$ 200.00	$ -	$ 200.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Patient Visits and Travel	$ 94,500.00	$ -	$ 94,500.00	$ -	$ -	$ -	$ 94,500.00	$ -	$ 94,500.00
Community Outreach	$ 800.00	$ -	$ 800.00	$ -	$ -	$ -	$ 800.00	$ -	$ 800.00
North Country Stipend	$ 825.00	$ -	$ 825.00	$ -	$ -	$ -	$ 825.00	$ -	$ 825.00
Regional Nutritionists Training	$ 3,200.00	$ -	$ 3,200.00	$ -	$ -	$ -	$ 3,200.00	$ -	$ 3,200.00
Cultural/Linguistic Support	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Space Allocation	$ -	$ 8,058.00	$ 8,058.00	$ -	$ 8,058.00	$ 8,058.00	$ -	$ -	$ -
Administrative Fee	$ -	$ 34,031.00	$ 34,031.00	$ -	$ 3,083.00	$ 3,083.00	$ -	$ 30,948.00	$ 30,948.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 254,063.00	$ 42,090.00	$ 296,153.00	$ 19,086.00	$ 11,141.00	$ 30,229.00	$ 235,977.00	$ 30,948.00	$ 266,925.00

Indirect As A Percent of Direct 16.53%

Contractor Initials VM
Date 6/2/17

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Exhibit B-4
Budget for SFY 2019

New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Comprehensive Nutrition Network for Children and Youth With Special Healthcare Needs

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

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 131,184.00	$ -	$ 131,184.00	$ 18,599.00	$ -	$ 18,599.00	$ 112,585.00	$ -	$ 112,585.00
2. Employee Benefits	$ 24,821.00	$ -	$ 24,821.00	$ 3,534.00	$ -	$ 3,534.00	$ 21,387.00	$ -	$ 21,387.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 600.00	$ -	$ 600.00	$ -	$ -	$ -	$ 600.00	$ -	$ 600.00
6. Travel	$ 300.00	$ -	$ 300.00	$ -	$ -	$ -	$ 300.00	$ -	$ 300.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ 200.00	$ -	$ 200.00	$ -	$ -	$ -	$ 200.00	$ -	$ 200.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 200.00	$ -	$ 200.00	$ -	$ -	$ -	$ 200.00	$ -	$ 200.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Patient Visits and Travel	$ 94,500.00	$ -	$ 94,500.00	$ -	$ -	$ -	$ 94,500.00	$ -	$ 94,500.00
Community Outreach	$ 800.00	$ -	$ 800.00	$ -	$ -	$ -	$ 800.00	$ -	$ 800.00
North Country Stipend	$ 825.00	$ -	$ 825.00	$ -	$ -	$ -	$ 825.00	$ -	$ 825.00
Regional Nutritionists Training	$ 3,200.00	$ -	$ 3,200.00	$ -	$ -	$ -	$ 3,200.00	$ -	$ 3,200.00
Cultural/Linguistic Support	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Space Allocation	$ -	$ 8,058.00	$ 8,058.00	$ -	$ 8,058.00	$ 8,058.00	$ -	$ -	$ -
Administrative Fee	$ -	$ 34,518.00	$ 34,518.00	$ -	$ 3,568.00	$ 3,568.00	$ -	$ 30,948.00	$ 30,948.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 257,710.00	$ 42,576.00	$ 300,286.00	$ 22,133.00	$ 11,627.00	$ 33,760.00	$ 235,577.00	$ 30,948.00	$ 266,525.00

Indirect As A Percent of Direct 16.52%

Contractor Initials KK
Date 6/12/17

DocuSign Envelope ID: 40749C57-C6EE-494B-944C-6297E759C4B2

Exhibit B-5
Budget for SFY 2018

New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Healthcare Coordination Network

