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

Lori A. Weaver
Commissioner

Iain N. Watt
Interim Director

29 HAZEN DRIVE, CONCORD, NH 03301
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March 12, 2024

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **Sole Source** amendments to existing contracts with the Contractors listed below in **bold** to continue providing home visiting services, by increasing the total price limitation by \$132,023 from \$9,656,948 to \$9,788,971 with no change to the contract completion dates of September 30, 2024, effective upon Governor and Council approval. 100% General Funds.

The individual contracts were approved by Governor and Council as specified in the table below.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Community Action Partnership of Stratford County Dover, NH	177200-B004	Rochester Catchment Area	\$1,224,446	\$0	\$1,224,446	O: February 8, 2023, Item #39
Granite VNA, Inc. Concord, NH	174069-R001	Conway Catchment Area	\$1,055,241	\$10,000	\$1,065,241	O: February 8, 2023, Item #39 A1: June 14, 2023, Item #26
The Family Resource Center at Gorham Gorham, NH	162412-B001	Berlin and Littleton Catchment Areas	\$1,805,113	\$40,000	\$1,845,113	O: February 8, 2023, Item #39 A1: June 14, 2023, Item #27
Waypoint Manchester, NH	177166-B002	Concord, Manchester, Seacoast & Southern Catchment Areas	\$5,572,148	\$82,023	\$5,654,171	O: February 8, 2023, Item #39
		Total:	\$9,656,948	\$132,023	\$9,788,971	

Funds are available in the following accounts for State Fiscal Years 2024 and 2025, 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.

See attached fiscal details.

EXPLANATION

This request is **Sole Source** to allow the Department to add funding to amend the scope of services for one (1) of the Contractors, The Family Resource Center at Gorham, to add a Family Engagement Specialist. In addition, the Department is adding funding to increase staffing allocations for the other two (2) Contractors for fiscal management and oversight activities.

The purpose of this request is to increase the number of families enrolled and retained in home visiting services in the North Country by The Family Resource Center at Gorham by supporting a Family Engagement Specialist position. The Family Engagement Specialist will engage new and existing referral partners and maintain community and family relationships. In addition, the funding will allow Granite VNA and Waypoint to support staffing for fiscal management to comply with added reporting requirements in the current contract year.

Approximately 357 families will be served during State Fiscal Years 2024 and 2025.

The Contractors provide voluntary home visiting services to pregnant individuals and families with children up to five (5) years of age, by utilizing the Healthy Families America (HFA) evidence-based Home Visiting model and its Child Welfare protocols. This nationally recognized model demonstrates positive outcomes for families in the areas of positive parenting practices, improved maternal and child health, improved school readiness, increased economic self-sufficiency and parental educational attainment, and increased linkages and referrals to valuable community resources. In addition, the HFA model has demonstrated a reduction in child maltreatment and family violence. HFA is currently being provided in every county in New Hampshire.

The Department will continue to monitor services through:

- Data reviews to evaluate capacity utilization, service delivery by region, and demographic data to ensure equitable provision of services.
- Quarterly data reviews of program performance across 19 federally defined performance measures.
- Quarterly review of data entered into model-specific tracking documents by the contractor to ensure fidelity to the requirements of the evidence-based model.
- Quarterly data reviews to ensure that at least seventy-five percent (75%) of expected home visits occur based upon the individual level of service to which each family is assigned.
- Annual sub-recipient monitoring site visits to ensure compliance with contract and model requirements, utilizing tools developed by the home visiting program and the Healthy Families America model.

Should the Governor and Council not authorize this request, The Family Resource Center at Gorham will be unable to increase the number of families enrolled and retained in home visiting services in the North Country. In addition, Granite VNA and Waypoint will not have the ability to improve fiscal management and oversight activities.

Respectfully submitted,



Lori A. Weaver
Commissioner



**Fiscal Detail Sheet
Home Visiting Services
RFP-2023-DPHS-01-HOMEV**

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
PUBLIC HEALTH DIV, BUREAU OF FAMILY HEALTH & NUTRITION, HOME VISITING FORMULA GNT
96% Federal Funds 4% General Funds
Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	\$192,620.00	\$0.00	\$192,620.00
2023	102-500731	Contracts for Program Services	90083208	\$16,995.00	\$0.00	\$16,995.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$317,640.00	\$0.00	\$317,640.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$79,410.00	\$0.00	\$79,410.00
SUBTOTAL:				\$606,665.00	\$0.00	\$606,665.00

Waypoint - Vendor #177168-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	\$692,250.00	\$0.00	\$692,250.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$950,000.00	\$0.00	\$950,000.00
2024	102-500731	Contracts for Program Services	90005896	\$0.00	\$54,682.00	\$54,682.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$237,500.00	\$0.00	\$237,500.00
2025	102-500731	Contracts for Program Services	90005896	\$0.00	\$27,341.00	\$27,341.00
SUBTOTAL:				\$1,879,750.00	\$82,023.00	\$1,961,773.00

Grants VNA - Vendor #174069-R001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	\$80,533.00	\$0.00	\$80,533.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$340,529.00	\$0.00	\$340,529.00
2024	102-500731	Contracts for Program Services	90005896	\$0	\$6,667.00	\$6,667.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$85,311.00	\$0.00	\$85,311.00
2025	102-500731	Contracts for Program Services	90005896	\$0	\$3,333.00	\$3,333.00
SUBTOTAL:				\$506,373.00	\$10,000.00	516,373.00

The Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	\$269,729.00	\$0.00	\$269,729.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$378,354.00	\$0.00	\$378,354.00
2024	102-500731	Contracts for Program Svcs	90005896	\$0	\$33,571.00	\$33,571.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$92,583.00	\$0.00	\$92,583.00
2025	102-500731	Contracts for Program Svcs	90005896	\$0	\$25,179.00	\$25,179.00
SUBTOTAL:				\$740,666.00	\$58,750.00	799,416.00
Total:				\$3,733,454.00	\$150,773.00	\$3,884,227.00

05-95-92-920510-3382 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
BEHAVIORAL HEALTH DIVISION, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS
100% Other Funds
Waypoint - Vendor #177168-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	92057502	\$108,000.00	\$0.00	\$108,000.00
SUBTOTAL:				\$108,000.00	\$0.00	\$108,000.00
TOTAL:				\$108,000.00	\$0.00	\$108,000.00

**Fiscal Detail Sheet
Home Visiting Services
RFP-2023-DPHS-01-HOMEV**

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC
HEALTH DIV, BUREAU OF FAMILY HEALTH & NUTRITION, MATERNAL - CHILD HEALTH,
100% General Funds

Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	102-500731	Contracts for Program Svcs	90004019	\$56,250.00	\$0.00	\$56,250.00
2024	102-500731	Contracts for Program Svcs	90004019	\$75,000.00	\$0.00	\$75,000.00
2025	102-500731	Contracts for Program Svcs	90004019	\$18,750.00	(\$18,750.00)	\$0.00
SUBTOTAL:				\$150,000.00	(\$18,750.00)	\$131,250.00
TOTAL:				\$150,000.00	(\$18,750.00)	\$131,250.00

05-95-09-901010-5771 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC
HEALTH DIV, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, COVID-19 HEALTH DISPARITIES
100% Federal Funds
Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Relief	90577160	\$105,000.00	\$0.00	\$105,000.00
2023	074-500589	Grants for Pub Asst and Relief	90577150	\$157,500.00	\$0.00	\$157,500.00
SUBTOTAL:				\$262,500.00	\$0.00	\$ 262,500.00

Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Relief	90577150	\$15,000.00	\$0.00	\$15,000.00
2023	074-500589	Grants for Pub Asst and Relief	90577150	\$101,512.00	\$0.00	101,512.00
2024	074-500589	Grants for Pub Asst and Relief	90577150	\$85,000.00	\$0.00	\$85,000.00
2024	074-500589	Grants for Pub Asst and Relief	90577150	\$100,000.00	\$0.00	100,000.00
SUBTOTAL:				\$301,512.00	\$0.00	301,512.00
TOTAL:				\$564,012.00	\$0.00	\$564,012.00

05-95-90-902010-2451-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: PUBLIC
HEALTH DIV, BUREAU OF FAMILY HEALTH & NUTRITION, ARP - MIEC HOME VISITING
100% Federal Funds
Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	\$17,532.00	\$0.00	\$17,532.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$54,231.00	\$0.00	\$54,231.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$13,558.00	\$0.00	\$13,558.00
SUBTOTAL:				\$85,321.00	\$0.00	\$85,321.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	\$114,064.00	\$0.00	\$114,064.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$125,000.00	\$0.00	\$125,000.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$142,350.00	\$0.00	\$142,350.00
SUBTOTAL:				\$381,414.00	\$0.00	381,414.00

Granite VNA - Vendor #174069-R001

State Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	\$72,591.00	\$0.00	\$72,591.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$8504.00	\$0.00	\$8,504.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$2130.00	\$0.00	\$2,130.00
SUBTOTAL:				\$83,225.00	\$0.00	\$83,225.00

Family Resource Center at Gorham - Vendor #162412-B001

**Fiscal Detail Sheet
Home Visiting Services
RFP-2023-DPHS-01-HOMEV**

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget /	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	\$68,714.00	\$0.00	\$68,714.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$50,000.00	\$0.00	\$50,000.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$56,532.00	\$0.00	\$56,532.00
SUBTOTAL:				\$175,246.00	\$0.00	\$175,246.00
TOTAL:				\$725,206.00	\$0.00	\$725,206.00

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-29580000, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD - FAMILY SERVICES
50% Federal Funds
Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$199,873.00	\$0.00	\$199,873.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$266,230.00	\$0.00	\$266,230.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$66,557.00	\$0.00	\$66,557.00
SUBTOTAL:				\$532,460.00	\$0.00	\$532,460.00

Granite VNA - Vendor #174069-R001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$125,960.00	\$0	\$125,960.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$271,746.00	\$0	\$271,746.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$67,937.00	\$0	\$67,937.00
SUBTOTAL:				\$465,643.00	\$0	\$465,643.00

The Family Resource Center at Gorham - Vendor #182412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$164,133.00	\$0	\$164,133.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$218,845.00	\$0	\$218,845.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$54,711.00	\$0	\$54,711.00
SUBTOTAL:				\$437,689.00	\$0	\$437,689.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$1,102,682.00	\$0.00	\$1,102,682.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$1,470,242.00	\$0.00	\$1,470,242.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$367,560.00	\$0.00	\$367,560.00
SUBTOTAL:				\$2,940,484.00	\$0.00	\$2,940,484.00
TOTAL:				\$4,376,276.00	\$0.00	\$4,376,276.00
GRAND TOTAL:				\$9,658,948.00	\$132,023.00	\$9,788,971.00

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

This Amendment to the Home Visiting Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Granite VNA, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on February 8, 2023 (Item #39), as amended on June 14, 2023 (Item #26), 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, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$1,065,241
2. Modify Exhibit C; Payment Terms, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 77% Federal funds from:
 - 1.1.1. 10% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the United States Department of Health and Human Service (US DHHS), Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.870, FAIN X10MC43595.
 - 1.1.2. 52% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the US DHHS, HRSA, ALN 93.870, FAIN X10MC46878.
 - 1.1.3. 9% American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC41935.
 - 1.1.4. 1% American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC45263.
 - 1.1.5. 28% Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, by the US DHHS, CFDA 93.658, FAIN 2201NHFOST.
 - 1.2. 23% General funds.
3. Modify Exhibit C-2, Budget (SFY 2024) – Amendment #1, by replacing it in its entirety with Exhibit C-2, Budget (SFY 2024) – Amendment #2, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit C-3, Budget (SFY 2025) – Amendment #1, by replacing it in its entirety with Exhibit C-3, Budget (SFY 2025) – Amendment #2, 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 Governor and 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

3/21/2024

Date

DocuSigned by:

Iain Watt

Name: Iain Watt

Title: Interim Director - DPHS

Granite VNA, Inc.

3/12/2024

Date

DocuSigned by:

Beth Slepian

Name: Beth Slepian

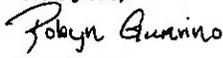
Title: President/CEO

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

OFFICE OF THE ATTORNEY GENERAL

3/23/2024

Date

DocuSigned by:

Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit C-2, Budget (SFY 2024) - Amendment # 2

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Formula Grant
Budget Period	SFY 2024 (G&C Approval - 06/30/2024)
Indirect Cost Rate (if applicable)	10%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$136,043
2. Fringe Benefits	\$38,620
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$14,950
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$4,500
5.(e) Supplies Office	\$8,000
6. Travel	\$38,000
7. Software	\$17,026
8. (a) Other - Marketing/ Communications	\$18,100
8. (b) Other - Education and Training	\$33,000
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$3,000
Other (please specify)	\$5,000
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$316,239
Total Indirect Costs	\$30,957
TOTAL	\$347,196

 Contractor Initial: DS
BJS

Exhibit C-3, Budget (SFY 2025) - Amendment # 2

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Formula Grant
Budget Period	SFY 2025 (07/01/2024 - 09/30/2024)
Indirect Cost Rate (if applicable)	10%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$31,798
2. Fringe Benefits	\$8,799
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$4,000
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$2,000
5.(e) Supplies Office	\$3,725
6. Travel	\$4,000
7. Software	\$4,263
8. (a) Other - Marketing/ Communications	\$5,000
8. (b) Other - Education and Training	\$15,000
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$2,000
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$80,585
Total Indirect Costs	\$8,059
TOTAL	\$88,644

Contractor Initial: ^{DS}
BJS

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that GRANITE VNA, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 18, 1899. 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: 63116

Certificate Number: 0006235411



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 22nd day of May A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State



CERTIFICATE OF AUTHORITY

I, Michael Griffin, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Granite VNA, Inc.
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 **February 13, 2024** at which a quorum of the Directors/shareholders were present and voting.

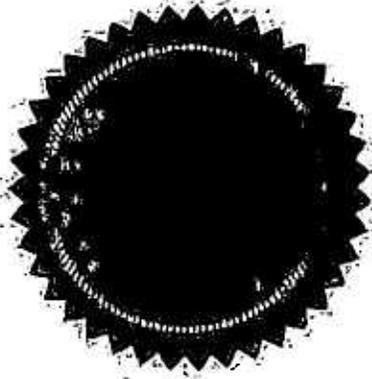
VOTED: That Beth Slepian is duly authorized on behalf of Granite VNA, Inc. to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, 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: March 12, 2024

Michael Griffin
Michael Griffin (Mar 12, 2024 1:53 EDT)

Mike Griffin
Board of Trustee - Board Chair



Client#: 635153

GRANIVNA

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/28/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: USI Insurance Services LLC, 3 Executive Park Drive, Suite 300, Bedford, NH 03110, 855 874-0123. CONTACT NAME: Linda Jaeger, CIC. PHONE: 855 874-0123. FAX: [blank]. E-MAIL ADDRESS: linda.jaeger@usi.com. INSURER(S) AFFORDING COVERAGE: INSURER A: National Union Fire Ins Co of Pitts, PA (NAIC # 19445); INSURER B: Wesco Insurance Company (NAIC # 25011); INSURER C: [blank]; INSURER D: [blank]; INSURER E: [blank]; INSURER F: [blank].

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include: A COMMERCIAL GENERAL LIABILITY (VHNUHG003353700), A AUTOMOBILE LIABILITY (VHNUHA003353900), A UMBRELLA LIAB (VHNUHX003354000), B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (WWC3661369), A Professional Liability (VHNUHG003353700).

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Insured Status is Provided Where Required by Contract, Agreement or Permit.

CERTIFICATE HOLDER CANCELLATION

CERTIFICATE HOLDER: State of New Hampshire, 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: [Signature]



Mission Statement

We enhance dignity and independence for people delivering quality health care and promoting wellness in homes and communities through all stages of life.



FINANCIAL STATEMENTS

September 30, 2023 and 2022

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Granite VNA, Inc.

Opinion

We have audited the accompanying financial statements of Granite VNA, Inc., which comprise the statements of financial position as of September 30, 2023 and 2022, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Granite VNA, Inc. as of September 30, 2023 and 2022, and the results of its operations and changes in its net assets, and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Granite VNA, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, Granite VNA, Inc. adopted Financial Accounting Standards Board Accounting Standards Codification Topic 842, *Leases*, in 2023. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Granite VNA, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Board of Trustees
Granite VNA, Inc.
Page 2

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with U.S. generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Granite VNA, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Granite VNA, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Berry Dawn McNeil & Parker, LLC

Manchester, New Hampshire
January 9, 2024

GRANITE VNA, INC.

Statements of Financial Position

September 30, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Current assets		
Cash and cash equivalents	\$ 4,374,606	\$ 2,398,472
Patient accounts receivable, net	8,745,556	10,652,489
Other receivables	375,697	312,802
Prepaid expenses	681,394	851,571
Employee retention tax credit receivable	6,254,341	-
Assets held for sale	<u>674,000</u>	<u>-</u>
Total current assets	21,105,594	14,215,334
Investments	24,730,024	30,148,510
Beneficial interest in perpetual trusts	1,577,284	1,524,162
Hospice house lease receivable	2,375,000	-
Property and equipment, net	5,292,567	5,720,642
Other assets	<u>104,962</u>	<u>102,150</u>
Total assets	<u>\$ 55,185,431</u>	<u>\$ 51,710,798</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued expenses	\$ 420,979	\$ 459,829
Accrued payroll and related expenses	3,494,286	2,882,483
Deferred revenue	4,800	16,500
Refundable advance	<u>464,948</u>	<u>766,557</u>
Total current liabilities	4,385,013	4,125,369
Other liabilities	<u>104,962</u>	<u>102,150</u>
Total liabilities	<u>4,489,975</u>	<u>4,227,519</u>
Net assets		
Without donor restrictions	41,122,624	40,676,388
With donor restrictions	<u>9,572,832</u>	<u>6,806,891</u>
Total net assets	<u>50,695,456</u>	<u>47,483,279</u>
Total liabilities and net assets	<u>\$ 55,185,431</u>	<u>\$ 51,710,798</u>

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

GRANITE VNA, INC.

Statements of Operations and Changes in Net Assets

Year Ended September 30, 2023

	Without Donor Restrictions			With Donor Restrictions	Total
	Operating	Internally Designated	Total		
Operating revenue					
Net patient service revenue	\$ 35,884,540	\$ -	\$ 35,884,540	\$ -	\$ 35,884,540
Other revenue	2,782,678	-	2,782,678	-	2,782,678
Spending policy allotment releases - donor restricted	48,982	122,880	171,862	(171,862)	-
Spending policy allotment - board designated endowment	625,404	(625,404)	-	-	-
Net assets released from restrictions for operations - donor restricted	234,500	-	234,500	(234,500)	-
Net assets released from restrictions for operations - board designated	<u>9,389,000</u>	<u>(9,389,000)</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total operating revenue	<u>48,965,104</u>	<u>(9,891,524)</u>	<u>39,073,580</u>	<u>(406,362)</u>	<u>38,667,218</u>
Operating expenses					
Salaries and wages	32,593,720	-	32,593,720	-	32,593,720
Employee benefits	8,106,423	-	8,106,423	-	8,106,423
Purchased services	2,877,606	-	2,877,606	-	2,877,606
Supplies and other expenses	4,905,972	-	4,905,972	-	4,905,972
Depreciation	<u>516,894</u>	<u>-</u>	<u>516,894</u>	<u>-</u>	<u>516,894</u>
Total operating expenses	<u>49,000,615</u>	<u>-</u>	<u>49,000,615</u>	<u>-</u>	<u>49,000,615</u>
Operating loss	<u>(35,511)</u>	<u>(9,891,524)</u>	<u>(9,927,035)</u>	<u>(406,362)</u>	<u>(10,333,397)</u>
Nonoperating revenue and other support					
Employee retention tax credit	6,254,341	-	6,254,341	-	6,254,341
Contributions	791,294	-	791,294	2,500,000	3,291,294
Contribution of nonfinancial asset	674,000	-	674,000	-	674,000
Investment income, net of fees	82,836	422,595	505,431	107,470	612,901
Change in fair value of beneficial interest in perpetual trusts	-	-	-	53,122	53,122
Change in fair value of investments, net of spending policy allotment	<u>35,818</u>	<u>(2,112,387)</u>	<u>2,148,205</u>	<u>511,711</u>	<u>2,659,916</u>
Total nonoperating revenue and other support	<u>7,838,289</u>	<u>2,534,982</u>	<u>10,373,271</u>	<u>3,172,303</u>	<u>13,545,674</u>
Change in net assets	<u>7,802,778</u>	<u>(7,356,542)</u>	<u>446,236</u>	<u>2,765,941</u>	<u>3,212,177</u>
Net assets, beginning of year	<u>16,605,417</u>	<u>24,070,971</u>	<u>40,676,388</u>	<u>(6,806,891)</u>	<u>47,483,279</u>
Net assets, end of year	<u>\$ 24,408,195</u>	<u>\$ 16,714,429</u>	<u>\$ 41,122,624</u>	<u>\$ 8,572,832</u>	<u>\$ 50,695,456</u>

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

GRANITE VNA, INC.

Statements of Operations and Changes in Net Assets

Year Ended September 30, 2022

	Without Donor Restrictions			With Donor Restrictions	Total
	Operating	Internally Designated	Total		
Operating revenue					
Net patient service revenue	\$ 34,963,551	\$ -	\$ 34,963,551	\$ -	\$ 34,963,551
Other revenue	3,216,199	-	3,216,199	-	3,216,199
Spending policy allotment releases - donor restricted	48,982	122,880	171,862	(171,862)	-
Spending policy allotment - board designated endowment	655,692	(655,692)	-	-	-
Net assets released from restrictions for operations - donor restricted	42,488	-	42,488	(42,488)	-
Net assets released from restrictions for operations - board designated	<u>6,457,557</u>	<u>(6,457,557)</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total operating revenue	<u>45,384,469</u>	<u>(6,990,369)</u>	<u>38,394,100</u>	<u>(214,350)</u>	<u>38,179,750</u>
Operating expenses					
Salaries and wages	28,894,723	-	28,894,723	-	28,894,723
Employee benefits	7,933,834	-	7,933,834	-	7,933,834
Purchased services	3,453,324	-	3,453,324	-	3,453,324
Supplies and other expenses	4,830,024	-	4,830,024	-	4,830,024
Depreciation	<u>557,273</u>	<u>-</u>	<u>557,273</u>	<u>-</u>	<u>557,273</u>
Total operating expenses	<u>45,669,178</u>	<u>-</u>	<u>45,669,178</u>	<u>-</u>	<u>45,669,178</u>
Operating loss	<u>(284,709)</u>	<u>(6,990,369)</u>	<u>(7,275,078)</u>	<u>(214,350)</u>	<u>(7,489,428)</u>
Nonoperating revenue (losses) and other support					
Contributions	741,070	-	741,070	189,624	930,694
Investment income, net of fees	74,478	578,289	652,767	100,687	753,454
Change in fair value of beneficial interest in perpetual trusts	-	-	-	(225,503)	(225,503)
Change in fair value of investments, net of spending policy allotment	<u>(158,723)</u>	<u>(5,320,765)</u>	<u>(5,479,488)</u>	<u>(990,098)</u>	<u>(6,469,586)</u>
Total nonoperating revenue (losses) and other support	<u>656,825</u>	<u>(4,742,476)</u>	<u>(4,085,651)</u>	<u>(925,290)</u>	<u>(5,010,941)</u>
Change in net assets	372,116	(11,732,845)	(11,360,729)	(1,139,640)	(12,500,369)
Net assets, beginning of year	<u>16,233,301</u>	<u>35,803,816</u>	<u>52,037,117</u>	<u>7,946,531</u>	<u>59,983,648</u>
Net assets, end of year	<u>\$ 16,605,417</u>	<u>\$ 24,070,971</u>	<u>\$ 40,676,388</u>	<u>\$ 6,806,891</u>	<u>\$ 47,483,279</u>

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

GRANITE VNA, INC.

Statements of Cash Flows

Years Ended September 30, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Cash flows from operating activities		
-Change in net assets	\$ 3,212,177	\$(12,500,369)
Adjustments to reconcile change in net assets to net cash used by operating activities		
Depreciation	516,894	557,273
Contribution of nonfinancial asset	(674,000)	-
Change in fair value of investments	(2,659,916)	6,469,586
Contribution of beneficial interest in perpetual trust	-	(189,624)
Change in fair value of beneficial interest in perpetual trusts	(53,122)	225,503
Decrease (increase) in the following assets		
Patient accounts receivable	1,906,933	(3,411,924)
Other receivables	(62,895)	(151,623)
Prepaid expenses	170,177	(491,767)
Employee retention tax credit receivable	(6,254,341)	-
Hospice house lease receivable	(2,375,000)	-
Increase (decrease) in the following liabilities		
Accounts payable	(38,850)	(57,693)
Accrued payroll and related expenses	611,803	(77,486)
Deferred revenue	(11,700)	(3,696)
Medicare accelerated payments	-	(3,864,006)
Refundable advance	(301,609)	766,557
Net cash used by operating activities	<u>(6,013,449)</u>	<u>(12,729,269)</u>
Cash flows from investing activities		
Acquisition of property and equipment	(88,819)	(200,764)
Purchases of investments	(5,558,867)	(16,918,804)
Proceeds from sale of investments	<u>13,637,269</u>	<u>23,343,762</u>
Net cash provided by investing activities	<u>7,989,583</u>	<u>6,224,194</u>
Net increase (decrease) in cash and cash equivalents	<u>1,976,134</u>	<u>(6,505,075)</u>
Cash and cash equivalents, beginning of year	<u>2,398,472</u>	<u>8,903,547</u>
Cash and cash equivalents, end of year	<u>\$ 4,374,606</u>	<u>\$ 2,398,472</u>

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

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2023 and 2022

1. Summary of Significant Accounting Policies

Organization

Granite VNA, Inc., (the Association) is a non-stock, non-profit corporation organized in New Hampshire. The Association's primary purposes are to provide home health care, hospice, and community health services to residents of Concord, New Hampshire and surrounding communities.

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

Recently Adopted Accounting Principle

The Financial Accounting Standards Board (FASB) issued Accounting Standards Codification (ASC) Topic 842, *Leases* (Topic 842), to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities in the statement of financial position and disclosing key information about leasing arrangements. Management evaluated the impact of this guidance and determined the impact of the adoption of Topic 842 was not material to the financial statements as of and for the year ended September 30, 2023.

Basis of Statement Presentation

Net assets and revenues, expenses, gains, and losses are classified as follows based on the existence or absence of donor-imposed restrictions in accordance with FASB ASC Topic 958, *Not-For-Profit Entities*, as described below. Under FASB ASC Topic 958 and FASB ASC Topic 954, *Health Care Entities*, all not-for-profit healthcare organizations are required to provide a statement of financial position, statements of operations and changes in net assets, and a statement of cash flows. FASB ASC Topic 958 requires reporting amounts for an organization's total assets, liabilities, and net assets in a statement of financial position; reporting the change in an organization's net assets in statements of operations and changes in net assets; and reporting the change in its cash and cash equivalents in a statement of cash flows.

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 Association. These net assets may be used at the discretion of the Association's management and the Board of Trustees (Board).

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 Association or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2023 and 2022

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (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 include highly liquid investments with an original maturity of three months or less, excluding investments.

The Association has cash deposits in a major financial institution which may exceed federal depository insurance limits. The Association has not experienced any losses in such accounts. Management believes it is not exposed to any significant risk with respect to these accounts.

Patient Accounts Receivable

Patient accounts receivable is stated at the amount management expects to collect from outstanding balances. Management provides a reserve for payment adjustments based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are applied against the reserve for payment adjustments.

Patient accounts receivable, net amounted to \$8,745,556; \$10,652,489; and \$7,240,565 as of September 30, 2023, 2022, and 2021, respectively.

Investments

The Association reports investments at fair value, and has elected to report all gains and losses in net assets without donor restrictions unless otherwise stipulated by the donor or State law. All gains and losses related to investments stipulated by the donor or State law are reported as changes in net assets with donor restrictions in the statements of operations and changes in net assets.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Consequently, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of financial position.

Funds have been pooled for investment purposes. Income received, and realized and unrealized gains and losses, are apportioned to the participating funds based on their respective units in the pool, and then apportioned to the appropriate net asset categories according to donor restrictions and State law. The units held by each fund are determined using fair value.

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2023 and 2022

Property and Equipment

Property and equipment are carried at cost less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Depreciation expense is computed using the straight-line method over the useful lives of the related assets.

Net Patient Service Revenue

Services to all patients are recorded as revenue when services are rendered at the estimated net realizable amounts from patients, third-party payors and others, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and in future periods as final settlements are determined. Patients unable to pay full charge, who do not have other third-party resources, are charged a reduced amount based on the Association's published sliding fee scale. Reductions in full charge are recognized when the service is rendered.

Performance obligations are determined based on the nature of the services provided by the Association. Revenue for performance obligations satisfied over time is recognized based on actual services rendered. Generally, performance obligations satisfied over time relate to patients receiving skilled and non-skilled services in their home or facility. The Association measures the period over which the performance obligation is satisfied from admission to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge.

Providers of home health services to clients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the client at a rate determined by federal guidelines. As the performance obligations for home health services are met, revenue is recognized based upon the portion of the transaction price allocated to the performance obligation. The transaction price is the prospective payment determined for the medically necessary services.

Providers of hospice services to clients eligible for Medicare hospice benefits are paid on a per-diem basis, with no retrospective settlement, provided the Association's aggregate annual Medicare reimbursement is below a predetermined aggregate capitated rate. Revenue is recognized as the services are performed based on the fixed rate amount. As the performance obligations for hospice services are met, revenue is recognized based upon the portion of the transaction price allocated to the performance obligation. The transaction price is the predetermined aggregate capitated rate per day.

Because all of the Association's performance obligations relate to short-term periods of care, the Association has elected to apply the optional exemption provided in FASB ASC Subtopic 606-10-50-14 (a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period.

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2023 and 2022

Income Taxes

The Association is a tax-exempt entity under Section 501(c)(3) of the Internal Revenue Code (IRC). As a public charity, the Association 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 Association's tax positions and concluded that the Association has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Contributions

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. The gifts are reported as support with donor restrictions if they are received with donor stipulations that limit the 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 and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met in the same year as received are reflected as contributions without donor restrictions in the accompanying financial statements.

Change in Net Assets from Operations

The statements of operations and changes in net assets includes a measure of change in net assets from operations. Changes in net assets which are excluded from the change in net assets from operations include the employee retention tax credit revenue, contributions without and with donor restrictions, investment income, net of fees, change in fair value of beneficial interest in perpetual trusts, and the change in fair value of investments, net of spending policy allotment.

COVID-19 and Relief Funding

On March 11, 2020, the World Health Organization declared the Coronavirus disease (COVID-19) a global pandemic. In response to the global pandemic, The Centers for Medicare & Medicaid Services (CMS) implemented certain relief measures and also issued guidance for limiting the spread of COVID-19.

The U.S. government responded with several phases of relief legislation as a response to the COVID-19 outbreak. Legislation was enacted into law on March 27, 2020, called the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), a statute to address the economic impact of the COVID-19 outbreak. The CARES Act, among other things, 1) authorizes emergency loans to distressed businesses by establishing, and providing funding for, forgivable bridge loans; 2) provides additional funding for grants and technical assistance; 3) delays due dates for employer payroll taxes and estimated tax payments for corporations; and 4) revises provisions of the IRC, including those related to losses, charitable deductions, and business interest.

GRANITE VNA, INC.**Notes to Financial Statements****September 30, 2023 and 2022****CARES Act Provider Relief Stimulus Funds**

The Association has received emergency federal grant funding under the CARES Act from the Provider Relief Fund (PRF) which are funds to support healthcare providers in responding to the COVID-19 outbreak.

The PRF was administered by the U.S. Department of Health and Human Services. These funds were to be used for qualifying expenses and to cover lost revenue due to COVID-19. The PRF are considered conditional contributions and were recognized as revenue when qualifying expenditures or lost revenues have been incurred. The following table outlines the distributions received, period of availability and revenue recognized during the years ended September 30, 2023 and 2022.

<u>Distribution Period</u>	<u>Distribution Amount</u>	<u>Funds Available for Use Through</u>	<u>Revenue Recognized in 2023</u>	<u>Revenue Recognized in 2022</u>
Period 4 (7/1/2021 to 12/31/2021)	\$ <u>1,705,658</u>	12/31/2022	\$ <u> </u> -	\$ <u>1,705,658</u>

American Rescue Plan Act

On March 11, 2021, the U.S. government enacted the American Rescue Plan Act (ARPA). ARPA, amongst other things, provided support for health and human services workforce development in response to COVID-19 and broader economic impacts of the pandemic. The Association received \$144,517 and \$895,185 in grant funding under ARPA during the years ended September 30, 2023 and 2022, respectively, for the purpose of workforce investment. The Association has incurred qualifying recruitment and retention expenses in the amount of \$446,126 and \$128,628 that was recorded as other revenue in the statements of operations and changes in net assets for the years ended September 30, 2023 and 2022, respectively. The remaining unspent ARPA funds of \$464,948 and \$766,557 are reported as refundable advances on the statements of financial position at September 30, 2023 and 2022, respectively.

Employee Retention Tax Credit

The CARES Act provides an employee retention tax credit (ERTC), which is a refundable tax credit against certain employment taxes. For 2020, the tax credit is equal to 50% of qualified wages paid to employees during the calendar year, capped at \$10,000 of qualified wages per employee. Additional relief provisions were passed by the U.S. government, which extended and expanded the qualified wage caps on these credits through September 30, 2021. Based on these additional provisions, the tax credit was increased to 70% of qualified wages paid to employees during each quarter, and the limit on qualified wages per employee increased to \$10,000 of qualified wages per calendar quarter.

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2023 and 2022

Management determined that the Association qualified for the ERTC under the government orders test and estimated that they will receive \$6,254,341, which has been recorded as a receivable on the statement of financial position at September 30, 2023 and as revenue during the year ended September 30, 2023. The credit is expected to be received during fiscal 2024. The credits received could be subject to audit for up to five years from the date of the credit filing.

2. Availability and Liquidity of Financial Assets

The Association had working capital of \$16,720,581 as of September 30, 2023 and average days (based on normal expenditures) of cash and cash equivalents and liquid investments on hand of 57 and 32 at September 30, 2023 and 2022, respectively.

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses and capital acquisitions costs not financed with debt or restricted funds, were as follows:

	<u>2023</u>	<u>2022</u>
Cash and cash equivalents, less donor restricted funds	\$ 4,359,121	\$ 2,382,987
Patient accounts receivable, net	8,745,556	10,652,489
Other receivables	375,697	312,802
Employee retention tax credit receivable	6,254,341	-
Investments without donor restrictions or board designations	2,410,537	810,300
Estimated spending policy appropriation - donor restricted	172,000	172,000
Estimated spending policy appropriation - board designated	<u>625,000</u>	<u>625,000</u>
Financial assets available to meet general expenditures within one year	<u>\$ 22,942,252</u>	<u>\$ 14,955,578</u>

The Board has designated a portion of its resources without donor-imposed restrictions to act as endowment funds. These funds are invested for long-term appreciation and current income, but remain available and may be spent at the discretion of the Board. The Association also has board designated long-term investments that are intended to fund certain costs or projects that could be made available for general expenditure upon Board approval. The Association has other assets restricted to use, which are more fully described in Note 6, and which are not available for general expenditure within the next year. These amounts are not reflected in the amounts above.

The Association manages its cash and cash equivalents available to meet general expenditures following two guiding principles:

- Operating within a prudent range of financial soundness and stability.
- Maintaining adequate liquid assets.

GRANITE VNA, INC.**Notes to Financial Statements****September 30, 2023 and 2022****3. Investments**

Investments by class of net assets and designation consist of the following:

	<u>2023</u>	<u>2022</u>
Without donor restrictions and undesignated	\$ 2,410,537	\$ 810,300
Without donor restrictions - designated by Board		
Functions as endowment	9,179,353	15,932,621
Hospice House	568,637	495,850
Hospice House replacement reserve	332,031	284,218
30 Pillsbury Street replacement reserve	384,651	331,250
Donahue Fund	45,157	40,442
Leadership Fund	25,990	23,260
Workforce development	5,578,610	6,363,330
Building capital improvements and maintenance	600,000	600,000
With donor restrictions		
Temporary in nature	2,118,650	1,893,833
Perpetual in nature (income and appreciation of which is expendable)	<u>3,486,408</u>	<u>3,373,406</u>
	<u>\$ 24,730,024</u>	<u>\$ 30,148,510</u>

Investment income (loss) consisted of the following:

	<u>2023</u>	<u>2022</u>
Interest and dividends, net of fees	\$ 612,901	\$ 753,454
Change in fair value of investments	<u>2,659,916</u>	<u>(6,469,586)</u>
	<u>\$ 3,272,817</u>	<u>\$ (5,716,132)</u>

Investment management fees were \$141,045 for 2023 and \$200,868 for 2022.

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2023 and 2022

Endowment

The Association's endowment consists of individual funds established for a variety of purposes by donors. As required by U.S. GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Changes in endowment net assets for the years ended September 30 are as follows:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Endowment net assets, September 30, 2021	\$ <u>20,249,780</u>	\$ <u>3,968,737</u>	\$ <u>24,218,517</u>
Investment losses			
Investment income, net of fees	460,718	47,843	508,561
Net depreciation in fair value	<u>(3,623,881)</u>	<u>(471,312)</u>	<u>(4,095,193)</u>
Total investment losses	<u>(3,163,163)</u>	<u>(423,469)</u>	<u>(3,586,632)</u>
Release to operations	(498,304)	-	(498,304)
Spending policy appropriations	<u>(655,692)</u>	<u>(171,862)</u>	<u>(827,554)</u>
Endowment net assets, September 30, 2022	<u>15,932,621</u>	<u>3,373,406</u>	<u>19,306,027</u>
Investment return			
Investment income, net of fees	299,750	49,765	349,515
Net appreciation in fair value	<u>1,572,386</u>	<u>235,099</u>	<u>1,807,485</u>
Total investment return	<u>1,872,136</u>	<u>284,864</u>	<u>2,157,000</u>
Release to operations	(8,000,000)	-	(8,000,000)
Spending policy appropriations	<u>(625,404)</u>	<u>(171,862)</u>	<u>(797,266)</u>
Endowment net assets, September 30, 2023	<u>\$ 9,179,353</u>	<u>\$ 3,486,408</u>	<u>\$ 12,665,761</u>

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2023 and 2022

Return Objectives and Strategies Employed for Achieving Objectives

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

Funds with Deficiencies

From time to time, the fair value of assets associated with donor-restricted endowment funds may fall below the level that the donor or the State of New Hampshire Uniform Prudent Management of Institutional Funds Act (the Act) requires the Association to retain as a fund of perpetual duration ("underwater"). The Board's policy does permit spending from underwater endowment. Any deficiencies are reported in net assets with donor restrictions. At September 30, 2022, donor endowment funds with a fair value of \$3,373,406 were below the donor's original gift or stipulated levels by \$34,163. There were no such deficiencies at September 30, 2023.

Spending Policy

The Association has interpreted the Act as allowing the Board to appropriate for expenditure for the uses and purposes for which the endowment fund is established, unless otherwise specified by the donor, so much of the net appreciation, realized and unrealized, in the fair value of the assets of the endowment fund over the historic dollar value of the fund as is prudent. In doing so, the Board must consider the long and short-term needs of the Association in carrying out its purpose, its present and anticipated financial requirements, expected total return on its investments, price level trends, and general economic conditions. For the years ended September 30, 2023 and 2022, the Board retained all appreciation over 7% of the original gift value on donor-restricted endowment funds in net assets with donor restrictions, excluding three funds.

The Association developed an additional spending policy for funds donated to the Association without donor restrictions and designated by the Board as endowment funds. The policy is a 3% annual draw calculated on a three-year rolling market value historical average regardless of deficiencies due to temporary market fluctuations. The funds are released monthly and transferred from the investment account to the operating account to help support operations and continue to meet the Association's mission.

GRANITE VNA, INC.**Notes to Financial Statements****September 30, 2023 and 2022****4. Beneficial Interest in Perpetual Trusts**

The Association is a beneficiary of the Benjamin and Gertrude Couch, George Griffin, Jeanne C. and Walter W. Dwyer, Thelma A. Larson Trusts, Muriel Devens Bond Fund, Leo and Marguerite LaFrance Fund, and Fernald-Gilman-Leavitt VNA Hospice Continuing Education Fund, the assets of which are not in the possession of the Association. The Association has legally enforceable rights and claims to such assets, including the right to income there from. Consistent with the provisions of FASB ASC Subtopic 958-605 related to accounting for contributions received, these funds are included in the Association's financial statements. The fair value of the trust assets is reflected as an estimate of the present value of the future cash flows from the trusts and is reported as net assets with donor restrictions. Appreciation in fair value of the trusts is not available for expenditure by the Association unless the trustee decides to appropriate it. Total distributions from these trusts were \$85,170 in 2023 and \$63,094 in 2022.

5. Property and Equipment

A summary of property and equipment as of September 30 follows:

	<u>2023</u>	<u>2022</u>
Land	\$ 306,000	\$ 306,000
Buildings and improvements	5,745,191	5,745,191
Leasehold improvements	1,160,818	1,160,818
Furniture and equipment	2,376,088	2,287,269
Information system equipment	<u>1,340,033</u>	<u>1,340,033</u>
	10,928,130	10,839,311
Less accumulated depreciation	<u>5,635,563</u>	<u>5,118,669</u>
Property and equipment, net	<u>\$ 5,292,567</u>	<u>\$ 5,720,642</u>

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2023 and 2022

6. Net Assets.

Net assets with donor restrictions were as follows at September 30:

	<u>2023</u>	<u>2022</u>
Funds subject to time restriction		
Hospice house lease	\$ <u>2,375,000</u>	\$ <u> </u>
Funds maintained with donor restrictions temporary in nature:		
Slusser Fund - scholarships	112,697	104,231
Audrey Lindgren Fund - financial assistance	1,365,221	1,314,862
Barstow Trust	2,131	2,131
Special Needs Bearded Men	13,046	13,046
Bishop Scholarship - nursing education	5,196	3,329
Ruby Raine Nydegger Fund - pediatric education	25,423	20,210
Penacook Village Fund - homemaker services for residents of Penacook and Lower Boscawen	610,114	451,200
Hospice preparatory course and certification	<u>312</u>	<u>312</u>
	<u>2,134,140</u>	<u>1,909,321</u>
Funds subject to the Association's spending policy and appropriation Perpetual in nature, the income of which is expendable to support:		
General	1,136,359	1,136,359
Hospice House	823,377	823,377
Bishop Scholarship	20,543	20,543
Heston Hospice	463,242	463,242
Donahue Fund	32,199	32,199
Ruby Raine Nydegger Fund	32,282	32,282
Penacook Village Fund	899,567	899,567
Appreciation (deficit) of net assets with perpetual donor restrictions	<u>78,839</u>	<u>(34,161)</u>
	<u>3,486,408</u>	<u>3,373,408</u>
Funds maintained in perpetuity		
Beneficial interest in perpetual trusts, income without restrictions	<u>1,577,284</u>	<u>1,524,162</u>
Total	<u>\$ 9,572,832</u>	<u>\$ 6,806,891</u>

The Association entered into a 20-year building lease, expiring September 2042, for a cost of \$1 per year with CRHC. The lease is for the building that the Association utilizes for the hospice house. Due to the lease payment being below fair market value the lease is considered a time restricted receivable and net asset that will be released over the life of the lease.

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2023 and 2022

7. Net Patient Service Revenue

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

	<u>2023</u>	<u>2022</u>
Gross patient service revenue		
Medicare	\$ 32,431,414	\$ 32,259,909
Medicaid	1,536,745	2,176,499
Private patient	350,536	598,359
Other third-party	<u>4,508,112</u>	<u>3,826,286</u>
	38,826,807	38,861,053
Less contractual adjustments and charity care	<u>2,942,267</u>	<u>3,897,502</u>
Net patient service revenue	<u>\$ 35,884,540</u>	<u>\$ 34,963,551</u>

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. 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 and Medicaid programs. The Association believes that it is in substantial compliance with all applicable laws and regulations. However, there is at least a reasonable possibility that recorded estimates could change a material amount in the near term. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in net patient service revenue in the year that such amounts become known.

In assessing collectability, the Association has elected the portfolio approach. This portfolio approach is being used as the Association has similar contracts with similar classes of patients. The Association reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, management believes aggregating contracts (which are at the patient level) by the particular payor or group of payors results in the recognition of revenue approximating that which would result from applying the analysis at the individual patient level.

8. Charity Care

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

The amount of home care charges foregone for services furnished under the Association's charity care policy was \$120,700 and \$89,300 for 2023 and 2022, respectively. Costs incurred for these activities approximated \$100,800 and \$62,700 for 2023 and 2022, respectively.

GRANITE VNA, INC.**Notes to Financial Statements****September 30, 2023 and 2022**

The Association also provided services in other health-related activities, primarily to indigent patients, at rates substantially below cost. Costs incurred for these activities, for services to Medicaid patients, approximated \$1,310,000 and \$991,000 for 2023 and 2022, respectively.

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

In 2023 and 2022, approximately 1% of nongovernmental home health and hospice clients served received services on a discounted basis.

9. Concentrations of Credit Risk

The Association generated approximately 87% and 89% of its net patient service revenues from the New Hampshire Medicaid and federal Medicare programs in 2023 and 2022, respectively. Under these programs, the provider is reimbursed for the care of the qualified clients at amounts which may differ from its standard charges.

The Association grants credit without collateral to its patients, most of whom are local residents and insured under third-party payor agreements. The mix of receivables for patients and third-party payors at September 30 were as follows:

	<u>2023</u>	<u>2022</u>
Medicare	59 %	64 %
Medicaid, other third-party payors and patients	<u>41</u>	<u>36</u>
	<u>100 %</u>	<u>100 %</u>

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

10. Malpractice Insurance

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

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2023 and 2022

Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured. The Association intends to renew its coverage on a claims-made basis and has no reason to believe that it may be prevented from renewing such coverage. The Association is subject to complaints, claims, and litigation due to potential claims which arise in the normal course of business. U.S. GAAP requires the Association to accrue the ultimate cost of malpractice claims when the incident that gives rise to the claim occurs, without consideration of insurance recoveries. Expected recoveries are presented as a separate asset. The Association has evaluated its exposure to losses arising from potential claims and determined that no such accrual is necessary for the years ended September 30, 2023 and 2022.

11. Functional Expenses

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

	<u>2023</u>	<u>2022</u>
Program services		
Salaries and wages	\$ 25,973,185	\$ 23,105,351
Employee benefits	6,459,822	6,344,205
Other operating expenses		
Supplies	1,860,160	2,056,313
Purchased services	1,128,869	1,180,789
Transportation	1,135,379	930,847
Other	297,975	143,625
Depreciation	<u>49,299</u>	<u>295,242</u>
Total program services	<u>36,904,689</u>	<u>34,056,372</u>
Administrative and general		
Salaries and wages	6,620,535	5,789,372
Employee benefits	1,646,601	1,589,629
Other operating expenses		
Supplies	-	130,718
Purchased services	1,748,737	2,272,535
Transportation	55,948	41,137
Other	1,556,510	1,527,384
Depreciation	<u>467,595</u>	<u>262,031</u>
Total administrative and general	<u>12,095,926</u>	<u>11,612,806</u>
Total	<u>\$ 49,000,615</u>	<u>\$ 45,669,178</u>

The Association allocates expenses between program services and administrative and general functions. Benefits are allocated based on a percentage of total salaries, and depreciation, rent, and repairs and maintenance are allocated based on square footage. The remaining expenses are allocated using a Medicare cost reporting methodology.

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2023 and 2022

12. Retirement Plan

The Association sponsors a 401(k) profit sharing plan (Plan) that includes an Association match covering employees who meet certain age and time requirements. Contributions to the Plan were \$1,287,738 for 2023 and \$1,059,290 for 2022.

13. Deferred Compensation Plan

The Association had established a funded deferred compensation plan for the former President/Chief Executive Officer (CEO). The plan was designed to defer a portion of annual compensation and provide payments, as determined by the plan, at disability, retirement, death, separation from service, or for certain financial hardships. All amounts contributed and income earned under the funded plan are held in a trust, remain, until made available to the participant or designated beneficiary, the sole property and rights of the Association, and are included in other assets and other liabilities in the statements of financial position. The former President/CEO has elected distribution at a future time.

14. Related Party Transactions

The Association engages in activities with CRHC and its subsidiaries on a regular basis. Services provided to affiliates by the Association include nursing services of \$105,685 for 2023 and \$114,540 for 2022. Services purchased from affiliates by the Association include information system support, telephone services, and supplies of \$284,515 for 2023 and \$245,456 for 2022. The Association owed Concord Hospital \$55,879 and \$46,435 as of September 30, 2023 and 2022, respectively. These amounts are included in accounts payable in the statements of financial position.

15. Fair Value Measurement

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

- Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.
- Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.
- Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2023 and 2022

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

	2023			
	Carrying Amount	Level 1	Level 2	Level 3
Investments				
Cash and cash equivalents	\$ 604,464	\$ 604,464	\$ -	\$ -
Equities	15,519,297	15,519,297	-	-
Commodities	469,775	469,775	-	-
Corporate bonds and notes	<u>8,136,488</u>	<u>-</u>	<u>8,136,488</u>	<u>-</u>
	24,730,024	16,593,536	8,136,488	-
Beneficial interest in perpetual trusts	1,577,284	-	-	1,577,284
Assets to fund deferred compensation	<u>104,962</u>	<u>104,962</u>	<u>-</u>	<u>-</u>
Total	<u>\$26,412,270</u>	<u>\$16,698,498</u>	<u>\$ 8,136,488</u>	<u>\$ 1,577,284</u>
	2022			
	Carrying Amount	Level 1	Level 2	Level 3
Investments				
Cash and cash equivalents	\$ 2,014,706	\$ 2,014,706	\$ -	\$ -
Equities	18,074,539	18,074,539	-	-
Commodities	474,748	474,748	-	-
Corporate bonds and notes	<u>9,584,517</u>	<u>-</u>	<u>9,584,517</u>	<u>-</u>
	30,148,510	20,563,993	9,584,517	-
Beneficial interest in perpetual trusts	1,524,162	-	-	1,524,162
Assets to fund deferred compensation	<u>102,150</u>	<u>102,150</u>	<u>-</u>	<u>-</u>
Total	<u>\$31,774,822</u>	<u>\$20,666,143</u>	<u>\$ 9,584,517</u>	<u>\$ 1,524,162</u>

Fair value of the investments is measured using quoted prices in active markets where available. Fair value of Level 2 corporate bonds and notes is primarily based on quoted market prices of comparable securities.

Fair value of the beneficial interest in perpetual trusts is measured based on quoted market prices of the investments in the trusts, but is classified as Level 3 as there is no market in which to trade the beneficial interest itself.

GRANITE VNA, INC.**Notes to Financial Statements****September 30, 2023 and 2022**

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

Balance, September 30, 2021	\$ 1,560,040
Addition	189,624
Change in value	<u>(225,502)</u>
Balance, September 30, 2022	1,524,162
Change in value	<u>53,122</u>
Balance, September 30, 2023	<u>\$ 1,577,284</u>

16. Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through January 9, 2024, the date which the financial statements were available to be issued.



BOARD OF TRUSTEES

Michael Griffin, Chair
Dr. David Green, Vice Chair
James Mullins, Treasurer
Andrea Stevenson, Secretary
Robin Michaud, Representative-At-Large
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Susan Houghton
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Chris Parkinson
Natalya Pearl
Corrine Smith
Steven Whitley

BETH J. SLEPIAN, MBA, PT

Phone: [REDACTED]

E-mail: [REDACTED]

Dynamic leader with strong communication and interpersonal skills. Experienced in all levels of home care and hospice operations, including budgeting, strategic planning, and personnel management. Proven ability to ensure high quality patient outcomes and patient satisfaction. Successful track record of leading complex organizational improvement efforts and implementation of best practices. Demonstrated ability to work throughout a continuum of care. Passionate about advocacy and legislative issues with relationships at state and national level.

Professional Experience

- 2015-Present **President/Chief Executive Officer, Granite VNA (formerly Concord Regional Visiting Nurse Association), Concord, NH**
Responsible to the Board of Trustees for the strategic, operational, and development activities of the agency's Home Care and Hospice Program, Hospice House, Private Duty Program and Community Health Services.
- 2013-2015 **Vice President, Education and Clinical Compliance, Concord Regional Visiting Nurse Association, Concord, NH**
Researched and analyzed federal, state, and local regulations, to insure compliance. Prepared and implemented education and corrective actions for clinical staff.
- 1994-2013 **Northeast Rehabilitation Health Network, Salem, NH**
Administrator, NRH Home Care, 2011-2013
Clinical Director, NRH Home Care, 1995-2011
Physical Therapist, NRH Home Care, 1994-1995
- 1992-1994 **Director of Physical Therapy, New Hampshire Rehabilitation Hospital, Concord, NH**
- 1987-1992 **Northeast Rehabilitation Hospital, Salem, NH**
Stroke Program Director, 1990-1992
Staff/Senior Staff Physical Therapist 1987-1990

Community/Committee Participation

- National Association for Home Care & Hospice – Board of Directors (2021-Present)
 - Public Policy Committee (2022- Present)
 - Advocacy Council (2020-Present)
 - Medicare Advantage Subcommittee (2020-2021)
 - NAHC Mentor Program- Mentor (2022)
- Strategic Healthcare Programs Advisory Board (2020-Present)
- Granite CEO Peer Group – Member (2020-Present)
- CATCH Community Housing – Board of Directors (2019-Present)
- Greater Concord Chamber of Commerce – Board of Directors (2018-Present)
- Havenwood Heritage Heights, Concord, NH – Board of Directors (2017-Present)
- VNA Health System of Northern New England (2017-Present)
 - President (2019- 2021)
- Home Care, Hospice & Palliative Care Alliance of New Hampshire – Board of Directors (2016-Present)
 - Board President (2022-Present)
 - Chair of the Legislative Committee (2020-2022)
- National Government Services Provider Outreach and Education Advisory Group for Home Health (2014-Present)
- Region 2 Lead for 1115 (a) Medicaid Waiver Demonstration. – Executive Committee Member (2017-2020)
- Accountable Care Partners ACO, Management Committee, Quality Committee (2015-2019)
- New Hampshire Cares ACO - Management Committee, Transformation of Care Committee (2020-2021)

Education

- Excellence in Governance Certificate Program, NH Center for Nonprofits/Saint Anselm College
- Bachelor of Science, Physical Therapy, University of Vermont

Awards

- 2022 NH Business Excellence Award- Large Organization Healthcare
- 2018 Mary Ellen LaRoche Home Care Public Policy Award Recipient, Home Care Association of NH

Licensure, Professional Organizations:

- Current New Hampshire Physical Therapist #964

James E. Manahan II

Granite VNA, Inc.

Chief Financial Officer

September 2023 – Present

- Primary oversight of the finance, payroll, and revenue cycle functions.
- Responsible for all financial business operations, to include development & implementation of financial policies, accounting systems and internal controls.
- Provide financial reports and analysis to monitor agency operations and programmatic results.
- Oversight of all accounting information systems including payroll, accounts receivable, accounts payable, general ledger and financial reporting systems.
- Prepare and file periodic financial statements for internal users, BOD and regulatory agencies.
- Coordinates the annual operating and capital budget development process.
- Evaluate the financial impact of proposed contracts and service agreements.
- Acts as the financial liaison with the governing body, regulatory agencies and third-party entities.
- Serves as a senior member of the agency's management team, assisting with the development of strategic planning, program evaluation, operations, policies and procedures.

Finance & Operations Consultant

April 2021 – August 2023

- Coordinate and oversee the annual operating and capital budget building process.
- Provide oversight of accounting, finance and revenue cycle staff to include I&R, accounts payable, payroll, and special projects during a leadership transition.
- Oversee retirement plan administration and transition to a consolidated platform.
- Coordinated the transition of insurance plan coverages within the UVMHN.
- Conduct interviews and assist with orientation for new human resources and finance staff.
- Catching up monthly financial & data reports and providing financial leadership/oversight.
- Complete the federal & state provider Covid relief funds federal reporting requirements.
- Compiled the financial data for submission and consideration of HRSA Phase 4 relief funds.

Interim-Sr. Vice President of Finance and Operations, Bogner of America, Inc.

May 2022 - January 2023

- Responsible for all wholesale, retail and e-commerce operations, logistics, financial oversight and reporting for the United States and Canada.
- Oversee HR, IT, accounting, payroll, finance, compliance & warehousing through private-equity restructure.

AVP Finance, Alice Hyde Medical Center

February/March 2021

VP for Finance & Administration, Home Health & Hospice

September 2010 – February 2021

University of Vermont Health Network –

- Lead financial & administrative officer and Assistant Treasurer of the Agency.
- Lead, manage and account for the financial and administrative operations of the agency.
- Coordinate and oversee annual budget development process, accounting, finance, business analytics, revenue cycle to include I&R, coding and auditing through accounts receivable/billing, accounts payable, payroll, facilities, and information & technology departments.
- Primary liaison with the Treasurer of the HH&H BOD and primary staff for select board committees.
- Assuring compliance with all applicable laws & regulations.
- Primary finance & administrative lead on the affiliation with the UVM Health Network.

Key Accomplishments –

- Successful planning and construction of a state-of-the-art 21 bed inpatient hospice/respite facility, which replaced a 13 bed facility that was subsequently sold.
- Building more than 200 days of cash on hand, through our revenue cycle analysis, which improved our revenue cycle processing efficiencies, with complete electronic billing to all payers.

CFO/Vice-President Finance, VNA of the Treasure Coast September 2009 – September 2010

- Project Management oversight for implementation of POC clinical & billing information system, including telephony and AP/GL sub-systems.
- Coordination of annual fiscal audit and filings for IRS Form 990 and CMS cost reports.
- Presentation of monthly operating results to Finance Committee and Board of Directors and sub agency boards.
- \$30 million revenue agency over four sites, with Private Duty and inpatient Hospice House facility.

Key Accomplishments -

- Successful implementation of Homecare Homebase Point-Of-Care EMR system, with implementation & integration of telephony and Blackbaud AP/GL system.
- Interim leadership in the midst of a complete turnover of the Sr. leadership of the organization.

Chief Financial Officer, Franklin County Home Health Agency January 1995 – September 2009

- Responsible for all financial operations and reporting, information systems, payroll, A/R & billing, facilities, audits and presentation of operating results to Board of Directors; with former oversight of Human Resources.
- Develop and present the annual operating and capital budgets to management team and board of directors.
- Assist statewide Visiting Nurse Associations and state agencies with program implementation issues.
- Participate with state agencies and legislators in development and analysis of legislative initiatives.

Key Accomplishments --

- Prepared agency to be among the first providers in Region 1 to successfully submit claims under Medicare's newly implemented PPS system; within four days of transition date.
- Designed and implemented inaugural IT network, with implementations & upgrades to Point-Of-Care EMR clinical, billing and AP/GL applications.

EDUCATION:

- University of Vermont, Professional Certificate in Healthcare Leadership & Administration
- University of Vermont, Master of Business Administration/Forecasting concentration
- Lyndon State College, B.S. Business Administration/Accounting concentration
- Lyndon State College, A.S. Business Administration/Accounting concentration

ACTIVITIES/AWARDS:

Chair, VAHHA/VNAs of VT CFO Committee
President, Rotary Club of St. Albans, VT
Treasurer, St. Albans Rotary Club Home & Recreation Expo
Director, Northwestern Medical Center, Inc.
Vice-President, NMC Physician-Hospital Organization
Chair, Barlow Street Community Center Task Force
Alderman, St. Albans City Council
Trustee, St. Albans Free Public Library
Who's Who Among Students in American Colleges and Universities
Community Service Award, City of St. Albans, VT
US Lacrosse Collegiate Officials Council – District 1 & District 5
Canadian University Field Lacrosse Official
NCAA Collegiate Ice Hockey Official
National Ice Hockey Officials Association - Vermont Chapter
USA Level 4 Hockey Official
Secretary/Treasurer – Northern Vermont Youth Lacrosse
President, Vermont Lacrosse Officials Association
Certified Officials Trainer - US Lacrosse
Vermont Lacrosse Officials Education Director
Vermont Evaluation Program Coordinator – USA Hockey Officiating Program
Level 1 Certified Lifeguard

PERSONAL INTERESTS:

Photography, Alpine Skiing, Kayaking, Mountain Biking, Golf, Hiking, American Revolution History, Norman Rockwell

Jennifer Brechtel

Objective

Seeking an exciting and challenging opportunity in an organization where my skills and knowledge can be used to the fullest.

Employment History

Community Benefit Manager

March 2007 – Present Granite VNA, Concord, NH

- Manage the agency's efforts in assessing the community's health needs and assets
- Develop and manage community health outreach initiatives
- Measure and report program accomplishments and results
- Leverage partnerships with other organizations to enhance the impact of community benefit programming
- Previous positions include Community Liaison and Community Health Coordinator

Operations Trainer

July 2000 – March 2007 Anthem Blue Cross Blue Shield, Manchester, NH

- Provided training in all lines of business to customer service representatives
- Designed and developed customer service training curriculum
- Created and updated documentation used by customer service to resolve customer inquiries
- The M.A.G.I.C.® of Customer Relations Certified Facilitator
- Previous positions include Customer Service Representative, Researcher, and Performance Specialist

Store Manager

May 1995 – July 2000 Lady Foot Locker, Concord, NH

- Responsible for inventory management and sales goals, including development and organization of store and vendor promotions
- Management of all store personnel including, hiring, associate development, scheduling, conflict management, and performance reviews.
- Previous positions include Assistant Store Manager and Sales Associates

Professional Affiliations

Penacook Community Center Board of Directors

September 2013 – August 2020

GoodLife Programs & Activities Board of Directors

June 2018 – June 2021

Education

Bachelor of Science; Plymouth State University, Plymouth, NH

Health Education; Focus: Wellness Management

Certificates

Certified Health Education Specialist (CHES)

Master Trainer – "A Matter of Balance: Managing Concerns About Falls"

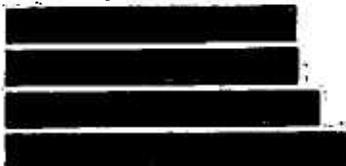
Master Trainer – "Better Choices, Better Health Chronic Disease Self-Management Program"

Master Trainer – "Powerful Tools for Caregivers"

References

References are available on request.

Schellee Rondeau, R.N.



Experience:

School Nurse- Tuftonboro Central School K-6 2021- present

Responsible for student health

**Pediatric Home Care Nurse/Home Visiting Nurse/Supervisor
Granite Visiting Nurses** 2021- present

Responsible for pediatric home care clients

MCH Coordinator/Pediatric Program Manager 2010-2021
Central NH VNA and Hospice, Laconia & Wolfeboro, Inc., NH 03894.

Responsible for pediatric program administration and coordination as well as case management and home visiting according to MCH contract guidelines.

Home Health Nurse/Maternal Child Health Nurse 1997-2010
VNA-Hospice of Southern Carroll County and Vicinity, Inc. Wolfeboro, NH 03894

Responsible for primary client care for home health patients, maternal-newborn visits, home visiting for Good Beginnings program, Child Health Program, collaborates with parent educator and community resources.

Responsible for Children and adults' immunization clinics

Intake Nurse 1995 - 1997
VNA-Hospice of Southern Carroll County and Vicinity Wolfeboro, NH

Responsible for intake of new referrals, staff scheduling, case management and supervision of staff nurses

U.S. Army Staff Nurse, R.N. 1991-1995
Gorgas Army Community Hospital, U.S. Canal Zone, Republic of Panama

Supervision and Staff Nurse on a Pediatric Ward

Education and Awards

Bachelor's in Nursing **1982 -1986**
Norwich University, Northfield, Vermont

U.S. Army, Commander's Award for Public Service- **June 1995**
Superior Performance Award from Gorgas Army

Community Hospital **June 1995**

Certified as Lactation Counselor **1997-Present**

Certified in Parents as Teachers program **2012-Present**

Certified in Growing Great Kids Program **2012-Present**

RYAN A. MARCHAND

MISSION

I'd like to empower community members and new parents through skill-building, resource connection, reflection, and evidence-based practices.

EXPERIENCE

Program Manager/Supervisor/FAW, Healthy Families America, BM-CAP - 2022-present

Oversees HFA program, ensuring our site follows and upholds up to date Best Practice Standards. I also supervise and provide guidance for one family support specialist with weekly reflective supervision. Additionally, I screen/enroll referrals using the FROG tool.

Family Support Specialist, Healthy Families America, BM-CAP – 2018-2022

As a Home visitor/FSS, I was responsible for building relationships with new and expecting parents in the area, as well as connecting them with community resources to promote a sense of confidence and build protective factors for participating families. I employed the Parents as Teachers curriculum during these visits.

EDUCATION

Lakes Region Community College, Laconia, NH — Computer Technologies, 2013 - 2015

Plymouth State University, Plymouth, NH — BA, Communications, 2007

SKILLS SUMMARY

- Familiarity with up to date HFA Best Practice Standards
- Records available for HFA FSS/FAW/FROG/Supervisory trainings
- Trauma-informed home visiting and motivational interviewing expertise
- Reflective Supervision experience with home visiting staff, nurturing professional growth
- Dependability, collaboration and friendliness as a baseline in home and work life
- Excellent time and resource management skills, flexible and pragmatic problem solving
- Administrative organization with special attention to confidentiality
- Course-backed Microsoft Office Suite expertise (Word, Excel, PowerPoint, Outlook, Access)

References available upon request

Sarah Love

Skills

I am a passionate and dedicated life-long learner who values respectful communication, collaborative problem solving, authentic and joyful engagement. I am patient, adaptable and hard working. I love to weave my joy of gardening, cooking, exploring and singing with my sense of humor to create loving, engaging and meaningful moments and environments.

Experience

2021-Present

The Sandwich Children's Center, Sandwich NH - *Co-Director/Lead Toddler Teacher/Program Coordinator*

As Lead Toddler Teacher:

- Follows state DHHS/CCLU rules and regulations to maintain a physical and emotional safe space for all children and families
- Responsible for the creation of program philosophy and ensures it reflects best practices in foundations of early child development according to NAEYC
- Observes regularly in classrooms and serves as a role model and mentor in all aspects of interaction with children, families and staff
- Conducts home visits with all families in order to foster a respectful partnership to ensure each family and child are visible in the classroom
- Responsible for child observations, assessments and documentation of children's development and exploration according to Developmentally Appropriate Practice
- Partners with local school district professionals to conduct referrals to local resource agencies
- Works with all staff to create a reflective, respectful, professional and empowering ECE culture through weekly staff meetings, professional development days and daily communication

As Co-Director:

- Ensures the Center's adherence to all state and local health, safety, and licensing regulations to maintain a physical and emotional safe space for all children, families and staff.
- Responsible for operating the Center in accordance with the approved budget. Works with the bookkeeper to be sure all financial files and records are thorough, accurate, regularly maintained and up-to-date.
- Responsible for the daily operations of the program including budget, billing, health and safety practices, hiring, training, promoting, supervising and problem solving with staff in order to create an effective environment conducive of growth and learning.
- Establishes procedures for interviewing prospective families, enrolling students and providing financial aid information.
- Facilitates orientation and adjustment of all newly enrolled children and their families.
- Establishes open and warm relationships with families and community members. Responds to requests and concerns in a timely and respectful manner.

- Maintains professional development plans, conducts annual reviews and reviews of policy handbooks.
- Attends bi-monthly Board of Directors meetings as an ex-officio member to maintain cohesive program philosophy and mission.
- Establish a culture of professionalism and commitment to best practices according to NAEYC competencies and code of ethics
- Executing the program's mission as well as developing and carrying out program policies and procedures that support that mission
- Advocates for all children being able to gain access to quality programming

2017-2020

Barton Family, Moultonboro NH - *Family Helper*

- Supporting parents in the home setting during caregiving routines for their infant and two toddlers.
- Errand running, grocery shopping
- Planning and preparing nutritious weekly meals
- Lite house keeping

2015-2020

Squam Lake Inn/Squam Lake Marketplace, Holderness NH - *Bar/Kitchen Manager*

- Leading front of the house/back of the house teams which included hiring and training new staff, ensuring staff complies with company policy and healthy/safety regulations.
- Managing inventory/finances
- Overseeing daily operations
- Ensuring customer satisfaction and handling conflicts
- Menu creation for daily operation as well as special events coordination
- Maintaining SERVSAFE certification
- Working with upper management to create a respectful, cooperative and positive work environment for customers and staff alike.

2008-2009

Sandwich Children's Center, Sandwich NH - *Afternoon Preschool Teacher*

- Supporting children during afternoon rest.
- Creating a safe and inclusive environment for children to explore and play.
- Age appropriate curriculum development and implementation.
- Forming partnerships with families in order to bridge home and school life.

Spring 2008

Cabrillo College Children's Center One's Classroom, Aptos CA - *Student Intern*

- Planning and implementing a balance of individual and group activities based on careful observation of each child's social, emotional, cognitive and physical needs.
- Conflict resolution techniques that promoted cooperation and empathy.
- Use of DAP (Developmentally Appropriate Practice) for assessing and observing children.
- Daily family check-ins and monthly family workshops.

2004-2008

Tara Redwood School, Soquel CA - Co-Teacher Multiage (3-5) Preschool Classroom

- Utilized my extensive foundation of early childhood development to create a safe, predictable, respectful, age appropriate and inclusive preschool classroom that fostered each child's innate curiosity about the richly diverse physical world around them.
- Helped to cultivate a classroom culture rich in language, the sciences, art, music and movement that assisted children in feeling competent, valued, seen and heard.
- Created a curriculum for children that helped them to make connections to the natural world around them.
- Assisted in fostering the development of warm relationships between children, their caregivers and peers through meaningful dialogue, mindfulness exercises and respectful conflict resolution techniques.
- Assisted in making all families feel visible and honored by encouraging family participation in the classroom.
- Working with upper management to create a respectful, cooperative and positive work environment for customers and staff alike.

Education

2005-2008

Cabrillo College, Aptos CA - AS Early Childhood Education

Specialization Certificates

- Anti Bias Curriculum
- Working with Culturally Diverse Families
- Curriculum Planning
- Peace Education and Children's Literature

1997-2000

University of Southern Maine, Portland ME - Undergraduate General Education

Certifications/Licenses/Trainings

- State of California Family Day Care License Tara Redwood School 2011-2012
- UCSB Extension Montessori World Institute Certificate Sensorial and Practical Life
- UCSB Extension Montessori World Institute Certificate Pre K Math and Language
- UCSB Extension Montessori World Institute Certificate Beginner Math and Language
- Creating Compassionate Cultures Educator/Caregiver Training
- Attended RIE 2022 Annual Conference Online with keynote speaker Dr. Dana Suskind
- Attended webinar Creating Culturally Inclusive Family Programs with Antioch University and Unearthing Joy Together

Betsy A Stipo

Objective - in pursuit of a position to apply skills used in education to a new opportunity

Work Experience

PITTSFIELD ELEMENTARY SCHOOL, Pittsfield, NH

-Title One Reading Teacher

Organize, plan and implement small lessons for emergent readers in Grades K-5

THE PAUL SCHOOL, Wakefield, NH

-Special Education Case Manager, January 2022 - June 2023

Implement and write IEPs

-ABA Tutor, February 2021-January 2022

Implement Applied Behavior Analysis techniques, run discrete trials, support autistic students as needed

MOULTONBOROUGH CENTRAL SCHOOL, Moultonborough, NH

-Special Education Paraprofessional, September 2019-November 2021

-Title One Teacher, November 2019-February 2021

Work with small groups in primary grades teaching reading strategies, developing sound/letter awareness

CRESCENT LAKE SCHOOL, Wolfboro, NH

-Special Education Paraprofessional, September 2018-June 2019

OSSIPEE CENTRAL SCHOOL, Ossipee, NH

-Special Education Paraprofessional, September 2017-June 2018

-5th Grade Teacher, November 2017-February 2018

Follow curriculum while teacher was on maternity leave.

Education

Centenary University, Hackettstown, NJ

B.S. Elementary Education and Psychology (May2001)

Desiree A MacKinnon

Early Childhood Educator, Ma. Dept of EEC Certified for Director 1, Lead Preschool, Infant/Toddler Teacher, BA in Education and Home Visitor with twenty plus year of classroom experience, teacher management and parent and family engagement.

Experience

Sandwich Children's Center Sandwich NH

July 2022-Present

Preschool Co-Teacher in a play-based, child-led, nature-inspired classroom of children aged 3 to 5 years old

- Curriculum planning to enhance development and learning based on children interests and the five domains of early childhood education.
- Help children develop skills for social-emotional literacy and conflict resolution.
- Observe, document and Assess Children's Learning and Development.

Head Start Home Based Home Visitor South Middlesex Opportunity Council 2011-2022

In accordance with Head Start and Mass. EEC regulations, work directly with children and their families to support the school readiness of children aged three to five through social/emotional, cognitive, physical, language and literacy activities.

- Observe and record and assess children's development, using TSG.
- Create weekly individualized plans for children.
- Create bi monthly plans and implement in a classroom.
- Advocate for children and their families by meeting their individual needs.
- Strengthen family relationships and family involvement.

Parent-Child Home Program

Montachusett Opportunity Council

2008-2011

- Educational enrichment program for children at home and for Family Day Care providers using books and toys.
- Develop and implement educational lesson plans.
- Model verbal interaction and learning to parents through reading and play with children aged 16 months to 4 years
- Model verbal interaction and learning to Family Day Care providers and children aged 0-7 years.

MRO Integrated Solutions (Formally CSF Technologies and Praxair) 1998-2008

- Inside sales, customer service and warehouse technician
- Responsible for RFQ,RFP, creating sales orders, product sourcing, purchasing materials, maintain monthly and yearly material requirement inventory,manage product inquiries, receive shipments and enter data into inventory system using Excel and Word, daily shipping using UPS and Fed EX.

Tahanto Regional Middle High School Preschool program: substitute, 1993-1998

The Learning Center for Children Co-Founder, Owner, Teacher 1987-1990

- Group day care serving infants, toddlers and preschoolers
- Responsibilities include: Teacher for infant/toddler and preschool classrooms, hiring and managing of four professional staff, provide training and workshops, collaborate with staff to plan weekly curriculum, jointly administer the center by creating policies and procedures and prepare site for licensing..

Arlington Children's Center 1983-1986

- Lead Toddler Teacher
- Design and implement curriculum for children ages 2 -3 years old.
- Organize parent teacher conferences.
- Develop and plan staff meetings.
- Manage four teachers and six aides.
- Ensure two toddler classrooms were organized and operating per the centers guidelines.

Woburn Children's Center Team Teacher 1982-1983

- Team teaching approach a group of seven to nine toddlers.
- Curriculum planning and classroom organization
- Provide a safe learning environment.

Education

- Bachelor of Arts in Education UMass Amherst 1979-1982
- Mass. Bay Community College 1976-1978

Maureen Paul

Objective

- To obtain a position with your organization utilizing my knowledge and experience as well as challenging my abilities.

Education

MEDICAL BILLING SPECIALIST | 1999 | HO HO KUS SCHOOL (EASTWICK COLLEGE)

- Medical billing and coding

CRIMINAL JUSTICE | 1991 | BERGEN COMMUNITY COLLEGE

- Criminology, Sociology

PHARMACY TECH CERTIFICATE | 2014 |

- Acquired through cross training and hands on experience while overseen by a licensed pharmacist.

Experience

ACCOUNTS PAYABLE & ACCOUNTS RECEIVABLE COORDINATOR | THE HOMEMAKERS HEALTH SERVICES, ROCHESTER NH | 2016-2018

- (AP) Weekly billing Medicare, Medicaid and Third Party Insurances, daily follow up on unpaid claims, maintained cash sheets, daily bank deposits, and maintained petty cash
- (AR) Input weekly invoices, managed payables, assisted CFO with month end process,

BILLING SPECIALIST | LAKEVIEW NEURO REHAB, WOLFEBORO NH | 2011-2015

- Input charges, followed up on claims, managed client funds, assisted CFO with month end closing, collections, insurance verifications

MEDICAL BILLER | FRISBEE HOSPITAL, ROCHESTER NH | 2009-2011

- Input charges, followed up on claims, patient relations

MEDICAL BILLER AND RECEPTIONIST | PAUL DEMASI D.O., WOLFEBORO NH | 2003-2004

- Billing of Medicare, Medicaid and third party Insurances, posted payments, insurance verifications, collections, scheduled patient appointments

MEDICAL BILLER | MERRIAM GRAVES MEDICAL, WOLFEBORO NH | 2000-2003

- Billing of Medicare, Medicaid and third party insurances for two offices, posting of payments, tracking unpaid claims, insurance verifications, collections, coding durable medical equipment (CPT, ICD-9)

MEDICAL BILLING MANAGER | PRIME RECEIVABLES, ORADELL NJ | 1999-2000

- Managed billing for 13 physicians, managed a staff of 5 employees, billing and tracking of claims, posting payments

MEDICAL BILLER AND RECEPTIONIST | ALEXANDER MAZZIOTTI MD, HAWTBORN NJ | 1998-1999

- Billing, collections, scheduling appointments for patients

MANAGER | COGER FARMS AND GARDEN CENTER INC, SADDLE BROOK NJ | 1989-1998

- Managed a staff of 5 employees, ordering and receiving, scheduling, payroll, billing, data entry, customer relations

Heather Fritzky

Work Experience:

State of New Hampshire:

- **February 2006 – Present New Hampshire Retirement System, Assistant Director of Finance/Controller:**
 - Assist the Director of Finance with preparation and monitoring of NHRS' operating budget(s) that aligns with strategic plan and objectives
 - Provide cash forecasts for annuitant payroll, operational and investment cash
 - Recommend cost-savings and operational efficiencies for NHRS
 - Analyze results of actuarial valuation and coordinates actuarial activities in conjunction with the audit, Annual Comprehensive Financial Report (ACFR) and GASB reports
 - Supervises assigned staff including assessing training and development needs and management of workload and workflow
 - Implement and maintain effective internal controls
 - Responsible for employer reporting, posting of wages and contributions, reconciliation of discrepancies, processing billings, refunds, assessing delinquent penalties and reviewing waiver requests as appropriate
 - Oversee the completion and filing of the annual 945 IRS form
 - Responsible for preparing, processing and issuing of all 1099 forms to retirees, beneficiaries and vendors
 - Plan, coordinate and prepare the ACFR, GASB 68 and GASB 75 reports
 - Work directly with NHRS's external auditor to provide all necessary information to complete the annual financial & GASB audits
 - Implement all relevant and necessary GASB pronouncements, most recently GASB 67, 68, 72, 74 & 75
 - Oversee processing of all journal entries to account for the NHRS' trust fund using Microsoft Dynamics (\$11.6 Billion-dollar trust fund)
 - Reporting monthly financial condition of trust fund to members and Board of Trustees using Microsoft Dynamics, management reporter and Microsoft Excel software
 - Responsible for planning, procurement, implementation and maintenance of financial software systems to meet organizational and reporting needs.
 - Responsible for all aspects of cash management including cash receipts and disbursements as well as establishing appropriate internal controls and policies
 - Provide all financial data necessary for the System's actuary to complete the valuation which is used to determine employer contribution rates for future years
 - Supply key financial information to the State of NH for input in their ACFR
- **June 2000- February 2006 New Hampshire Retirement System, Accountant:**
 - Assisted in preparation of Comprehensive Annual Financial Report (CAFR)
 - Processing journal entries to account for trust fund using Solomon VI (\$6.1 Billion-dollar trust fund)
 - Reporting monthly and quarterly financial condition of trust fund to members and Board of Trustees using Pagemaker, FRX report writer and Microsoft Excel software
 - Provide all necessary information for financial audit to System's external auditors
 - Reconciling pension benefit system to general ledger
 - Reduced monthly reporting package for the Board of Trustees by 90 percent
 - Assisted in implementing GASB 34
 - Tracked contributions made and distributions received for all alternative investments using Microsoft Excel, 48 funds
- **November 1998-June 2000 Department of Administrative Services, Financial Reporting, Accountant I:**
 - Reconciled monthly activity for general fund, special fund, capital fund, fish & game, and highway fund
 - Produce the comprehensive annual financial report (CAFR) using pagemaker
 - Developed condensed monthly revenue report to be sent to Governor's Office, House and Senate leaders as well as other key state officials using pagemaker
 - Prepared CAFR and other interim reports for viewing on the state website using pagemaker and excel
 - Processed payment vouchers in the State's financial system
 - Processed required year end entries to facilitate fiscal year end closing
- **May 1995-November 1998 Department of Administrative Services, Business Office, Accounting Technician:**
 - Processed payments for all court facility expenditures using the State's financial system, 13 owned and 46 leased properties
 - Tracked and paid all capital expenditures for courthouses under construction, as many as 6 at one time
 - Processing and tracking leave time for all administrative service employees using the State's payroll system, 325 employees
 - Responsible for developing and inputting operating budget for court facilities using the State's financial system
 - Producing special reports as requested by administrator of court facilities or business supervisors

Education:

- 2005 Bachelors' degree in Accounting Southern New Hampshire University, member of Delta Mu Delta honor society
- 2002 Certified Public Managers Program certificate, George S. Askew Award winner
- 2001 Associates degree in Business Administration with Specialization in Accounting, New Hampshire Technical Institute
- 1999 Certified Public Supervisors Program certificate

CONTRACTOR NAMEKey Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Beth Slepian	CEO	\$398,777	0	0
James Manahan, III	CFO	\$240,000	0	0
Jennifer Brechtel	Director, Community Health	\$95,710.16	1.41%	\$1091.10
Schelley Rondeau	HFA Supervisor	\$67,516.80	75%	\$50,637.60
Ryan Marchand	Family Support Specialist	\$52,000	100%	\$52,000.00
Sarah Love	Family Support Specialist	\$52,000	100%	\$52,000.00
Desiree MacKinnon	Family Support Specialist	\$39,000	100%	\$39,000.00
Betsy Stipo	Family Support Specialist	\$52,000	100%	\$52,000.00
Maureen Paul	Finance Specialist	\$52,124.80	15.348%	\$ 8,000.00
Heather Fritzy	Controller	\$115,000.00	1.74%	\$ 2,000.00

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

26

Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
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May 30, 2023

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a **Retroactive, Sole Source** amendment to an existing contract, which was originally competitively bid, with Granite VNA, Inc. (VC# 174069), Concord, NH, to add funding to support home visiting, involving care, coordination and outreach, by increasing the total price limitation by \$594,177 from \$461,064 to \$1,055,241 with no change to the contract completion date of September 30, 2024, effective retroactive to April 1, 2023, upon Governor and Council approval. 80% Federal Funds. 20% General Funds.

The original contracts were approved by Governor and Council on February 8, 2023, item #39.

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal 2024 and 2025, upon availability and continued appropriation of funds in the future operating budget 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.

See attached fiscal details.

EXPLANATION

The Department released two (2) Requests for Proposals for Home Visiting Services statewide but was not able to identify a contractor to serve the Laconia catchment area. The Department is therefore adding services and funding for the Laconia catchment area to the existing home visiting contract with Granite VNA, Inc. This request is **Retroactive** to April 1, 2023, to ensure there is no gap in services for the families in the catchment area. This request is **Sole Source** because the Department is increasing the price limitation by more than 10%. The Contractor was identified as willing to take on the additional service area and has established relationships, experience, staff, and knowledge necessary to ensure that Laconia families receive care without disruption.

The purpose of this request is to add funding to the existing contract for Granite VNA, Inc. to take on Home Visiting Services for the Laconia region.

The Contractor provides home visiting services to pregnant individuals, and families with children up to age five (5), by utilizing the evidence-based home visiting model from Healthy Families America and its' Child Welfare Protocols. This nationally recognized program demonstrates positive outcomes for families in the areas of positive parenting practices, improved

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 2

maternal and child health, improved school readiness, increased economic self-sufficiency and parental educational attainment, and increased linkages and referrals to valuable community resources. This model has also demonstrated reduction in child maltreatment and family violence. Healthy Families America is currently being provided in every County in New Hampshire.

Approximately 44 families will be served by Granite VNA through the Home Visiting program during State Fiscal Years 2023, 2024, and 2025.

The Department will continue to monitor services by:

- Conducting scheduled data reviews to evaluate capacity utilization, service delivery by region, and demographic data to ensure equitable provision of services.
- Conducting scheduled data reviews of program performance across 19 federally-defined performance measures.
- Reviewing data entered into model-specific tracking documents by each sub-contractor to ensure fidelity to the requirements of the evidence-based model.
- Ensuring the proportion of families who receive at least seventy-five percent (75%) of the appropriate number of home visits based upon the individual level of service to which they are assigned.

Should the Governor and Executive Council not authorize this request, families in the Laconia region, which was identified as one of the state's highest areas of need in the most recent programmatic Need Assessment Update, will go unserved.

Source of Federal Funds: Assistance Listing Number # 93.870, FAIN # X1043595 / X1046878; Assistance Listing Number # 93.870, FAIN# X1141935 / X1145263; Assistance Listing Number # 93.658, FAIN# 2201NHFOST.

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. Weaver
Interim Commissioner



FISCAL DETAILS
 HOME VISITING SERVICES - GRANITE VNA, INC.
 AMENDMENT #1

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS
 05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, HOME VISITING FORMULA GNT
 100% FEDERAL - CFDA# 93.870, FAIR# X1043595; X1046878

Granite VNA - Vendor # 1740691

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$80,533.00	\$0.00	\$80,533.00
2024 (7/1/23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$108,446.00	\$231,083.00	\$340,529.00
2025 (7/1/24-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$27,540.00	\$57,771.00	\$85,311.00
SUBTOTAL				\$217,519.00	\$288,854.00	\$506,373.00

05-95-90-902010-2451 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, ARP - MIEC HOME VISITING
 100% FEDERAL FUNDS - CFDA# 93.870, FAIR# X1141935; X114#263

Granite VNA - Vendor # 1740691

State Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	\$11,452.00	\$61,138.00	\$72,591.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$0.00	\$8,504.00	\$8504.00
2025 (7/1/24-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$0.00	\$2,130.00	\$2130.00
SUBTOTAL				\$11,452.00	\$71,772.00	\$83,226.00

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (CYF) FUNDS
 05-95-042-421010-29580000, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV; CHILD PROTECTION; CHILD - FAMILY SERVICES
 50% FEDERAL FUNDS - CFDA# 93.668, FAIR# 2201NHFOST

Granite VNA - Vendor # 1740691

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$87,035.00	\$38,925.00	\$125,960.00
2024 (7/1/23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$116,046.00	\$155,700.00	\$271,746.00
2025 (7/1/24-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$29,012.00	\$38,925.00	\$67,937.00
SUBTOTAL				\$232,093.00	\$233,550.00	\$466,643.00

COMBINED HOME VISITING SERVICES CONTRACT TOTAL \$461,064.00 \$594,177.00 \$1,055,241.00

**State of New Hampshire
Department of Health and Human Services
Amendment #1**

This Amendment to the Home Visiting Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Granite VNA, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on February 8, 2023 (Item # 39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, 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 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 1.8, Price Limitation, to read:

\$1,055,241

2. Modify Exhibit B, Scope of Services by replacing Subsections 3.3. & 3.4. with the below:

3.3. The Contractor must service a portion of families utilizing the HFA Child Welfare Protocols (CWP) in the Conway and Laconia DCYF Catchment Areas, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months old, referred by the child welfare system, who are participating in the service voluntarily. For the Conway region, the Contractor must serve no less than three (3) DCYF families during the first six (6) months of the contract period and no less than four (4) families thereafter through the end of the contract period. For the Laconia region, the Contractor must serve no less than six (6) DCYF families during the first six (6) months of the contract period and no less than eight (8) families thereafter through the end of the contract period.