Budget Period: 7/1/17-6/30/18

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	$ 156,091.00	$ -	$ 156,091.00	$ 1,456.00	$ -	$ 1,456.00	$ 154,635.00	$ -	$ 154,635.00
2. Employee Benefits	$ 29,657.00	$ -	$ 29,657.00	$ 276.00	$ -	$ 276.00	$ 29,381.00	$ -	$ 29,381.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 1,435.00	$ -	$ 1,435.00	$ -	$ -	$ -	$ 1,435.00	$ -	$ 1,435.00
6. Travel	$ 7,200.00	$ -	$ 7,200.00	$ 2,237.00	$ -	$ 2,237.00	$ 4,963.00	$ -	$ 4,963.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 1,200.00	$ -	$ 1,200.00	$ -	$ -	$ -	$ 1,200.00	$ -	$ 1,200.00
Postage	$ 265.00	$ -	$ 265.00	$ -	$ -	$ -	$ 265.00	$ -	$ 265.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -	$ 500.00	$ -	$ 500.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Cultural/Linguistic Support	$ 1,000.00	$ -	$ 1,000.00	$ 900.00	$ -	$ 900.00	$ 100.00	$ -	$ 100.00
Parent Support and Eduction	$ 300.00	$ -	$ 300.00	$ 150.00	$ -	$ 150.00	$ 150.00	$ -	$ 150.00
Team Meetings	$ 125.00	$ -	$ 125.00	$ -	$ -	$ -	$ 125.00	$ -	$ 125.00
Information Technology	$ 750.00	$ -	$ 750.00	$ 750.00	$ -	$ 750.00	$ -	$ -	$ -
Space Allocation	$ -	$ 3,275.00	$ 3,275.00	$ -	$ 3,275.00	$ 3,275.00	$ -	$ -	$ -
Administrative Fee	$ -	$ 28,290.00	$ 28,290.00	$ -	$ 4,044.00	$ 4,044.00	$ -	$ 24,246.00	$ 24,246.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 198,623.00	$ 31,565.00	$ 230,188.00	$ 6,769.00	$ 7,319.00	$ 13,088.00	$ 192,754.00	$ 24,246.00	$ 217,000.00

Indirect As A Percent of Direct 15.90%

Contractor Initials JW
Date 6/2/17

DocuSign Envelope ID: 40749C57-C6EE-494B-944C-6297E759C4B2

Exhibit B-6
Budget for SFY 2019

New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Healthcare Coordination Network

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

Line Item	Total Program Cost: Direct Incremental	Total Program Cost: Indirect Fixed	Total Program Cost: Total	Contractor Share/Match: Direct Incremental	Contractor Share/Match: Indirect Fixed	Contractor Share/Match: Total	Funded by DHHS contract funds: Direct Incremental	Funded by DHHS contract funds: Indirect Fixed	Funded by DHHS contract funds: Total
1. Total Salary/Wages	$ 150,207.00	$ -	$ 150,207.00	$ 4,572.00	$ -	$ 4,572.00	$ 154,835.00	$ -	$ 154,835.00
2. Employee Benefits	$ 30,249.00	$ -	$ 30,249.00	$ 968.00	$ -	$ 968.00	$ 29,381.00	$ -	$ 29,381.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 1,435.00	$ -	$ 1,435.00	$ -	$ -	$ -	$ 1,435.00	$ -	$ 1,435.00
6. Travel	$ 7,200.00	$ -	$ 7,200.00	$ 2,237.00	$ -	$ 2,237.00	$ 4,963.00	$ -	$ 4,963.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 1,200.00	$ -	$ 1,200.00	$ -	$ -	$ -	$ 1,200.00	$ -	$ 1,200.00
Postage	$ 265.00	$ -	$ 265.00	$ -	$ -	$ -	$ 265.00	$ -	$ 265.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -	$ 500.00	$ -	$ 500.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Cultural/Linguistic Support	$ 1,000.00	$ -	$ 1,000.00	$ 800.00	$ -	$ 800.00	$ 100.00	$ -	$ 100.00
Parent Support and Eduction	$ 300.00	$ -	$ 300.00	$ 150.00	$ -	$ 150.00	$ 150.00	$ -	$ 150.00
Team Meetings	$ 125.00	$ -	$ 125.00	$ -	$ -	$ -	$ 125.00	$ -	$ 125.00
Information Technology	$ 750.00	$ -	$ 750.00	$ 750.00	$ -	$ 750.00	$ -	$ -	$ -
Space Allocation	$ -	$ 3,275.00	$ 3,275.00	$ -	$ 3,275.00	$ 3,275.00	$ -	$ -	$ -
Administrative Fee	$ -	$ 25,880.00	$ 25,880.00	$ -	$ 4,634.00	$ 4,634.00	$ -	$ 24,246.00	$ 24,246.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 202,331.00	$ 32,155.00	$ 234,386.00	$ 9,477.00	$ 7,909.00	$ 17,386.00	$ 193,784.00	$ 24,246.00	$ 217,030.00