3.4. The Contractor must serve fourteen (14) families in the Conway DCYF Catchment Area and thirteen (13) families in the Laconia DCYF Catchment Area under the traditional HFA model.

3. Modify Exhibit C, Payment Terms, Section 1, to read:

1. This Agreement is funded by:

- 1.1. 78% Federal Funds from:

1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MG43595.

1.1.2. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the DHHS Health Resources and

Granite VNA, Inc.

A-S-1.2

Contractor Initials

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Services Administration, CFDA 93.870, FAIN X10MC46878.

- 1.1.3. American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC41935.
- 1.1.4. American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC45263.
- 1.1.5. Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, CFDA 93.658, FAIN 2301NHFOST.

1.2. 22% General Funds.

4. Modify Exhibit C, Payment Terms, Section 7., to read:

7. 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 items, as specified in Exhibit C-1, Budget through Exhibit C-8, Budget (SFY 2025) – Amendment # 1.

5. Modify Exhibit C, Payment Terms, Subsection 9.2., by replacing with the below:

9.2. Payment shall be made on a monthly basis and follow a process determined by the Department, as indicated in Section 10.1., below.

6. Modify Exhibit C, Payment Terms, Subsection 10.1., by replacing with the below:

10.1. 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 items, as specified in Exhibit C-5, DCYF Budget (SFY 2023) – Amendment # 1, and Exhibit C-6, DCYF Budget (SFY 2024) – Amendment # 1. The Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	\$62,168
2024	\$58,022
2025	\$0*
Sub-Total	\$120,190
*The Contractor will only bill for direct services in SFY 25.	

7. Add Exhibit C, Payment Terms, Section D., to read:

D. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for direct services to Laconia Catchment Region:

11. Payment shall be for services provided in fulfillment of this Agreement, as specified in Exhibit B Scope of Work Section 3.4, and in accordance with the following:

- 11.1. Weekly Rate: For the purposes of this Agreement, a weekly rate shall be paid in the amount of \$148.95 per client (family) once per week.
- 11.2. Payment shall be made on a monthly basis and follow a process determined by the Department.
- 11.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

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State Fiscal Year	Amount
2023	\$16,533
2024	\$93,590
2025	\$38,925
Sub-Total	\$149,148

11.5. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

8. Add Exhibit C, Payment Terms, Section E., to read:

E. **Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for administrative services to Laconia Catchment Region:**

12. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure each invoice is completed, dated and returned to the Department in order to initiate payment.

12.1. 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 items, as specified in Exhibit C-5, DCYF Budget (SFY 2023) – Amendment # 1, and Exhibit C-6, DCYF Budget (SFY 2024) – Amendment # 1. The Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	\$22,392
2024	\$62,010
2025	\$0*
Sub-Total	\$84,402
* The Contractor will only bill for direct services in SFY 25.	

12.2. In lieu of hard invoice copies, all invoices may be assigned an electronic signature and emailed to DCYFInvoices@dhhs.nh.gov, or invoices may be mailed to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

12.3. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

9. Modify Exhibit C-2 Budget, SFY 2024, by replacing in its entirety with Exhibit C-2, Budget (SFY 2024) – Amendment # 1, which is attached hereto and incorporated by reference herein.

10. Modify Exhibit C-3 Budget, SFY 2025, by replacing in its entirety with Exhibit C-3, Budget (SFY 2025) – Amendment # 1, which is attached hereto and incorporated by reference herein.

11. Modify Exhibit C-4 Budget, SFY 2023, by replacing in its entirety with Exhibit C-4, Budget (SFY 2023) – Amendment # 1, which is attached hereto and incorporated by reference herein.

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12. Modify Exhibit C-5 Budget, SFY 2023, by replacing in its entirety with Exhibit C-5, DCYF Budget (SFY 2023) – Amendment # 1, which is attached hereto and incorporated by reference herein.
13. Modify Exhibit C-6 Budget, SFY 2024, by replacing in its entirety with Exhibit C-6, DCYF Budget (SFY 2024) – Amendment # 1, which is attached hereto and incorporated by reference herein.
14. Add Exhibit C-7, Budget (SFY 2024) – Amendment # 1, which is attached hereto and incorporated by reference herein.
15. Add Exhibit C-8, Budget (SFY 2025) – Amendment # 1, which is attached hereto and incorporated by reference herein.

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All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to April 1, 2023, upon Governor and 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

5/30/2023

Date

DocuSigned by:
Patricia M. Tilley
Name: Patricia M. Tilley
Title: Director

Granite VNA, Inc.

5/30/2023

Date

DocuSigned by:
Geraldine Holmes
Name: Geraldine Holmes
Title: CFO

Exhibit C-2, Budget (SFY 2024) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Formula Grant
Budget Period	SFY 2024 (07/01/2023 - 06/30/2024)
Indirect Cost Rate (if applicable)	10%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$131,243
2. Fringe Benefits	\$36,753
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$14,950
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$4,500
5.(e) Supplies Office	\$8,000
6. Travel	\$38,000
7. Software	\$17,026
8. (a) Other - Marketing/ Communications	\$18,100
8. (b) Other - Education and Training	\$33,000
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$3,000
Other (please specify)	\$5,000
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$309,572
Total Indirect Costs	\$30,957
TOTAL	\$340,529

Contractor Initial: DS
GH

Exhibit C-3, Budget (SFY 2025) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Formula Grant.
Budget Period	SFY 2025 (07/01/2024 - 09/30/2024)
Indirect Cost Rate (if applicable)	10%
Line Item:	Program Cost - Funded by DHHS
1. Salary & Wages	\$29,349
2. Fringe Benefits	\$8,218
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$4,000
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$2,000
5.(e) Supplies Office	\$3,725
6. Travel	\$4,000
7. Software	\$4,263
8. (a) Other - Marketing/ Communications	\$5,000
8. (b) Other - Education and Training	\$15,000
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$2,000
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$77,555
Total Indirect Costs	\$7,756
TOTAL	\$85,311

Contractor Initial: OS
GH

Exhibit C-4, Budget (SFY 2023) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	ARP - MIECH Home Visiting
Budget Period	SFY 2023 (10/01/2022 - 06/30/2023)
Indirect Cost Rate (if applicable)	10%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$43,143
2. Fringe Benefits	\$12,080
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$150
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$150
5.(e) Supplies Office	\$100
6. Travel	\$1,000
7. Software	\$3,629
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$5,240
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$500
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$65,992
Total Indirect Costs	\$6,599
TOTAL	\$72,591

Contractor Initial: DS
GH

Exhibit C-5, DCYF Budget (SFY 2023) - Amendment # 1

New Hampshire Department of Children, Youth and Families	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Services, Child-Family Services
Budget Period	SFY 2023 (10/01/2022 - 06/30/2023)
Indirect Cost Rate (if applicable)	8%
Line Item	Program Cost - Funded by DCYF
1. Salary & Wages	\$16,102
2. Fringe Benefits	\$4,509
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$20,611
Total Indirect Costs	\$1,781
TOTAL	\$22,392

Contractor Initial:

Exhibit C-6, DCYF Budget (SFY 2024) - Amendment # 1

New Hampshire Department of Children, Youth and Families	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Services, Child-Family Services
Budget Period	SFY 2024 (07/01/2023 - 06/30/2024)
Indirect Cost Rate (if applicable)	10%
Line Item	Program Cost - Funded by DCYF
1. Salary & Wages	\$43,143
2. Fringe Benefits	\$12,080
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$1,150
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$56,374
Total Indirect Costs	\$5,636
TOTAL	\$62,010

Contractor Initial: ps
GH

Exhibit C-7, Budget (SFY 2024) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	ARP - MIECH Home Visiting
Budget Period	SFY 2024 (07/01/2023 - 06/30/2024)
Indirect Cost Rate (if applicable)	4%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$7,201
2. Fringe Benefits	\$0
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$1,000
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$8,201
Total Indirect Costs	\$303
TOTAL	\$8,504

Contractor Initial: DS
GH

Exhibit C-8, Budget (SFY 2025) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	ARP - MIECH Home Visiting
Budget Period	SFY 2025 (07/01/2024 - 09/30/2024)
Indirect Cost Rate (if applicable)	10%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$1,436
2. Fringe Benefits	\$0
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$500
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$1,936
Total Indirect Costs	\$194
TOTAL	\$2,130

Contractor Initial: 



Leif A. Weaver
Interior Commissioner

Patricia M. Tibery
Director

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

29 HAZEN DRIVE, CONCORD, NH 03301
603-371-4501 1-800-852-3345 Ext 4501
Fax: 603-371-4817 TDD Access: 1-800-735-3964
www.dhhs.nh.gov

December 29, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, and the Division of Children, Youth and Families, to enter into Retroactive contracts with the contractors listed below in an amount not to exceed \$8,847,771 to provide home visiting services, with the option to renew for up to four (4) additional years, effective retroactive to October 1, 2022, upon Governor and Council approval through September 30, 2024. 73.87% Federal Funds. 25.11% General Funds. 1.22% Other Funds.

Contractor Name	Vendor Code	Area Served*	Contract Amount
Community Action Partnership of Strafford County	177200-B004	Rochester Catchment Area	\$1,224,446
Granite VNA, Inc.	177244-B002	Conway Catchment Area	\$481,064
The Family Resource Center at Gorham	162412-B001	Berlin and Littleton Catchment Areas	\$1,590,113
Waypoint	177166-B002	Concord, Manchester, Seacoast and Southern Catchment Areas	\$5,572,148
		Total:	\$8,847,771
* Note the Department did not receive vendor responses for some areas of the state and is currently in the process of re-soliciting for those remaining regions to ensure statewide coverage.			

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Years 2024 and 2025, upon the availability and continued appropriation of funds in the future operating budget, 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.

Because the Bridges System is used to process and monitor payments for these agreements, no purchase order number is assigned. The New Hampshire First System will not be used to encumber these funds. Depending on the eligibility of the client, funding type is determined at the time of the payment.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 4

See attached fiscal details.

EXPLANATION

This request is Retroactive to avoid any interruption in these services and to allow for continuity of care for families in these regions. This was a complex procurement collaboratively sought by the Division of Public Health Services and the Division for Children, Youth and Families with multiple funding sources. The Department needed additional time to confirm funding details and finalize the contracts and therefore did not have executed contracts in time to present to Governor and Council to prevent the previous contracts from expiring.

The purpose of this request is to provide home visiting services to pregnant individuals, and families with children up to age five (5), by utilizing the evidence-based home visiting model from Healthy Families America and its Child Welfare Protocols. This nationally recognized program demonstrates positive outcomes for families in the areas of positive parenting practices, improved maternal and child health, improved school readiness, increased economic self-sufficiency and parental educational attainment, and increased linkages and referrals to valuable community resources. This model has also demonstrated reduction in child maltreatment and family violence. Healthy Families America is currently being provided in every County in New Hampshire. The purpose of this request is to ensure continuity of services, while supporting expansion of the program, making it available to a broader population of families, including those involved in New Hampshire's child welfare system.

Approximately 354 individuals will be served during State Fiscal Years 2023, 2024, and 2025.

The Division of Public Health Services will monitor services by:

- Conducting monthly, quarterly, and annual data reviews to evaluate capacity utilization, service delivery by region, and demographic data to ensure equitable provision of services.
- Conducting quarterly and annual data reviews of program performance across 19 federally-defined performance measures.
- Reviewing data entered into model-specific tracking documents by each sub-contractor to ensure fidelity to the requirements of the evidence-based model.

The Division for Children, Youth, and Families will monitor services using the following performance measures:

¹ HFA Evidence of Effectiveness 2022 Website.pdf (healthyfamiliesamerica.org)

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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- Referrals
 - Share of families who are referred to Healthy Families America from Division for Children, Youth and Families. (Number of families currently enrolled in Healthy Families America Child Welfare Protocols and percentage of Healthy Families America Child Welfare Protocol slots currently used.)
 - Share of Division for Children, Youth and Families-referred families that were enrolled between three (3) and twenty-four (24) months of age.
 - Share of Division for Children, Youth and Families-referred families with a recent assessment of a Substance Exposed Infant.
- Enrollments
 - Average time to enrollment from the time and date of referral.
 - Number of days from referral date to the first home visit.
 - Share of families that are offered Healthy Family America and percentage of offered families who decide to receive Healthy Family America.
 - Proportion of families that are retained in the program over specified periods of time, (3 months, 6 months, and every 6 months thereafter) after receiving a first home visit.
 - Proportion of families who receive at least seventy-five percent (75%) of the appropriate number of home visits based upon the individual level of service to which they are assigned.
- Program Completion
 - Share of families who do not complete the program, including, reason for non-completion and/or discharge.
 - Share of families that discharged who completed a minimum of specified periods of service. (Starting at 6 months, and every 6 months thereafter up until 36 months of service.)
- Short-term Outcomes
 - Share of families with a new case opened to the Division for Children, Youth and Families, or a new report of maltreatment, within 6 months after discharge.
 - Share of children who enter out-of-home placement within 6 months after discharge, including breakdown of placement type.
 - Share of children who enter any form of out-of-home placement within 12 months of discharge.
 - Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

The Department selected the contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from June 29, 2022 through August 2, 2022. The Department received four (4) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 4 of 4

As referenced in Exhibit A, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request over 200 New Hampshire families will experience a lapse in preventive services they've come to depend on, leaving vulnerable families without access to proven support for preventing child abuse and neglect, family violence, low birth weight, maternal depression, and developmental delays.

Source of Federal Funds: Assistance Listing Number # 93.870, FAIN # X1043595, X1046878, X1145263; Assistance Listing Number # 93.658, FAIN # (FFPSA) 2201NHFOST; and Assistance Listing Number # 93.391, FAIN # NH75OT000031

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

Respectfully submitted,



Lori A. Weaver
Interim Commissioner

FISCAL DETAIL SHEET
SFY 23, 24 & 25 HOME VISITING SERVICES CONTRACTS

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

**05-95-60-902010-3898 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HMS:
 PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, HOME VISITING FORMULA GNT
 100% FEDERAL CFDA #93.870 FAIN # X1043595, X1046878**

Community Action Partnership of Stratford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$182,620.00
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Services	90083208	\$16,995.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$317,640.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$79,410.00
SUBTOTAL:				\$606,665.00

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$692,250.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$950,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$237,500.00
SUBTOTAL:				\$1,879,750.00

State of Maine - Vendor #17244-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$80,533.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$109,446.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$27,540.00
SUBTOTAL:				\$217,519.00

The Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$269,728.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$378,354.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$92,583.00
SUBTOTAL:				\$740,666.00
Total of AU 5896				\$3,444,600.00

05-95-92-920510-3382 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
BEHAVIORAL HEALTH DIVISION, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION
FUNDS

100% OTHER FUNDS

Waypoint - Vendor #177156-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	074-500589	Grants for Pub Asst and Rel	92057502	\$108,000.00
SUBTOTAL:				\$108,000.00
TOTAL OF AU 3382				\$108,000.00

05-95-09-902010-5190 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC
BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH, HEALTH DIV

100% GENERAL FUNDS

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Svcs	90004019	\$56,250.00
2024 (7-1-23-6/30/24)	102-500731	Contracts for Program Svcs	90004019	\$75,000.00
2025 (7/1/24-9/30/24)	102-500731	Contracts for Program Svcs	80004019	\$18,750.00
SUBTOTAL:				\$150,000.00
TOTAL OF AU 5190				\$150,000.00

05-95-09-901010-5771 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC
HEALTH DIV, BUREAU OF POLICY & PERFORMANCE, PH COVID-19 HEALTH DISPARITIES

100% FEDERAL FUNDS CFDA #93.391 FAIN#NH750T0000031

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577160	\$105,000.00
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	\$157,500.00
SUBTOTAL:				\$262,500.00

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	\$86,512.00
SUBTOTAL:				\$86,512.00
TOTAL OF AU 5771				\$349,012.00

05-95-90-902010-2451 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES,
HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, ARP - MIEC HOME VISITING 100%
FEDERAL FUNDS CFDA #93.070, FAIN# X1141835 & X1145263

Community Action Partnership of Stafford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$17,532.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$54,231.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$13,558.00
SUBTOTAL:				\$85,321.00

Waypoint - Vendor #177168-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Assi and Rel	90083206	\$114,064.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	\$125,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	\$142,350.00
SUBTOTAL:				\$381,414.00

Grand VNA - Vendor #177168-B002				
State Fiscal Year	Class / Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Assi and Rel	90083206	\$11,452.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	\$0.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	\$0.00
SUBTOTAL:				\$11,452.00

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Assi and Rel	90083206	\$68,714.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	\$50,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	\$56,532.00
SUBTOTAL:				\$175,246.00
TOTAL OF AU 2451				\$653,433.00

DPHS SUBTOTAL: \$4,705,045.00

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-2958, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
HUMAN SERVICES DIV, CHILD PROTECTION, CHILD - FAMILY SERVICES
50% FEDERAL CFDA #93.858 FAIN # 2201NHFOST

Community Action Partnership of Stafford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$199,673.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$266,230.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$66,557.00
SUBTOTAL:				\$532,460.00

Cape Fear VNA - Vendor #107724-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$87,035.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$116,048.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$29,012.00
SUBTOTAL:				\$232,093.00

The Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$164,133.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$218,845.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$54,711.00
SUBTOTAL:				\$437,689.00

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$1,102,682.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$1,470,242.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$367,560.00
SUBTOTAL:				\$2,940,484.00
Total of AU 2958				\$4,142,726.00

DCYF SUBTOTAL: \$4,142,726.00

COMBINED HOME VISITING SERVICES CONTRACT TOTAL:	\$8,847,771.00
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**New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet**

Project ID # RFP-2023-DPHS-01-HOMEV

Project Title Home Visiting Services

	Maximum Points Available	Community Action Partnership of Stratford County	Granite VNA, Inc.	The Family Resource Center at Gorham	Waypoint
Technical					
Experience	30	25	24	30	28
Organizational Capacity	25	30	29	33	30
Performance Improvement	25	20	22	24	24
Subtotal - Technical	80	75	75	87	82
Cost					
Budget Sheet (Appendix F & F-1)	6	3	3	4	3
Program Staff List (Appendix G)	6	3	3	4	4
Subtotal - Cost	10	6	6	8	7
TOTAL POINTS	100	81	81	95	89
TOTAL PROPOSED VENDOR COST		\$1,004,820	\$484,163	\$1,750,754	\$5,640,868

Reviewer Name	Title
1. Gayleen Smith	Administrator III, Finance
2. Lisa Cecchiola (Luzpron)	Administrator II, DPHS Finance
3. Matt Hart	Program Specialist IV, DPHS
4. Ashley Jones	Program Specialist IV, DCYF
5. Kaby McCormac	Assessment Supervisor IV, DCYF
6. Aurelia Moran	Supervisor V, DPHS

Subject: Home Visiting Services / RFP-2023-DPHS-01-HOMEV-02

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 New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Granite VNA, Inc.		1.4 Contractor Address 30 Pillsbury Street Concord, NH 03301	
1.5 Contractor Phone Number 603-515-2445	1.6 Account Number 05-095-090-902010-5896 05-095-090-902010-2451 05-095-042-421010-2958	1.7 Completion Date 9/30/2024	1.8 Price Limitation \$461,064.00
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Designated by: <i>Beth Slepian</i> Date: 1/5/2023		1.12 Name and Title of Contractor Signatory Beth Slepian President/CEO	
1.13 State Agency Signature Designated by: <i>Patricia M. Tilley</i> Date: 1/5/2023		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: <i>Joseph Aquino</i> On: 1/5/2023			
1.17 Approval by the Governor and Executive Council (if applicable) O&C Item number: _____ G&C Meeting Date: _____			

2. 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 B 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 1.17, 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 1.13 ("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 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 for Services provided in EXHIBIT B, in whole or in part. 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 reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds to 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 C 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 applicable 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 employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement those regulations. The Contractor shall also comply with all applicable intellectual property 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 The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

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

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

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, 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 give the Contractor a written notice specifying the Event of Default and 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 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3 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.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, 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 B. In addition, at the State's discretion, 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.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 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.

10.2 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.

10.3 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.

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.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. 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 continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

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

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

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

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance, and any renewals thereof shall be attached and are incorporated herein by reference.

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. The 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. **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, to a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. **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.

18. **CHOICE OF LAW AND FORUM.** This Agreement shall be governed, interpreted and 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. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. **CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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 or modifying provisions set forth in the attached EXHIBIT A 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 with respect to the subject matter hereof.

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EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions
 - 1.1. Paragraph 3, Subparagraph 3.1, Effective Date/Completion of Services, is amended as follows:
 - 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 as indicated in block 1.17, this Agreement, and all obligations of the parties hereunder, shall become effective October 1, 2022, ("Effective Date").
 - 1.2. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:
 - 3.3. The parties may extend the Agreement for up to four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.
 - 1.3. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:
 - 12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

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Scope of Services

1. Introduction

- 1.1. The Contractor must provide services in accordance with Department requirements and the Healthy Families America (HFA) program, which is designed to reduce the risk of child maltreatment by strengthening parent-child relationships, promoting healthy childhood growth, and enhancing family functioning and protective factors. Families enroll voluntarily with HFA, and meet regularly with a Family Support Specialist and receive services tailored to their needs.

HFA is both culturally-inclusive and trauma-informed, and teaches parents about healthy child development and appropriate activities for keeping their child(ren) healthy and thriving. The Contractor must provide services to assist in:

- Increasing caregivers' ability to build attachments with their child(ren);
- Creating foundations for nurturing relationships;
- Enhancing family functioning through reducing risk and increasing protective factors; and
- Developing connections to additional resources, which include, but are not limited to:
 - Housing.
 - Food.
 - Various forms of treatment.
 - School readiness.
 - Childcare.
 - Access to diapers and other supplies.

- 1.2. The Department, through this Agreement, seeks to assess needs more holistically, and to create crucial linkages across systems that touch vulnerable populations to seamlessly connect them to supports and enhance available services at all levels of needs. The Department's Division of Public Health Services (DPHS) in conjunction with the Division for Children, Youth and Families (DCYF) are collaborating their efforts to achieve this goal. The Contractor must provide services using the HFA program to children and families on behalf of both Divisions.

- 1.3. For the purposes of this Agreement, all references to day(s) mean Monday through Friday, business days, excluding state and federal holidays.

2. Key Definitions & Terminology

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- 2.1. **Begin Date of Services** – The date the Contractor initiated contact with the client/family, and corresponds with the date listed as “begin date of services” on the Division for Children, Youth and Families (DCYF) Service Authorization Form.
 - 2.2. **CPS** – Child Protective Services.
 - 2.3. **CQI** – Continuous Quality Improvement.
 - 2.4. **Cultural Humility** – Maintaining a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture. Rather what you learn about a participant’s culture stems from being open to what they themselves have determined is their personal expression of their heritage and culture.
 - 2.5. **CWP** – Child Welfare Protocols.
 - 2.6. **DCYF** – Division for Children, Youth and Families.
 - 2.7. **DHHS** – Department of Health and Human Services.
 - 2.8. **DPHS** – Division of Public Health Services.
 - 2.9. **DO** – District Office.
 - 2.10. **Face-to-face** – An in-person or virtual interaction or home visit (defined below) following the date on which the referral was made in which a provider begins working with the families to deliver HFA.
 - 2.11. **FFPSA** – Family First Prevention Services Act.
 - 2.12. **FTE** – Full time equivalent is a figure calculated from the number of full-time and part-time employees in an organization that represents these workers as a comparable number of full-time employees.
 - 2.13. **GGK** – Growing Healthy Kids is a user friendly and truly comprehensive strength-based approach to growing nurturing parent-child relationships and supporting healthy childhood development.
 - 2.14. **HFA** – Healthy Families America.
 - 2.15. **HFA model** – A well-supported practice that provides home visiting designed to work with families who may have histories of trauma, intimate partner violence, mental health challenge, and/or substance use disorders. HFA services are delivered voluntarily, intensively, and over the long-term.
 - 2.16. **HFA BPS** – Healthy Families America Best Practice Standards.
 - 2.17. **HFA CWP model** – A set of protocols that requires the existing model requirements be provided, while offering additional guidance related to enrollment, caseload management, and establishing a formal MOU with child welfare in order to best serve families. Services are offered for a minimum of three years, regardless of the age of the child at intake, and supports families

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with children through age five, which allows sites to enroll families referred by child welfare up to age twenty-four months.

- 2.18. **HRSA** – Health Resource and Services Administration is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable and the funding source of the MIECHV.
- 2.19. **MIECHV** – Maternal, Infant and Early Childhood Home Visiting – a program that supports pregnant individuals and families and helps at-risk parents of children from birth to kindergarten entry to tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn.
- 2.20. **MOU/MOA** – Memorandum of Understanding/Memorandum of Agreement – a written agreement between two (2) parties to provide certain services.
- 2.21. **Open Assessment** – Any report of concern received by DCYF that is screened in by DCYF’s central intake, and is being investigated by child protection staff.
- 2.22. **Open Case** – Any case opened to DCYF, including community-based/internal voluntary cases.
- 2.23. **Out-of-Home Placement** – The removal of a child from their normal place of residence to reside in a court-ordered substitute care setting under the placement and care responsibility of DCYF.
- 2.24. **PAT** – Parents As Teachers – a foundational curriculum used as an approach to working with families that is relationship-based and parenting-focused.
- 2.25. **PII** – Personally Identifiable Information.
- 2.26. **QA** – Quality Assurance.
- 2.27. **Virtual Home Visit** - A home visit, as described in an applicable service delivery model that is conducted solely by the use of electronic information and telecommunications technologies.¹
- 2.28. **Well-supported practice** – An evidence-based service that has at least two (2) contrasts, with non-overlapping samples in studies carried out in usual care or practice settings that achieve a rating of moderate or high on design and execution and demonstrate favorable effects in a target outcome domain. At least one (1) of the contrasts must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one (1) target outcome.

3. Statement of Work

3.1. The Contractor must provide face-to-face voluntary home visiting services to

¹ Text - H.R.133 - 116th Congress (2019-2020): Consolidated Appropriations Act, 2021 | Congress.gov | Library of Congress

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pregnant individuals and families with children up to age five (5) by utilizing the evidence-based home visiting model from HFA.

3.2. The Contractor must ensure a minimum of 80% of families served using the traditional HFA model are enrolled in services prenatally or by when the child is 3-months old. The Contractor must offer services in compliance with HFA requirements after enrollment. Eligible families for traditional HFA services (as managed by the Division of Public Health Services) must fall within one (1) or more of the federally defined priority populations below:

- 3.2.1. Are first-time parents.
- 3.2.2. Have income of less than one hundred eighty-five percent (<185%) of the U.S. Department of Health and Human Services (USDHHS) Poverty Guidelines.
- 3.2.3. Are less than twenty-one (21) years of age.
- 3.2.4. Have a history of child abuse or neglect, or have had interactions with child welfare services.
- 3.2.5. Have a history of substance misuse or need substance use disorder treatment.
- 3.2.6. Are users of tobacco products in the home.
- 3.2.7. Have or have had a child(ren) with low student achievement.
- 3.2.8. Have a child(ren) with developmental delays or disabilities.
- 3.2.9. Are in families that include individuals who are serving or have formerly served in the armed forces.

3.3. The Contractor must service a portion of families utilizing the HFA Child Welfare Protocols (CWP) in the Conway DCYF Catchment Area, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months old, referred by the child welfare system, who are participating in the service voluntarily. The Contractor must serve no less than three (3) DCYF families during the first six (6) months of the contract period and no less than four (4) families thereafter through the end of the contract period.

3.4. The Contractor must serve fourteen (14) families in the Conway DCYF Catchment Area under the traditional HFA model.

3.5. Eligible families for HFA CWP services must fall within one (1) of more of the following DCYF FFPSA priority populations:

- 3.5.1. Pregnant or parenting youth in foster care.
- 3.5.2. Families with an infant born exposed to substances.

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- 3.5.3. Families assessed by DCYF where the assessment will be closed unfounded.
- 3.5.4. Families with an open DCYF case who have recently reunified.
- 3.6. The Contractor must provide services with the goal of reducing risk of maltreatment for children assessed by the DCYF by:
 - 3.6.1. Serving families involved with DCYF through open assessments or open cases, and also beyond their DCYF involvement.
 - 3.6.2. Strengthening parent-child relationships.
 - 3.6.3. Promoting healthy childhood growth.
 - 3.6.4. Enhancing family functioning and protective factors both during and beyond their DCYF involvement with a long-term outcome goal of decreasing future system involvement and the need for out-of-home placement.
- 3.7. The Contractor must provide services that address the diverse needs of children and families in order to improve health and development outcomes for priority populations through evidence-based home visiting programs, with fidelity to the HFA model BPS. The Contractor must:
 - 3.7.1. Be approved through the HFA model to provide services under this Agreement. The Contractor must:
 - 3.7.1.1. Be approved through HFA, to implement the HFA CWP, which allows enrollment into HFA for DCYF referred families up to twenty-four (24) months of age.
 - 3.7.1.2. Have HFA CWP available in the Conway DCYF Catchment Area within six (6) months of Governor and Executive Council approval of this Agreement.
 - 3.7.1.2.1. Should the Contractor be unable to begin providing services through the HFA CWP by the date specified above, a corrective action plan must be developed by the Contractor and approved by the Department.
 - 3.7.1.2.1.1. In the event that the HFA National Office denies the Contractor use of the CWP, the Contractor must develop a subcontract or MOA with an approved, accredited HFA provider to provide this service, no later than thirty (30) business days from the date of the denial.
 - 3.7.2. Select and implement an evidence-based curriculum to support

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- prenatal individuals and newly parenting families. Family Support Specialists (FSS) must be trained within six (6) months of hire on the following:
- 3.7.2.1. Parents as Teachers (PAT), as an annually trained "Approved user;" or
 - 3.7.2.2. Growing Great Kids (GGK) with certification of training.
 - 3.7.3. Collaborate with other early childhood and social service agencies to support linkages to services beneficial to families.
 - 3.7.4. Ensure the twelve (12) critical elements that make up the essential components of the HFA model are addressed in agency policies.
 - 3.7.5. Enter personally identifiable information (PII) for all participants served under this Agreement into the Department's designated Home Visiting Data System.
- 3.8. The Contractor must identify positive ways to establish relationships with each family and keep families engaged and connected over time, as participants may be reluctant to engage in services and may have difficulty building trusting relationships. The Contractor must use creative outreach strategies, such as Motivational Interviewing, to re-engage families who have disengaged.
 - 3.9. The Contractor must adhere to HFA's site requirements by ensuring weekly individual supervision is received by all direct service staff.
 - 3.10. The Contractor must provide monthly reflective consultation groups for direct service staff and supervisors with a skilled Infant Mental Health consultant.
 - 3.11. The Contractor must offer home visits by licensed nurses (registered nurse (RN) or greater education level) during the prenatal and post-partum periods at a frequency of once per trimester prenatally, and once per quarter during the first year post-partum.
 - 3.12. The Contractor must offer services that are comprehensive and focus on supporting the parent/caregiver, as well as supporting the parent-child interaction and child development. Additionally, all families must be linked to a medical provider and other services, as appropriate.
 - 3.13. The Contractor must obtain all necessary authorizations for release of information. All forms developed for authorization for release of information must be made available for review by the Department during site visits for selected case reviews.
 - 3.14. The Contractor must coordinate, where possible, with other local service providers including, but not limited to:
 - 3.14.1. Health care providers.
 - 3.14.2. Social workers.

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- 3.14.3. Social services.
- 3.14.4. Early interventionists.
- 3.15. The Contractor must develop and maintain an advisory group comprised of community partners, family participants, and agency staff with a wide range of skills and abilities, including representatives with diverse skills, strengths, community knowledge, professions, and cultural diversity. The Contractor must:
 - 3.15.1. Promote equity in all facets of operations with families, staff, and community.
 - 3.15.2. Maintain policy or other written guidance expressing the Contractor's commitment to respectful staff interactions and supporting staff to continually strengthen their relational skills focused on diversity, equity, and inclusion.
 - 3.15.3. Gather information to reflect on and better understand issues impacting staff and families served and to examine the effectiveness of its equity strategies.
 - 3.15.4. Develop an equity plan based on what it learns about itself, from an equity perspective, in the way it supports its staff, the families it serves, and the community it works within to set a course for continuous improvement to achieve greater equity in all facets of its work.
- 3.16. The Contractor must evaluate the progress of each program participant, as well as the performance of programs and services provided.
- 3.17. The Contractor must ensure that they:
 - 3.17.1. Collaborate with relevant DCYF staff and related stakeholders when a valid release of information has been signed or a subpoena has been issued by the court.
 - 3.17.2. Make reports to DCYF Central Intake if they suspect child abuse or neglect, consistent with their responsibility, as mandated reporters under New Hampshire law.
- 3.18. The Contractor must actively and regularly collaborate monthly, with both Divisions, to enhance contract management, improve results, and adjust program delivery and policy, based on successful outcomes.
- 3.19. **Compliance Standards**
 - 3.19.1. The Contractor must offer services to all families referred by the Department unless that family is identified as ineligible for HFA under model specifications and requirements.
 - 3.19.2. The Contractor must ensure referrals are accepted from multiple

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sources within the child welfare system including, but not limited to:

- 3.19.2.1. DCYF Juvenile Justice Services.
- 3.19.2.2. DCYF Child Protective Services (CPS).
- 3.19.3. The Contractor must adhere to all specifications and requirements, in compliance with NH DCYF's 5-year prevention plan and the Family First Prevention Service Act (FFPSA), for HFA CWP cases, including but not limited to:
 - 3.19.3.1. All data reporting;
 - 3.19.3.2. Record keeping and retention;
 - 3.19.3.3. Fiscal compliance;
 - 3.19.3.4. Maintenance of an evidence-based program identified as well-supported through the Title IV-E Clearinghouse;
 - 3.19.3.5. Documented prevention type on the DCYF service authorization (which will be completed by the Department); andSubmitting a completed prevention plan every twelve (12) months for every DCYF-referred family. DCYF staff will complete the initial prevention plan for families, and the Contractor must update the plans at the 12-month mark and annually. The Department will distribute associated guidance after DCYF's 5-year plan is reviewed and approved.
- 3.19.4. The Contractor must collaborate with the Department to ensure that all program policies, procedures, and documents align with NH DCYF and DPHS policies, NH state law, and Department needs.
- 3.19.5. The Contractor must identify staff responsible for submitting reports and data to the Department within 30 days of the Agreement effective date.

3.20. Staffing:

- 3.20.1. The Contractor must follow all HFA Essential and Safety standards for staffing, hiring, training, and supervision, as outlined in HFA BPS.
- 3.20.2. The Contractor must ensure HFA home visiting staff have at least a high school diploma or equivalent, experience providing services to families, and knowledge of child development. Supervisors and Program Managers must have at least a Bachelor's degree with three (3) years prior experience.
- 3.20.3. The Contractor must ensure FSSs receive extensive training in the program model before delivering the service and on a recurring basis.

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Training must comply with all HFA model specifications and requirements, including but not limited to:

- 3.20.3.1. Attending a four-day core training that is specialized based on role (assessors, home visitors, and supervisors).
- 3.20.3.2. Supervisors attending one (1) additional day for the core training and an optional three (3) days of training that focuses on building reflective supervision skills.
- 3.20.3.3. Program managers are required to attend core training plus three (3) days of training focused on how to implement the model to fidelity using the HFA BPS.
- 3.20.4. The Contractor must ensure additional available training is beneficial to the staff in delivering HFA. Training and conferences topics must include but are not limited to:
 - 3.20.4.1. Substance use.
 - 3.20.4.2. Childhood Maltreatment (Abuse/Neglect).
 - 3.20.4.3. Parenting techniques.
 - 3.20.4.4. Cultural competence/humility.
 - 3.20.4.5. Childhood and generational trauma (Trauma-Informed).
 - 3.20.4.6. Engagement strategies.
- 3.20.5. The Contractor must ensure each Family Support Specialist (FSS) maintains a caseload of no more than ten (10) to twelve (12) families per 1 FTE for the first two (2) years of employment and no more than fifteen (15) to twenty (20) families per one (1) FTE after completing 24 months of employment for traditional HFA; and no more than ten (10) to twelve (12) families at any time for HFA CWP. These caseload maximums shall be prorated per HFA requirements for staff with less than 40 hours per week dedicated to the role of FSS.
- 3.21. The Contractor must maintain HFA accreditation and follow all BPS related to hiring, staffing levels, training, and supervision among other components of the model.
- 3.22. Discharge from HFA services:
 - 3.22.1. The Contractor must develop a discharge plan for each family, beginning at the time of admission and continuing throughout service.
 - 3.22.2. The Contractor must not discharge any family referred by the Department without following a protocol specified by the Department.
- 3.23. Extending HFA services:
 - 3.23.1. The Contractor must offer HFA Services to the child and family for a

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minimum of three (3) years in total.

3.24. Reporting

- 3.24.1. The Contractor must complete a Monthly Capacity Analysis Report, which is attached as Attachment 2 on a form provided by the Department. This document must be submitted to DPHS no later than the 15th of each month, containing the prior month's data.
- 3.24.2. The Contractor, on a quarterly (January, April, July, and October) and annual (October) basis, must submit to DCYF:
 - 3.24.2.1. Form 1, which is attached as Attachment 3.
 - 3.24.2.2. Form 2, which is attached as Attachment 4.
- 3.24.3. The Contractor may be required to provide new data reporting requirements, or other key data and metrics including client-level demographic, performance, and service data to the Department in a format specified by the Department.

3.25. Background Checks

- 3.25.1. For all Contractor employees, interns, volunteers, and any subcontractor employees, interns, and volunteers providing services under this Agreement, the Contractor must, at its own expense, after obtaining a signed and notarized authorization form from the individual(s) for whom information is being sought:
 - 3.25.1.1. Submit the person's name for review against the Bureau of Elderly Adult Services (BEAS) state registry maintained pursuant to RSA 161-F:49;
 - 3.25.1.2. Submit the person's name for review against the Division for Children, Youth and Families (DCYF) center registry pursuant to RSA 169-C:35;
 - 3.25.1.3. Complete a criminal records check to ensure that the person has no history of:
 - 3.25.1.3.1. Felony conviction; or
 - 3.25.1.3.2. Any misdemeanor conviction involving:
 - 3.25.1.3.2.1. Physical or sexual assault;
 - 3.25.1.3.2.2. Violence;
 - 3.25.1.3.2.3. Exploitation;
 - 3.25.1.3.2.4. Child pornography;
 - 3.25.1.3.2.5. Threatening or reckless conduct;

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- 3.25.1.3.2.6. Theft;
- 3.25.1.3.2.7. Driving under the influence of drugs or alcohol; or
- 3.25.1.3.2.8. Any other conduct that represents evidence of behaviors that could endanger the well-being of any individual served under this Agreement; and

3.25.2. Unless approval is granted by the Department, the Contractor must not permit any employee, volunteer, intern, or subcontractor to provide services under this Agreement until the Contractor has confirmed:

- 3.25.2.1. The individual's name is not on the BEAS state registry;
- 3.25.2.2. The individual's name is not on the DCYF central registry;
- 3.25.2.3. The individual does not have a record of a felony conviction; or
- 3.25.2.4. The individual does not have a record of any misdemeanors as specified above.

3.26. Confidential Data

- 3.26.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department's Exhibit K, DHHS Information Security Requirements.
- 3.26.2. The Contractor must ensure any staff and/or volunteers involved in delivering services through this Agreement, sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Exhibit K. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.
- 3.26.3. Upon request, the Contractor must allow the Department to conduct a Privacy Impact Assessment (PIA) of its system. To conduct the PIA the Contractor must provide the Department access to applicable systems and documentation sufficient to allow the Department to assess, at minimum, the following:
 - 3.26.3.1. How PII is gathered and stored;
 - 3.26.3.2. Who will have access to PII;
 - 3.26.3.3. How PII will be used in the system;

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3.26.3.4. How individual consent will be achieved and revoked and

3.26.3.5. Privacy practices.

3.26.4. The Department may conduct follow-up PIAs in the event there are either significant process changes or new technologies impacting the collection, processing or storage of PII.

3.27. Contract End-of-Life Transition Services

3.27.1. If applicable, upon termination or expiration of the Agreement, the Parties agree to cooperate in good faith to effectuate a smooth secure transition of the services from the Contractor to the Department and, if applicable, the Contractor engaged by the Department to assume the services previously performed by the Contractor for this section the new Contractor shall be known as ("Recipient"). Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP) on a template provided by the Department.

3.27.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and their Affiliates to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of such Service from the hardware, software, network and telecommunications equipment and Internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with an assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.

3.27.3. If a system, database, hardware, software, and/or software license ("Tools") was purchased or created to manage, track, and/or store State Data in relationship to this Contract, said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of State Data is complete.

3.27.4. The internal planning of the Transition Services by the Contractor and its Affiliates must be provided to the Department and if applicable, the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Contract.

3.27.5. Should the Data Transition extend beyond the end of the Contract, the Contractor and its Affiliates agree Contract Information Security Requirements, and if applicable, the Department's Business Associates Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.

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3.27.6. In the event where the Contractor has comingled Department Data and the destruction of Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction.

3.28. Website and Social Media

3.28.1. Contractor agrees that if performance of services on behalf of the Department involves using social media or a website to solicit information of individuals, or Confidential data, the Contractor must work with the Department's Communication Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all of the Department's and NH Department of Information Technology's website and social media requirements and policies.

3.28.2. Contractor agrees that protected health information (PHI), personal identifiable information (PII), or other confidential information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed, unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other confidential information is subject to the Information Security Requirements Exhibit, the Business Associates Agreement Exhibit and all applicable state rules and state and federal laws. Unless specifically required by the Contract and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation will not be tracked, disclosed or used for website or social media analytics or marketing.

3.29. Performance Measures

3.29.1. For services provided for DPHS, the Department will monitor Contractor performance by reviewing indicated reporting requirements on Form 1, which is attached as Attachment 3, and Form 2, which is attached as Attachment 4, and working with the Contractor to select areas to improve upon utilizing CQI strategies through a data driven process.

3.29.2. For services provided for DCYF, the Department will focus on specific data points collected through its internal data systems, monthly, quarterly and annual submissions via email, and existing HFA data collection reports on DCYF Key Performance Metrics, which are attached as Attachment 5.

4. Exhibits Incorporated

4.1. The Contractor must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health

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Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

- 4.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 4.3. The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

- 5.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

5.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

- 5.2.1. The Contractor must submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

5.3. Credits and Copyright Ownership

- 5.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "The preparation of this (report, document etc.) was financed under an 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."
- 5.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 5.3.3. The Department must retain copyright ownership for any and all

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT B

original materials produced, including, but not limited to:

- 5.3.3.1. Brochures.
- 5.3.3.2. Resource directories.
- 5.3.3.3. Protocols or guidelines.
- 5.3.3.4. Posters.
- 5.3.3.5. Reports.

5.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

5.4. Operation of Facilities: Compliance with Laws and Regulations

5.4.1. In the operation of any facilities for providing services, the Contractor must 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 must 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 must 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 Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

6. Records

6.1. The Contractor must keep records that include, but are not limited to:

6.1.1. Books, records, documents and other electronic or physical 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.

6.1.2. All records must 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.

BJS

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT B

6.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must 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.

6.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder the Department must retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

Attachment 1: DCYF Catchment Area Locations

Berlin <i>(650 Main Street Suite 200, Berlin NH 03570)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none">▪ Atkinson and Gilmanton Academy Grant▪ Bean's Grant▪ Bean's Purchase▪ Berlin▪ Bretton Woods▪ Cambridge▪ Carroll▪ Cascade▪ Chandlers Purchase▪ Clarksville▪ Colebrook▪ Columbe▪ Coos Junction▪ Crawford's Purchase▪ Crystal▪ Cutt's Grant▪ Dalton▪ Dix's Grant▪ Dixville	<ul style="list-style-type: none">▪ Dummer▪ Errol▪ Ervings Location▪ Fabyan Gorham▪ Grange Greens Grant▪ Groveton▪ Hadley's Purchase▪ Jefferson▪ Kilkenny▪ Lancaster▪ Low and Burbank's Grant▪ Maplewood▪ Martin's Location▪ Milen▪ Millsfield▪ North Stratford▪ Northumberland▪ Odell▪ Percy▪ Pinkham's Grant	<ul style="list-style-type: none">▪ Pittsburg▪ Randolph▪ Riverton▪ Sargent's Purchase▪ Second Collage Grant▪ Shelburne▪ South Lancaster▪ Stark▪ Stewartstown▪ Stratford▪ Stratford Hollow▪ Success▪ Thompson & Meserve's Purchase▪ Twin Mountain▪ Wentworth's Location▪ West Milan▪ West Stewartstown▪ Whitefield

Littleton <i>(80 North Littleton Road, Littleton, NH 03561)</i>	
Serving the cities, towns, and locations of:	
<ul style="list-style-type: none">▪ Apthorp▪ Bath▪ Banton▪ Bethlehem▪ Bethlehem Junction▪ Center Haverhill▪ East Haverhill▪ Easton▪ Franconia▪ Glencliff▪ Haverhill▪ Landaff▪ Lincoln	<ul style="list-style-type: none">▪ Lisbon▪ Littleton▪ Livermore▪ Lyman▪ Monroe▪ North Haverhill▪ North Woodstock▪ Pierce Bridge▪ Piermont▪ Pike▪ Sugar Hill▪ Warren▪ Woodstock▪ Woodsville

Attachment 1: DCYF Catchment Area Locations

Conway <i>(71 Hobbs Street, Conway NH 03818)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none">AlbanyBartlettBrookfieldCenter ConwayCenter EffinghamCenter OssipeeCenter SandwichCenter TuftonboroChathamChocoruaConwayEast ConwayEast WakefieldEatonEffingham	<ul style="list-style-type: none">FreedomGlenGraniteHale's LocationHart's LocationIntervaleJacksonKearsargeMadisonMelvin VillageMirror LakeMoultonboroughMoultonvilleNorth ConwayNorth SandwichOssipee	<ul style="list-style-type: none">RedstoneSanbornvilleSandwichSilver LakeSnowvilleSouth ChathamSouth EffinghamSouth TamworthTamworthTuftonboroUnionWakefieldWest OssipeeWolfeboroWolfeboro FallsWonalancet

Claremont <i>(17 Water Street, Suite 301, Claremont NH 03743)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none">AcworthBeauregard VillageBurkehavenCanaanCharlestownClaremontCornishCornish FlatCroydonEast LempsterEnfieldEnfield CenterEtna	<ul style="list-style-type: none">Georges MillsGoshenGraftonGranthamGuildHanoverLangdonLebanonLempsterLymeLyme CenterMeridenMount SunapeeNewport	<ul style="list-style-type: none">OrangeOrfordPlainfieldSouth AcworthSouth CharlestownSpringfieldSunapeeUnityWashingtonWest CanaanWest LebanonWest SpringfieldWest Unity

Attachment 1: DCYF Catchment Area Locations

Keene <i>(111 Key Road, Keene NH 03431)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none"> • Alstead • Antrim • Ashuelot • Bennington • Chesterfield • Deering • Drewsville • Dublin • East Sullivan • East Swanzey • East Westmoreland • Fitzwilliam • Gilsum • Greenfield • Greenville • Hancock 	<ul style="list-style-type: none"> • Harrisville • Hillsborough • Hillsborough Upper Village • Hinsdale • Jeffrey • Keene • Marlborough • Marlow • Munsonville • Nelson • New Ipswich • North Swanzey • North Walpole • Peterborough • Richmond • Rindge • Roxbury 	<ul style="list-style-type: none"> • Sharon • Spofford • Stoddard • Sullivan • Surry • Swanzey • Temple • Troy • Walpole • West Chesterfield • West Deering • West Peterborough • West Swanzey • Westmoreland • Westport • Winchester • Windsor

Laconia <i>(65 Beacon Street West, Laconia NH 03246)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none"> • Alexandria • Alton • Alton Bay • Ashland • Barnstead • Bear Island • Belmont • Bridgewater • Bristol • Campton • Center Barnstead • Center Harbor • Dorchester • East Holderness 	<ul style="list-style-type: none"> • Ellsworth • Gilford • Gilmanton • Gilmanton Corners • Gilmanton Iron Works • Glendale • Governor Isle • Groton • Habron • Holderness • Laconia • Lakeport • Lochmere • Lower Gilmanton • Meredith 	<ul style="list-style-type: none"> • Meredith Center • New Hampton • North Sanbornton • Plymouth • Quincy • Rumney • Sanbornton • Thornton • Tilton • Waterville Valley • Walrs • Wentworth • West Alton • West Rumney • Winnisquam

Attachment 1: DCYF Catchment Area Locations

Concord <i>(40 Terrill Park Drive, Concord NH 03301)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none">AllenstownAndoverBlodgett LandingBoscawenBowBradfordCanterburyChichesterConcordContoocookDanburyDavitsvilleDunbartonEast AndoverEast ConcordEast SuttonElkins	<ul style="list-style-type: none">EpsomFrancestownFranklinGerrishGoffstownGossvilleHennikerHillHooksettHopkintonLoudonNew BostonNew LondonNewburyNorth SuttonNorth WilmotNorthfieldPembroke	<ul style="list-style-type: none">PenacookPinardvillePittsfieldPotter PlaceSalisburyShort FallsSouth DanburySouth SuttonSuncookSuttonWarnerWeareWebsterWebster LakeWest FranklinWilmotWilmot Flat

Manchester <i>(1050 Perimeter, Suite 501, Manchester, NH 03103)</i>
Serving the city of: Manchester

Attachment 1: DCYF Catchment Area Locations

Rochester: <i>(150 Wakefield Street Suite 22, Rochester NH 03867)</i>	
Serving the cities, towns, and locations of:	
<ul style="list-style-type: none"> ▪ Barrington ▪ Center Strafford ▪ Dover ▪ Durham ▪ East Rochester ▪ Farmington ▪ Gonic ▪ Leo 	<ul style="list-style-type: none"> ▪ Madbury ▪ Middleton ▪ Milton ▪ Milton Mills ▪ New Durham ▪ Rochester ▪ Rollinsford ▪ Strafford

Seacoast: <i>(19 Rye St. Portsmouth, NH 03801)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none"> ▪ Auburn ▪ Brantwood ▪ Candia ▪ Danville ▪ Deerfield ▪ East Kingston ▪ Epping ▪ Exeter ▪ Fremont ▪ Greenland ▪ Hampton 	<ul style="list-style-type: none"> ▪ Hampton Beach ▪ Hampton Falls ▪ Kensington ▪ Kingston ▪ New Castle ▪ Newfields ▪ Newington ▪ Newmarket ▪ Newton ▪ Newton Junction ▪ North Hampton 	<ul style="list-style-type: none"> ▪ Northwood ▪ Nottingham ▪ Portsmouth ▪ Raymond ▪ Rye ▪ Rye Beach ▪ Seabrook ▪ Somersworth ▪ South Hampton ▪ Stratham ▪ West Nottingham

Southern: <i>(26 Whipple St. Nashua, NH 03060)</i>		
District Office serving the cities, towns, and locations of: <ul style="list-style-type: none"> ▪ Amherst ▪ Bedford ▪ Brookline ▪ Hollis ▪ Hudson ▪ Litchfield ▪ Lyndeborough ▪ Mason ▪ Merrimack 	<ul style="list-style-type: none"> ▪ Milford ▪ Mont Vernon ▪ Nashua ▪ North Salem ▪ Pelham ▪ Reeds Ferry ▪ Salem ▪ Wilton ▪ Windham 	Southern Telework serving the cities, towns, and locations of: <ul style="list-style-type: none"> ▪ Atkinson ▪ Chester ▪ Derry ▪ East Derry ▪ East Hampstead ▪ Hampstead ▪ Londonderry ▪ Plaistow ▪ Sandown

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Attachment 2 - Capacity Analysis Report

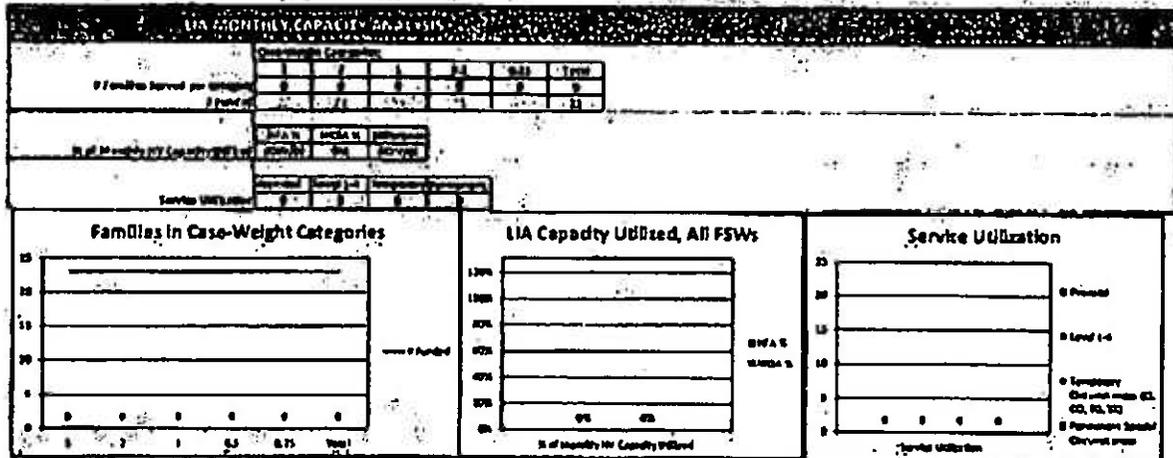
CAPACITY AND CAPACITY ANALYSIS - TO BE COMPLETED FOR EACH MONTH OF THE CONTRACT PERIOD	
CAPACITY AND CAPACITY ANALYSIS (The number of home visits for each level that the home visitor can handle in the reporting period, based on the level of the home visitor's assignment, the number of home visitors assigned to each level, and the number of home visitors who are currently on assignment for each level.)	1. Call on a home visitor worksheet (HW) on, below, to enter the home visitor's information into the GREEN CELLS only. One frame, 8 hours per week paid by HOA, and 16 HOA hours is a home visitor.
	2. Enter the number of home visits for each level that the home visitor can handle in the reporting period.
CAPACITY AND CAPACITY ANALYSIS - TO BE COMPLETED FOR EACH MONTH OF THE CONTRACT PERIOD (The number of home visits for each level that the home visitor can handle in the reporting period, based on the level of the home visitor's assignment, the number of home visitors assigned to each level, and the number of home visitors who are currently on assignment for each level.)	3. Repeat steps 1-4 for each home visitor assigned to HOA Home Visiting during the month. In the appropriate cells provided.
	4. If you have a home visitor position that is currently vacant, please indicate this using "REQUIREMENT" instead of the name of the home visitor.
CAPACITY AND CAPACITY ANALYSIS - TO BE COMPLETED FOR EACH MONTH OF THE CONTRACT PERIOD (The number of home visits for each level that the home visitor can handle in the reporting period, based on the level of the home visitor's assignment, the number of home visitors assigned to each level, and the number of home visitors who are currently on assignment for each level.)	5. Call the "Capacity Analysis" worksheet tab to review the analysis for your local implementing agency this month.
	6. Update the "Capacity Analysis" worksheet tab to review the analysis for your local implementing agency this month.
CAPACITY AND CAPACITY ANALYSIS - TO BE COMPLETED FOR EACH MONTH OF THE CONTRACT PERIOD (The number of home visits for each level that the home visitor can handle in the reporting period, based on the level of the home visitor's assignment, the number of home visitors assigned to each level, and the number of home visitors who are currently on assignment for each level.)	7. If the number of HOA home visitors during the reporting month is greater than 8, contact the State Team for technical assistance. OR 8. Update the HOA FSW worksheet tab (highlighted, not an "insert or copy", click on "insert a copy", move to "before Capacity Analysis")
	9. Update formulas in the Capacity Analysis worksheet tab to include the new FSW worksheet: <ul style="list-style-type: none"> a. If item 1 is served, per as in the category (cells I1, J1) b. % of monthly home visitor capacity utilized (cells I7, J7) c. Service Utilization % (cells I10, J10)
CAPACITY AND CAPACITY ANALYSIS - TO BE COMPLETED FOR EACH MONTH OF THE CONTRACT PERIOD (The number of home visits for each level that the home visitor can handle in the reporting period, based on the level of the home visitor's assignment, the number of home visitors assigned to each level, and the number of home visitors who are currently on assignment for each level.)	10. The % of hours paid should be the actual or expected requested hours for HOA only, regardless of whether days, out of office, etc.
	11. The % of time spent home visiting should be the % of time - of the HOA hours recorded above - doing home visiting work. For FSWs who are NOT also doing IAW work, the % will be 100%.
CAPACITY AND CAPACITY ANALYSIS - TO BE COMPLETED FOR EACH MONTH OF THE CONTRACT PERIOD (The number of home visits for each level that the home visitor can handle in the reporting period, based on the level of the home visitor's assignment, the number of home visitors assigned to each level, and the number of home visitors who are currently on assignment for each level.)	12. Along the green cells are FSW, all orange fields and the Capacity Analysis worksheet will auto-calculate for the individual home visitors and for your LA.
	13. The total number of home visits in the total only field (I10) is used to show the maximum for corresponding field will vary as d.

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Attachment 2 - Capacity Analysis Report

Level	Description	Number of Agents on Level	Weight	Weighted Capacity per Level	Personnel Capacity Requirements in (FTE) Months should be reported above as their level, and in the section if they have any of the following roles in their portfolio: Sales, Customer Service, Support, and Service Desk						Total Capacity
					0.5	1	1.5	2	2.5	3	
Level 1	Product - sales every other week during 17th and 18th week	1.00	0								
Level 2	Product - sales every week in 17th week (per customer if needed)	1.00	0								
Level 3	CSG & Support after 17th & 18th weeks - sales every week	1.00	0								
Level 4	CSG Support after 17th week	1.00	0								
Level 5	CSG Support after 18th week	1.00	0								
Level 6	CSG Support after 19th week	1.00	0								
Level 7	CSG Support after 20th week	1.00	0								
Level 8	CSG Support after 21st week	1.00	0								
Level 9	CSG Support after 22nd week	1.00	0								
Level 10	CSG Support after 23rd week	1.00	0								
Level 11	CSG Support after 24th week	1.00	0								
Level 12	CSG Support after 25th week	1.00	0								
Level 13	CSG Support after 26th week	1.00	0								
Level 14	CSG Support after 27th week	1.00	0								
Level 15	CSG Support after 28th week	1.00	0								
Level 16	CSG Support after 29th week	1.00	0								
Level 17	CSG Support after 30th week	1.00	0								
Level 18	CSG Support after 31st week	1.00	0								
Level 19	CSG Support after 32nd week	1.00	0								
Level 20	CSG Support after 33rd week	1.00	0								
Level 21	CSG Support after 34th week	1.00	0								
Level 22	CSG Support after 35th week	1.00	0								
Level 23	CSG Support after 36th week	1.00	0								
Level 24	CSG Support after 37th week	1.00	0								
Level 25	CSG Support after 38th week	1.00	0								
Level 26	CSG Support after 39th week	1.00	0								
Level 27	CSG Support after 40th week	1.00	0								
Level 28	CSG Support after 41st week	1.00	0								
Level 29	CSG Support after 42nd week	1.00	0								
Level 30	CSG Support after 43rd week	1.00	0								
Level 31	CSG Support after 44th week	1.00	0								
Level 32	CSG Support after 45th week	1.00	0								
Level 33	CSG Support after 46th week	1.00	0								
Level 34	CSG Support after 47th week	1.00	0								
Level 35	CSG Support after 48th week	1.00	0								
Level 36	CSG Support after 49th week	1.00	0								
Level 37	CSG Support after 50th week	1.00	0								
Level 38	CSG Support after 51st week	1.00	0								
Level 39	CSG Support after 52nd week	1.00	0								
Level 40	CSG Support after 53rd week	1.00	0								
Level 41	CSG Support after 54th week	1.00	0								
Level 42	CSG Support after 55th week	1.00	0								
Level 43	CSG Support after 56th week	1.00	0								
Level 44	CSG Support after 57th week	1.00	0								
Level 45	CSG Support after 58th week	1.00	0								
Level 46	CSG Support after 59th week	1.00	0								
Level 47	CSG Support after 60th week	1.00	0								
Level 48	CSG Support after 61st week	1.00	0								
Level 49	CSG Support after 62nd week	1.00	0								
Level 50	CSG Support after 63rd week	1.00	0								
Level 51	CSG Support after 64th week	1.00	0								
Level 52	CSG Support after 65th week	1.00	0								
Level 53	CSG Support after 66th week	1.00	0								
Level 54	CSG Support after 67th week	1.00	0								
Level 55	CSG Support after 68th week	1.00	0								
Level 56	CSG Support after 69th week	1.00	0								
Level 57	CSG Support after 70th week	1.00	0								
Level 58	CSG Support after 71st week	1.00	0								
Level 59	CSG Support after 72nd week	1.00	0								
Level 60	CSG Support after 73rd week	1.00	0								
Level 61	CSG Support after 74th week	1.00	0								
Level 62	CSG Support after 75th week	1.00	0								
Level 63	CSG Support after 76th week	1.00	0								
Level 64	CSG Support after 77th week	1.00	0								
Level 65	CSG Support after 78th week	1.00	0								
Level 66	CSG Support after 79th week	1.00	0								
Level 67	CSG Support after 80th week	1.00	0								
Level 68	CSG Support after 81st week	1.00	0								
Level 69	CSG Support after 82nd week	1.00	0								
Level 70	CSG Support after 83rd week	1.00	0								
Level 71	CSG Support after 84th week	1.00	0								
Level 72	CSG Support after 85th week	1.00	0								
Level 73	CSG Support after 86th week	1.00	0								
Level 74	CSG Support after 87th week	1.00	0								
Level 75	CSG Support after 88th week	1.00	0								
Level 76	CSG Support after 89th week	1.00	0								
Level 77	CSG Support after 90th week	1.00	0								
Level 78	CSG Support after 91st week	1.00	0								
Level 79	CSG Support after 92nd week	1.00	0								
Level 80	CSG Support after 93rd week	1.00	0								
Level 81	CSG Support after 94th week	1.00	0								
Level 82	CSG Support after 95th week	1.00	0								
Level 83	CSG Support after 96th week	1.00	0								
Level 84	CSG Support after 97th week	1.00	0								
Level 85	CSG Support after 98th week	1.00	0								
Level 86	CSG Support after 99th week	1.00	0								
Level 87	CSG Support after 100th week	1.00	0								
Level 88	CSG Support after 101st week	1.00	0								
Level 89	CSG Support after 102nd week	1.00	0								
Level 90	CSG Support after 103rd week	1.00	0								
Level 91	CSG Support after 104th week	1.00	0								
Level 92	CSG Support after 105th week	1.00	0								
Level 93	CSG Support after 106th week	1.00	0								
Level 94	CSG Support after 107th week	1.00	0								
Level 95	CSG Support after 108th week	1.00	0								
Level 96	CSG Support after 109th week	1.00	0								
Level 97	CSG Support after 110th week	1.00	0								
Level 98	CSG Support after 111th week	1.00	0								
Level 99	CSG Support after 112th week	1.00	0								
Level 100	CSG Support after 113th week	1.00	0								
Level 101	CSG Support after 114th week	1.00	0								
Level 102	CSG Support after 115th week	1.00	0								
Level 103	CSG Support after 116th week	1.00	0								
Level 104	CSG Support after 117th week	1.00	0								
Level 105	CSG Support after 118th week	1.00	0								
Level 106	CSG Support after 119th week	1.00	0								
Level 107	CSG Support after 120th week	1.00	0								
Level 108	CSG Support after 121st week	1.00	0								
Level 109	CSG Support after 122nd week	1.00	0								
Level 110	CSG Support after 123rd week	1.00	0								
Level 111	CSG Support after 124th week	1.00	0								
Level 112	CSG Support after 125th week	1.00	0								
Level 113	CSG Support after 126th week	1.00	0								
Level 114	CSG Support after 127th week	1.00	0								
Level 115	CSG Support after 128th week	1.00	0								
Level 116	CSG Support after 129th week	1.00	0								
Level 117	CSG Support after 130th week	1.00	0								
Level 118	CSG Support after 131st week	1.00	0								
Level 119	CSG Support after 132nd week	1.00	0								
Level 120	CSG Support after 133rd week	1.00	0								
Level 121	CSG Support after 134th week	1.00	0								
Level 122	CSG Support after 135th week	1.00	0								
Level 123	CSG Support after 136th week	1.00	0								
Level 124	CSG Support after 137th week	1.00	0								
Level 125	CSG Support after 138th week	1.00	0								
Level 126	CSG Support after 139th week	1.00	0								
Level 127	CSG Support after 140th week	1.00	0								
Level 128	CSG Support after 141st week	1.00	0								
Level 129	CSG Support after 142nd week	1.00	0								
Level 130	CSG Support after 143rd week	1.00	0								
Level 131	CSG Support after 144th week	1.00	0								
Level 132	CSG Support after 145th week	1.00	0								
Level 133	CSG Support after 146th week										

Attachment 2: Capacity Analysis Report



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OMB No: 0906-0017
Expiration Date: 07/31/2011

Attachment 3 - FORM 1

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

DEMOGRAPHIC, SERVICE UTILIZATION, AND SELECT CLINICAL INDICATORS

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 560 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information, sending comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 3600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

July 24, 2010

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OSIS No: 0904-0017
Expiration Date: 07/31/2021

Attachment 3 - Form 1

SECTION A: PARTICIPANT DEMOGRAPHICS

Table 1: Unduplicated Count of New and Continuing Program Participants Served by MIECHV

Participants	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Pregnant Women			
Female Caregivers			
Male Caregivers			
All Adults (Auto Calculate)			
Female Index Children			
Male Index Children			
All Index Children (Auto Calculate)			

Notes:

Table 2: Unduplicated Count of Households Served by MIECHV

Households	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Number of Households			

Notes:

Table 3: Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)

Participants and Households	Total Number Served during Reporting Period
Pregnant Women	
Female Caregivers	
Male Caregivers	
All Adults (Auto Calculate)	
Female Index Children	
Male Index Children	
All Index Children (Auto Calculate)	
Number of Households	

Notes:

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OMB No. 0906-0017
 Expiration Date: 07/31/2021

Attachment 3 - Form 1

Table 4: Adult Participants by Age

Adult Participants	≤17	18-19	20-21	22-24	25-29	30-34	35-44	45-54	55-64	≥65	Unknown/Did not Report*	Total
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 5: Index Children by Age

Index Children	<1 year	1-2 years	3-4 years	5-6 years	Unknown/Did not Report*	Total
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 6: Participants by Ethnicity

Participants	Hispanic or Latino	Not Hispanic or Latino	Unknown/Did not Report*	Total
Pregnant Women				
Female Caregivers				
Male Caregivers				
All Adults (Auto Calculate)				
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Notes:

Table 7: Participants by Race

Participants	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than one race	Unknown/Did not Report*	Total
Pregnant Women								
Female Caregivers								
Male Caregivers								
All Adults (Auto Calculate)								
Female Index Children								
Male Index Children								
All Index Children (Auto Calculate)								

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 8: Adult Participants by Marital Status

Adult Participants	Never Married (Excluding Not Married but Living Together with Partner)	Married	Not Married but Living Together with Partner	Separated/Divorced/Widowed	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Notes:

Table 9: Adult Participants by Educational Attainment

Adult Participants	Less than HS diploma	HS Diploma/GED	Some college/training	Technical training or certification	Associate's Degree	Bachelor's Degree or higher	Other	Unknown/Did not Report*	Total
Pregnant Women									
Female Caregivers									
Male Caregivers									
All Adults (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 10: Adult Participants by Employment Status

Adult Participants	Employed Full Time	Employed Part-Time	Not employed	Unknown/Did not Report*	Total
Pregnant Women					
Female Caregivers					
Male Caregivers					
All Adults (Auto Calculate)					

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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Table 11: Adult Participants by Housing Status

	Not Homeless					Total Not Homeless	Homeless			Total Homeless	Unknown/Did not Report*	Total
	Owns or shares own home, condominium, or apartment	Rents or shares own home or apartment	Lives in public housing	Lives with parent or family member	Some other arrangement		Homeless and sharing housing	Homeless and living in an emergency or transitional shelter	Some other arrangement			
Adult Participants												
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 12: Primary Language Spoken at Home

Index Children	Number	Percent
English		
Spanish		
Other		
Unknown/Did Not Report*		
All Index Children (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Notes:

Table 13: Household Income in Relation to Federal Poverty Guidelines

Households	Number of Households	Percent
50% and under		
\$1-100%		
101-133%		
134-200%		
201-300%		
>300%		
Unknown/Did not Report*		
All Households (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 14: For Each Household Indicate the Priority Population Characteristics

Households	Yes	No	Unknown/Did not Report*	Total
1. Low income household				
2. Household contains an enrollee who is pregnant and under age 21				
3. Household has a history of child abuse or neglect or has had interactions with child welfare services				
4. Household has a history of substance abuse or needs substance abuse treatment				
5. Someone in the household uses tobacco products in the home				
6. Someone in the household has attained low student achievement or has a child with low student achievement				
7. Household has a child with developmental delays or disabilities				
8. Household includes individuals who are serving or formerly served in the US armed forces				

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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SECTION B: SERVICE UTILIZATION

Table 15: Service Utilization

Home Visits	Number
Total Number of Home Visits completed	

Notes:

Table 16: Family Engagement by Household

Households	Number of Households	Percent
Currently receiving services		
Completed program		
Stopped services before completion		
Enrolled but not currently receiving services/Other		
Unknown/Did not Report*		
All Categories (Auto Calculate)		

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 17: Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach

Home Visiting Model (Select One per Row - Add Rows for Additional Models)	Number Newly Enrolled	Number Continuing During Reporting Period	Total

Notes:

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SECTION C: INSURANCE AND CLINICAL INDICATORS

Table 18: Participants by Type of Health Insurance Coverage

Participants	No Insurance Coverage	Medicaid or CHIP	Tri-Care	Private or Other	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 19: Index Children by Usual Source of Medical Care

Index Children	Doctor's/Nurse Practitioner's Office	Hospital Emergency Room	Hospital Outpatient	Federally Qualified Health Center	Retail Store or Minute Clinic	Other	None	Unknown/Did not Report*	Total
Female Index Children									
Male Index Children									
All Index Children (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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Table 20: Index Children (≥ 13 months of age) by Usual Source of Dental Care

Index Children	Have a Usual Source of Dental Care	Do not have a Usual Source of Dental Care	Unknown/Did not Report*	Total
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is ≥ 10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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DEFINITIONS OF KEY TERMS

July 24, 2018

OMB No: 0988-0017
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Table Number	Field	Key Terms Requiring Definition
All Tables		<p>MIECHV Household: For the purposes of reporting to HRSA on Form 1, a "MIECHV household" is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV household at enrollment. HRSA has identified two different methods that can be used to identify MIECHV households that are described below:</p> <ol style="list-style-type: none"> Home Visitor Personnel Cost Method (preferred method): Households are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all households as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wage including benefits) are paid for with MIECHV funding. Enrollment Slot Method (temporary option): Households are designated as MIECHV households based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign households to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV. <p>Once designated as a MIECHV household, the household is tracked for the purposes of data collection through the tenure of household participation in the program.</p>
1	<p>Unuplicated Count of New and Continuing Program Participants Served by MIECHV</p>	<p>New Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Continuing Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who was signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Pregnant women are participants who were either pregnant at enrollment or pregnant at the annual update of information in a subsequent reporting period.</p> <p>Female caregivers are those female household members who are enrolled in the program during the reporting period, are considered a caregiver of the index child, and were not pregnant at the time of enrollment or the annual update of this information (e.g., biological mothers, adoptive mothers, foster mothers, grandmothers).</p>

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		<p>Male caregivers include those male household members (e.g. stepparent fathers, biological fathers, step-fathers, and partners) who also meet the definition of an enrollee.</p> <p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p>
2	Unduplicated Count of Household Served by MIECHV	<p>New Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who signs up to participate in the home visiting program at any time during the reporting period. The household may include multiple caregivers depending on model-specific definitions.</p> <p>Continuing Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period. The household may include multiple caregivers depending on model-specific definitions.</p>
3	Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)	<p>Participant Served by a State Home Visiting Program (non-MIECHV): A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a non-MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p>
4	Adult Participants by Age	<p>Adult Participant: Includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not as index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.</p>
5	Index Children by Age	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p>
6	Participants by Ethnicity	<p>The responses regarding ethnicity should reflect what the person considers her/himself to be and are not based on percentages of ancestry. If ethnicity is unknown or not reported for some participants, enter that count in the respective "Unknown/Did not report" column.</p>
7	Participants by Race	<p>The responses regarding race should reflect what the person considers her/himself to be and are not based on percentages of ancestry. Participants who select more than one race should be reported in the "More than one race" category. If ethnicity and race are unknown or not reported for some participants, enter that count in the respective "Unknown/Did not Report" column.</p>
8	Adult Participants by Marital Status	<p>Adult Participant: Includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not as index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.</p>

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9	Adult Participants by Educational Attainment	<p>If more than one individual is enrolled in the program, enter the status for all enrollees. For example, if a pregnant woman is enrolled with her spouse in the program, both participants would be counted under the married category.</p> <p>Adult Participant: Includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include as a minimum for every household the primary caregiver of the index child.</p> <p>Less than high school diploma includes individuals who have not completed their high school education.</p> <p>The Some college/training category includes those who are currently enrolled and those who attended in the past.</p> <p>The Technical training or certification category includes those who received technical training or certification in the past.</p> <p>The Associate's Degree category includes those who obtained an Associate's Degree.</p> <p>The Bachelor's Degree category includes those who obtained a Bachelor's Degree.</p> <p>The Other category includes those individuals who did not fall into the specified categories.</p>
10	Adult Participants by Employment Status	<p>Employed: refers to whether the person is currently working for pay.</p> <p>Employed Full Time: an employer who works an average of at least 30 hours per week</p> <p>Employed Part Time: an employee who works an average of less than 30 hours per week¹</p> <p>Not Employed: indicates that the person is not working for pay (this category may include, for example, students, homemakers and those actively seeking work but currently not employed)</p>
11	Adult Participants by Housing Status	<p>Not homeless: individuals who have a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and</p> <p>Not homeless and lives in public housing: individuals who live in a public housing unit that is administered by a public housing agency (excludes individuals who utilize housing voucher programs)</p> <p>Homeless: individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and</p>

¹ Homeless.gov Glossary: <https://www.hshhs.gov/dhs/2018/08/21/homeless-glossary>

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		<p>Have a history of substance abuse or need substance abuse treatment: Based on self-report, a household with members who have a history of substance abuse or who have been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.</p> <p>Are users of tobacco products in the home: Based on self-report, a household with members who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS).</p> <p>Have, or have children with, low student achievement: Based on self-report, a household with members who have perceived themselves or their child(ren) as having low student achievement.</p> <p>Have a child or children with developmental delays or disabilities: Based on self-report or home visit/staff observation, a household with members who have a child or children suspected of having a developmental delay or disability.</p> <p>Are in families that are or have served in the armed forces: Based on self-report, households that include individuals who are serving or formerly served in the Armed Forces, including such households that have members of the Armed Forces who have had multiple deployments outside of the United States. For this criterion, definition includes a military member's dependent acquired through marriage, adoption, or other action during the course of a member's current tour of assigned duty.</p>
15	Service Utilization	<p>Home visit refers to the definition of a completed home visit enacted by the various evidence-based home visiting models approved for implementation through the MIECHV program or a Promising Approach. Please refer to model-specific guidance for specific definitions.</p>
16	Family Engagement by Household	<p>Currently receiving services refers to families that are participating in services at the end of the reporting period.</p> <p>Completed program refers to families who have completed the program according to model-specific definitions and criteria during the reporting period.</p> <p>Stopped services before completion refers to families who left the program for any reason prior to completion.</p> <p>Enrolled but not currently receiving services/Other refers to those families who do not fall into the previous categories and may include unreachable participants (i.e. the family is not regularly participating but did not actively sever ties, etc.).</p>
17	Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach	<p>A Household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of or during the reporting period and continues enrollment during the reporting period. The household may include multiple caregivers depending on model-specific definitions.</p>

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18	Participants by Type of Health Insurance Coverage	<p>Index Child (Birth - Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>The insurance coverage categories are mutually exclusive. No insurance coverage indicates that the individual is currently not covered by any source of insurance. This table is intended to capture insurance status, not health care access: receipt of care provided for instance by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center does not constitute insurance coverage.</p>
19	Index Children by Usual Source of Medical Care	<p>Index Child (Birth - Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of care: the particular medical professional, doctor's office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health.</p>
20	Index Children (≥ 12 months of age) by Usual Source of Dental Care	<p>Index Child (Birth - Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of dental care: a usual source of dental care, or dental home, is a place where a child can receive consistent, comprehensive, compassionate dental care. The concept of the Dental Home reflects the AAPD's clinical guidelines and best principles for the proper delivery of oral health care to all children, with a concentration on infant/two year olds and should be established no later than 12 months of age.¹</p>

¹ American Academy of Pediatric Dentistry, Dental Home Resource Center, <http://www.aapd.org/clinicalguidelines/>

Attachment 4 - Form 2

OMB No: 0906-0017

Expiration Date: 07/31/2021

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

PERFORMANCE AND SYSTEMS OUTCOME MEASURES

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 200 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

July 19, 2018

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 1

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: PRETERM BIRTH</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of live births (index child or subsequent children among mothers who enrolled in home visiting prenatally before 37 weeks) born before 37 completed weeks of gestation and after enrollment</p> <p>DENOMINATOR: Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 2

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: BREASTFEEDING	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	
4. SPECIFICATION NUMERATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age DENOMINATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 3

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: DEPRESSION SCREENING</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: For those not enrolled prenatally, number of primary caregivers enrolled in home visiting who are screened for depression within the first 3 months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery</p> <p>DENOMINATOR: For those not enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least three months post delivery</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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7.
NOTES

8. **Measurement Tool Utilized**

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 4

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: WELL CHILD VISIT</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of children (index child) enrolled in home visiting who received the last recommended well child visit based on the AAP schedule</p> <p>DENOMINATOR: Number of children (index child) enrolled in home visiting</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if a home visit occurred but the home visitor did not collect the data. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 5

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: POSTPARTUM CARE</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery</p> <p>DENOMINATOR: Number of mothers who enrolled in home visiting prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 6

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: TOBACCO CESSATION REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the primary caregiver used tobacco or cigarettes at enrollment since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are known and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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All cases of missing data should be excluded from the measure calculation.	
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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OMR No: 0906-0017
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MEASURE 7

<p>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</p> <p>CONSTRUCT: SAFE SLEEP</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing and without soft bedding</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of infants (index child aged less than 1 year) enrolled in home visiting whose primary caregiver reports that they are always placed to sleep on their backs, without bed-sharing and without soft bedding</p> <p>DENOMINATOR: Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 8

<p>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</p> <p>CONSTRUCT: CHILD INJURY</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Rate of injury-related visits to the Emergency Department (ED) during the reporting period among children enrolled in home visiting</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of parent-reported nonfatal injury-related visits to the ED during the reporting period among children (index child) enrolled in home visiting</p> <p>DENOMINATOR: Number of children (index child) enrolled in home visiting</p>	
<p>5. VALUE FOR REPORTING PERIOD (rate)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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OMB No: 0906-0017
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MEASURE 9

<p>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</p> <p>CONSTRUCT: CHILD MALTREATMENT</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period</p> <p>DENOMINATOR: Number of children (index child) enrolled in home visiting</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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OMB No: 0906-0017
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MEASURE 10

<p>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</p> <p>CONSTRUCT: PARENT-CHILD INTERACTION</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting with children reaching the target age range</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the index child received an observation of caregiver-child interaction by the home visitor using a validated tool, but all other data elements are known, then the index child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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<p>7. NOTES</p>
<p>8. Measurement Tool Utilized</p> <p>Indicate the validated measurement tool(s) utilized to address this measure</p>

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 11

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: EARLY LANGUAGE AND LITERACY ACTIVITIES	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day	
4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day DENOMINATOR: Number of children (index child) enrolled in home visiting	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 12

<p>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</p> <p>CONSTRUCT: DEVELOPMENTAL SCREENING</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of children (index child) enrolled in home visiting with at least one screening within the AAP-defined age groups during the reporting period</p> <p>DENOMINATOR: Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

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8.
Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 13

<p>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</p> <p>CONSTRUCT: BEHAVIORAL CONCERNS</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of postnatal home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of postnatal home visits where primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior, or learning</p> <p>DENOMINATOR: Total number of postnatal home visits during the reporting period</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. If a home visit occurred, but there is no documentation of whether the primary caregiver was asked about behavioral concerns, then the home visit should be included in the denominator (if eligible - i.e., postnatal visit), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value - Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

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OMB No: 0986-0017
Expiration Date: 07/31/2021

MEASURE 14

<p>1. BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE</p> <p>CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool (including if a screening did not occur because the caregiver was male and they only have validated tools for use among female caregivers), but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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Expiration Date: 07/31/2021

7.
NOTES

8.
Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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OMB No: 0906-0017
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MEASURE 15

1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY CONSTRUCT: PRIMARY CAREGIVER EDUCATION	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in or maintained continuous enrollment in middle school or high school, or completed high school or equivalent during their participation in home visiting	
4. SPECIFICATION NUMERATOR: Number of primary caregivers who enrolled in or maintained continuous enrollment in middle school or high school, or completed a high school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator) DENOMINATOR: Number of primary caregivers without a high school degree or equivalent at enrollment	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE.16

<p>1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY CONSTRUCT: CONTINUITY OF INSURANCE COVERAGE</p>	
<p>2. TYPE OF MEASURE Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months</p>	
<p>4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who reported having health insurance coverage for at least 6 consecutive months since enrollment in home visiting DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage) Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA* Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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QA18 No: 0906-0017
 Expiration Date: 07/31/2021

MEASURE 17

<p>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</p> <p>CONSTRUCT: COMPLETED DEPRESSION REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator)</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. Data are also considered missing if there is no documentation of whether a referral was provided. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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7.
NOTES

8.
Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 18

<p>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</p> <p>CONSTRUCT: COMPLETED DEVELOPMENTAL REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of children enrolled in home visiting who a) received individualized developmental support from a home visitor; b) were referred to early intervention services and receive an evaluation within 45 days; OR c) were referred to other community services who received services within 30 days (and met the condition specified in the denominator)</p> <p>DENOMINATOR: Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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QA18 No: 0966-0017
 Expiration Date: 07/31/2021

MEASURE 19

<p>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</p> <p>CONSTRUCT: INTIMATE PARTNER VIOLENCE REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator)</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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DEFINITIONS OF KEY TERMS

July 19, 2018

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QMS No: 0906-0011
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Construct Number	Construct	Key Term Definitions
1.	Preterm Birth	Preterm Birth: a birth before 37 completed weeks of gestation (defined as up to 36 weeks and 6 days). ¹
2.	Breastfeeding	Breastfeeding: in addition to breast milk fed directly from the mother to the infant, breastfeeding also includes feeding the infant pumped or expressed breast milk.
3.	Depression Screening	Depression: aligned with each grantee's validated depression screening tool's definition of depression.
4.	Well-Child Visit	AAP schedule for Well-Child Visits: Updated AAP 2017 Recommendations for Pediatric Preventive Health Care https://www.aap.org/for-us/Documents/periodicity_schedule.pdf
5.	Postpartum Care	Postpartum Care Visit: A postpartum visit is a visit between the woman and her health care provider to assess the mother's current physical health, including the status of pregnancy-related conditions like gestational diabetes, screen for postpartum depression, provide counseling on infant care and family planning as well as screening and referrals for the management of chronic conditions. Additionally, a provider may use this opportunity to conduct a breast exam and discuss breastfeeding. The American College of Obstetricians and Gynecologists recommends that mothers receive a postpartum care visit within 6 weeks after delivery. ²
6.	Tobacco Cessation Referrals	Tobacco Use: combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, gums, and dissolvables), and ENDS.
7.	Safe Sleep	No definitions required
8.	Child Injury	Injury-related Emergency Department Visit: Injuries refer to the following causes of mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire/burns, falls, sports and recreation, and intentional injuries, such as child maltreatment. ³
9.	Child Maltreatment	Investigated Case: all children with an allegation of maltreatment that were screened-in for investigation or assessment and further received an investigation. ⁴ A screen-and-in report is one that is accepted for investigation or assessment based on the state's screen-in criteria. ⁵
10.	Parent-Child Interaction	No definitions required
11.	Early Language and Literacy Activities	No definitions required
12.	Developmental Screening	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory,

¹ Behrman R, Dahl Baker A, eds. Preterm Birth: Causes, Consequences, and Prevention. Washington, DC: The National Academies Press; 2007.² Optimizing postpartum care. Committee Opinion No. 666. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;127(1):17-22. Retrieved from <https://www.aap.org/Assets/Committee-Opinion-Committee-on-Obstetrics-and-Gynecology-666.pdf?doc=1&rs=2016022117142143230>³ Centers for Disease Control and Prevention. National Action Plan for Child Injury Prevention. 2012. Retrieved from <http://www.cdc.gov/nceh/child/NAIP/background.htm#naip>⁴ Child Welfare Information Gateway. Child Maltreatment 2015: Summary of Key Findings. Retrieved from <http://www.childwelfare.gov/pubs/Reports/ChildMaltreatment2015/>⁵ Child Welfare Information Gateway. Screening and Involvement. Retrieved from <http://www.childwelfare.gov/pubs/Reports/ChildMaltreatment2015/>

July 19, 2018

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Attachment 4 - Form 2

OMB No. 0906-0011
 Expiration Date: 07/31/2021

		and emotional development. ⁵
13.	Behavioral Concerns	No definitions required
14.	IPV Screening	Intimate Partner Violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. ⁶
15.	Primary Caregiver Education	No definitions required
16.	Continuity of Insurance Coverage	Continuous Health Insurance Coverage: having health insurance coverage without any lapses.
17.	Completed Depression Referrals	Recommended services: specific techniques and intervention models delivered in the context of client characteristics, culture, and preferences that have shown to have positive effects on outcomes through rigorous evaluations and have demonstrated to achieve positive outcomes for the client. ⁸
18.	Completed Developmental Referrals	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory, and emotional development. ⁹
19.	IPV Referrals	Intimate Partner Violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. ⁷

⁵ U.S. National Library of Medicine, National Institutes of Health, Psychological Index Terms via Unified Medical Language System, 2015. Retrieved from <https://pubs.nlm.nih.gov/psych/terms/>

⁶ Centers for Disease Control and Prevention, Injury Prevention and Control, Division of Violence Prevention, 2015. Retrieved from <https://www.cdc.gov/violenceprevention/definitions/2015.html>

⁷ Home Visiting Collaborative Improvement and Innovation Network.