Indirect As A Percent of Direct 15.00%

Contractor Initials KW
Date 6/2/17

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SPECIAL PROVISIONS

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

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

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

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

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

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

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

7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
   - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
   - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

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

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

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
   8.1. Fiscal Records: books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
   8.2. Statistical Records: Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
   8.3. Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
   9.1. Audit and Review: During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
   9.2. Audit Liabilities: In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

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

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

11. **Reports:** Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.
    - 11.1. Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
    - 11.2. Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

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

13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
    - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

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

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

16. **Equal Employment Opportunity Plan (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of $500,000 or more. If the recipient receives $25,000 or more and has 50 or

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

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.

18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, $150,000)

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

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

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

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

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.
When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:
    19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
    19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
    19.3. Monitor the subcontractor's performance on an ongoing basis

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

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

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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

New Hampshire Department of Health and Human Services

Exhibit C-1

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. Extension:

   The Department 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.

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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

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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: Manchester Community Health Center

6/2/17
Date

Name: Kris McCracken
Title: President/CEO

DocuSign Envelope ID: 40749C57-C6EE-494B-944C-6297E759C4B2

New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

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: Manchester Community Health Center

6/2/17
Date

Name: Kris McCracken
Title: President / CEO

DocuSign Envelope ID: 40749C57-C6EE-494B-944C-6297E759C4B2

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

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Date 6/2/17

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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: Manchester Community Health Center

6/2/17
Date

Name: Kris McCracken
Title: President/CEO

Contractor Initials KM
Date 6/2/17

New Hampshire Department of Health and Human Services
Exhibit G

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.

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New Hampshire Department of Health and Human Services
Exhibit G

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

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

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

Contractor Name: Manchester Community Health Center

6/2/17
Date

Name: Chris McCracken
Title: President | CEO

Contractor Initials KM
Date 6/2/17

DocuSign Envelope ID: 40749C57-C6EE-494B-944C-6297E759C4B2

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: Manchester Community Health Center

6/2/17
Date

Name: Kris McCracken
Title: President / CEO

DocuSign Envelope ID: 40749C57-C6EE-494B-944C-6297E759C4B2

HEALTH INSURANCE PORTABLITY 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, TitleXIII, 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.

l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH
Act.

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

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:
   I. For the proper management and administration of the Business Associate;
   II. As required by law, pursuant to the terms set forth in paragraph d. below; or
   III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

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:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed
- The extent to which the risk to the protected health information has been mitigated.

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

c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.

d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

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

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

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

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

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

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e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services	Manchester Community Health Center
The State	Name of the Contractor
Christine Santaniello	
Signature of Authorized Representative	Signature of Authorized Representative
Christine Santaniello	Kris McCracken
Name of Authorized Representative	Name of Authorized Representative
Director, BDS	President/CEO
Title of Authorized Representative	Title of Authorized Representative
4/14/17	6/2/17
Date	Date

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New Hampshire Department of Health and Human Services
Exhibit J

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

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.
In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
    - 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: Manchester Community Health Center

6/2/17
Date

Name: Chris McCracken
Title: President/CEO

Contractor Initials
Date 6/2/17

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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: 010760

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?

   X NO _____ YES

   If the answer to #2 above is NO, stop here

   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

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

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____