July 19, 2018

**New Hampshire Department of Health and Human Services
Home Visiting Services**

Attachment 5 - DCYF Key Performance Metrics

Key Performance Metrics
<i>Referrals</i>
Share of families who are referred to HFA from DCYF. (# of families currently enrolled in HFA CWP and % of HFA CWP slots currently used)
Share of DCYF-referred families that were enrolled between three (3) and twenty-four (24) months of age.
Share of DCYF-referred families with a recent assessment of a Substance Exposed Infant (SEI).
<i>Enrollments</i>
Average time to enrollment from the time and date of referral.
of days from referral date to the first home visit.
Share of families that are offered HFA and % of offered families who decide to receive HFA.
Relative rate of families enrolled by racial/ethnic and geographic characteristics.
Proportion of families that are retained in the program over specified periods of time (6 months, 12 months, 24 months, 36 months, etc.) after receiving a first home visit.
Proportion of families who receive at least seventy-five (75%) percent of the appropriate number of home visits based upon the individual level of service to which they are assigned.
<i>Program Completion</i>
Share of families who do not complete the program (incl. reason for non-completion/discharge).
Share of families that discharged who completed a minimum of specified periods of service. (3 months, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months).
Proportion of families who complete program by racial/ethnic and geographic characteristics.
<i>Short-term Outcomes</i>
Share of families with a new case opened to DCYF, or a new report of maltreatment, within six months after discharge.
Share of children who enter out-of-home placement within six months after discharge (incl. breakdown of placement type).
Share of children who enter any form of out-of-home placement within 12 months of discharge.
Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
 - 1.1. 61.5% Federal funds from:
 - 1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC43595.
 - 1.1.2. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC46878.
 - 1.1.3. American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC41935.
 - 1.1.4. American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC45263.
 - 1.1.5. Administration of Children Youth & Families (ACYF), as awarded on October 1, 2022, CFDA 93.658, FAIN 2201NHFOST.
 - 1.2. 38.5% General funds.
2. For the purposes of this Agreement the Department has identified:
 - 2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
 - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
4. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
5. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
6. Audits

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

- 6.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:
- 6.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 6.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 6.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
- 6.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
- 6.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.
- 6.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 6.4. In addition to, and not in any way in limitation of obligations of the Agreement, 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 Agreement to which exception has been taken, or which have been disallowed because of such an exception.

A. Payment Terms Respective to Traditional Home Visiting Services for the Division of Public Health Services (DPHS):

- 7. 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 items, as specified in Exhibits C-1, Budget through C-4, Budget.
- 8. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

- 8.1. Includes the Contractor's Vendor Number Issued upon registering with New Hampshire Department of Administrative Services.
- 8.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
- 8.3. Identifies and requests payment for allowable costs incurred in the previous month.
- 8.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
- 8.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
- 8.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSCContractBilling@dhhs.nh.gov or mailed to:

Financial Manager
 Department of Health and Human Services
 129 Pleasant Street
 Concord, NH 03301

B. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (OCYF) for direct services:

- 9. Payment shall be for services provided in fulfillment of this Agreement, as specified in Exhibit B, Scope of Work Section 3.4, and in accordance with the following:
 - 9.1. **Weekly Rate:** For the purposes of this Agreement, a weekly rate shall be paid in the amount of \$338.33 per client (family) once per week.
 - 9.2. Payment shall be made on a monthly basis and follow a process determined by the Department.
 - 9.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	\$24,867
SFY 2024	\$58,024
SFY 2025	\$29,012
Sub-Total	\$111,903

- 9.4. The Contractor shall submit non-clinical expenses via the Website: <https://business.nh.gov/beb/PaQes/index.asDx>.

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

9.5. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

C. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for administrative services:

10. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure each invoice is completed, dated and returned to the Department in order to initiate payment.

10.1. Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	\$62,168
2024	\$58,022
2025	\$0*
Sub-Total	\$120,190
*The Contractor will only bill for direct services in SFY 25.	

10.2. In lieu of hard invoice copies, all invoices may be assigned an electronic signature and emailed to DCYFInvoices@dhhs.nh.gov, or invoices may be mailed to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

10.3. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

08
BJS

New Hampshire Department of Health and Human Services	
Contractor Name: <u>Granite VNA, Inc.</u>	
Budget Request for: <u>Home Visiting Services - Home Visiting Formula Grant</u>	
Budget Period: <u>SFY 2023 (10/01/2022 - 06/30/2023)</u>	
Indirect Cost Rate (if applicable) <u>1.59%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$50,372
2. Fringe Benefits	\$14,104
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$800
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$300
5.(e) Supplies Office	\$250
8. Travel	\$2,000
7. Software	\$2,375
8. (a) Other - Marketing/ Communications	\$1,500
8. (b) Other - Education and Training	\$8,750
8. (c) Other - Other (specify below)	
HFA Affiliation Fee	\$800
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$78,251
Total Indirect Costs	\$1,282
TOTAL	\$80,633

Contractor Initials: BJS
 Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>Granite VNA, Inc.</u>	
Budget Request for: <u>Home Visiting Services - Home Visiting Formula Grant</u>	
Budget Period: <u>SFY 2024 (07/01/2023 - 06/30/2024)</u>	
Indirect Cost Rate (If applicable) <u>3.91%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$88,828
2. Fringe Benefits	\$18,215
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$1,176
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$368
5.(e) Supplies Office	\$588
6. Travel	\$3,430
7. Software	\$4,000
8. (a) Other - Marketing/ Communications	\$980
8. (b) Other - Education and Training	\$4,000
8. (c) Other - Other (specify below)	
HFA Admission Fee	\$980
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$105,163
Total Indirect Costs	\$4,283
TOTAL	\$109,446

Contractor Initials: BJS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>Granite VNA, Inc.</u>	
Budget Request for: <u>Home Visiting Services - Home Visiting Formula Grant</u>	
Budget Period: <u>SFY 2025 (07/01/2024 - 09/30/2024)</u>	
Indirect Cost Rate (if applicable) <u>3.62%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$16,806
2. Fringe Benefits	\$4,706
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$288
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$80
5.(e) Supplies Office	\$144
6. Travel	\$840
7. Software	\$1,989
8. (a) Other - Marketing/ Communications	\$240
8. (b) Other - Education and Training	\$1,200
8. (c) Other - Other (specify below)	
HFA Affiliation Fee	\$240
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$26,543
Total Indirect Costs	\$997
TOTAL	\$27,540

Contractor Initials: BJS
 Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>Granite VNA, Inc.</u>	
Home Visiting Services -	
Budget Request for: <u>ARP - MIECH Home Visiting</u>	
Budget Period: <u>SFY 2023 (10/01/2022 - 06/30/2023)</u>	
Indirect Cost Rate (if applicable) <u>0.00%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$11,452
2. Fringe Benefits	\$0
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	
Other (please specify)	\$0
8. Subrecipient Contracts	\$0
Total Direct Costs	\$11,452
Total Indirect Costs	\$0
TOTAL	\$11,452

Contractor Initials: BJS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>Grants VNA, Inc.</u>	
Budget Request for: <u>Horse Visiting Services</u>	
Budget Period: <u>SFY 2023 (1/1/23-6/30/23) 6 Months</u>	
Indirect Cost Rate (if applicable): <u>8.61%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$38,057
2. Fringe Benefits	\$10,095
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$622
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$165
5.(e) Supplies Office	\$310
6. Travel	\$1,886
7. Software	\$2,487
8.(a) Other - Marketing/ Communications	\$995
8.(b) Other - Education and Training	\$4,974
8.(c) Other - Other (specify below)	\$497
RFA Attestation Fee	\$0
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$58,057
Total Indirect Costs	\$4,111
TOTAL	\$62,168

Contractor Initials BJS

New Hampshire Department of Health and Human Services	
Contractor Name: <u>Greene VNA, Inc.</u>	
Budget Request for: <u>Home Visiting Services</u>	
Budget Period: <u>SFY 2024 (7/1/23-6/30/24) 12 Months</u>	
Indirect Cost Rate (if applicable): <u>8.61%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$33,653
2. Fringe Benefits	\$9,423
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$580
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$145
5.(e) Supplies Office	\$290
6. Travel	\$1,741
7. Software	\$2,321
8. (a) Other - Marketing/ Communications	\$928
8. (b) Other - Education and Training	\$4,642
8. (c) Other - Other (specify below)	
HFA Affiliation Fee	\$484
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$54,187
Total Indirect Costs	\$3,835
TOTAL	\$58,022

Contractor Initials BJJ

New Hampshire Department of Health and Human Services
Exhibit D



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor 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

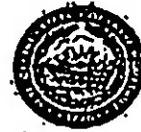
**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

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
128 Pleasant Street,
Concord, NH 03301-6505

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

New Hampshire Department of Health and Human Services
Exhibit D



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

Vendor Name: Granite VNA dba Concord Regional VNA

1/5/2023

Date

Designated by:

Beth Stepan

Name: Beth Stepan

Title: President/CEO

New Hampshire Department of Health and Human Services
Exhibit E



CERTIFICATION REGARDING LOBBYING

The Vendor 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
 - *Medical 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:

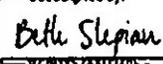
1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection 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-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: Granite VNA dba Concord Regional VNA

1/5/2023

Date

DocuSigned by:

 Name: Beth Stepan
 Title: President/CEO

Vendor Initials 
 Date 1/5/2023

New Hampshire Department of Health and Human Services
Exhibit F



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

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Order 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

New Hampshire Department of Health and Human Services
Exhibit F



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 8 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 (1)(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: Granite VNA dba Concord Regional VNA

1/5/2023

Date

DocuSigned by:
Beth Stepan
 Name: Beth Stepan
 Title: President/CEO

08
 BJS
 1/5/2023
 Date

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 1984 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

Exhibit G

Contractor Initials

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

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: Granite VNA dba Concord Regional VNA

1/5/2023

Date

DocuSigned by:

Beth Slepian

Name: Beth Slepian

Title: President/CEO

Exhibit G

Contractor Initials

BS

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

New Hampshire Department of Health and Human Services
Exhibit M



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: Granite VNA dba Concord Regional VNA

1/5/2023

Date

DocuSigned by:
Beth Stepien
Name: Beth Stepien
Title: President/CEO

New Hampshire Department of Health and Human Services



Exhibit I

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 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. "**Date Aggregation**" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "**Health Care Operations**" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "**HITECH Act**" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "**HIPAA**" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "**Individual**" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "**Privacy Rule**" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "**Protected Health Information**" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

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Exhibit I
Health Insurance Portability Act
Business Associate Agreement
Page 1 of 6

Contractor Initials

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Date 1/5/2023

New Hampshire Department of Health and Human Services



Exhibit I

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

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

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

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New Hampshire Department of Health and Human Services



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

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

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

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

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New Hampshire Department of Health and Human Services



Exhibit I

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

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

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New Hampshire Department of Health and Human Services



Exhibit I

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

(4) Obligations of Covered Entity

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

(6) 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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New Hampshire Department of Health and Human Services



Exhibit I

- e. Severability. 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) f, 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

~~The State of~~

Patricia M. Tilley

Signature of Authorized Representative

patricia m. tilley

Name of Authorized Representative
Director

Title of Authorized Representative

1/5/2023

Date

Granite VNA dba Concord Regional VNA

~~Name of the Contractor~~

Beth Slepian

Signature of Authorized Representative

Beth Slepian

Name of Authorized Representative

President/CEO

Title of Authorized Representative

1/5/2023

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
6. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
8. Unique Identifier of the entity (UEI #)
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: Granite VNA dba Concord Regional VNA

1/5/2023

Date

Decomposed by:

Beth Stepien

Name: Beth Stepien

Title: President/CEO

BJS

New Hampshire Department of Health and Human Services
Exhibit J



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

- The UEI (SAM.gov) number for your entity is: J1GJSEM4BJ97
- In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

 NO x YES

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

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

- 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), 78c(d)) or section 6104 of the Internal Revenue Code of 1986?

 NO x YES

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

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

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

Name: _____	Amount: _____

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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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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.).

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DHHS Information Security Requirements



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 Department's discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doi/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.

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DHHS Information Security Requirements



- 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

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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

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

This Amendment to the Home Visiting Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Family Resource Center at Gorham ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on February 8, 2023 (Item #39), as amended on June 14, 2023 (Item #27), 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, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$1,845,113
2. Modify Exhibit B, Scope of Services, by adding Section 2.29., to read:
2.29. **FRS – Family Resource Specialist.** As defined within the Healthy Families America (HFA) Best Practice Standards, a direct service staff member with responsibilities related to the engagement and enrollment of new families, which may include managing referrals, outreach to families referred, determining eligibility for services, offering HFA services, connecting families to additional resources in the community, and maintaining relationships with referral sources.
3. Modify Exhibit B, Scope of Services, Section 3.24., to read:
3.24. **Reporting**
 - 3.24.1. The Contractor must complete a Monthly Capacity Analysis Report, which is attached as Attachment 2, and submit to DPHS no later than the 15th of each month that includes data for the prior month.
 - 3.24.2. The Contractor must submit quarterly reports in January, April, July, and October, to DPHS and DCYF:
 - 3.24.2.1. Form 1, which is attached as Attachment 3.
 - 3.24.2.2. Form 2, which is attached as Attachment 4.
 - 3.24.2.3. FRS Outreach and Engagement Activity Log, which is attached as Attachment 6 – Amendment #2.
 - 3.24.3. The Contractor may be required to provide new data reporting requirements, or other key data and metrics including, but not limited to, client-level demographic, performance, and service data to the Department in a format specified by the Department.
4. Modify Exhibit B, Scope of Services, by adding Section 3.31., to read:
3.31. **Family Resource Specialist**
 - 3.31.1. The Contractor must maintain a designated Family Resource Specialist (FRS) position that focuses primarily on community and family engagement. The Contractor must ensure the FRS:

- 3.31.1.1. Conducts routine outreach to new and existing community partners in the Berlin and Littleton regions to promote program awareness to increase the number of new referrals.
- 3.31.1.2. Conducts outreach to other communities across the State as requested by The Department.
- 3.31.1.3. Tracks outreach efforts and outcomes utilizing the FRS Outreach and Engagement Activity Log (Attachment 6 – Amendment #2).
- 3.31.1.4. Collaborates with the Department on quality improvement activities related to improving community outreach, engagement and enrollment as requested by the Department.

4. Modify Exhibit C, Payment Terms, Section 1, to read:

1. This Agreement is funded by:

1.1. 78% Federal funds from:

- 1.1.1. 19% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the United States Department of Health and Human Services (US DHHS), Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.870, FAIN X10MC43595.
- 1.1.2. 33% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the US DHHS, HRSA, ALN 93.870, FAIN X10MC46878.
- 1.1.3. 5% American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC41935.
- 1.1.4. 7% American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC45263.
- 1.1.5. 21% New Hampshire Initiative to Address COVID-19 Health Disparities, as awarded on June 1, 2021, by the US DHHS, Centers for Disease Control and Prevention, ALN 93.391, FAIN NH75OT000031.
- 1.1.6. 15% Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, by the US DHHS, ALN 93.658, FAIN 2201NHFOST.

1.2. 22% General funds.

5. Modify Exhibit C, Payment Terms, Section 7, to read:

- 7. 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 items, as specified in Exhibits C-1 Budget Sheet, SFY 2023 through Exhibit C-8 Budget Sheet, SFY 2024, and Exhibit C-10 Budget Sheet, SFY 2023 through Exhibit C-13, Budget (SFY 2024) – Amendment #1.
- 6. Modify Exhibit C-2 Budget Sheet, SFY 2024, by replacing it in its entirety with Exhibit C-2 Budget, SFY 2024 – Amendment #2, which is attached hereto and incorporated by reference herein.
- 7. Modify Exhibit C-3 Budget Sheet, SFY 2025, by replacing it in its entirety with Exhibit C-3 Budget, SFY 2025 – Amendment #2, which is attached hereto and incorporated by reference herein.
- 8. Modify Exhibit C-9 Budget Sheet, SFY 2025, by deleting it in its entirety.

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 Governor and 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

3/26/2024

Date

DocuSigned by:
Iain Watt

Name: Iain Watt
Title: Interim Director - DPHS

The Family Resource Center at Gorham

3/26/2024

Date

DocuSigned by:
Patricia Stolte

Name: Patricia Stolte
Title: Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

3/26/2024

Date

DocuSigned by:

Robyn Guarino

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

Exhibit C-2 Budget, SFY 2024 - Amendment #2

New Hampshire Department of Health and Human Services	
Contractor Name:	The Family Resource Center at Gorham
Budget Request for:	Home Visiting Services - Home Visiting Formula Grant
Budget Period	G&C Approval - 06/30/2024
Indirect Cost Rate (if applicable)	0.09
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$258,414
2. Fringe Benefits	\$56,851
3. Consultants	\$5,000
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$3,000
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$5,500
6. Travel	\$12,635
7. Software	\$150
8. (a) Other - Marketing/ Communications	\$3,000
8. (b) Other - Education and Training	\$4,000
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$14,000
Other (please specify)	\$2,000
Other (please specify)	\$400
Other (please specify)	\$3,800
9. Subrecipient Contracts	\$0
Total Direct Costs	\$374,750
Total Indirect Costs	\$37,175
TOTAL	\$411,925

Contractor Initial: PS

Date: 3/26/2024

Exhibit C-3 Budget, SFY 2025 - Amendment #2

New Hampshire Department of Health and Human Services	
Contractor Name:	The Family Resource Center at Gorham
Budget Request for:	Home Visiting Services - Home Visiting Formula Grant
Budget Period	07/01/2024 - 09/30/2024
Indirect Cost Rate (if applicable)	0.09
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$81,880
2. Fringe Benefits	\$18,001
3. Consultants	\$1,572
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$250
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$650
6. Travel	\$2,000
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$185
8. (b) Other - Education and Training	\$100
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$1,500
Other (please specify)	\$700
Other (please specify)	\$0
Other (please specify)	\$51
9. Subrecipient Contracts	\$0
Total Direct Costs	\$107,079
Total Indirect Costs	\$10,683
TOTAL	\$117,762

Contractor Initial: PS^{DS}

Date: 3/26/2024

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that THE FAMILY RESOURCE CENTER AT GORHAM is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 03, 1997. 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: 270161

Certificate Number: 0006608526



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 12th day of March A.D. 2024.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Christian Corriveau, hereby certify that:

1. I am a duly elected Officer of The Family Resource Center at Gorham
2. The following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on March 13, 2024 at which a quorum of the Board of Directors were present and voting.

VOTED: That Patricia Stolle is duly authorized on behalf of The Family Resource Center at Gorham 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 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 listed above currently occupies the position 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: 3/13/2024


Signature
Name: Christian Corriveau
Title: President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/21/2024

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 E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	CONTACT NAME: Fairley Kenneally PHONE (A/C, No, Ext): (603) 293-2791 FAX (A/C, No): (603) 293-7188 E-MAIL ADDRESS: fairley@esinsurance.net												
INSURER(S) AFFORDING COVERAGE													
INSURED Family Resource Center at Gorham 123 Main Street Gorham NH 03581	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: Great American Insurance Group</td> <td style="width: 20%;">NAIC # GAIG</td> </tr> <tr> <td>INSURER B: Travelers Property Casualty Co of America</td> <td>25674</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: Great American Insurance Group	NAIC # GAIG	INSURER B: Travelers Property Casualty Co of America	25674	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:													
INSURER D:													
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INSURER F:													

COVERAGES **CERTIFICATE NUMBER:** 23-24 wc **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MAC 3793560 17	05/10/2023	05/10/2024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td>PRODUCTS - COMPOP AGG</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td>AbMol Daycare, Inc/AnoPA</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 3,000,000	PRODUCTS - COMPOP AGG	\$ 3,000,000	AbMol Daycare, Inc/AnoPA	\$ 1,000,000		
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	\$																						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6JUB4N33995324	01/01/2024	01/01/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">PER STATUTE</td> <td style="text-align: center;">OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td></td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td></td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td></td><td style="text-align: right;">\$ 500,000</td></tr> </table>		PER STATUTE	OTH-ER		E.L. EACH ACCIDENT			\$ 500,000	E.L. DISEASE - EA EMPLOYEE			\$ 500,000	E.L. DISEASE - POLICY LIMIT			\$ 500,000
	PER STATUTE	OTH-ER																					
E.L. EACH ACCIDENT			\$ 500,000																				
E.L. DISEASE - EA EMPLOYEE			\$ 500,000																				
E.L. DISEASE - POLICY LIMIT			\$ 500,000																				

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

CERTIFICATE HOLDER State of NH Dept. of Health & 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
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the family resource center

123 Main Street Gorham, NH 03581 (603) 466-5190 www.frc123.org

Mission

To build healthier Families and stronger communities through positive relationships, programs and collaborations in the North Country.

Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

**FOR THE YEARS ENDED JUNE 30, 2023 AND 2022
AND
INDEPENDENT AUDITORS' REPORT AND REPORTS ON
COMPLIANCE AND INTERNAL CONTROL**

FAMILY RESOURCE CENTER AT GORHAM
FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Family Resource Center at Gorham

Opinion

We have audited the accompanying financial statements of Family Resource Center at Gorham (a New Hampshire nonprofit organization), which comprise the statements of financial position as of June 30, 2023 and 2022, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Family Resource Center at Gorham as of June 30, 2023 and 2022, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Family Resource Center at Gorham and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Family Resource Center at Gorham's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Family Resource Center at Gorham's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Family Resource Center at Gorham's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

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

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 13, 2023, on our consideration of Family Resource Center at Gorham's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Family Resource Center at Gorham's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Family Resource Center at Gorham's internal control over financial reporting and compliance.

*Leone, McDonnell & Roberts
Professional Association*

North Conway, New Hampshire
October 13, 2023

FAMILY RESOURCE CENTER AT GORHAM**STATEMENTS OF FINANCIAL POSITION
AS OF JUNE 30, 2023 AND 2022**

	<u>ASSETS</u>	
	<u>2023</u>	<u>2022</u>
CURRENT ASSETS		
Cash and cash equivalents	\$ 1,100,311	\$ 1,001,201
Certificates of deposit	502,855	83,677
Grants receivable	459,651	607,171
Prepaid expenses	<u>31,869</u>	<u>15,603</u>
Total current assets	<u>2,094,686</u>	<u>1,707,652</u>
PROPERTY		
Leasehold improvements	100,805	88,452
Furniture and equipment	51,575	51,575
Buildings	<u>70,015</u>	<u>70,015</u>
Total	222,395	210,042
Less: accumulated depreciation	<u>(122,681)</u>	<u>(113,185)</u>
Property, net	<u>99,714</u>	<u>96,857</u>
OTHER ASSETS		
Investments	235,147	225,995
Agency deposits - cash	11,946	30,574
Operating lease right-of-use asset	<u>44,094</u>	<u>48,973</u>
Total other assets	<u>291,187</u>	<u>305,542</u>
TOTAL ASSETS	<u>\$ 2,485,587</u>	<u>\$ 2,110,051</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Accounts payable	\$ 33,884	\$ 20,146
Accrued expenses	144,806	102,296
Due to State of New Hampshire	-	32,257
Agency deposits	11,946	30,574
Refundable advances	154,677	33,332
Current portion of right-of-use operating lease liability	<u>13,027</u>	<u>11,572</u>
Total current liabilities	358,340	230,177
OTHER LIABILITIES		
Right-of-use operating lease liability, less current portion shown above	<u>31,067</u>	<u>37,401</u>
Total liabilities	<u>389,407</u>	<u>267,578</u>
NET ASSETS		
Without donor restrictions		
Designated for long-term building maintenance	46,325	55,083
Undesignated	<u>1,780,245</u>	<u>1,529,925</u>
Total net assets without donor restrictions	1,826,570	1,585,008
With donor restrictions	<u>269,610</u>	<u>257,465</u>
Total net assets	<u>2,096,180</u>	<u>1,842,473</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 2,485,587</u>	<u>\$ 2,110,051</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM**STATEMENT OF ACTIVITIES**
FOR THE YEAR ENDED JUNE 30, 2023

	<u>Without Donor</u> <u>Restrictions</u>	<u>With Donor</u> <u>Restrictions</u>	<u>Total</u>
REVENUE AND SUPPORT			
Grants	\$ 1,720,241	\$ -	\$ 1,720,241
Medicaid	1,708,785	-	1,708,785
In-kind contributions	126,817	-	126,817
Contributions	50,979	-	50,979
Agency rents	45,841	-	45,841
Investment return	-	12,145	12,145
Interest income	3,664	-	3,664
Other income	14,017	-	14,017
Net assets released from restrictions	-	-	-
	<u>3,670,344</u>	<u>12,145</u>	<u>3,682,489</u>
Total revenue and support			
EXPENSES			
Program services	2,973,339	-	2,973,339
Management and general	455,443	-	455,443
	<u>3,428,782</u>	<u>-</u>	<u>3,428,782</u>
Total expenses			
CHANGE IN NET ASSETS	241,562	12,145	253,707
NET ASSETS, BEGINNING OF YEAR	<u>1,585,008</u>	<u>257,465</u>	<u>1,842,473</u>
NET ASSETS, END OF YEAR	<u>\$ 1,826,570</u>	<u>\$ 269,610</u>	<u>\$ 2,096,180</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2022**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
REVENUE AND SUPPORT			
Grants	\$ 2,503,575	\$ -	\$ 2,503,575
Medicaid	1,530,768	-	1,530,768
In-kind contributions	111,319	-	111,319
Contributions	35,794	15,000	50,794
Agency rents	43,698	-	43,698
Investment return	-	(22,628)	(22,628)
Interest income	798	-	798
Other income	804	-	804
Net assets released from restrictions	<u>13,520</u>	<u>(13,520)</u>	<u>-</u>
Total revenue and support	<u>4,240,276</u>	<u>(21,148)</u>	<u>4,219,128</u>
EXPENSES			
Program services	3,338,172	-	3,338,172
Management and general	<u>471,484</u>	<u>-</u>	<u>471,484</u>
Total expenses	<u>3,809,656</u>	<u>-</u>	<u>3,809,656</u>
CHANGE IN NET ASSETS	430,620	(21,148)	409,472
NET ASSETS, BEGINNING OF YEAR	<u>1,154,388</u>	<u>278,613</u>	<u>1,433,001</u>
NET ASSETS, END OF YEAR	<u>\$ 1,585,008</u>	<u>\$ 257,465</u>	<u>\$ 1,842,473</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM**STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2023**

	<u>Program Services</u>	<u>Management and General</u>	<u>Total</u>
Personnel Costs			
Salaries and wages	\$ 1,822,061	\$ 257,988	\$ 2,080,049
Employee benefits	234,890	28,346	263,236
Payroll taxes	144,149	19,470	163,619
Travel	223,745	1,965	225,710
Food and supplies	205,388	2,870	208,258
Program activities	117,879	-	117,879
Contractors and consultants	65,312	19,652	84,964
Training	52,255	806	53,061
Legal and professional fees	4,868	36,126	40,994
Rent	33,633	-	33,633
Heat and utilities	-	30,004	30,004
Telephone and internet	26,961	1,685	28,646
Liability insurance	16,631	3,981	20,612
Repairs and maintenance	-	19,601	19,601
Technology	2,231	14,113	16,344
Small equipment	11,586	1,011	12,597
Advertising	10,244	1,585	11,829
Depreciation	-	9,496	9,496
Property insurance	-	2,626	2,626
Payroll processing service	-	2,223	2,223
Printing	873	654	1,527
Postage and shipping	633	450	1,083
Conferences and meetings	-	661	661
Bank charges	-	130	130
	<hr/>	<hr/>	<hr/>
Total	\$ 2,973,339	\$ 455,443	\$ 3,428,782

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM**STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2022**

	<u>Program Services</u>	<u>Management and General</u>	<u>Total</u>
Personnel Costs			
Salaries and wages	\$ 1,989,734	\$ 248,433	\$ 2,238,167
Employee benefits	261,219	27,951	289,170
Payroll taxes	164,123	20,603	184,726
Food and supplies	223,819	2,778	226,597
Program activities	224,287	245	224,532
Travel	189,434	1,203	190,637
Contractors and consultants	92,880	11,935	104,815
Training	76,476	1,389	77,865
Technology	3,551	71,491	75,042
Telephone and internet	31,702	2,378	34,080
Legal and professional fees	6,658	20,914	27,572
Rent	27,315	-	27,315
Heat and utilities	-	26,870	26,870
Liability insurance	19,497	3,397	22,894
Advertising	18,593	219	18,812
Repairs and maintenance	-	12,839	12,839
Small equipment	6,800	984	7,784
Depreciation	-	6,450	6,450
Payroll processing service	-	5,656	5,656
Printing	1,491	1,985	3,476
Property insurance	-	1,987	1,987
Conferences and meetings	160	796	956
Other	25	829	854
Postage and shipping	408	2	410
Bank charges	-	150	150
	<u> </u>	<u> </u>	<u> </u>
Total	<u>\$ 3,338,172</u>	<u>\$ 471,484</u>	<u>\$ 3,809,656</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM**STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 253,707	\$ 409,472
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Unrealized (gain) loss on investments	(6,796)	33,135
Realized gains on investments	(424)	(6,213)
Depreciation	9,496	6,450
Acquisition of right-of-use asset	(7,150)	(58,578)
Amortization of right-of-use asset	12,029	9,605
Increase in operating lease liability	-	48,973
Reduction of operating lease liability	(4,879)	-
(Increase) decrease in assets:		
Grants receivable	147,520	(83,421)
Prepaid expenses	(16,266)	63,427
Increase (decrease) in liabilities:		
Accounts payable	13,738	5,027
Accrued expenses	42,510	7,397
Due to State of New Hampshire	(32,257)	32,257
Agency deposits	(18,628)	30,234
Refundable advances	121,345	(268,723)
	<u>513,945</u>	<u>229,042</u>
NET CASH PROVIDED BY OPERATING ACTIVITIES		
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from the sale of investments	40,702	36,151
Purchase of investments and certificates of deposits	(461,812)	(40,792)
Additions to property and equipment	(12,353)	(13,520)
	<u>(433,463)</u>	<u>(18,161)</u>
NET CASH USED IN INVESTING ACTIVITIES		
NET INCREASE IN CASH AND EQUIVALENTS AND RESTRICTED CASH	80,482	210,881
CASH AND EQUIVALENTS AND RESTRICTED CASH, BEGINNING OF YEAR	<u>1,031,775</u>	<u>820,894</u>
CASH AND EQUIVALENTS AND RESTRICTED CASH, END OF YEAR	<u>\$ 1,112,257</u>	<u>\$ 1,031,775</u>
CASH BALANCES		
Cash and equivalents, operating	\$ 1,100,311	\$ 1,001,201
Agency deposits - cash	<u>11,946</u>	<u>30,574</u>
Total cash and equivalents and restricted cash	<u>\$ 1,112,257</u>	<u>\$ 1,031,775</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022**

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

The Family Resource Center at Gorham (the Resource Center) is a voluntary, not-for-profit corporation incorporated under the laws of the State of New Hampshire (RSA 292) and organized exclusively for tax-exempt charitable and educational purposes. The principal activity of the Resource Center is to deliver programming that works to build healthier families and stronger communities.

The programs are preventative and help to remove obstacles by providing pathways to healthy family function and early childhood development to at-risk and underserved populations in northern New Hampshire.

Evidence-based home visiting delivers parent education and support that empowers parents to build healthy family dynamics. They address issues such as substance misuse, lack of education, safe housing and employment. The Resource Center provides community based social and emotional support through workshops, support groups, and counseling to promote family success.

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

Basis of Presentation

The financial statements of the Resource Center have been prepared in accordance with U.S. generally accepted accounting principles (US GAAP), which require the Resource Center to report information regarding its financial position and activities 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 Resource Center. These net assets may be used at the discretion of the Resource Center's management and 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 Resource Center or by passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and 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.

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022**

Cash and Cash Equivalents

Cash and cash equivalents include all monies in banks and liquid investments with maturity dates of less than three months. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

Certificates of Deposits

The certificates of deposits are carried at fair value. Interest is accrued and recognized in income when earned.

Grants Receivable

Grants receivable from various public and other nonprofit organizations at June 30, 2023 and 2022 were considered fully collectable and therefore no provisions for bad debts have been made in these financial statements.

Investments

Investments are accounted for according to Accounting Standards Codification (ASC) 958-320 *Not For Profit Entities – Investments – Debt and Equity Securities*. Under ASC 958-320, investments in marketable securities with readily determinable fair values and all investments in debt securities are valued at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets. Fair values of investments are based on quoted prices in active markets for identical investments.

Property and Equipment

Property and equipment is recorded at cost if purchased and at fair value if donated. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets as follows:

Furniture and equipment	5 - 15 years
Leasehold improvements	20 years
Buildings	39 years

The Resource Center's policy is to capitalize all assets over \$2,500 with an expected life of one year or longer. Assets sold or otherwise disposed of are removed from the accounts, along with the related depreciation allowance, and any gain or loss is recognized.

Refundable Advances

The Resource Center records grant/contract revenue as a refundable advance until it is expended for the purpose of the grant/contract, at which time it is recognized as revenue.

Revenue Recognition

In May of 2014, the FASB issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This ASU is a comprehensive revenue recognition model that requires an organization to recognize revenue to depict the transfer of goods or services to a customer at an amount that reflects the consideration it expects to receive in exchange for those goods or services. Contracts and transactions with customers predominantly contain a single performance obligation.

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022**

The Resource Center records the following exchange transaction revenue in its statements of activities for the years ended June 30, 2023 and 2022:

Program Service Fees – Revenue from providing family support services under the State of New Hampshire's Medicaid program. Revenue from providing family support services is recognized at the completion of providing such services.

Agency Rents – Revenue from the rental of office space is recognized over time.

Contributions

Contributions received are recorded as increases in net assets without donor restrictions or net assets with donor restrictions depending on the existence and/or nature of any donor or time restrictions. A purpose restriction permits the Resource Center to use contributed assets as specified for a particular purpose. Net assets restricted in perpetuity are those that are required to be permanently maintained, but income from such investments may be used for specified purposes. All donor restricted support is reported as an increase in net assets with donor restrictions, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Contributions of donated non-cash assets are recorded at their fair values in the period received. Contributions of donated services that create or enhance non-financial assets or that require specialized skills, which are provided by the individuals possessing those skills, and would typically need to be purchased if not provided by donations, are recorded at their fair values in the period received.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, costs have been allocated among the program services and supporting activities benefited. Such allocations have been determined by management on an equitable basis.

The expenses that are allocated include the following:

<u>Expense</u>	<u>Method of Allocation</u>
Salaries and benefits	Time and effort
Occupancy	Square footage
Depreciation	Square footage
All other expenses	Direct assignment

Income Taxes

The Resource Center is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. In addition, the Resource Center qualifies for the charitable contribution deduction under Section 170(b)(1)(a) and has been classified as an organization that is not a private foundation.

FAMILY RESOURCE CENTER AT GORHAM

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2023 AND 2022

Management has evaluated the Resource Center's tax positions and concluded that the Resource Center has maintained its tax-exempt status and has taken no uncertain tax positions that would require adjustment to the financial statements.

Advertising

Advertising costs are expensed as incurred.

Reclassifications

Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

Fair Value of Financial Instruments

ASC Topic No. 820-10, *Fair Value Measurement*, provides a definition of fair value which focuses on an exit price rather than an entry price, establishes a framework in generally accepted accounting principles for measuring fair value which emphasizes that fair value is a market based measurement, not an entity specific measurement, and requires expanded disclosures about fair value measurements. In accordance with FASB ASC 820-10, the Resource Center may use valuation techniques consistent with market, income and cost approaches to measure fair value. As a basis for considering market participant assumptions in fair value measurements, ASC Topic 820-10 establishes a fair value hierarchy, which prioritizes the inputs used in measuring fair values. The hierarchy gives the highest priority to Level 1 measurements and the lowest priority to Level 3 measurements. The three levels of the fair value hierarchy under ASC Topic 820-10 are described as follows:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Level 2 - Inputs to the valuation methodology are other than quoted market prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies.

Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

At June 30, 2023 and 2022, the Resource Center's investments were all classified as Level 1 and were based on fair value.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2023 and 2022.

Equities: Valued at the closing market price on the stock exchange where they are traded (primarily the New York Stock Exchange).

FAMILY RESOURCE CENTER AT GORHAM**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022**

Mutual Funds: Valued at the net asset value (NAV) of shares held by the Resource Center at year-end.

The preceding method may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Resource Center believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

New Accounting Pronouncement

As of July 1, 2022, the Resource Center adopted the provisions of the Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2016-02, *Leases (Topic 842)*, as amended. The standard requires lessees to recognize assets and liabilities for leases with lease terms of more than twelve months. The recognition, measurement, and presentation of expenses and cash flows arising from a lease by a lessee primarily will depend on its classification as a financing or operating lease. Results for the reporting years June 30, 2023 and 2022 are presented under FASB ASC Topic 842. The ASU has been applied retrospectively to all periods presented. As a result, a right-of-use asset of \$44,094 and \$48,973 was recognized at June 30, 2023 and 2022, respectively. A right-of-use operating lease liability of 44,094 and \$48,973 was also recognized at June 30, 2023 and 2022, respectively.

2. LIQUIDITY AND AVAILABILITY

The following represents the Resource Center's financial assets as of June 30, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Cash and cash equivalents	\$ 1,100,311	\$ 1,001,201
Certificates of deposit	502,855	83,677
Grants receivable	459,651	607,171
Investments	235,147	225,995
Agency deposits - cash	<u>11,946</u>	<u>30,574</u>
Total financial assets	<u>2,309,910</u>	<u>1,948,618</u>
Less amounts not available to be used within one year:		
Net assets with donor restrictions	269,610	257,465
Amount board designated for long-term maintenance	46,325	55,083
Agency deposits - cash	<u>11,946</u>	<u>30,574</u>
Amounts not available within one year	<u>327,881</u>	<u>343,122</u>
Financial assets available to meet general expenditures over the next twelve months	<u>\$ 1,982,029</u>	<u>\$ 1,605,496</u>

FAMILY RESOURCE CENTER AT GORHAM**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022**

The Resource Center's goal is generally to maintain financial assets to meet 90 days of operating expenses (approximately \$860,000) As part of its liquidity plan, excess cash is invested in short-term investments, including money market accounts and certificates of deposits.

3. INVESTMENTS

Investments presented in the financial statements are stated at fair value. Realized gains and losses are determined on the specific identification method. Gains and losses (realized and unrealized) are reported in the statement of activities as increases or decreases to net assets without donor restrictions, except for those investments for which their use is restricted. Information on investments at June 30, 2023 and 2022 is presented as follows:

	<u>2023</u>		<u>2022</u>	
	<u>Cost</u>	<u>Market Value</u>	<u>Cost</u>	<u>Market Value</u>
Equities	\$ 106,039	\$ 120,345	\$ 125,284	\$ 118,904
Mutual Funds	<u>121,115</u>	<u>114,802</u>	<u>99,515</u>	<u>107,091</u>
Totals	<u>\$ 227,154</u>	<u>\$ 235,147</u>	<u>\$ 224,799</u>	<u>\$ 225,995</u>

Components of Investment Return:

	<u>2023</u>	<u>2022</u>
Interest and dividends	\$ 8,558	\$ 8,817
Unrealized gain (loss)	6,796	(33,135)
Realized gain	424	6,213
Investment fees	<u>(3,633)</u>	<u>(4,523)</u>
Total investment return	<u>\$ 12,145</u>	<u>\$ (22,628)</u>

4. AGENCY DEPOSITS

During the year ended June 30, 2023, the Resource Center began serving as a fiscal agent for Small Acts North, a Northern New Hampshire not-for-profit volunteer group that supports the community by providing small acts of kindness. The amount held on behalf of Small Acts North as of June 30, 2023 and 2022 was \$11,946 and \$30,574, respectively.

5. DEMAND NOTE PAYABLE

In April 2013, the Resource Center entered into a revolving line of credit agreement with a bank. The revolving line of credit agreement provided for maximum borrowings up to \$75,000 and was collateralized by a certificate of deposit held at the same bank. At June 30, 2022, the interest rate on the revolving line of credit was stated at the bank's prime rate of 4.75%. There was no balance outstanding as of June 30, 2022. This line of credit agreement was closed in May of 2023.

FAMILY RESOURCE CENTER AT GORHAM**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022****6. CONCENTRATION OF CREDIT RISK - CASH**

The Resource Center maintains cash balances that, at times, may exceed federally insured limits. The cash balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per bank at June 30, 2023 and 2022. The Resource Center has not experienced any losses in such accounts and believes it is not exposed to any significant risk with these accounts. Cash balances in excess of FDIC insured limits amounted to \$1,136,663 and \$874,727 at June 30, 2023 and June 30, 2022, respectively.

7. CONCENTRATION OF RISK

For the years ended June 30, 2023 and 2022, approximately 46% and 36% of the total revenue was derived from Medicaid, respectively.

In order for the Resource Center to receive Medicaid funding, they must be formally approved by the State of New Hampshire, Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, and Bureau of Developmental Services as the provider of services for individuals with mental health illnesses and developmentally disabled individuals, for that region.

Medicaid receivables comprise approximately 11% and 17% of the total accounts receivable balances at June 30, 2023 and 2022, respectively.

8. NET ASSETS

Net assets with donor restrictions were as follows for the years ended June 30, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Purpose restrictions:		
Flooring/carpeting	\$ 13,480	\$ 13,480
Community events	15,000	15,000
Restrictions in perpetuity:		
Endowment	<u>241,130</u>	<u>228,985</u>
Total net assets with donor restrictions	<u>\$ 269,610</u>	<u>\$ 257,465</u>

Net assets without donor restrictions for the years ended June 30, 2023 and 2022 are as follows:

	<u>2023</u>	<u>2022</u>
Undesignated	\$ 1,780,245	\$ 1,529,925
Board designated	<u>46,325</u>	<u>55,083</u>
Total net assets without donor restrictions	<u>\$ 1,826,570</u>	<u>\$ 1,585,008</u>

FAMILY RESOURCE CENTER AT GORHAM**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022****9. NET ASSETS WITHOUT DONOR RESTRICTIONS – BOARD DESIGNATED**

By vote of the Board of Directors, funds have been designated for long-term building maintenance. Net assets without donor restrictions designated by the board was \$46,325 and \$55,083 at June 30, 2023 and 2022, respectively.

10. ENDOWMENT FUND

In 2007, the Resource Center established a permanent endowment fund for the organization with the intent of accumulating donations and interest earnings of one million dollars. Per the laws of the State of New Hampshire (RSA 292-B:4), 7% of the fair market value of the endowment fund, calculated on the basis of fair market value determined at least quarterly and averaged over a period of not less than three years may be appropriated for operating account expenditures. No distributions were taken during the years ended June 30, 2023 and 2022.

The Not-for-Profit Entities Topic of the FASB ASC (ASC 958-205 and subsections) intends to improve the quality of consistency of financial reporting of endowments held by not-for-profit organizations. This Topic provides guidance on classifying the net assets associated with donor-restricted endowment funds held by organizations that are subject to an enacted version of the Uniform Prudent Management Institutional Funds Act (UPMIFA). New Hampshire has adopted UPMIFA. The Topic also requires additional financial statement disclosures on endowments and related net assets.

The Resource Center has followed an investment and spending policy to ensure a total return (income plus capital change) necessary to preserve the principal of the fund and at the same time, provide a dependable source of support to help build healthier families and stronger communities.

In recognition of the prudence required of fiduciaries, the Resource Center only invests the fund in cash and mutual funds. The Resource Center has taken a risk adverse approach to managing the endowment fund in order to mitigate financial market risk such as interest rate, credit and overall market volatility, which could substantially impact the fair value of the endowment fund at any given time.

Fund activity for June 30, 2023 and 2022 was as follows:

	Balances as of <u>June 30, 2022</u>	Activity for the Year Ended <u>June 30, 2023</u>	Balances as of <u>June 30, 2023</u>
Permanent gifts	\$ 175,809	\$ -	\$ 175,809
Investment earnings	74,840	8,558	83,398
Realized gain	68,926	424	69,350
Transfer to unrestricted	(41,590)	-	(41,590)
Investment expense	(49,995)	(3,633)	(53,628)
Unrealized gain	995	6,796	7,791
	<u>\$ 228,985</u>	<u>\$ 12,145</u>	<u>\$ 241,130</u>

FAMILY RESOURCE CENTER AT GORHAM**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022**

	<u>Balances as of June 30, 2021</u>	<u>Activity for the Year Ended June 30, 2022</u>	<u>Balances as of June 30, 2022</u>
Permanent gifts	\$ 175,809	\$ -	\$ 175,809
Investment earnings	66,023	8,817	74,840
Realized gain	62,713	6,213	68,926
Transfer to unrestricted	(41,590)	-	(41,590)
Investment expense	(45,472)	(4,523)	(49,995)
Unrealized gain (loss)	34,130	(33,135)	995
	<u>\$ 251,613</u>	<u>\$ (22,628)</u>	<u>\$ 228,985</u>

11. OPERATING LEASES

The Resource Center leases its current facility from the Town of Gorham. In lieu of rent, the Resource Center is responsible for the cost of repairs and maintenance, insurance, utilities and rubbish removal. The lease expired on June 30, 2020. The lease continues under the same terms on a month-to-month basis.

The Resource Center in turn sublets space in the facility to other nonprofit and community agencies at an average rate of approximately \$10 - \$16 per square foot. All participating organizations must provide services to a client base that is at least 66% low and moderate income.

During the year ended June 2021, the Resource Center entered into a lease agreement for office space in Littleton, New Hampshire with John & Paul Tuite Partnership. The terms of the lease call for monthly payments of \$1,000 through October 31, 2026. Rent expense under this agreement aggregated \$12,000 for the years ended June 30, 2023 and 2022.

During March of 2023, the Resource Center entered into a lease agreement for two copiers in Gorham, New Hampshire. The terms of the lease agreement calls for monthly payments of \$130 through March 9, 2028. Rent expense under this agreement aggregated \$520 for the year ended June 30, 2023.

The right-of-use asset and related operating lease liability for the above leases amounted to \$44,094 and \$48,973 for the years ended June 30, 2023 and 2022, respectively. The weighted average lease term was 3.32 and 4.16 years for the years ended June 30, 2023 and 2022, respectively. The weighted average discount rate was 1.38% and 0.98% for the years ended June 30, 2023 and 2022, respectively.

Total lease expense under these agreements totaled \$12,520 and \$10,000 for the years ended June 30, 2023 and 2022, respectively.

FAMILY RESOURCE CENTER AT GORHAM**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022**

Minimum future lease payments required under the operating lease agreement in effect at June 30, 2023 were as follows:

<u>Year Ending June 30</u>	<u>Amount</u>
2024	\$ 13,560
2025	13,560
2026	13,560
2027	5,560
2028	<u>1,040</u>
Total	<u>\$ 47,280</u>

12. IN-KIND CONTRIBUTIONS

The Resource Center received the following in-kind contributions during the years ended June 30, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Donated clothing, toys, and household supplies	<u>\$ 126,817</u>	<u>\$ 111,319</u>

The Resource Center's policy related to in-kind contributions is to utilize the assets given to carry out the mission of the Resource Center. If an asset is provided that does not allow the Resource Center to utilize it in its normal course of business, the asset will be sold at its fair value as determined by appraisal or specialist depending on the type of asset.

Donated supplies for the years ended June 30, 2023 and 2022 were considered contributions without donor restrictions and were recorded as food and supplies expense on the accompanying statements of functional expenses.

13. SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of financial position date, but before financial statements are available to be issued. Recognized subsequent events are events or transactions that provide additional evidence about conditions that existed at the statement of financial position date, including the estimates inherent in the process of preparing financial statements. Non recognized subsequent events are events that provide evidence about conditions that did not exist at the statement of financial position date but arose after that date. Management has evaluated subsequent events through October 13, 2023, the date the June 30, 2023 financial statements were available for issuance.

FAMILY RESOURCE CENTER AT GORHAM**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2023**

<u>FEDERAL GRANTOR/ PASS-THROUGH GRANTOR/ PROGRAM TITLE</u>	<u>FEDERAL ALN</u>	<u>PASS THROUGH GRANTOR NUMBER</u>	<u>FEDERAL EXPENDITURES</u>
<u>U.S. DEPT. OF HEALTH AND HUMAN SERVICES</u>			
Passed through State of New Hampshire			
Department of Health and Human Services, Office of Human Services, Division of Children, Youth and Families			
Stephanie Tubbs Jones Child Welfare Services Program	93.645	2001NHCWSS	\$ 8,494
Promoting Safe and Stable Families	93.556	2001FPSS	41,788
Social Services Block Grant	93.667	2001NHSOSR	144,027
Temporary Assistance for Needy Families	93.558	19NHTANF	345,033
Maternal & Child Health Services Block Grant for States	93.994	90CA1858	11,160
Maternal, Infant and Early Childhood Home Visiting Program	93.870	05-95-90-902010-5896	25,598
Maternal, Infant and Early Childhood Home Visiting Program	93.870	05-95-90-902010-5896	41,164
Maternal, Infant and Early Childhood Home Visiting Program	93.870	05-95-90-902010-5896	260,060
ARPA - Maternal, Infant and Early Childhood Home Visiting Program	93.870	05-95-90-902010-2451	<u>74,173</u>
			<u>400,995</u>
Activities to Support (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	05-95-90-902010-5771	33,678
Activities to Support (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	05-95-90-902010-5190	17,630
Activities to Support (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	05-95-90-902010-5771	<u>136,914</u>
			<u>188,222</u>
Foster Care - Title IV - E	93.658	05-95-042-421010-29580000	<u>7,278</u>
Total U.S. Department of Health and Human Services			<u>\$ 1,146,997</u>
Total expenditures of federal awards			<u>\$ 1,146,997</u>

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2023**

NOTE A BASIS OF PRESENTATION

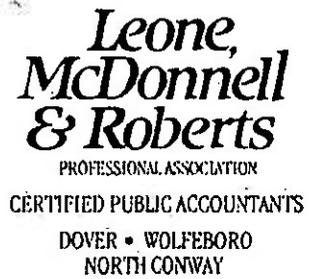
The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Family Resource Center at Gorham under programs of the federal government for the year ended June 30, 2023. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Family Resource Center at Gorham, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Family Resource Center.

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Uniform Guidance, where in certain types of expenditures are not allowable or are limited to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

NOTE C INDIRECT COST RATE

Family Resource Center at Gorham has elected to use the 10-percent de minimis indirect cost rate allowed under Uniform Guidance.



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

To the Board of Directors of
Family Resource Center at Gorham

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Family Resource Center at Gorham (a New Hampshire nonprofit organization), which comprise the statements of financial position as of June 30, 2023 and 2022, and the related statements of activities, and cash flows for the years then ended, and the related notes to the financial statements, and have issued our report thereon dated October 13, 2023.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Family Resource Center at Gorham's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Family Resource Center at Gorham's internal control. Accordingly, we do not express an opinion on the effectiveness of Family Resource Center at Gorham's internal control.

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

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

Report on Compliance and Other Matters

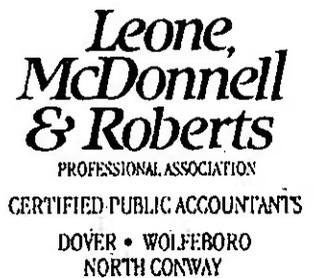
As part of obtaining reasonable assurance about whether Family Resource Center at Gorham's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have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

Purpose of This Report

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

*Leone, McConnell & Roberts
Professional Association*

North Conway, New Hampshire
October 13, 2023



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

To the Board of Directors of
Family Resource Center at Gorham

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Family Resource Center at Gorham's compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Family Resource Center at Gorham's major federal programs for the year ended June 30, 2023. Family Resource Center at Gorham's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, Family Resource Center at Gorham complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Family Resource Center at Gorham and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Family Resource Center at Gorham's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Family Resource Center at Gorham's federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Family Resource Center at Gorham's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Family Resource Center at Gorham's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Family Resource Center at Gorham's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Family Resource Center at Gorham's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Family Resource Center at Gorham's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

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

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

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

*Leon McDonnell ; Roberts
Professional Association*

North Conway, New Hampshire
October 13, 2023

FAMILY RESOURCE CENTER AT GORHAM

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2023**

A. SUMMARY OF AUDITORS' RESULTS

1. The auditors' report expresses an unmodified opinion on whether the financial statements of Family Resource Center at Gorham were prepared in accordance with GAAP.
2. No significant deficiencies relating to the audit of the financial statements are reported in the *Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards*. No material weaknesses are reported.
3. No instances of noncompliance material to the financial statements of Family Resource Center at Gorham, which would be required to be reported in accordance with Government Auditing Standards, were disclosed during the audit.
4. No significant deficiencies in internal control over major federal award programs are reported in the *Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by Uniform Guidance*. No material weaknesses are reported.
5. The auditors' report on compliance for the major federal award programs for Family Resource Center at Gorham expresses an unmodified opinion on all major federal programs.
6. There were no audit findings that are required to be reported in accordance with 2 CFR 200.516(a).
7. The programs tested as major programs were: U.S. Department of Health and Human Services, Temporary Assistance for Needy Families (TANF), ALN – 93.558.
8. The threshold for distinguishing between Type A and B programs was \$750,000.
9. Family Resource Center at Gorham Family Resource Center at Gorham was determined to be a low-risk auditee.

B. FINDINGS – FINANCIAL STATEMENTS AUDIT

None

C. FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL AWARD PROGRAM AUDIT

None

the family resource center

2024 BOARD OF DIRECTORS

Christian Corriveau, President

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Chasity Murphy

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Heidi Barker, Vice President

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Jess Hannigan

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Bridget Laflamme

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Margo Sullivan

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Bronson Paradis, Secretary

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dawn Cross

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Chelsea Andrea

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Chrissy Grant

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

GABRIELLE FLANDERS

OBJECTIVE

Highly skilled and empathetic professional with experience leading, managing and supervising professional staff in social services. Past work has included supervisory support; coaching; program planning and development and educational parenting support. Active listener with a knack for building lasting professional relationships.

EXPERIENCE

MARCH 2016– PRESENT	THE FAMILY RESOURCE CENTER
DIRECTOR OF FAMILY SUPPORT	NOVEMBER 2022- PRESENT
ASSOCIATE DIRECTOR OF FAMILY SUPPORT	JUNE 2018- NOVEMBER 2022
PROGRAM MANAGER	MARCH 2016- JUNE 2018

- Manage and develop home visiting and family support programs in Coos and Upper Grafton county

DECEMBER 2018 – DECEMBER 2019

PYRAMID MODEL COACH, I-SOCIAL NH DOE, BUREAU OF STUDENT SUPPORT

- Provide social emotional learning practice-based coaching to designated implementation sites across northern and southern New Hampshire.
- Responsible for maintaining and submitting electronic and paper-based records in a secure manner to preserve confidentiality and document successes and progress.
- Observed workers performance and provided feedback while having tough conversations when necessary.

MARCH 2016– PRESENT

SEL COACHING COORDINATOR, COOS COALITION FOR YOUNG CHILDREN & FAMILIES

- Created and maintained an effective and efficient Coaching System around SEL to support the growing needs of the local organizations.
- Scheduled and planned meetings and conferences, including site-to-site video conferencing calls, which helped to streamline business operations.
- Created and offered additional materials to enhance coaching around SEL. Reduced process gaps by supporting the effective coaching of new practitioners on best practices and protocols through supporting and creating a process.
- Delivered instruction on a broad range of topics, integrating audio-visual presentations and training materials.

- Mentored and coached new coaches by offering insight into successful procedures and implementation of program training. Created systems to facilitate in-house training and coaching; overseeing all registrations for training and professional development for all local organizations.
- Overseeing ongoing coaching in Pyramid Model, Growing Great Kids, and Mind in the Making.
- Linked with local agencies to learn their coaching needs in regards to Social Emotional Learning and supporting their engagement.

EDUCATION

MAY 2015

BACHELOR OF SCIENCE, NEW ENGLAND COLLEGE

Dean's List

SKILLS

- Reliable & Flexible
- Self-starter and Quick learner
- Ability to analyze data & be creative with outcomes
- Strength based & growth minded
- Experience supervising/managing & coaching a team
- Active Listener
- Effective public speaker
- Strategy & system thinker
- Proficient computer skills including MS Word, Excel, PowerPoint and Outlook
- Ability to multi-task, be versatile and deal with crisis situations while maintaining excellent time management skills and professionalism
- Knack for learning new technology & software

BOARDS, COMMITTEES, VOLUNTEERING, ETC.

- North Country Maternity Network Board
2022- Present
- Raising Strong Families Steering Committee
2021- Present
- Substance Exposed Infant Pilot Project
2019-2020
- Coos Coalition for Young Children
Leadership Workgroup

TRAINING, CERTIFICATIONS, SKILLS

- Peer Recovery Support Worker- Certified RCA
- Circle of Security- Facilitator
- Boundary Spanning Leadership
- Policy & Procedure writing
- Motivational Interviewing
- Practice-Based Coach
- Reflective Supervision
- ASQ: Watch Me Grow- Facilitator

MERRILEE TURGEON

Registered Nurse

PROFESSIONAL EXPERIENCE

The Family Resource Center, Gorham, New Hampshire

July 2022- Present

- **Healthy Families America Program Nurse (RN)**
- **Home visiting nurse**
- **Unite with community health providers and other community agencies to provide access to treatments and support they need for wellness**
- **Educate clients on topics such as sexual health, prenatal and postnatal care, hygiene, nutrition and infant care.**
- **Provide assistance to staff that are working with the Healthy Homes and Lead Prevention Program**
- **Collaborate with all staff regarding client medical needs to facilitate community supports**

Coos County Family Health Services, Berlin, New Hampshire

October 2020-December 2021

March 2011-June 2017

- **RN**
- **Clinic nurse for both family practice and assisted with prenatal program**
- **Active partner/preceptor for the CCMA Apprenticeship Program at CCFHS**
- **Training new employees**
- **One on one patient care**
- **Medication reconciliation**
- **Tracking and charting patients' preventative health care**
- **Assisting with minor surgery**
- **Patient education**
- **Triage nurse (January 2013 to October 2014)**

- Assessing adult and pediatric acute illnesses
- HIPPA compliance

**Androscoggin Valley Hospital
Berlin, New Hampshire**

February 2020-October 2020

- RN
- Surgical Services

June 2017-February 2020

- RN
- Medical/Surgical Unit
- One on one patient care
- Medication reconciliation
- Charting patients' health care
- Assisting with minor surgery
- Patient education
- Assessing adult and pediatric illnesses
- IV management

St. Vincent de Paul Rehabilitation/Nursing Facility, Berlin, New Hampshire

August 2011 – January 2012

- RN
- Skilled nursing
- Assess patients, charting and reporting changes in patients' conditions, such as adverse reactions to medication or treatment, and taking any necessary action.
- Work as part of a health care team to assess patient needs, plan and modify care and implement interventions.
- Supervise nurses' aides and assistants.

Shaw's Supermarkets, Gorham, New Hampshire

*Customer Service Manager, Human Resources Manager
March 1999 – February 2009*

- Directly manage approximately 40+ associates
- Recruiting and training
- Prepare and deliver performance evaluations to develop well informed, productive, efficient employees
- Resolve customer complaints regarding sales and service.
- Consult with department managers to plan advertising services and to secure information on equipment and customer specifications.
- Prepare and approve budget expenditures.

EDUCATION

White Mountains Community College, Berlin, New Hampshire

- Associate Degree in Nursing 5/2012
- Member of Phi Theta Kappa Honor Society

LICENSURE

State of New Hampshire

- RN 5/2012-present
- LPN 2011-2012

RESUSCITATION CREDENTIALS

- ACLS expires May 2022
- PALS expires July 2022

ADDITIONAL SKILLS

- Detail oriented and organized
- Ability to work well with a team as well as independently
- Skilled in Microsoft Office (Word, Outlook, Excel, PowerPoint)

ANN-MARIE E. SMITH

Experience

2017 - Present

HFA Supervisor/Family Support Specialist • Colebrook, NH

Oversee Family Support Specialists, provide weekly reflective supervision, ensure accuracy of client notes, and reviews time sheets and mileage Providing in home support to at-risk families. Creating support plans based on family's needs including budgeting assistance, parenting skills, child development, and referrals to outside services. Using reflective and active listening skills, practice high confidentiality, record keeping, and offer creative and flexibility with planning for each family.

2008 - 2017

Child and Family Services • Colebrook, NH

Family Support Worker and Home Visits. I have been providing in-home education as well as parenting, child development, budgeting, personal communication along with household and stress management. I also assist in accessing community and state resources.

1993 - ~~1000~~ Kingswood Regional Middle and High School • Wolfeboro, NH

- Inter-Lakes Middle School • Meredith, NH
- Governor Wentworth Regional School District • Wolfeboro, NH
- Bartlett Community Preschool NH • Bartlett, NH

Teaching in a general classroom setting for all age groups to One-on-One Special Assistant. Encouraging physically handicapped student develop social skills, academic comprehension, and communication through facial, body, and sign language. Helping with mental and developmental disabilities with various curriculum and techniques. Involved in confidential mediations alongside behavioral councilors, aiding students to deal with relationships, family issues and peer conflicts. Successfully preventing and resolving negative confrontations and behavior by setting appropriate boundaries creating positive resolutions

Skills and Interests

- Through workshops and other ventures in my life, I have gained techniques to motivate and aide behavioral problems and learning disabilities.
- I am certified in NH Healthy Kids Training and am an Accredited provider of Level 4 Positive Parenting Program. I am also certified in Growing Great Kids-Tier 1, prenatal to 36 mos. skill developmental program. I am trained in ASQ-ASQ-SE and am on the steering committees for "Watch me Grow", and Maternal Depression, promoting MD awareness in Coos County
- I like to stay active, both professionally and physically. I walk daily and am always looking at furthering my personal knowledge and education to invest in our Coos kids.

Education

Hesser Business College • Manchester, NH

Graduated in 1984

- Major in Travel Management
- Minor in Social Science, Psychology, Sociology, Human Development and Public Speaking

References and Certifications are available upon request

**Tikatia
Morris**
Training &
Development
Manager

Tikatia Morris

[REDACTED]

[REDACTED]

Skills

client needs assessment; Microsoft Office Suite; file management; conflict resolution; case management; organized; effective public speaker; reliable; strategic thinker; event planning; team player; marketing and media relations; computer-savvy; logo design; website graphics; atypical problem solving; self-motivated; divergent thinking; critical observation, self-management; classical education tutoring methods; attention to detail; creativity; motivational interviewing; peer coaching; reflective supervision; solution-based casework

Experience

The Family Resource Center / Navigation Services Program Manager

April 2019 - Present

Responsive leader overseeing the daily management of the Navigation program including budgets, data, operations, systems, and quality assurance; Monthly state reporting; Assure all contract requirements are met, including defined service activities, target population numbers, and designated client assessments; Coordinate training; Hiring new staff; Maintains public relations by attending monthly collaborative meetings with the NH Kinship Navigation community of practice, stakeholders, organization leadership etc. Develop and facilitate team meetings; Provide weekly reflective/administrative supervision to all staff assigned; Provide ongoing support to all supervisees through evaluation of job performance and field observations; Process timesheets and mileage, including PTO requests

The Family Resource Center / Training & Development Manager

February 2018 - April 2019

Created and maintained an effective and efficient learning management system to support the growing organization; Scheduled and planned meetings and conferences, including site-to-site video conferencing calls, which helped to streamline business operations. In-depth knowledge of the scope of services for all programs offered at the FRC; Created and offered additional materials to enhance training. Reduced process gaps by supporting the effective training of new hires on best practices and protocols through supporting and creating a train the trainer process. Delivered instruction on a broad range of topics, integrating audio-visual presentations and training materials. Mentored and coached new trainers by offering insight into successful procedures and implementation of program training. Created training schedules to meet the hiring demands of all FRC programs. Created systems to facilitate in-house training and coaching; overseeing all registrations for training and professional development for all programs. Overseeing ongoing coaching in motivational interviewing, solution-based casework, and peer coaching within programs; developed a professional development workgroup to facilitate more in-house training and provide feedback and support to trainers;

The Family Resource Center / Administrative Support Specialist / Training & Family Support Coordinator

December 2019 - January 2022

Provide administrative support to all areas of the family support program; Tracked and submitted employee timesheets to accounting department for payroll processing. Managed electronic calendars using G-Suite and scheduled meetings, appointments and conference calls;

assisted in overseeing organizational transfer from G-Suit to Office 365; Created and maintained computer- and paper-based filing and organization systems for staff training records, reports, and documents. Scheduled and planned meetings and conferences, including site-to-site video conferencing calls, which helped to streamline business operations. Executed special objectives and projects in response to the Program Director's requests. Created and offered additional materials to enhance training. Reduced process gaps by effectively training new hires on best practices and protocols. Documented participant attendance, engagement, and progress. Delivered instruction on a broad range of topics, integrating audio-visual presentations and training materials. Mentored and coached new employees by offering insight into successful task prioritization. Created training schedules to meet the hiring demands of all FRC programs. Created systems to facilitate in-house training and coaching; overseeing all registrations for training and professional development for all programs.

The Family Resource Center / Edward Fenn ASP Group Leader & Coach

August 2019 - March 2020, Gorham

Established a positive, safe, and stimulating learning environment for all students. Cultivated strong relationships with students by listening carefully and offering positive reinforcement. Utilized the Choose Love curriculum to encourage and support social-emotional learning with all enrolled students, weekly classroom observation for implementing pyramid model strategies in the classroom and with staff; provide monthly one-on-one coaching sessions with all ASP staff to encourage growth support in pyramid model and social-emotional instruction to students

The Family Resource Center / Family Support Specialist

November 2018 - December 2019, Gorham

Built solid and trusting rapport with children and families, fostering communication to meet case needs. Worked to improve and enhance client lives through effective and compassionate care. Documented data and completed accurate updates to case records. Collaborated with community program leaders and advocates to make resources accessible to those in need. Interviewed individuals and families to assess needs and provide informational resources. Referred clients to appropriate team members, community agencies and organizations to meet treatment needs. Photographed to produce high-quality images for both print and Internet distribution. Developed creative design for marketing packages, including print materials, brochures, banners, and signs. Used publisher and photoshop to develop product mockups and prototype designs.

NH Homeschooling Families / Private Tutor

September 2013 - January 2018, Throughout NH & VT

Tutored over 20 struggling, average and advanced students in elementary through high school Classical Education course materials in Mathematics, Grammar and Language Arts, History, Science, Latin, and Logic. Created special handouts, study guides and assessments to evaluate and boost student knowledge. Spearheaded group tutoring sessions to help students struggling in similar areas. Coached and mentored junior tutors on successful classical education teaching strategies and time management.

Self-Employed / Freelance Photographer and Graphic Design

April 2012 - September 2018, Throughout NH

Planned and prepared for all on-location shoots. Inspected proofs to ensure the quality of prints, adjusting and retouching as necessary. Applied digital styling techniques to enhance photos. Maintained consistent use of graphic imagery in materials and other marketing outreach. Edited existing PowerPoint slides to enhance the corporate message. Updated computer graphic files using graphics software programs. Generated computer graphics and page-layout software, graphic elements and photography. Provided high-quality results in a timely manner.

Education

Plymouth State University / English Education

August 1999 - June 2000, Plymouth

Laconia High School/ High School Diploma

August 1998 - June 1999, Laconia

**Certifications and
Trainings**

2019-02

Pyramid Model Infant/Toddler Modules 2 & 3

ASQ: Introduction to Watch Me Grow for Coos County Early Childhood Professionals

Pyramid Model Peer-to-Peer Practice-Based Coaching

Parents Interacting with Infants (PIWI)

Pyramid Model Preschool Modules 1, 2, & 3

CCAR Ethical Considerations for Recovery Coaches

Growing Great Kids: Prenatal to 36 Months Tier 1

Certified TIPITOS Observer (certification date 07.19.19)

Certified TPOTS Observer (certification date 07.16.19)

Be Strong Families Parent Cafe Training

Recovery Coach Academy

NH Child Care Licensing Orientation for Licensed and License-Exempt Providers

2020

Equity, Autonomy and Substance Use Disorder: Lifecourse Considerations for Pregnant and Parenting People

Strengthening Families Framework Overview & Community Cafe

Certificate in Grandfamilies Leadership

2021

Boundary Spanning Leadership

Performance Evaluation

SBC Initial Training Course (Solution-Based Casework)

Motivational Interviewing: The Basics

Intermediate Motivational Interviewing

Motivational Interviewing: Advancing the Practice

MITI Coding

2022

Enneagram Spectrum Training & Certificate Program

Great Kids REMAP

Motivational Interviewing, MICA and Coaching

LEAH J. WHITE

Education

University of New Hampshire

Bachelor of Arts: Psychology, December 2008

Bachelor of Arts: Justice Studies, December 2008

Work Experience

Quality Assurance Coordinator, March 2020 –Present

Family Resource Center, Gorham, NH

Analyze and track data; identify and communicate areas in need of improvement; develop continuous quality improvement plans; assure program is adhering to Best Practice Standards; provide ongoing support to staff through training and providing professional development opportunities.

Family Support Specialist, August 2017-Present

Family Resource Center, Gorham, NH

Initiate and maintain regular and long-term contact/support with families within the family's home. Provide interventions that are family-centered, strength-based, and directed at: establishing a trusting relationship; assisting in strengthening the parent-child relationship; assisting parents in improving their skills to optimize the home environment; improving the family support system; and increasing the family's ability to problem solve and assume the role of advocate for themselves and their children.

Respite Provider, October 2015-2017

Provide relief for home care provider.

Home Care Provider, May 2012-October 2015

Contracted with Northern Human Services, Berlin, NH

Welcomed an individual with disabilities to reside in personal residence. Provided supports in all aspects of daily living, including personal care and medication administration. Attended trainings specific to individual's medical needs to provide informed care catered to the specific needs of the individual. Completed a minimum of 10 hours of training per year. Advocated for individual's wants and needs with a focus on human rights. Transferred individual utilizing a barrier free hooyer lift. Maintained all medical documentation. Assisted individual in meeting goals and documented in monthly progress notes.

Residential Program Manager, June 2011-May 2012

Easter Seals, Lancaster, NH

Managed operation of therapeutic residential placement for adolescent boys. Arranged daily schedules and activities for residents. Assured completion of all essential documentation. Provided weekly staff supervisions, monthly staff meetings and completed performance evaluations as necessary. Interviewed, hired and trained staff in accordance to the agency's mission and state regulations. Handled all petty cash. Focused on maintaining a positive and professional work environment to ensure all needs of individuals were met.

Residential Instructor, October 2010-June 2011

Easter Seals, Lancaster, NH

Supervised and counseled residents in a living environment. Assisted residents with activities of daily living focused on treatment plans and completed all necessary

documentation in accordance with state regulations.

Assistant Program Director, March 2010-October 2010

Bridgewell, Beverly, MA

Assisted in daily operation of a residential home for individuals with disabilities. Managed medical, clinical and financial needs of individuals. Conducted interviews. Trained and supervised staff by providing leadership with a focus on team building.

Direct Support Professional, January 2009-March 2010

Bridgewell, Haverhill, MA

Provided support and assisted individuals with activities of daily living in a residential home. Provided services to individuals according to DMR regulatory standards, administered medications according to MAP regulations and maintained core training certifications. Worked at DMH program for initial 7 months with adults afflicted with mental illness.

Respite/Relief Residential Youth Counselor, October 2008-January 2009

Odyssey House, Hampton, NH

Supervised and counseled residents in a living environment, participated in groups, planned and assisted residents with daily therapeutic activities, behavioral tracking and documentation.

Front-End Assistant Manager, June 2002-January 2009

Market Basket, Plaistow, NH

Assisted front-end manager with maintaining smooth operation of check-out area, handled money transactions, addressed customer complaints in a professional manner and supervised cashiers.

Internships

Sexual Assault Support Services, Summer 2008

165 hour internship. Completed 36 hours of crisis intervention training with SASS.

Provided support to sexual assault survivors and their families at child advocacy centers for their interviews with police departments, crisis counseled survivors on crisis hotline and provided referrals to victims of sexual assault to community services.

New Outlook Teen Center, Fall 2006

20 hour internship. Served as role model for young teenagers and organized donations for annual Christmas party.

Certifications

- Certified Lactation Counselor
- Peer recovery Support Worker-certified
- Growing Great Kids Curriculum tier 1(0-3) certified
- Trained in Motivational Interviewing-evidenced based counseling approach to health care
- Health Families of America -Evidenced based model certified Family Support Worker
- Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children trained

Joanne Bevins



Authorized to work in the US for any employer

Add your headline or summary

Work Experience

Add a description of your job

Edit

Disml...

Family Support Specialist



The Family Resource Center - Gorham, NH

March 2022 to Present

PVD Driver



UPS - Twin, WA

November 2021 to January 2022

Delivered packages for UPS on rural routes.

Case Manager



Northeast Family Services - Littleton, NH

May 2021 to November 2021

Treatment meetings, Transportation

Comp Assessments, Carelogic

Monthly reports, Computer / Word, Excel, PowerPoint.

Supervised Visits, Team meetings,

Skills Building training, Cans Assessments,

Co-Parenting training, Parenting Skills training,

Developed Work Schedule

Residential Aide

The Morrison Nursing Home/ Sartwell Place Assisted Living - Whitefield, NH
November 2020 to May 2021

Supervise medication administration
Document all medication observations and assists in the EMR
Reordering medication
Report any medication errors to the administrator and complete medication error report when necessary
Make entries in the resident's chart of any incidents or behavior changes
Provide for the overall safety and care of residents
Assist with treatments as ordered by the administrator and take vitals
Provide assistance with ADL's
Complete monthly summaries and evacuation logs for residents assigned

Primary Care Provider

Granite State Independent Living - Berlin, NH
April 2003 to February 2021

- Providing support services to individuals experiencing psychological and physical health issues such as Addiction, Brain damage, Dementia, Alzheimer's, and Schizophrenia as well as terminal illnesses, such as Multiple Sclerosis and Cerebral Palsy.
- Proficient working with mental health-related issues such as anger, aggression, depression, paranoia, delusions, self-harm, suicidal tendencies, and various forms of addiction.
- Aided clients with talking about and obtaining support for depression and anxiety.
- Training other Care Providers. Develop and maintain records of client progress and services, documenting and reporting any changes.
- Working with other health professionals to ensure consumer safety, dignity, and independence, (financially physically and socially, and psychologically).

Student Internship

The Mental Health Center - Northern Human Services - Berlin, NH
2020 to 2020

1. Internship: (Shadowing) Northern Human Services Mental Health Center in Berlin N.H.
 - Case Management
 - Functional Support Services
 - Children's Services
 - Residential Programs
 - Customer Service (Client Employees)
 - Partial Day Rehabilitation Program

Education

Working on Master of Arts in Marriage and Family Counseling

Liberty University - Virginia

May 2021 to Present

BACHELORS in PSYCHOLOGY

LIBERTY UNIVERSITY - Lynchburg, VA

May 2020

Associate in Social Science

NH VOCATIONAL TECHNICAL COLLEGE - Berlin, NH

Skills

Do you have any of these top skills employers are looking for?

Child & Family Counseling

Individual / Group Counseling

Group Therapy

Hospital Experience

Nursing

Mental Health Counseling

Administrative Experience

Help Desk

Dismiss

Conflict Resolution

Excellent communication Skills

Extensive experience working with mental health disorders, their symptoms, and cognitive effects

Knowledge of EMR Software

Multitasking and teamwork

Proficient in Microsoft Office: PowerPoint, Word, and Excel

Experience with Crisis Intervention, intake, and assessment

Primary Care Experience

<https://my.indeed.com/resume/editor>

Alzheimer's Care

Dementia Care

Case Management

Social Work

Medication Administration

Vital Signs

Supervising experience

Documentation review

Hospice Care

Crisis Management

Intake Experience

Working with individuals with developmental disabilities - 10+ years

Advocacy - 10+ years

Home Care

Languages

Spanish - Beginner

English - Expert

Certifications / Licenses

Basic First Aid and Adult,child, Infant CPR

June 2020 to June 2022

Certificate in Basic First Aid-

- General Guidelines
- Occupational Safety and Health Organization (OSHA) guidelines
- Burns

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Indeed Resume

- Fractures, Sprains, and Strains
- Breathing problems and Choking
- Bleeding, Cuts, and Scrapes
- Non-Bleeding Wounds
- Head, Neck, and Spine Injury

Certificate in Cardio-Pulmonary Resuscitation- Infant, Children, Adult-
Chest compressions and Mouth to Mouth.

Opioid Crisis

June 2020 to Present

Opioid products and their effects
Effects, treatment, and recovery

Certificate in medication administration and management

November 2020 to Present

Certified in medication administration and management
reporting any discrepancies and documenting all relevant information in the EMAR

Assessments

Case management & social work - Highly Proficient

October 2021

[View Full Score Report](#)

Active listening - Highly Proficient

May 2021

[View Full Score Report](#)

Work Style: Reliability - Highly Proficient

August 2020

[View Full Score Report](#)

Case Management & Social Work - Highly Proficient

June 2019

[View Full Score Report](#)

Active Listening - Highly Proficient

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Indeed Resume

June 2019

View Full Score Report

Groups

Omega Nu Lambda

April 2019 to Present

National Honor Society- Liberty University, Alpha Chapter

6

Kailee Guevin

Authorized to work in the US for any employer

Work Experience

Family Support Specialist

The Family Resource Center - Littleton, NH

April 2021 to Present

- The Family Support Specialist is responsible to provide routine home visiting, primarily occurring within the family's home; each home visit should last for at least one hour
- Develop a trusting relationship with families by providing strength based family-centered interventions that assist in enhancing the parent-child relationship, build upon parenting skills and improve the family support system
- Assist families in establishing goals and a plan for accomplishing those goals
- Complete routine screenings and provide referrals as needed to support family needs
- Use evidence based curriculum and practices to assess effectiveness with the target population
- Complete documentation and weekly notes for each family served; notes must be completed by end of week
- Maintain client confidentiality
- Maintain an up-to-date calendar of appointments
- Participate in any and all required trainings for ongoing professional development
- Attend staff meetings as scheduled
- Attend weekly reflective supervision with supervisor
- Adhere to Family Resource Center policies and procedures as set by the Board of Directors

Crisis Intervention Advocate

Coos County Family Health Services - Coos County, NH

January 2020 to April 2021

The Response Direct Services Advocate is responsible for providing direct services to survivors of sexual and domestic violence or stalking, outreach to potential victims and their families in the community and networking with area professionals including police, legal, judicial and social services.

Provides direct client service including but not limited to: crisis intervention, court, medical and social advocacy, peer support, transportation, information and referrals to victims of domestic and sexual violence or stalking and their families.

Maintains client records according to policy.

Develops relationship with local resources for clients including police, legal, judicial and social service professionals.

I currently volunteer my hours for the Response Crisis Hotline on Tuesday 7 pm to 7 am.

Respite Care Provider

Kelly Bona (private) - Littleton, NH

March 2017 to April 2021

I provided day and weekend respite for a 59 year old developmentally disabled women. This was provided in the space of my own home.

I provided one on one care with my client that includes a variety of things such as driving and running errands. A respite caregivers help with tasks like taking the patient to a doctor's appointment, picking up prescriptions or grocery shopping. In addition, I also assist with meal preparation and light housekeeping duties, when the family goes on vacations.

"Respite care is an essential part of the overall support that families may need to keep their family member with a disability at home. The word "respite" means to take a break from the daily challenges of caring for a child or a parent with special needs. It can be planned for a few hours or for as long as a weekend."

Residential Aide

The Morrison Nursing Home - Whitefield, NH

January 2018 to July 2020

- Assisting residents with daily personal routines, including bathing, dressing, grooming, eating, and using the bathroom.
- Providing companionship to residents and establishing a trusting relationship with them.
- Ensuring that residents are taking their prescribed medication.
- Reporting any concerns or medical issues.
- Ensuring that the residents' living quarters are safe and well-organized.
- Keeping records of resident activity, behavior, and moods.
- Performing any reasonable requests that residents ask for.
- Collaborating with management and coworkers to ensure residents receive the best quality of life possible.

Management Assistant/ Keyholder

Olympia Sports - Littleton, NH

March 2011 to August 2018

- Attracts potential customers by answering product and service questions; suggesting information about other products and services.
- Maintains customer records by updating account information.
- Resolves product or service problems by clarifying the customer's complaint; determining the cause of the problem; selecting and explaining the best solution to solve the problem; expediting correction or adjustment; following up to ensure resolution.
- Recommends potential products or services to management by collecting customer information and analyzing customer needs.
- Contributes to team effort by accomplishing cleaning and product promotion as required.
- Clean and tidy the store for closing.
- Audit tills, prepare cash and deposit the required daily amounts.

Education

Associate in Human Services

White Mountains Community College

August 2020 to Present

Associate in Human Services

White Mountains Community College - Berlin, NH

August 2018 to June 2020

Medical Office Management in Medical office

White Mountains Community College - Littleton, NH

August 2011 to June 2015

Billing Certificate in Medical office

White Mountains Community College - Littleton, NH

August 2011 to June 2015

Skills

- Customer Service Skills (10+ years)
- Management (8 years)
- Receptionist (2 years)
- Critical thinking/problem solving (10+ years)
- Professional Services (10+ years)
- Microsoft Office (4 years)
- Caregiving (10+ years)
- Leadership Experience (3 years)
- ICD-10
- Medical Coding
- Medical Office Management
- Meal Preparation
- Social Work
- Retail management
- Customer service
- Crisis Intervention
- Care plans
- Senior care

Certifications and Licenses

Medical Billing Certificate

Present

Assessments

Direct Care — Highly Proficient

December 2019

Showing sensitivity and enthusiasm while providing care to patients.

Full results: Highly Proficient

First Aid — Proficient

December 2019

Treating common medical emergencies.

Full results: Proficient

Case Management & Social Work — Highly Proficient

September 2020

Prioritizing case tasks, gathering information, and providing services without judgment

Full results: Highly Proficient

Supervisory Skills: Motivating & Assessing Employees — Proficient

October 2020

Motivating others to achieve objectives and identifying improvements or corrective actions

Full results: Proficient

Indeed Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.

JULIE KINERSON

EXPERIENCE

JULY 7 2020 – PRESENT

Family Resource Center

- Family support specialist in the Healthy Families America Program: educating parents on child attachment/bonding and child development while maintaining confidentiality.
- Maintain high caseload, while successfully documenting all visits on time and updating files.
- Assisting families in developing Family Goal Plans and creating action steps to achieve goals.
- Maintaining time-sensitive documents and inputting into database.
- Training new staff and tracking training data for program staff.
- Facilitating group meetings and staff trainings.

SEPTEMBER 2008 – JULY 7TH 2020

Stay at Home Mom

- 2015-2021 Homeschooled children

SEPTEMBER 2006 – SEPTEMBER 2008

Dunkin donuts

- Shift leader, was responsible for team on shift. Tracking day to day tasks to be completed.
- Delegating tasks to team members while ensuring staff was taking breaks when needed.

June 2003 – September 2006

Storyland

- Drama department: Script memorization, implementing strict schedule.
- Entrance department: Managing cash registers

EDUCATION

2013- 2020

BACHELORS DEGREE, POST UNIVERSITY

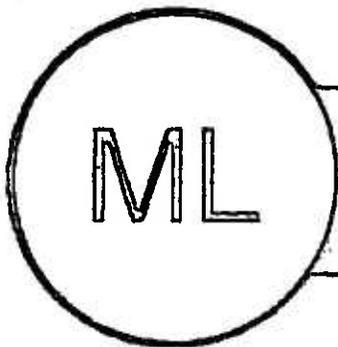
- Post University, Connecticut
- BA in Human Services, concentration in counseling
- GPA - 3.9

2002 - 2006

HIGH SCHOOL, Berlin Senior High

SKILLS

- Communication Skills
- Time Management
- Organization
- Motivational Interviewing
- Multi-tasking
- Technology & Data input



MICHELLE LUCAS

OBJECTIVE

My interests are to work with children and families to support them to become skillful parents.

SKILLS

My best skills would include but are not limited to:

- Organizational skills
- Time management skills
- Motivated
- Personable
- Delegating skills
- Scheduling
- Hiring
- Interviewing
- Communicational skills
- Empathetic
- Supportive
- Great work ethic

EXPERIENCE

MANAGER -OLYMPIA SPORTS-2005 - PRESENT

Responsible for Schedules, delegating, training, end of the month paperwork, supply orders, inventory counts, opening/closing the store, handling money, hiring, interviewing, and having 10 -12 employees reporting to me at a time.

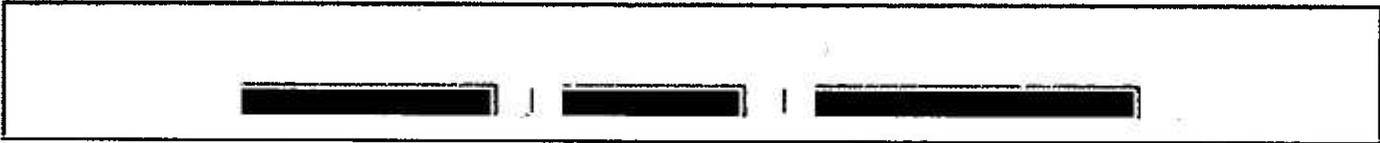
BARISTA AND TAKE OUT ORDERS- CHEESECAKE FACTORY - 2004 - 2005

Responsible for making coffee drinks, and desserts. Also, responsible for taking orders over the phone, handling money, knowing every aspect of the menu and all the specifications for all of the food in the restaurant. Making sure any modifications for special allergies were made to the food.

EDUCATION

**HIGH SCHOOL DIPLOMA
GRADUATED IN 2002**

**WHITE MOUNTAINS COMMUNITY COLLEGE
GENERAL EDUCATION COURSES**



SHAHANNA LEBEL

PROFESSIONAL SUMMARY

Hardworking and passionate job seeker with strong organizational skills eager to secure entry-level Family Support Specialist position. Ready to help team achieve company goals. Extensive professional and personal experience in individual and family intervention and strength-based support. Utilizes strong interpersonal and computer skills. Builds client rapport and assesses the need to provide appropriate resources.

SKILLS

- Dynamic Communication Skills
- Parenting Skills
- Computer Skills
- Communications Strategies
- Assessment
- Confidential Case Documentation
- Family and Patient Support
- Community Resources
- Scheduling and Maintaining Appointments
- Family Health

WORK HISTORY

HEALTHY FAMILIES AMERICA - FAMILY SUPPORT SPECIALIST 05/2023 to Current The Family Resource Center, Gorham, NH

- Work with families recently assessed by DCYF who were determined to be high or very high-risk of future DCYF involvement.
- Develop service plans with families which help build and maintain bridges to other parenting, economic, or behavior/mental health services.
- Utilize the Solution-Based Casework and Motivational Interviewing models with a focus on working in partnership with families, focusing on family progress and programmatic solutions to difficult family experiences, and celebrating family progress.
- Assess when ongoing case management support is no longer needed and develop plans with the families to transition out of services and into existing community-based support.

HOME SCHOOL INSTRUCTOR 08/2020 to 05/2023 Self-employed, Colebrook, NH

- Adapted teaching methods and lesson plans to changing student needs.
- Assisted students in retaining lecture information with creation of guides and course materials.
- Communicated student progress to parents and guardians for collaborative approach to educational goals.

EDUCATIONAL ASSISTANT 10/2017 to 06/2020

Colebrook School District, Colebrook, NH

- Monitored students online learning, and alternative learning for credit recovery.
- Delivered personalized educational, behavioral, and emotional support to individual students to enable positive learning outcomes.
- Provided support to help students with special needs learn and grow.

CRISIS ADVOCATE 09/2012 to 01/2017

Response, Berlin, NH

- Documented risk to each client and context of concerns.
- Offered trauma intervention to individuals in crisis.
- Built safety plans to lower risk of crisis and intervened in specific manners outlined by procedures.
- Provided emergency response in crisis situations to diffuse tensions and prevent violence.

DOMESTIC VIOLENCE SPECIALIST 02/2014 to 10/2014

Response, Berlin, NH

- Provided crisis intervention services to clients in emergency situations.
- Assisted clients in developing and setting realistic goals to promote positive change.
- Participated in interdisciplinary team meetings to coordinate care for clients.
- Developed and maintained strong relationships with community resources for successful referrals.

EDUCATION

Granite State College, Concord, NH

Bachelor of Arts, Psychology, 03/2023

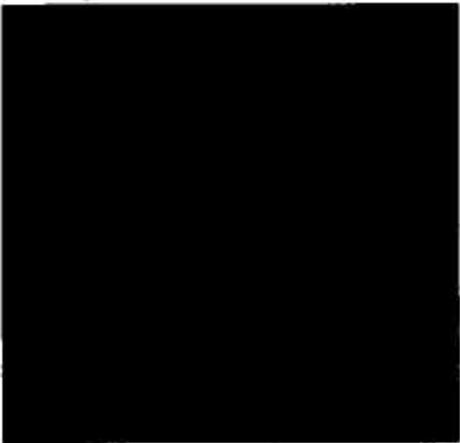
- 3.96 GPA

White Mountains Community College, Berlin, NH

Associate of Science, Human Services, 12/2016

Colebrook Academy, Colebrook, NH

High School Diploma, 06/2003



SHAYNA HENRY

Child Care Director

PROFILE

Energetic Child Care Center Director dedicated to providing a safe and nurturing environment for Children. Adept at managing teachers and delegating tasks, developing and implementing a curriculum, and overseeing and managing the day to day operations of a child care center.

CONTACT

PHONE:

EMAIL:

SKILLS

- Experience using software applications including Word/Excel, Google Suite Apps.
- Excellent oral and written communication skills, competent interpersonal skills, and strong organizational skills.
- Experience leading a team of professionals through a change or transformation (Covid 19).
- Knowledge and education regarding developmentally appropriate practices.
- Sensitivity and responsiveness to needs of families, staff and clients.

EDUCATION

White Mountains Community College - Graduating Class of 2018

Associates Degree

Early Childhood Education

Understanding Children with Special Needs

Early Intervention

Administrative Management

- Maintained 3.8 GPA or higher
- Student teacher (positive guidance techniques with Pat Finnegan-Allen)

WORK EXPERIENCE

Day By Day Child Care - Center Director

2010-Present

- Planned, implemented, monitored and assessed Child Care program, consistent with the New Hampshire regulations and guidelines.
- Obtaining all required licenses and certifications and keeping them current as required.
- Maintained accurate and detailed records, including staff and child files on enrollments.
- Knowledge and expertise in promoting growth and development in children for any of the developmental domains, (language and literacy, health and physical development, approaches to learning, social emotional development, creative arts, science, mathematics)
- Facilitate meetings to provide updates to parents concerning their child's progression.
- Responding effectively to the root causes of challenging behaviors in students using positive guidance techniques.
- Implemented the creative curriculum and TS gold assessment system for preschool and developed a high-quality program to meet the needs of a high-risk population using the creative curriculum designed for preschool.
- Billing and handling all accounts receivable.
- Followed strict time tables to make sure daily operations ran smoothly from start to finish.

Colebrook School District, Colebrook, NH

- Monitored students online learning, and alternative learning for credit recovery.
- Delivered personalized educational, behavioral, and emotional support to individual students to enable positive learning outcomes.
- Provided support to help students with special needs learn and grow.

CRISIS ADVOCATE 09/2012 to 01/2017

Response, Berlin, NH

- Documented risk to each client and context of concerns.
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Response, Berlin, NH

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- Developed and maintained strong relationships with community resources for successful referrals.

EDUCATION

Granite State College, Concord, NH
Bachelor of Arts, Psychology, 03/2023
• 3.96 GPA

White Mountains Community College, Berlin, NH
Associate of Science, Human Services, 12/2016

Colebrook Academy, Colebrook, NH
High School Diploma, 06/2003

The Family Resource Center at Gorham

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Gabrielle Flanders	Director of Family Support Services	\$56,420	6%	\$3,224
Briana Shannon	HFA Program Manager	\$47,320	43%	\$20,280
Open Position	Clinician	\$63,700	0%	\$0
Merrilee Turgeon	HFA Nurse	\$69,160	0%	\$0
Ann-Marie Smith	HFA Supervisor	\$40,040	29%	\$11,440
Tikatia Morris	Training Manager	\$40,040	0%	\$0
Leah White	QA Manager	\$42,770	0%	\$0
Joanne Bevins	Family Support Specialist	\$34,580	100%	\$34,580
Kailee Guevin	Family Support Specialist	\$35,490	100%	\$35,490
Julie Kinerson	HFA Supervisor	\$40,040	29%	\$11,440
Michelle Lucas	Family Support Specialist	\$36,400	100%	\$36,400
Shahanna Lebel	Family Support Specialist	\$34,580	100%	\$34,580
Shayna Henry	Family Support Specialist	\$34,580	100%	\$34,580
Open Position	Family Resource Specialist	\$36,400	100%	\$36,400

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

Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

May 30, 2023

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a **Sole Source** amendment to an existing contract, which was originally competitively bid, with The Family Resource Center at Gorham (VC#162412-B001), Gorham, NH, below to add funding to support home visiting and lead reduction programmatic activities, involving care, coordination, outreach, and education by increasing the total price limitation by \$215,000 from \$1,590,113 to \$1,805,113 with no change to the contract completion dates of September 30, 2024, effective upon Governor and Council approval. 100% Federal Funds.

The original contracts were approved by Governor and Council on February 8, 2023, item #39.

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Years 2024 and 2025, upon availability and continued appropriation of funds in the future operating budget 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.

See attached fiscal details sheet.

EXPLANATION

The request is **Sole Source** because the Department is amending the scope of services to include the Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), as well as adding funding to support programmatic activities involving care coordination, outreach, and education. The Contractor is uniquely qualified to provide services, as they have established lead prevention services within the North Country region.

The purpose of this request is for the Contractor to conduct outreach and education initiatives in the North Country, with focus on prenatal testing, education to school nurses and special education directors, and completing lead risk assessment of targeted pre-1978 childcare facilities via the Healthy Homes and Lead Poisoning Prevention Program. The Contractor will provide education specifically on young children and pregnant women residing in housing built before 1978. Additional funding will support the ongoing programmatic activities involving care coordination and programmatic outreach conducted by Family Support Specialists to connect families with need services in the community, including home visiting and family resource center programming.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 2

The Contractor will collaborate with medical providers, families of young children and other stakeholders, initiating outreach and education to address the high risk of lead poisoning across the North Country.

Approximately 148 individuals will be served by The Family resource Center at Gorham during State Fiscal Years 2023, 2024, and 2025.

The Division of Public Health Services will continue to monitor services by reviewing all educational material and reports.

Should the Governor and Executive Council not authorize this request, individuals in the North Country will not have access to education and a lead risk assessment, which may increase the likelihood of Lead Poisoning occurrences in children under 6 years of age.

Source of Federal Funds: Assistance Listing Number # 93.391, FAIN# NH75OT000031.

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. Weaver
Interim Commissioner

FISCAL DETAILS
 HOME VISITING SERVICES - THE FAMILY RESOURCE CENTER AT GORHAM
 AMENDMENT #1

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS						
05-95-90-902010-5895 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, HOME VISITING FORMULA GNT						
100% FEDERAL - CFDA# 93.870, FAIN# X1043595; X1046878						
The Family Resource Center at Gorham - Vendor #193417-00117						
State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$269,729.00	\$0.00	\$269,729.00
2024 (7/1/23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$378,354.00	\$0.00	\$378,354.00
2025 (7/1/24-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$92,583.00	\$0.00	\$92,583.00
SUBTOTAL				\$740,666.00	\$0.00	\$740,666.00
05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH, HEALTH DIV						
62.50% GENERAL FUNDS, 37.50% FEDERAL FUNDS - HRSA 93.991, FAIN# B04MC45230						
Family Resource Center at Gorham - Vendor #101413-0001						
State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	102-500731	Contracts for Program Svcs	90004009	\$58,250.00	\$0.00	\$58,250.00
2024 (7/1/23-6/30/24)	102-500731	Contracts for Program Svcs	90004019	\$75,000.00	\$0.00	\$75,000.00
2025 (7/1/24-6/30/24)	102-500731	Contracts for Program Svcs	90004019	\$18,750.00	\$0.00	\$18,750.00
SUBTOTAL				\$150,000.00	\$0.00	\$150,000.00
05-95-09-901010-5771 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF POLICY & PERFORMANCE, PH COVID-19 HEALTH DISPARITIES						
100% FEDERAL FUNDS - CFDA# 93.391, FAIN# NH750T000031						
Family Resource Center at Gorham - Vendor #101413-0001						
State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	\$0.00	\$15,000.00	\$15,000.00
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	\$86,512.00	\$15,000.00	101,512.00
2024 (7/1/23-5/31/24)	074-500589	Grants for Pub Asst and Relief	90577150	\$0.00	\$85,000.00	\$85,000.00
2024 (7/1/23-5/31/24)	074-500589	Grants for Pub Asst and Relief	90577150	\$0.00	\$100,000.00	100,000.00
SUBTOTAL				\$86,512.00	-\$215,000.00	-\$301,512.00
05-95-90-902010-2451 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, ARP - MIEC HOME VISITING						
100% FEDERAL FUNDS - CFDA# 93.870, FAIN# X1141936; X1145263						
Family Resource Center at Gorham - Vendor #101413-0001						
State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	\$68,714.00	\$0.00	\$68,714.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$50,000.00	\$0.00	\$50,000.00
2025 (7/1/24-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$56,532.00	\$0.00	\$56,532.00
SUBTOTAL				\$176,246.00	\$0.00	\$176,246.00
DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS						
05-95-042-421010-29580000, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD - FAMILY SERVICES						
50% FEDERAL FUNDS - CFDA# 93.658; FAIN# 2201NHFOST						
The Family Resource Center at Gorham - Vendor #193417-00117						
State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount

FISCAL DETAILS
 HOME VISITING SERVICES - THE FAMILY RESOURCE CENTER AT GORHAM
 AMENDMENT #1

2023 (10/1/22-6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$184,133.00	\$0.00	\$184,133.00
2024 (7/1/23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$218,845.00	\$0.00	\$218,845.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$54,711.00	\$0.00	\$54,711.00
SUBTOTAL:				\$437,689.00	\$0.00	\$437,689.00
COMBINED HOME VISITING SERVICES CONTRACT TOTAL:				\$1,590,113.00	\$215,000.00	\$1,805,113.00

**State of New Hampshire
Department of Health and Human Services
Amendment #1**

This Amendment to the Home Visiting Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Family Resource Center at Gorham ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on February 8, 2023 (Item # 39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, 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 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 1.8, Price Limitation, to read:
\$1,805,113
2. Modify Exhibit B, Scope of Services, by adding Subsection 3.30., to read:

3.30. Coos County Lead Program

3.30.1. Outreach and Education

3.30.1.1. The Contractor must provide outreach and education to school nurses and Directors of Special Education in School Administrative Units across Coos County on the importance of lead testing, awareness of lead hazards in pre-1978 housing, and the impact of lead poisoning on children 72 months and younger.

3.30.1.2. The Contractor must educate families of young children on lead hazards associated with living in a pre-1978 home. This education will include topics such as finding a lead safe contractor and the dangers of lead poisoning to young children and pregnant women. As part of this education, the Contractor shall distribute items that include lead check swabs, boot trays, and window guards.

3.30.2. Policy Development

3.30.2.1. The Contractor, in collaboration with the support from the Healthy Homes and Lead Poisoning Prevention Program, must educate School Administrators, School Boards, and Special Education Directors, on the benefits of developing policies to increase lead testing in young children.

3.30.2.2. The Contractor, in collaboration with the support from the Healthy Homes and Lead Poisoning Prevention Program, must shall educate municipalities on the benefits of increasing the number of contractors in their community using lead safe work practices on pre-1978 properties.

The Family Resource Center at Gorham

A-S-1.2

Contractor Initials

PS

3.30.3. Increasing Lead Testing Rates on Young Children and Pregnant Women

3.30.3.1. The Contractor shall obtain a Lead Care II Point of Care Testing Device to test young children, 72 months and younger and pregnant women for blood lead elevations

3.30.3.2. The Contractor shall educate healthcare providers, school nurses, parents and pregnant women on where lead paint hazards exist in pre-1978 properties, the importance of using lead-safe work practices, and blood lead testing.

3.30.4. Identify Lead Hazards in Childcare Facilities

3.30.4.1. The Contractor shall enter into an agreement with a licensed Risk Assessor work with up to four Childcare Facilities to identify lead hazards and the potential risk to young children, 72 months and younger.

3.30.4.2. The Risk Assessor will educate Childcare Facility staff members on lead hazard awareness and the importance of testing young children, 72 months and younger, for blood lead elevations.

3. Modify Exhibit B, Scope of Services, by adding Section 4., to read:

4. Exhibits Incorporated

4.1. The Contractor must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

4.2 The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

4.3 The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

4. Modify Exhibit C, Payment Terms, Section 1., by replacing with the below:

1. This Agreement is funded by:

1.1. 83% Federal Funds from:

1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MG43595.

1.1.2. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC46878.

1.1.3. American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC41935.

1.1.4. American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC45263.

PS

- 1.1.5. Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, CFDA 93.658, FAIN 2201NHFOST.
- 1.1.6. Maternal and Child Health Services Block Grant, as awarded on October 19, 2021, by the DHHS Health Resources and Services Administration CFDA 93.994, FAIN B04MC45230.
- 1.1.7. New Hampshire Initiative to Address COVID-19 Health Disparities, as awarded on May 27, 2021, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH75OT000031.

1.2. 17% General Funds.

5. Modify Exhibit C, Payment Terms, Section 7., by replacing with the below:

7. 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 items, as specified in Exhibits C-1 Budget Sheet, SFY 2023 through Exhibit C-13, Budget (SFY 2024) – Amendment # 1.

6. Modify Exhibit C, Payment Terms, Subsection 9.2., by replacing with the below:

9.2. Payment shall be made on a monthly basis and follow a process determined by the Department, as indicated in Section 10.1., below.

7. Modify Exhibit C, Payment Terms, Subsection 10.1., by replacing with the below:

10.1. 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 items, as specified in Exhibit C-11 Budget Sheet, and SFY 2023; Exhibit C-12 Budget Sheet. The Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	\$74,965
2024	\$109,862
2025	\$0*
Sub-Total	\$184,827
*The Contractor will only bill for direct services in SFY 25.	

- 8. Modify Exhibit C-10 Budget, SFY 2023, by replacing in its entirety with Exhibit C-10, Budget (SFY 2023) – Amendment # 1, which is attached hereto and incorporated by reference herein.
- 9. Add Exhibit C-13, Budget (SFY 2024) – Amendment # 1, which is attached hereto and incorporated by reference herein.

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

5/30/2023

Date

DocuSigned by:
Patricia M. Tilley
Name: Patricia M. Tilley
Title: Director

The Family Resource Center at Gorham

5/30/2023

Date

DocuSigned by:
Patricia Stolte
Name: Patricia Stolte
Title: Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

5/30/2023

Date

DocuSigned by:
Robyn Guarino

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

Exhibit C-10, Budget (SFY 2023) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	The Family Resource Center at Gorham
Budget Request for:	Home Visiting Services - PH COVID-19 Health Disparities
Budget Period	SFY 2023 (07/01/2022 - 06/30/2023)
Indirect Cost Rate (if applicable)	10%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$69,753
2. Fringe Benefits	\$9,000
3. Consultants	\$3,500
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$2,200
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$5,000
5.(e) Supplies Office	\$3,700
6. Travel	\$3,000
7. Software	\$400
8. (a) Other - Marketing/ Communications	\$1,000
8. (b) Other - Education and Training	\$4,000
8. (c) Other - Other (specify below)	\$4,000
Other (please specify)	\$112
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$105,665
Total Indirect Costs	\$10,847
TOTAL	\$116,512

Contractor Initial: PS

Exhibit C-13, Budget (SFY 2024) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	The Family Resource Center at Gorham
Budget Request for:	Home Visiting Services - PH COVID-19 Health Disparities
Budget Period	SFY 2024 (07/01/2023 - 06/30/2024)
Indirect Cost Rate (if applicable)	10%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$124,748
2. Fringe Benefits	\$18,000
3. Consultants	\$4,000
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$2,200
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$2,000
5.(e) Supplies Office	\$3,700
6. Travel	\$3,000
7. Software	\$552
8. (a) Other - Marketing/ Communications	\$1,000
8. (b) Other - Education and Training	\$4,000
8. (c) Other - Other (specify below)	\$4,000
Other (please specify)	\$1,000
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$168,200
Total Indirect Costs	\$16,800
TOTAL	\$185,000

Contractor Initial: PS

Date: 5/30/2023



Leif A. Weaver
Interim Commissioner

Patrick M. Tisley
Director

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

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 | 1-800-852-3345 Ext. 4501
Fax: 603-271-4817 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

ARC
39

December 29, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, and the Division of Children, Youth and Families, to enter into Retroactive contracts with the contractors listed below in an amount not to exceed \$8,847,771 to provide home visiting services, with the option to renew for up to four (4) additional years, effective retroactive to October 1, 2022, upon Governor and Council approval through September 30, 2024. 73.67% Federal Funds. 25.11% General Funds. 1.22% Other Funds.

Contractor Name	Vendor Code	Area Served*	Contract Amount
Community Action Partnership of Strafford County	177200-8004	Rochester Catchment Area	\$1,224,448
Granite VNA, Inc.	177244-8002	Conway Catchment Area	\$481,084
The Family Resource Center at Gorham	162412-8001	Berlin and Littleton Catchment Areas	\$1,590,113
Waypoint	177166-8002	Concord, Manchester, Seacoast and Southern Catchment Areas	\$5,572,148
		Total:	\$8,847,771

* Note the Department did not receive vendor responses for some areas of the state and is currently in the process of re-soliciting for those remaining regions to ensure statewide coverage.

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Years 2024 and 2025, upon the availability and continued appropriation of funds in the future operating budget, 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.

Because the Bridges System is used to process and monitor payments for these agreements, no purchase order number is assigned. The New Hampshire First System will not be used to encumber these funds. Depending on the eligibility of the client, funding type is determined at the time of the payment.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 4

See attached fiscal details.

EXPLANATION

This request is **Retrospective** to avoid any interruption in these services and to allow for continuity of care for families in these regions. This was a complex procurement collaboratively sought by the Division of Public Health Services and the Division for Children, Youth and Families with multiple funding sources. The Department needed additional time to confirm funding details and finalize the contracts and therefore did not have executed contracts in time to present to Governor and Council to prevent the previous contracts from expiring.

The purpose of this request is to provide home visiting services to pregnant individuals, and families with children up to age five (5), by utilizing the evidence-based home visiting model from Healthy Families America and its' Child Welfare Protocols. This nationally recognized program demonstrates positive outcomes for families in the areas of positive parenting practices, improved maternal and child health, improved school readiness, increased economic self-sufficiency and parental educational attainment, and increased linkages and referrals to valuable community resources. This model has also demonstrated reduction in child maltreatment and family violence. Healthy Families America is currently being provided in every County in New Hampshire. The purpose of this request is to ensure continuity of services, while supporting expansion of the program, making it available to a broader population of families, including those involved in New Hampshire's child welfare system.

Approximately 354 individuals will be served during State Fiscal Years 2023, 2024, and 2025.

The Division of Public Health Services will monitor services by:

- Conducting monthly, quarterly, and annual data reviews to evaluate capacity utilization, service delivery by region, and demographic data to ensure equitable provision of services.
- Conducting quarterly and annual data reviews of program performance across 19 federally-defined performance measures.
- Reviewing data entered into model-specific tracking documents by each sub-contractor to ensure fidelity to the requirements of the evidence-based model.

The Division for Children, Youth, and Families will monitor services using the following performance measures:

¹ [HFA Evidence of Effectiveness 2022 Website.pdf \(healthyfamiliesamerica.org\)](#)

His Excellency, Governor Christopher T. Sununu
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- Referrals
 - Share of families who are referred to Healthy Families America from Division for Children, Youth and Families. (Number of families currently enrolled in Healthy Families America Child Welfare Protocols and percentage of Healthy Families America Child Welfare Protocol slots currently used.)
 - Share of Division for Children, Youth and Families-referred families that were enrolled between three (3) and twenty-four (24) months of age.
 - Share of Division for Children, Youth and Families-referred families with a recent assessment of a Substance Exposed Infant.
- Enrollments
 - Average time to enrollment from the time and date of referral.
 - Number of days from referral date to the first home visit.
 - Share of families that are offered Healthy Family America and percentage of offered families who decide to receive Healthy Family America.
 - Proportion of families that are retained in the program over specified periods of time, (3 months, 6 months, and every 6 months thereafter) after receiving a first home visit.
 - Proportion of families who receive at least seventy-five percent (75%) of the appropriate number of home visits based upon the individual level of service to which they are assigned.
- Program Completion
 - Share of families who do not complete the program, including, reason for non-completion and/or discharge.
 - Share of families that discharged who completed a minimum of specified periods of service. (Starting at 6 months, and every 6 months thereafter up until 36 months of service.)
- Short-term Outcomes
 - Share of families with a new case opened to the Division for Children, Youth and Families, or a new report of maltreatment, within 6 months after discharge.
 - Share of children who enter out-of-home placement within 6 months after discharge, including breakdown of placement type.
 - Share of children who enter any form of out-of-home placement within 12 months of discharge.
 - Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

The Department selected the contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from June 29, 2022 through August 2, 2022. The Department received four (4) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 4 of 4

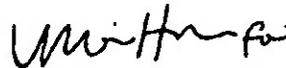
As referenced in Exhibit A, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request over 200 New Hampshire families will experience a lapse in preventive services they've come to depend on, leaving vulnerable families without access to proven support for preventing child abuse and neglect, family violence, low birth weight, maternal depression, and developmental delays.

Source of Federal Funds: Assistance Listing Number # 93.870, FAIN # X1043595, X1046878, X1145263; Assistance Listing Number # 93.658, FAIN # (FFPSA) 2201NHFOST; and Assistance Listing Number # 93.391, FAIN # NH75OT000031

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

Respectfully submitted,



Lori A. Weaver
Interim Commissioner

FISCAL DETAIL SHEET
SFY 23, 24 & 25 HOME VISITING SERVICES CONTRACTS

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

**05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
 PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, HOME VISITING FORMULA GNT**

100% FEDERAL CFDA #93.870 FAIN # X1043595, X1046878

Community Action Partnership of Strafford County - Vendor #177200-8004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$192,620.00
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Services	90083208	\$16,995.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$317,640.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$79,410.00
SUBTOTAL:				\$806,665.00

Waypoint - Vendor #177166-8002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$692,250.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$950,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$237,500.00
SUBTOTAL:				\$1,879,750.00

Waypoint - Vendor #177223-8002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$80,533.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$109,446.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$27,540.00
SUBTOTAL:				\$217,519.00

The Family Resource Center at Gorham - Vendor #162412-8001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$269,729.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$378,354.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$92,583.00
SUBTOTAL:				\$740,666.00
Total of AU 5896				\$3,444,600.00

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05-95-92-920510-3382 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HMS:
BEHAVIORAL HEALTH DIVISION, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION
FUNDS

100% OTHER FUNDS

Waypoint - Vendor #177166-8002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	074-500589	Grants for Pub Asst and Rel	92057502	\$108,000.00
SUBTOTAL:				\$108,000.00
TOTAL OF AU 3382				\$108,000.00

05-85-09-902010-5190 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HMS: PUBLIC
BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH, HEALTH DIV
100% GENERAL FUNDS

Family Resource Center at Gorham - Vendor #162412-8001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Svcs	90004019	\$56,250.00
2024 (7-1-23-6/30/24)	102-500731	Contracts for Program Svcs	90004019	\$75,000.00
2025 (7/1/24-9/30/24)	102-500731	Contracts for Program Svcs	80004019	\$18,750.00
SUBTOTAL:				\$150,000.00
TOTAL OF AU 5190				\$150,000.00

05-95-09-901010-5771 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HMS: PUBLIC
HEALTH DIV, BUREAU OF POLICY & PERFORMANCE, PH COVID-19 HEALTH DISPARITIES
100% FEDERAL FUNDS CFDA #93.391 FAIN#NH750T000031

Waypoint - Vendor #177166-8002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577160	\$105,000.00
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	\$157,500.00
SUBTOTAL:				\$262,500.00

Family Resource Center at Gorham - Vendor #162412-8001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	\$86,512.00
SUBTOTAL:				\$86,512.00
TOTAL OF AU 5771				\$349,012.00

05-95-90-902010-2451 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES,
HMS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, ARP - MIEC HOME VISITING 100%
FEDERAL FUNDS CFDA #93.870, FAIN# X1141935 & X1145263

Community Action Partnership of Stratford County - Vendor #177200-8004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	\$17,532.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$54,231.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$13,558.00
SUBTOTAL:				\$85,321.00

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Assi and Rel	90083206	\$114,064.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	\$125,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	\$142,350.00
SUBTOTAL:				\$381,414.00

State VNA - Vendor #177244-B002				
State Fiscal Year	Class / Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Assi and Rel	90083206	\$11,452.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	\$0.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	\$0.00
SUBTOTAL:				\$11,452.00

Family Resource Center at Gorham - Vendor #182412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Assi and Rel	90083206	\$68,714.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	\$50,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	\$56,532.00
SUBTOTAL:				\$175,246.00
TOTAL OF AU 2451				\$653,433.00

DPHS SUBTOTAL: \$4,705,045.00

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-2958, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, MHS:
HUMAN SERVICES DIV, CHILD PROTECTION, CHILD - FAMILY SERVICES
50% FEDERAL CFDA #93.858 FAIN # 2201NHFOST

Community Action Partnership of Stratford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$199,673.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$266,230.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$66,557.00
SUBTOTAL:				\$532,460.00

Grants USA - Vendor #172418002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$87,035.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$118,048.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$29,012.00
SUBTOTAL:				\$232,093.00

The Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$164,133.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$218,845.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$54,711.00
SUBTOTAL:				\$437,689.00

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$1,102,682.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$1,470,242.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$367,560.00
SUBTOTAL:				\$2,940,484.00
Total of AU 2958				\$4,142,726.00

DCYF SUBTOTAL: \$4,142,726.00

COMBINED HOME VISITING SERVICES CONTRACT TOTAL:	\$8,847,771.00
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**New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet**

Project ID # RFP-2023-DPHS-01-HOMEV

Project Title Home Visiting Services

	Maximum Points Available	Community Action Partnership of Strafford County	Granite VNA, Inc.	The Family Resource Center at Gorham	Waypoint
Technical					
Experience	30	25	24	30	28
Organizational Capacity	35	30	29	33	30
Performance Improvement	25	20	22	24	24
Subtotal - Technical	90	75	75	87	82
Cost					
Budget Sheet (Appendix F & F-1)	5	3	3	4	3
Program Staff List (Appendix G)	5	3	3	4	4
Subtotal - Cost	10	6	6	8	7
TOTAL POINTS	100	81	81	95	89
TOTAL PROPOSED VENDOR COST		\$1,064,820	\$464,788	\$1,750,764	\$5,880,868

Reviewer Name	Title
1. Dayleen Smith	Administrator III, Finance
2. Usa Coocole (Lampron)	Administrator II, OPHS Finance
3. Kristi Hart	Program Specialist IV, DPHS
4. Ashley Jones	Program Specialist IV, DCYP
5. Kelly McCormac	Assessment Supervisor IV, DCYP
6. Aurelia Moran	Supervisor V, OPHS

Subject: Home Visiting Services / RFP-2023-DPHS-01-HOMEV-03

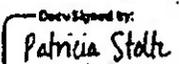
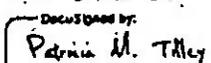
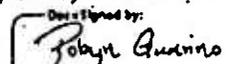
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

I. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name The Family Resource Center at Gorham		1.4 Contractor Address 123 Main Street Gorham, NH 03851	
1.5 Contractor Phone Number 603-466-5190	1.6 Account Number 05-095-090-902010-5896 05-095-090-902010-5190 05-095-090-902010-2451 05-095-042-421010-2958 05-095-090-901010-5771	1.7 Completion Date 9/30/2024	1.8 Price Limitation \$1,590,113.00
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Date Signed by:  Patricia Stolte Date: 1/5/2023		1.12 Name and Title of Contractor Signatory Patricia Stolte Executive Director	
1.13 State Agency Signature Date Signed by:  Patricia M. Tilley Date: 1/6/2023		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  Robyn Quirino On: 1/6/2023			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

2. 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 B 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 1.17, 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 1.13 ("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 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 for Services provided in EXHIBIT B, in whole or in part. 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 reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source 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 C 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 applicable 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 employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property 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 The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

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

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

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, 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 give the Contractor a written notice specifying the Event of Default and 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 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. 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.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, 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 B. In addition, at the State's discretion, 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.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 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.

10.2 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.

10.3 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.

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.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

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Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. 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 continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

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

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

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

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

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. The 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. 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.

17. 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.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and 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. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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 or modifying provisions set forth in the attached EXHIBIT A 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 supercedes all prior agreements and understandings with respect to the subject matter hereof.

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Subparagraph 3.1, Effective Date/Completion of Services, is amended as follows:

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 as indicated in block 1.17, this Agreement, and all obligations of the parties hereunder, shall become effective October 1, 2022, ("Effective Date").

1.2. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up to four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed; and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT B

Scope of Services

1. Introduction

- 1.1. The Contractor must provide services in accordance with Department requirements and the Healthy Families America (HFA) program, which is designed to reduce the risk of child maltreatment by strengthening parent-child relationships, promoting healthy childhood growth, and enhancing family functioning and protective factors. Families enroll voluntarily with HFA, and meet regularly with a Family Support Specialist and receive services tailored to their needs.

HFA is both culturally-inclusive and trauma-informed, and teaches parents about healthy child development and appropriate activities for keeping their child(ren) healthy and thriving. The Contractor must provide services to assist in:

- Increasing caregivers' ability to build attachments with their child(ren);
- Creating foundations for nurturing relationships;
- Enhancing family functioning through reducing risk and increasing protective factors; and
- Developing connections to additional resources, which include, but are not limited to:
 - Housing.
 - Food.
 - Various forms of treatment.
 - School readiness.
 - Childcare.
 - Access to diapers and other supplies.

- 1.2. The Department, through this Agreement, seeks to assess needs more holistically, and to create crucial linkages across systems that touch vulnerable populations to seamlessly connect them to supports and enhance available services at all levels of needs. The Department's Division of Public Health Services (DPHS) in conjunction with the Division for Children, Youth and Families (DCYF) are collaborating their efforts to achieve this goal. The Contractor must provide services using the HFA program to children and families on behalf of both Divisions.

- 1.3. For the purposes of this Agreement, all references to day(s) mean Monday through Friday, business days, excluding state and federal holidays.

2. Key Definitions & Terminology

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- 2.1. **Begin Date of Services** – The date the Contractor initiated contact with the client/family, and corresponds with the date listed as "begin date of services" on the Division for Children, Youth and Families (DCYF) Service Authorization Form.
- 2.2. **CPS** – Child Protective Services.
- 2.3. **CQI** – Continuous Quality Improvement.
- 2.4. **Cultural Humility** – Maintaining a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture. Rather what you learn about a participant's culture stems from being open to what they themselves have determined is their personal expression of their heritage and culture.
- 2.5. **CWP** – Child Welfare Protocols.
- 2.6. **DCYF** – Division for Children, Youth and Families.
- 2.7. **DHHS** – Department of Health and Human Services.
- 2.8. **DPHS** – Division of Public Health Services.
- 2.9. **DO** – District Office.
- 2.10. **Face-to-face** – An in-person or virtual interaction or home visit (defined below) following the date on which the referral was made in which a provider begins working with the families to deliver HFA.
- 2.11. **FFPSA** – Family First Prevention Services Act.
- 2.12. **FTE** – Full time equivalent is a figure calculated from the number of full-time and part-time employees in an organization that represents these workers as a comparable number of full-time employees.
- 2.13. **GGK** – Growing Healthy Kids is a user friendly and truly comprehensive strength-based approach to growing nurturing parent-child relationships and supporting healthy childhood development.
- 2.14. **HFA** – Healthy Families America.
- 2.15. **HFA model** – A well-supported practice that provides home visiting designed to work with families who may have histories of trauma, intimate partner violence, mental health challenge, and/or substance use disorders. HFA services are delivered voluntarily, intensively, and over the long-term.
- 2.16. **HFA BPS** – Healthy Families America Best Practice Standards.
- 2.17. **HFA CWP model** – A set of protocols that requires the existing model requirements be provided, while offering additional guidance related to enrollment, caseload management, and establishing a formal MOU with child welfare in order to best serve families. Services are offered for a minimum of three years, regardless of the age of the child at intake, and supports families.

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with children through age five, which allows sites to enroll families referred by child welfare up to age twenty-four months.

- 2.18. **HRSA – Health Resource and Services Administration** is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable and the funding source of the MIECHV.
- 2.19. **MIECHV – Maternal, Infant and Early Childhood Home Visiting** – a program that supports pregnant individuals and families and helps at-risk parents of children from birth to kindergarten entry to tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn.
- 2.20. **MOU/MOA – Memorandum of Understanding/Memorandum of Agreement** – a written agreement between two (2) parties to provide certain services.
- 2.21. **Open Assessment** – Any report of concern received by DCYF that is screened in by DCYF's central intake, and is being investigated by child protection staff.
- 2.22. **Open Case** – Any case opened to DCYF, including community-based/internal voluntary cases.
- 2.23. **Out-of-Home Placement** – The removal of a child from their normal place of residence to reside in a court-ordered substitute care setting under the placement and care responsibility of DCYF.
- 2.24. **PAT – Parents As Teachers** – a foundational curriculum used as an approach to working with families that is relationship-based and parenting-focused.
- 2.25. **PII – Personally Identifiable Information.**
- 2.26. **QA – Quality Assurance.**
- 2.27. **Virtual Home Visit** - A home visit, as described in an applicable service delivery model that is conducted solely by the use of electronic information and telecommunications technologies.
- 2.28. **Well-supported practice** – An evidence-based service that has at least two (2) contrasts, with non-overlapping samples in studies carried out in usual care or practice settings that achieve a rating of moderate or high on design and execution and demonstrate favorable effects in a target outcome domain. At least one (1) of the contrasts must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one (1) target outcome.

3. Statement of Work

3.1. The Contractor must provide face-to-face voluntary home visiting services to

Text - H.R.133 - 116th Congress (2019-2020): Consolidated Appropriations Act, 2021 | Congress.gov | Library of Congress

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pregnant individuals and families with children up to age five (5) by utilizing the evidence-based home visiting model from HFA.

- 3.2. The Contractor must ensure a minimum of 80% of families served using the traditional HFA model are enrolled in services prenatally or by when the child is 3-months old. The Contractor must offer services in compliance with HFA requirements after enrollment. Eligible families for traditional HFA services (as managed by the Division of Public Health Services) must fall within one (1) or more of the federally defined priority populations below:
 - 3.2.1. Are first-time parents.
 - 3.2.2. Have income of less than one hundred eighty-five percent (<185%) of the U.S. Department of Health and Human Services (USDHHS) Poverty Guidelines.
 - 3.2.3. Are less than twenty-one (21) years of age.
 - 3.2.4. Have a history of child abuse or neglect, or have had interactions with child welfare services.
 - 3.2.5. Have a history of substance misuse or need substance use disorder treatment.
 - 3.2.6. Are users of tobacco products in the home.
 - 3.2.7. Have or have had a child(ren) with low student achievement.
 - 3.2.8. Have a child(ren) with developmental delays or disabilities.
 - 3.2.9. Are in families that include individuals who are serving or have formerly served in the armed forces.
- 3.3. The Contractor must service a portion of families utilizing the HFA Child Welfare Protocols (CWP) in the Berlin and Littleton DCYF Catchment Areas, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months old, referred by the child welfare system, who are participating in the service voluntarily. The Contractor must serve no less than four (4) DCYF families during the first six (6) months of the contract period and no less than eight (8) families thereafter through the end of the contract period.
- 3.4. The Contractor must serve families under the traditional HFA model by DCYF Catchment Area as follows: Berlin - 25, Littleton - 20.
- 3.5. Eligible families for HFA CWP services must fall within one (1) of more of the following DCYF FFPSA priority populations:
 - 3.5.1. Pregnant or parenting youth in foster care.
 - 3.5.2. Families with an infant born exposed to substances.

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- 3.5.3. Families assessed by DCYF where the assessment will be closed unfounded.
- 3.5.4. Families with an open DCYF case who have recently reunified.
- 3.6. The Contractor must provide services with the goal of reducing risk of maltreatment for children assessed by the DCYF by:
 - 3.6.1. Serving families involved with DCYF through open assessments or open cases, and also beyond their DCYF involvement.
 - 3.6.2. Strengthening parent-child relationships.
 - 3.6.3. Promoting healthy childhood growth.
 - 3.6.4. Enhancing family functioning and protective factors both during and beyond their DCYF involvement with a long-term outcome goal of decreasing future system involvement and the need for out-of-home placement.
- 3.7. The Contractor must provide services that address the diverse needs of children and families in order to improve health and development outcomes for priority populations through evidence-based home visiting programs, with fidelity to the HFA model BPS. The Contractor must:
 - 3.7.1. Be approved through the HFA model to provide services under this Agreement. The Contractor must:
 - 3.7.1.1. Be approved through HFA, to implement the HFA CWP, which allows enrollment into HFA for DCYF referred families up to twenty-four (24) months of age.
 - 3.7.1.2. Have HFA CWP available in the Berlin and Littleton DCYF Catchment Areas within six (6) months of Governor and Executive Council approval of this Agreement.
 - 3.7.1.2.1. Should the Contractor be unable to begin providing services through the HFA CWP by the date specified above, a corrective action plan must be developed by the Contractor and approved by the Department.
 - 3.7.1.2.1.1. In the event that the HFA National Office denies the Contractor use of the CWP, the Contractor must develop a subcontract or MOA with an approved, accredited HFA provider to provide this service, no later than thirty (30) business days from the date of the denial.
 - 3.7.2. Select and implement an evidence-based curriculum to support

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prenatal individuals and newly parenting families. Family Support Specialists (FSS) must be trained within six (6) months of hire on the following:

- 3.7.2.1. Parents as Teachers (PAT), as an annually trained "Approved user;" or
- 3.7.2.2. Growing Great Kids (GGK) with certification of training.
- 3.7.3. Collaborate with other early childhood and social service agencies to support linkages to services beneficial to families.
- 3.7.4. Ensure the twelve (12) critical elements that make up the essential components of the HFA model are addressed in agency policies.
- 3.7.5. Enter personally identifiable information (PII) for all participants served under this Agreement into the Department's designated Home Visiting Data System.
- 3.8. The Contractor must identify positive ways to establish relationships with each family and keep families engaged and connected over time, as participants may be reluctant to engage in services and may have difficulty building trusting relationships. The Contractor must use creative outreach strategies, such as Motivational Interviewing, to re-engage families who have disengaged.
- 3.9. The Contractor must adhere to HFA's site requirements by ensuring weekly individual supervision is received by all direct service staff.
- 3.10. The Contractor must provide monthly reflective consultation groups for direct service staff and supervisors with a skilled Infant Mental Health consultant.
- 3.11. The Contractor must offer home visits by licensed nurses (registered nurse (RN) or greater education level) during the prenatal and post-partum periods at a frequency of once per trimester prenatally, and once per quarter during the first year post-partum.
- 3.12. The Contractor must offer services that are comprehensive and focus on supporting the parent/caregiver, as well as supporting the parent-child interaction and child development. Additionally, all families must be linked to a medical provider and other services, as appropriate.
- 3.13. The Contractor must obtain all necessary authorizations for release of information. All forms developed for authorization for release of information must be made available for review by the Department during site visits for selected case reviews.
- 3.14. The Contractor must coordinate, where possible, with other local service providers including, but not limited to:
 - 3.14.1. Health care providers.
 - 3.14.2. Social workers.

**New Hampshire Department of Health and Human Services
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- 3.14.3. Social services.
- 3.14.4. Early Interventionists.
- 3.15. The Contractor must develop and maintain an advisory group comprised of community partners, family participants, and agency staff with a wide range of skills and abilities, including representatives with diverse skills, strengths, community knowledge, professions, and cultural diversity. The Contractor must:
 - 3.15.1. Promote equity in all facets of operations with families, staff, and community.
 - 3.15.2. Maintain policy or other written guidance expressing the Contractor's commitment to respectful staff interactions and supporting staff to continually strengthen their relational skills focused on diversity, equity, and inclusion.
 - 3.15.3. Gather information to reflect on and better understand issues impacting staff and families served and to examine the effectiveness of its equity strategies.
 - 3.15.4. Develop an equity plan based on what it learns about itself, from an equity perspective, in the way it supports its staff, the families it serves, and the community it works within to set a course for continuous improvement to achieve greater equity in all facets of its work.
- 3.16. The Contractor must evaluate the progress of each program participant, as well as the performance of programs and services provided.
- 3.17. The Contractor must ensure that they:
 - 3.17.1. Collaborate with relevant DCYF staff and related stakeholders when a valid release of information has been signed or a subpoena has been issued by the court.
 - 3.17.2. Make reports to DCYF Central Intake if they suspect child abuse or neglect, consistent with their responsibility, as mandated reporters under New Hampshire law.
- 3.18. The Contractor must actively and regularly collaborate monthly, with both Divisions, to enhance contract management, improve results, and adjust program delivery and policy, based on successful outcomes.
- 3.19. Compliance Standards
 - 3.19.1. The Contractor must offer services to all families referred by the Department unless that family is identified as ineligible for HFA under model specifications and requirements.
 - 3.19.2. The Contractor must ensure referrals are accepted from multiple

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sources within the child welfare system including, but not limited to:

3.19.2.1. DCYF Juvenile Justice Services.

3.19.2.2. DCYF Child Protective Services (CPS).

3.19.3. The Contractor must adhere to all specifications and requirements, in compliance with NH DCYF's 5-year prevention plan and the Family First Prevention Service Act (FFPSA), for HFA CWP cases, including but not limited to:

3.19.3.1. All data reporting;

3.19.3.2. Record keeping and retention;

3.19.3.3. Fiscal compliance;

3.19.3.4. Maintenance of an evidence-based program identified as well-supported through the Title IV-E Clearinghouse;

3.19.3.5. Documented prevention type on the DCYF service authorization (which will be completed by the Department); and

Submitting a completed prevention plan every twelve (12) months for every DCYF-referred family. DCYF staff will complete the initial prevention plan for families, and the Contractor must update the plans at the 12-month mark and annually. The Department will distribute associated guidance after DCYF's 5-year plan is reviewed and approved.

3.19.4. The Contractor must collaborate with the Department to ensure that all program policies, procedures, and documents align with NH DCYF and DPHS policies, NH state law, and Department needs.

3.19.5. The Contractor must identify staff responsible for submitting reports and data to the Department within 30 days of the Agreement effective date.

3.20. Staffing:

3.20.1. The Contractor must follow all HFA Essential and Safety standards for staffing, hiring, training, and supervision, as outlined in HFA BPS.

3.20.2. The Contractor must ensure HFA home visiting staff have at least a high school diploma or equivalent, experience providing services to families, and knowledge of child development. Supervisors and Program Managers must have at least a Bachelor's degree with three (3) years prior experience.

3.20.3. The Contractor must ensure FSSs receive extensive training in the program model before delivering the service and on a recurring basis.

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Training must comply with all HFA model specifications and requirements, including but not limited to:

- 3.20.3.1. Attending a four-day core training that is specialized based on role (assessors, home visitors, and supervisors).
- 3.20.3.2. Supervisors attending one (1) additional day for the core training and an optional three (3) days of training that focuses on building reflective supervision skills.
- 3.20.3.3. Program managers are required to attend core training plus three (3) days of training focused on how to implement the model to fidelity using the HFA BPS.
- 3.20.4. The Contractor must ensure additional available training is beneficial to the staff in delivering HFA. Training and conferences topics must include but are not limited to:
 - 3.20.4.1: Substance use.
 - 3.20.4.2. Childhood Maltreatment (Abuse/Neglect).
 - 3.20.4.3. Parenting techniques.
 - 3.20.4.4. Cultural competence/humility.
 - 3.20.4.5. Childhood and generational trauma (Trauma-Informed).
 - 3.20.4.6. Engagement strategies.
- 3.20.5. The Contractor must ensure each Family Support Specialist (FSS) maintains a caseload of no more than ten (10) to twelve (12) families per 1 FTE for the first two (2) years of employment and no more than fifteen (15) to twenty (20) families per one (1) FTE after completing 24 months of employment for traditional HFA; and no more than ten (10) to twelve (12) families at any time for HFA CWP. These caseload maximums shall be prorated per HFA requirements for staff with less than 40 hours per week dedicated to the role of FSS.
- 3.21. The Contractor must maintain HFA accreditation and follow all BPS related to hiring, staffing levels, training, and supervision among other components of the model.
- 3.22. Discharge from HFA services:
 - 3.22.1. The Contractor must develop a discharge plan for each family, beginning at the time of admission and continuing throughout service.
 - 3.22.2. The Contractor must not discharge any family referred by the Department without following a protocol specified by the Department.
- 3.23. Extending HFA services:
 - 3.23.1. The Contractor must offer HFA Services to the child and family for a

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minimum of three (3) years in total.

3.24. Reporting

- 3.24.1. The Contractor must complete a Monthly Capacity Analysis Report, which is attached as Attachment 2 on a form provided by the Department. This document must be submitted to DPHS no later than the 15th of each month, containing the prior month's data.
- 3.24.2. The Contractor, on a quarterly (January, April, July, and October) and annual (October) basis, must submit to DCYF:
 - 3.24.2.1. Form 1, which is attached as Attachment 3.
 - 3.24.2.2. Form 2, which is attached as Attachment 4.
- 3.24.3. The Contractor may be required to provide new data reporting requirements, or other key data and metrics including client-level demographic, performance, and service data to the Department in a format specified by the Department.

3.25. Background Checks

- 3.25.1. For all Contractor employees, interns, volunteers, and any subcontractor employees, interns, and volunteers providing services under this Agreement, the Contractor must, at its own expense, after obtaining a signed and notarized authorization form from the individual(s) for whom information is being sought:
 - 3.25.1.1. Submit the person's name for review against the Bureau of Elderly Adult Services (BEAS) state registry maintained pursuant to RSA 161-F:49;
 - 3.25.1.2. Submit the person's name for review against the Division for Children, Youth and Families (DCYF) center registry pursuant to RSA 169-C:35;
 - 3.25.1.3. Complete a criminal records check to ensure that the person has no history of:
 - 3.25.1.3.1. Felony conviction; or
 - 3.25.1.3.2. Any misdemeanor conviction involving:
 - 3.25.1.3.2.1. Physical or sexual assault;
 - 3.25.1.3.2.2. Violence;
 - 3.25.1.3.2.3. Exploitation;
 - 3.25.1.3.2.4. Child pornography;
 - 3.25.1.3.2.5. Threatening or reckless conduct;

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- 3.25.1.3.2.6. Theft;
- 3.25.1.3.2.7. Driving under the influence of drugs or alcohol; or
- 3.25.1.3.2.8. Any other conduct that represents evidence of behaviors that could endanger the well-being of any individual served under this Agreement; and

3.25.2. Unless approval is granted by the Department, the Contractor must not permit any employee, volunteer, intern, or subcontractor to provide services under this Agreement until the Contractor has confirmed:

- 3.25.2.1. The individual's name is not on the BEAS state registry;
- 3.25.2.2. The individual's name is not on the DCYF central registry;
- 3.25.2.3. The individual does not have a record of a felony conviction; or
- 3.25.2.4. The individual does not have a record of any misdemeanors as specified above.

3.26. Confidential Data

- 3.26.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department's Exhibit K, DHHS Information Security Requirements.
- 3.26.2. The Contractor must ensure any staff and/or volunteers involved in delivering services through this Agreement, sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Exhibit K. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.
- 3.26.3. Upon request, the Contractor must allow the Department to conduct a Privacy Impact Assessment (PIA) of its system. To conduct the PIA the Contractor must provide the Department access to applicable systems and documentation sufficient to allow the Department to assess, at minimum, the following:
 - 3.26.3.1. How PII is gathered and stored;
 - 3.26.3.2. Who will have access to PII;
 - 3.26.3.3. How PII will be used in the system;

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3.26.3.4. How individual consent will be achieved and revoked and

3.26.3.5. Privacy practices.

3.26.4. The Department may conduct follow-up PIAs in the event there are either significant process changes or new technologies impacting the collection, processing or storage of PII.

3.27. Contract End-of-Life Transition Services

3.27.1. If applicable, upon termination or expiration of the Agreement, the Parties agree to cooperate in good faith to effectuate a smooth secure transition of the services from the Contractor to the Department and, if applicable, the Contractor engaged by the Department to assume the services previously performed by the Contractor for this section the new Contractor shall be known as ("Recipient"). Ninety (90) days prior to the end of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP) on a template provided by the Department.

3.27.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and their Affiliates to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with an assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.

3.27.3. If a system, database, hardware, software, and/or software license ("Tools") was purchased or created to manage, track, and/or store State Data in relationship to this Contract, said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of State Data is complete.

3.27.4. The internal planning of the Transition Services by the Contractor and its Affiliates must be provided to the Department and if applicable, the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Contract.

3.27.5. Should the Data Transition extend beyond the end of the Contract, the Contractor and its Affiliates agree Contract Information Security Requirements, and if applicable, the Department's Business Associates Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.

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3.27.6. In the event where the Contractor has comingled Department Data and the destruction of Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction.

3.28. Website and Social Media

3.28.1. Contractor agrees that if performance of services on behalf of the Department involves using social media or a website to solicit information of individuals, or Confidential data, the Contractor must work with the Department's Communication Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all of the Department's and NH Department of Information Technology's website and social media requirements and policies.

3.28.2. Contractor agrees that protected health information (PHI), personal identifiable information (PII), or other confidential information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed, unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other confidential information is subject to the Information Security Requirements Exhibit, the Business Associates Agreement Exhibit and all applicable state rules and state and federal laws. Unless specifically required by the Contract and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation will not be tracked, disclosed or used for website or social media analytics or marketing.

3.29. Performance Measures

3.29.1. For services provided for DPHS, the Department will monitor Contractor performance by reviewing indicated reporting requirements on Form 1, which is attached as Attachment 3, and Form 2, which is attached as Attachment 4, and working with the Contractor to select areas to improve upon utilizing CQI strategies through a data driven process.

3.29.2. For services provided for DCYF, the Department will focus on specific data points collected through its internal data systems, monthly, quarterly and annual submissions via email, and existing HFA data collection reports on DCYF Key Performance Metrics, which are attached as Attachment 5.

4. Exhibits Incorporated

4.1. The Contractor must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health

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Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

- 4.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 4.3. The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

- 5.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

5.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

- 5.2.1. The Contractor must submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

5.3. Credits and Copyright Ownership

- 5.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "The preparation of this (report, document etc.) was financed under an 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."
- 5.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 5.3.3. The Department must retain copyright ownership for any and all

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original materials produced, including, but not limited to:

- 5.3.3.1. Brochures.
- 5.3.3.2. Resource directories.
- 5.3.3.3. Protocols or guidelines.
- 5.3.3.4. Posters.
- 5.3.3.5. Reports.

5.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

5.4. Operation of Facilities: Compliance with Laws and Regulations

5.4.1. In the operation of any facilities for providing services, the Contractor must 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 must 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 must 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 Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

6. Records

6.1. The Contractor must keep records that include, but are not limited to:

6.1.1. Books, records, documents and other electronic or physical 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.

6.1.2. All records must 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.

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- 6.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must 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.
- 6.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder the Department must retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

Attachment 1: DCYF Catchment Area Locations

Berlin <i>(650 Main Street Suite 200, Berlin, NH 03570)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none">▪ Atkinson and Gilmanton Academy Grant▪ Bean's Grant▪ Bean's Purchase▪ Berlin▪ Bretton Woods▪ Cambridge▪ Carroll▪ Cascade▪ Chandlers Purchase▪ Clarksville▪ Colebrook▪ Columbia▪ Coos Junction▪ Crawford's Purchase▪ Crystal▪ Cutt's Grant▪ Dalton▪ Dix's Grant▪ Dixville	<ul style="list-style-type: none">▪ Dummer▪ Errol▪ Ervings Location▪ Fabyan Gorham▪ Grange Greens Grant▪ Groveton▪ Hadley's Purchase▪ Jefferson▪ Kilkenny▪ Lancaster▪ Low and Burbank's Grant▪ Maplewood▪ Martin's Location▪ Milan▪ Millsfield▪ North Stratford▪ Northumberland▪ Odell▪ Percy▪ Pinkham's Grant	<ul style="list-style-type: none">▪ Pittsburg▪ Randolph▪ Riverton▪ Sargent's Purchase▪ Second College Grant▪ Shelburne▪ South Lancaster▪ Stark▪ Stewartstown▪ Stratford▪ Stratford Hollow▪ Success▪ Thompson & Meserve's Purchase▪ Twin Mountain▪ Wentworth's Location▪ West Milan▪ West Stewartstown▪ Whitefield

Littleton <i>(80 North Littleton Road, Littleton, NH 03561)</i>	
Serving the cities, towns, and locations of:	
<ul style="list-style-type: none">▪ Apthorp▪ Bath▪ Benton▪ Bethlehem▪ Bethlehem Junction▪ Center Haverhill▪ East Haverhill▪ Easton▪ Franconia▪ Glenclyff▪ Haverhill▪ Landaff▪ Lincoln	<ul style="list-style-type: none">▪ Lisbon▪ Littleton▪ Livermore▪ Lyman▪ Monroe▪ North Haverhill▪ North Woodstock▪ Pierce Bridge▪ Piermont▪ Pike▪ Sugar Hill▪ Warren▪ Woodstock▪ Woodsville

Attachment 1: DCYF Catchment Area Locations

Conway <i>(71 Hobbs Street, Conway NH 03818)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none">AlbanyBartlettBrookfieldCenter ConwayCenter EffinghamCenter OssipeeCenter SandwichCenter TuftonboroChathamChocoruaConwayEast ConwayEast WakefieldEatonEffingham	<ul style="list-style-type: none">FreedomGlenGraniteHale's LocationHart's LocationIntervaleJacksonKearsargeMadisonMelvin VillageMirror LakeMoultonboroughMoultonvilleNorth ConwayNorth SandwichOssipee	<ul style="list-style-type: none">RedstoneSanbornvilleSandwichSilver LakeSnowvilleSouth ChathamSouth EffinghamSouth TamworthTamworthTuftonboroUnionWakefieldWest OssipeeWolfeboroWolfeboro FallsWonalancet

Claremont <i>(17 Water Street, Suite 301, Claremont NH 03743)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none">AcworthBeauregard VillageBurkehavenCanaanCharlestownClaremontCornishCornish FlatCroydonEast LempsterEnfieldEnfield CenterEtna	<ul style="list-style-type: none">Georges MillsGoshenGraftonGranthamGuildHanoverLangdonLebanonLempsterLymeLyme CenterMeridenMount SunapeeNewport	<ul style="list-style-type: none">OrangeOrfordPlainfieldSouth AcworthSouth CharlestownSpringfieldSunapeeUnityWashingtonWest CanaanWest LebanonWest SpringfieldWest Unity

Attachment 1: DCYF Catchment Area Locations

Keene <i>(111 Key Road, Keene NH 03431)</i>		
Serving the cities, towns, and locations of:	<ul style="list-style-type: none"> • Harrisville • Hillsborough • Hillsborough Upper Village • Hinsdale • Jaffrey • Keene • Marlborough • Marlow • Munsonville • Nelson • New Ipswich • North Swanzey • North Walpole • Peterborough • Richmond • Rindge • Roxbury 	<ul style="list-style-type: none"> • Sharon • Spofford • Stoddard • Sullivan • Surry • Swanzey • Temple • Troy • Walpole • West Chesterfield • West Deering • West Peterborough • West Swanzey • Westmoreland • Westport • Winchester • Windsor

Laconia <i>(65 Beacon Street West, Laconia NH 03246)</i>		
Serving the cities, towns, and locations of:	<ul style="list-style-type: none"> • Ellsworth • Gilford • Gilmanton • Gilmanton Corners • Gilmanton Iron Works • Glendale • Governor Isle • Groton • Hebron • Holderness • Laconia • Lakeport • Lochmere • Lower Gilmanton • Meredith 	<ul style="list-style-type: none"> • Meredith Center • New Hampton • North Sanbornton • Plymouth • Quincy • Rumney • Sanbornton • Thornton • Tilton • Waterville Valley • Weirs • Wentworth • West Alton • West Rumney • Winnisquam

Attachment 1: DCYF Catchment Area Locations

Concord: <i>(40 Terrill Park Drive, Concord NH 03301)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none">• Allenstown• Andover• Blodgett Landing• Boscaawen• Bow• Bradford• Canterbury• Chichester• Concord• Contoocook• Danbury• Davisville• Dunbarton• East Andover• East Concord• East Sutton• Elkins	<ul style="list-style-type: none">• Epsom• Frankestown• Franklin• Gerrish• Goffstown• Gossville• Henniker• Hill• Hooksett• Hopkinton• Loudon• New Boston• New London• Newbury• North Sutton• North Wilmot• Northfield• Pembroke	<ul style="list-style-type: none">• Penacook• Pinardville• Pittsfield• Potter Place• Salisbury• Short Falls• South Danbury• South Sutton• Suncook• Sutton• Warner• Weare• Webster• Webster Lake• West Franklin• Wilmot• Wilmot Flat

Manchester: <i>(1050 Perimeter, Suite 501, Manchester, NH 03103)</i>
Serving the city of: Manchester

Attachment 1: DCYF Catchment Area Locations

Rochester <i>(150 Wakefield Street Suite 22, Rochester NH 03867)</i>	
Serving the cities, towns, and locations of:	
<ul style="list-style-type: none">• Barrington• Center Stratford• Dover• Durham• East Rochester• Farmington• Gonic• Lee	<ul style="list-style-type: none">• Madbury• Middleton• Milton• Milton Mills• New Durham• Rochester• Rollinsford• Strafford

Seabrook <i>(19 Rye St. Portsmouth, NH 03801)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none">• Auburn• Brentwood• Candia• Danville• Deerfield• East Kingston• Epping• Exeter• Fremont• Greenland• Hampton	<ul style="list-style-type: none">• Hampton Beach• Hampton Falls• Kensington• Kingston• New Castle• Newfields• Newington• Newmarket• Newton• Newton Junction• North Hampton	<ul style="list-style-type: none">• Northwood• Nottingham• Portsmouth• Raymond• Rye• Rye Beach• Seabrook• Somersworth• South Hampton• Stratham• West Nottingham

Southern <i>(26 Whipple St. Nashua, NH 03060)</i>	
<u>District Office</u> serving the cities, towns, and locations of:	<u>Southern Telework</u> serving the cities, towns, and locations of:
<ul style="list-style-type: none">• Amherst• Bedford• Brookline• Hollis• Hudson• Litchfield• Lyndeborough• Mason• Merrimack	<ul style="list-style-type: none">• Atkinson• Chester• Derry• East Derry• East Hampstead• Hampstead• Londonderry• Plaistow• Sandown

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Attachment 2 - Capacity Analysis Report

LOAD AND CAPACITY ANALYSIS	
US	<p>1. Click on a home visit worksheet (HW) tab below. Enter the home visitor's information into the GREEN CELLS using their Name, # hours per week (as by NFA), and # of NFA time as a home visitor.</p> <p>2. Enter the number of families on each level that the home visitor has in the reporting month.</p> <p>3. Repeat Steps 1-2 for each home visitor allocated to NFA Home Visiting during the month, in the sequence provided.</p> <p>4. If you have a home visitor position that is currently vacant, please indicate this using "REQUIREMENT" instead of the home visitor's name.</p> <p>5. Click the "Capacity Analysis" worksheet tab to review the analysis for your local implementing Agency this month.</p> <p>NOTE: to update your 2010-2011 monthly planning use next month's worksheet to model your family and case manager numbers, and see what your performance reports will be!</p>
CA	<p>QUALITY CONTROL CAPACITY OF HOME VISITORS CAPACITY IN THE REPORTING MONTH</p> <p>If your NFA Home Visiting staff changed, but the number of NFA Home visitors did not change, simply change the "name of staff member" in Col B2. From 2010-2011 Step 1.</p> <p>If the number of NFA Home visitors during the reporting month was greater than 8, contact the State Team for technical assistance. DR:</p> <ol style="list-style-type: none"> 1. Duplicate the last 75 of worksheets tab (right-click, select "move or copy", click "copy", move to "before Capacity Analysis") 2. Update formulas in the Capacity Analysis worksheet tab to include the new FSW worksheets: <ol style="list-style-type: none"> a. # families served, per case weight category (cells E30) b. # of monthly home visitor caseloads (cells E7, E7) c. family visitation by month (cells E10, E10)
<p>Notes: The # of hours spent should be the actual or expected contracted hours for NFA only, regardless of vacation days, out of office, sick, etc.</p> <p>Notes: The # of one-on-one home visiting should be the # of one-on-one NFA hours recorded above - being home visiting only. For FSWs who are NOT doing FAW work, the N will be 100%</p> <p>Once the green cells are filled, all orange cells and the Capacity Analysis worksheet will auto-calculate for the details of home visitors and for your LIA</p> <p>If the total number of families or the total caseload is constant to those the challenge, the corresponding # will turn red</p>	

Attachment 2 - Capacity Analysis Report

Capacity Analysis Summary		1/17/2011		# of Spaces with additional weight due to P&G							Active Car Weight
Capacity Analysis Summary How do you plan this project? (2 months out) # of units per month (1 month per unit, applied for 10 A only) 10 A's hours above, 5 times in 10 A hours below		Number of Units per Level	Weight	Weighted Occupied per Level	0.5	1	1.5	2	2.5	3	Active Car Weight
Level 1	1 unit	1	1.00	0						0	
Level 2	10 units	10	1.00	0						0	
Level 3	10 units	10	1.00	0						0	
Level 4	10 units	10	1.00	0						0	
Level 5	10 units	10	1.00	0						0	
Level 6	10 units	10	1.00	0						0	
Level 7	10 units	10	1.00	0						0	
Level 8	10 units	10	1.00	0						0	
Level 9	10 units	10	1.00	0						0	
Level 10	10 units	10	1.00	0						0	
Level 11	10 units	10	1.00	0						0	
Level 12	10 units	10	1.00	0						0	
Level 13	10 units	10	1.00	0						0	
Level 14	10 units	10	1.00	0						0	
Level 15	10 units	10	1.00	0						0	
Level 16	10 units	10	1.00	0						0	
Level 17	10 units	10	1.00	0						0	
Level 18	10 units	10	1.00	0						0	
Level 19	10 units	10	1.00	0						0	
Level 20	10 units	10	1.00	0						0	
Level 21	10 units	10	1.00	0						0	
Level 22	10 units	10	1.00	0						0	
Level 23	10 units	10	1.00	0						0	
Level 24	10 units	10	1.00	0						0	
Level 25	10 units	10	1.00	0						0	
Level 26	10 units	10	1.00	0						0	
Level 27	10 units	10	1.00	0						0	
Level 28	10 units	10	1.00	0						0	
Level 29	10 units	10	1.00	0						0	
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Level 31	10 units	10	1.00	0						0	
Level 32	10 units	10	1.00	0						0	
Level 33	10 units	10	1.00	0						0	
Level 34	10 units	10	1.00	0						0	
Level 35	10 units	10	1.00	0						0	
Level 36	10 units	10	1.00	0						0	
Level 37	10 units	10	1.00	0						0	
Level 38	10 units	10	1.00	0						0	
Level 39	10 units	10	1.00	0						0	
Level 40	10 units	10	1.00	0						0	
Level 41	10 units	10	1.00	0						0	
Level 42	10 units	10	1.00	0						0	
Level 43	10 units	10	1.00	0						0	
Level 44	10 units	10	1.00	0						0	
Level 45	10 units	10	1.00	0						0	
Level 46	10 units	10	1.00	0						0	
Level 47	10 units	10	1.00	0						0	
Level 48	10 units	10	1.00	0						0	
Level 49	10 units	10	1.00	0						0	
Level 50	10 units	10	1.00	0						0	
Level 51	10 units	10	1.00	0						0	
Level 52	10 units	10	1.00	0						0	
Level 53	10 units	10	1.00	0						0	
Level 54	10 units	10	1.00	0						0	
Level 55	10 units	10	1.00	0						0	
Level 56	10 units	10	1.00	0						0	
Level 57	10 units	10	1.00	0						0	
Level 58	10 units	10	1.00	0						0	
Level 59	10 units	10	1.00	0						0	
Level 60	10 units	10	1.00	0						0	
Level 61	10 units	10	1.00	0						0	
Level 62	10 units	10	1.00	0						0	
Level 63	10 units	10	1.00	0						0	
Level 64	10 units	10	1.00	0						0	
Level 65	10 units	10	1.00	0						0	
Level 66	10 units	10	1.00	0						0	
Level 67	10 units	10	1.00	0						0	
Level 68	10 units	10	1.00	0						0	
Level 69	10 units	10	1.00	0						0	
Level 70	10 units	10	1.00	0						0	
Level 71	10 units	10	1.00	0						0	
Level 72	10 units	10	1.00	0						0	
Level 73	10 units	10	1.00	0						0	
Level 74	10 units	10	1.00	0						0	
Level 75	10 units	10	1.00	0						0	
Level 76	10 units	10	1.00	0						0	
Level 77	10 units	10	1.00	0						0	
Level 78	10 units	10	1.00	0						0	
Level 79	10 units	10	1.00	0						0	
Level 80	10 units	10	1.00	0						0	
Level 81	10 units	10	1.00	0						0	
Level 82	10 units	10	1.00	0						0	
Level 83	10 units	10	1.00	0						0	
Level 84	10 units	10	1.00	0						0	
Level 85	10 units	10	1.00	0						0	
Level 86	10 units	10	1.00	0						0	
Level 87	10 units	10	1.00	0						0	
Level 88	10 units	10	1.00	0						0	
Level 89	10 units	10	1.00	0						0	
Level 90	10 units	10	1.00	0						0	
Level 91	10 units	10	1.00	0						0	
Level 92	10 units	10	1.00	0						0	
Level 93	10 units	10	1.00	0						0	
Level 94	10 units	10	1.00	0						0	
Level 95	10 units	10	1.00	0						0	
Level 96	10 units	10	1.00	0						0	
Level 97	10 units	10	1.00	0						0	
Level 98	10 units	10	1.00	0						0	
Level 99	10 units	10									

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Attachment 2 - Capacity Analysis Report

Request for Capacity Analysis		Performance Level Determination (PLD) method should be applied above all other levels. PLD in this section does not affect any of the following: cases on hold, cases, cases available for trial, (PTSD, etc.) have different additional 100 hours, or 1000 with 1000 hours. 1 of facilities with performance measurement due to PLD.										Level Case		
Request	Description	Number of (units) on level	WPHU	Weighted Load/Case per level	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
Level 0P	On demand - while every other work during first and second trimester		1.00	0										0
Level 0F	On demand - while every other work in third trimester for patients 1-3 months		1.00	0										0
Level 1	1-3 months after birth of perinatal - while every other		1.00	0										0
Level 2	While every other month		1.00	0										0
Level 3	While every other month		0.50	0										0
Level 3A	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4	While every other month		0.25	0										0
Category 0 (with MCI)	Category 0 (with MCI) for facilities that are not at all times.		1.00	0										0
Level 0D	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 0E	While every other month - 1st 3 months of pregnancy		1.00	0										0
Category 1 (with MCI)	Category 1 (with MCI) for facilities that are not at all times.		1.00	0										0
Level 1D	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1E	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1F	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1G	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1H	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1I	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1J	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1K	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1L	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1M	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1N	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1O	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1P	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1Q	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1R	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1S	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1T	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1U	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1V	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1W	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1X	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1Y	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 1Z	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2A	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2B	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2C	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2D	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2E	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2F	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2G	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2H	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2I	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2J	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2K	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2L	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2M	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2N	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2O	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2P	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2Q	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2R	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2S	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2T	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2U	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2V	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2W	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2X	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2Y	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 2Z	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3A	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3B	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3C	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3D	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3E	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3F	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3G	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3H	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3I	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3J	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3K	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3L	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3M	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3N	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3O	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3P	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3Q	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3R	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3S	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3T	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3U	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3V	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3W	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3X	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3Y	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 3Z	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4A	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4B	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4C	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4D	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4E	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4F	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4G	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4H	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4I	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4J	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4K	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4L	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4M	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4N	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4O	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4P	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4Q	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4R	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4S	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4T	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4U	While every other month - 1st 3 months of pregnancy		1.00	0										0
Level 4V	While every other month - 1st 3 months of pregnancy		1.											

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Attachment 2 - Capacity Analysis Report

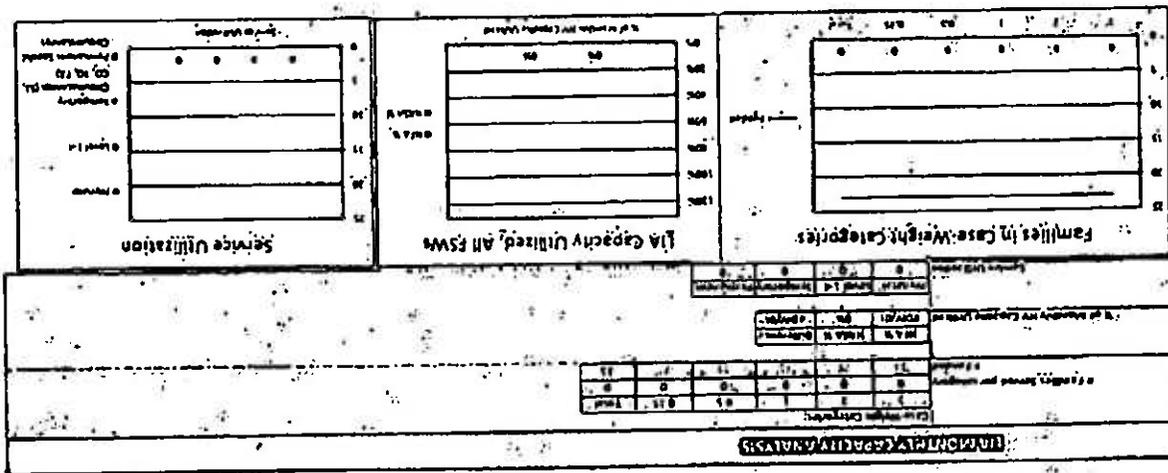
Capacity Analysis Report		Number of		Total		Performance Level Circumstances (PLC) Levels (Level 1 to Level 7) at this level, AND in the column if they have any of the following listed as categories, have available levels, higher, etc., from all other different workloads, or a total with special work							Total
Level	Description	Full-Time Level	Part-Time Level	PL1	PL2	PL3	PL4	PL5	PL6	PL7	Level		
Level 1P	Personnel who work every week during first and second trimester	1.00	0								0		
Level 2P	Personnel who work every week in third trimester or for mother's recovery	1.00	0								0		
Level 3	Level 3 - working after shift or on alternate - shift every week	1.00	0								0		
Level 4	Level 4 - working every other week	0.50	0								0		
Level 5	Level 5 - working every two weeks	0.25	0								0		
Level 6	Level 6 - working every four weeks	0.125	0								0		
Level 7	Level 7 - working every eight weeks	0.0625	0								0		
Level 8	Level 8 - working every sixteen weeks	0.03125	0								0		
Level 9	Level 9 - working every thirty-two weeks	0.015625	0								0		
Level 10	Level 10 - working every sixty-four weeks	0.0078125	0								0		
Level 11	Level 11 - working every one hundred twenty-eight weeks	0.00390625	0								0		
Level 12	Level 12 - working every two hundred fifty-six weeks	0.001953125	0								0		
Level 13	Level 13 - working every five hundred twelve weeks	0.0009765625	0								0		
Level 14	Level 14 - working every one thousand two hundred twenty-four weeks	0.00048828125	0								0		
Level 15	Level 15 - working every two thousand four hundred forty-eight weeks	0.000244140625	0								0		
Level 16	Level 16 - working every four thousand nine hundred ninety-six weeks	0.0001220703125	0								0		
Level 17	Level 17 - working every nine thousand nine hundred ninety-two weeks	0.00006103515625	0								0		
Level 18	Level 18 - working every nineteen thousand eight hundred eighty-four weeks	0.000030517578125	0								0		
Level 19	Level 19 - working every thirty-nine thousand seven hundred seventy-six weeks	0.0000152587890625	0								0		
Level 20	Level 20 - working every seventy-nine thousand five hundred fifty-two weeks	0.00000762939453125	0								0		
Level 21	Level 21 - working every one hundred fifty-nine thousand one hundred twenty-eight weeks	0.000003814697265625	0								0		
Level 22	Level 22 - working every three hundred thirty-eight thousand two hundred fifty-six weeks	0.0000019073486328125	0								0		
Level 23	Level 23 - working every six hundred seventy-six thousand five hundred one十二 weeks	0.00000095367431640625	0								0		
Level 24	Level 24 - working every one million three hundred forty-four thousand zero hundred twenty-four weeks	0.000000476837158203125	0								0		
Level 25	Level 25 - working every two million six hundred eighty-eight thousand zero hundred forty-eight weeks	0.0000002384185791015625	0								0		
Level 26	Level 26 - working every five million three hundred seventy-seven thousand zero hundred ninety-six weeks	0.00000011920928955078125	0								0		
Level 27	Level 27 - working every ten million seven hundred fifty-four thousand zero hundred ninety-two weeks	0.000000059604644775390625	0								0		
Level 28	Level 28 - working every twenty-one million four hundred eighty-eight thousand zero hundred eighty-four weeks	0.0000000298023223876953125	0								0		
Level 29	Level 29 - working every forty-two million nine hundred seventy-six thousand zero hundred sixty-eight weeks	0.00000001490116119384765625	0								0		
Level 30	Level 30 - working every eighty-five million nine hundred fifty-two thousand zero hundred thirty-four weeks	0.000000007450580596923828125	0								0		
Level 31	Level 31 - working every one hundred seventy-one million nine hundred twenty-six thousand zero hundred sixty-eight weeks	0.0000000037252902984619140625	0								0		
Level 32	Level 32 - working every three hundred forty-two million three hundred fifty-two thousand zero hundred thirty-four weeks	0.00000000186264514923095703125	0								0		
Level 33	Level 33 - working every six hundred eighty-four million seven hundred zero thousand zero hundred sixty-eight weeks	0.000000000931322574615478515625	0								0		
Level 34	Level 34 - working every one billion three hundred thirty-eight million one hundred forty-four thousand zero hundred thirty-two weeks	0.00000000046566128730773928125	0								0		
Level 35	Level 35 - working every two billion six hundred seventy-six million two hundred eighty-eight thousand zero hundred sixty-four weeks	0.000000000232830643653869640625	0								0		
Level 36	Level 36 - working every five billion three hundred thirty-five million five hundred seventy-six thousand zero hundred thirty-two weeks	0.0000000001164153218269348203125	0								0		
Level 37	Level 37 - working every ten billion six hundred seventy million one hundred fifty-two thousand zero hundred sixty-four weeks	0.00000000005820766091346741015625	0								0		
Level 38	Level 38 - working every twenty-one billion three hundred thirty-five million three hundred zero thousand zero hundred twenty-eight weeks	0.000000000029103830456733705078125	0								0		
Level 39	Level 39 - working every forty-two billion six hundred seventy million six hundred zero thousand zero hundred fifty-six weeks	0.0000000000145519152283668525390625	0								0		
Level 40	Level 40 - working every eighty-five billion three hundred thirty-five million one hundred twenty thousand zero hundred one hundred twelve weeks	0.00000000000727595761418342626953125	0								0		
Level 41	Level 41 - working every one hundred seventy-one billion six hundred seventy million two hundred forty thousand zero hundred twenty-four weeks	0.000000000003637978807091713134765625	0								0		
Level 42	Level 42 - working every three hundred forty-two billion three hundred thirty-five million four hundred eighty thousand zero hundred forty-eight weeks	0.00000000000181898940354585656741015625	0								0		
Level 43	Level 43 - working every six hundred eighty-four billion six hundred seventy million nine hundred sixty thousand zero hundred ninety-six weeks	0.000000000000909494701772928283705078125	0								0		
Level 44	Level 44 - working every one billion three hundred thirty-five billion three hundred thirty-five million one hundred ninety-two thousand zero hundred ninety-two weeks	0.0000000000004547473508864641418525390625	0								0		
Level 45	Level 45 - working every two billion six hundred seventy billion six hundred seventy million three hundred eighty-four thousand zero hundred eighty-four weeks	0.00000000000022737367544323207092626953125	0								0		
Level 46	Level 46 - working every five billion three hundred thirty-five billion one hundred thirty-six thousand zero hundred forty-eight weeks	0.000000000000113686837721616035463134765625	0								0		
Level 47	Level 47 - working every ten billion six hundred seventy billion two hundred seventy-two thousand zero hundred ninety-six weeks	0.00000000000005684341886080801773157390625	0								0		
Level 48	Level 48 - working every twenty-one billion three hundred thirty-five billion five hundred forty-four thousand zero hundred ninety-two weeks	0.00000000000002842170943040400886578953125	0								0		
Level 49	Level 49 - working every forty-two billion six hundred seventy billion one hundred eighty-eight thousand zero hundred ninety-two weeks	0.000000000000014210854715202004432894765625	0								0		
Level 50	Level 50 - working every eighty-five billion three hundred thirty-five billion three hundred seventy-six thousand zero hundred ninety-two weeks	0.000000000000007105427357601002216447390625	0								0		
Level 51	Level 51 - working every one hundred seventy-one billion six hundred seventy billion seven hundred fifty-two thousand zero hundred ninety-two weeks	0.000000000000003552713678800501105722390625	0								0		
Level 52	Level 52 - working every three hundred forty-two billion three hundred thirty-five billion one hundred fifty-four thousand zero hundred ninety-two weeks	0.00000000000000177635683940025055286194765625	0								0		
Level 53	Level 53 - working every six hundred eighty-four billion six hundred seventy billion three hundred zero thousand zero hundred ninety-two weeks	0.00000000000000088817841970012527643097390625	0								0		
Level 54	Level 54 - working every one billion three hundred thirty-five billion six hundred zero thousand zero hundred ninety-two weeks	0.000000000000000444089209850062638215486953125	0								0		
Level 55	Level 55 - working every two billion six hundred seventy billion one hundred twenty thousand zero hundred ninety-two weeks	0.00000000000000022204460492503131910774390625	0								0		
Level 56	Level 56 - working every five billion three hundred thirty-five billion two hundred forty thousand zero hundred ninety-two weeks	0.000000000000000111022302462515659553871953125	0								0		
Level 57	Level 57 - working every ten billion six hundred seventy billion four hundred eighty thousand zero hundred ninety-two weeks	0.00000000000000005551115123125777777938953125	0								0		
Level 58	Level 58 - working every twenty-one billion three hundred thirty-five billion nine hundred sixty thousand zero hundred ninety-two weeks	0.000000000000000027755575615628888889694765625	0								0		
Level 59	Level 59 - working every forty-two billion six hundred seventy billion one hundred ninety-two thousand zero hundred ninety-two weeks	0.000000000000000013877787807814444444847390625	0								0		
Level 60	Level 60 - working every eighty-five billion three hundred thirty-five billion three hundred eighty-four thousand zero hundred ninety-two weeks	0.0000000000000000069388939039072222224236953125	0								0		
Level 61	Level 61 - working every one hundred seventy-one billion six hundred seventy billion seven hundred eighty thousand zero hundred ninety-two weeks	0.000000000000000003469446951953611111121184765625	0								0		
Level 62	Level 62 - working every three hundred forty-two billion three hundred thirty-five billion one hundred sixty thousand zero hundred ninety-two weeks	0.00000000000000000173472347597680555556059390625	0								0		
Level 63	Level 63 - working every six hundred eighty-four billion six hundred seventy billion three hundred twenty thousand zero hundred ninety-two weeks	0.000000000000000000867361737988402777780296953125	0								0		
Level 64	Level 64 - working every one billion three hundred thirty-five billion six hundred forty thousand zero hundred ninety-two weeks	0.0000000000000000004336808689942013888901484765625	0								0		
Level 65	Level 65 - working every two billion six hundred seventy billion one hundred twenty thousand zero hundred ninety-two weeks	0.000000000000000000216840434497100694445074390625	0								0		
Level 66	Level 66 - working every five billion three hundred thirty-five billion two hundred forty thousand zero hundred ninety-two weeks	0.0000000000000000001084202172485503472225371953125	0								0		
Level 67	Level 67 - working every ten billion six hundred seventy billion four hundred eighty thousand zero hundred ninety-two weeks	0.000000000000000000054210108624275173611268953125	0								0		
Level 68	Level 68 - working every twenty-one billion three hundred thirty-five billion nine hundred sixty thousand zero hundred ninety-two weeks	0.0000000000000000000271050543121375868056344765625	0								0		
Level 69	Level 69 - working every forty-two billion six hundred seventy billion one hundred ninety-two thousand zero hundred ninety-two weeks	0.0000000000000000000135525271560687934028172390625	0								0		
Level 70	Level 70 - working every eighty-five billion three hundred thirty-five billion three hundred eighty-four thousand zero hundred ninety-two weeks	0.0000000000000000000067762635780343967014059390625	0								0		
Level 71	Level 71 - working every one hundred seventy-one billion six hundred seventy billion seven hundred eighty thousand zero hundred ninety-two weeks	0.0000000000000000000033881317890171983500720953125	0								0		
Level 72	Level 72 - working every three hundred forty-two billion three hundred thirty-five billion one hundred sixty thousand zero hundred ninety-two weeks	0.00000000000000000000169406589450859917500361953125	0								0		
Level 73	Level 73 - working every six hundred eighty-four billion six hundred seventy billion three hundred twenty thousand zero hundred ninety-two weeks	0.00000000000000000000084703294725429958750180953125	0								0		
Level 74	Level 74 - working every one billion three hundred thirty-five billion six hundred forty thousand zero hundred ninety-two weeks	0.0000000000000000000004235164736271497937500904765625	0								0		
Level 75	Level 75 - working every two billion six hundred seventy billion one hundred twenty thousand zero hundred ninety-two weeks	0.00000000000000000000021175823681357488968750047390625	0								0		
Level 76	Level 76 - working every five billion three hundred thirty-five billion two hundred forty thousand zero hundred ninety-two weeks	0.00000000000000000000010587911840678744448437500236953125	0								0		
Level 77	Level 77 - working every ten billion six hundred seventy billion four hundred eighty thousand zero hundred ninety-two weeks	0.0000000000000000000000529395592033937222421875001184765625	0								0		
Level 78	Level 78 - working every twenty-one billion three hundred thirty-five billion nine hundred sixty thousand zero hundred ninety-two weeks	0.000000000000000000000026469779601696861112109375000592390625	0								0		
Level 79	Level 79 - working every forty-two billion six hundred seventy billion one hundred ninety-two thousand zero hundred ninety-two weeks	0.00000000000000000000001323488980084843055605468750002961953125	0								0		
Level 80	Level 80 - working every eighty-five billion three hundred thirty-five billion three hundred eighty-four thousand zero hundred ninety-two weeks	0.000000000000000000000006617444900424215278027343750001480953125	0								0		
Level 81	Level 81 - working every one hundred seventy-one billion six hundred seventy billion seven hundred eighty thousand zero hundred ninety-two weeks	0.00000000000000000000000330872245021210763901367187500007404765625	0								0		
Level 82	Level 82 - working every three hundred forty-two billion three hundred thirty-five billion one hundred sixty thousand zero hundred ninety-two weeks	0.000000000000000000000001654361225106053819506835937500003702390625	0								0		
Level 83	Level 83 - working every six hundred eighty-four billion six hundred seventy billion three hundred twenty thousand zero hundred ninety-two weeks	0.000000000000000000000000827180612553026909750341796875000018511953125	0								0		
Level 84	Level 84 - working every one billion three hundred thirty-five billion six hundred forty thousand zero hundred ninety-two weeks	0.000000000000000000000000413590306276513454875017089843750000092559390625	0								0		
Level 85	Level 85 - working every two billion six hundred seventy billion one hundred twenty thousand zero hundred ninety-two weeks	0.00000000000000000000000020679515313825672723750085444765625	0								0		
Level 86	Level 86 - working every five billion three hundred thirty-five billion two hundred forty thousand zero hundred ninety-two weeks	0.000000000000000000000000103397576569128363618750042722390625	0								0		
Level 87	Level 87 - working every ten billion six hundred seventy billion four hundred eighty thousand zero hundred ninety-two weeks	0.00000000000000000000000005169878828456418180937500213611953125	0								0		
Level 88	Level 88 - working every twenty-one billion three hundred thirty-five billion nine hundred sixty thousand zero hundred ninety-two weeks	0.00000000000000000000000002584939											

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Attachment 2 - Capacity Analysis Report

General Information		Number of		Weighted		Number of						Low
Description		Families on Total		Families on Total		0.5	1	1.5	2	2.5	3	Cost
Level 0	Parents - while every other week during term and around summer	1,000	0	1,000	0							0
Level 1	Parents - while every other week in school semester for a total of 10 weeks	1,000	0	1,000	0							0
Level 2	1/2 day of instruction after school or on weekends - total 10 weeks	1,000	0	1,000	0							0
Level 3	While every other week	1,000	0	1,000	0							0
Level 4	While every other week, while every other week of summer	1,000	0	1,000	0							0
Level 5	While every other week	1,000	0	1,000	0							0
Level 6	While every other week	1,000	0	1,000	0							0
Level 7	While every other week	1,000	0	1,000	0							0
Level 8	While every other week	1,000	0	1,000	0							0
Level 9	While every other week	1,000	0	1,000	0							0
Level 10	While every other week	1,000	0	1,000	0							0
Level 11	While every other week	1,000	0	1,000	0							0
Level 12	While every other week	1,000	0	1,000	0							0
Level 13	While every other week	1,000	0	1,000	0							0
Level 14	While every other week	1,000	0	1,000	0							0
Level 15	While every other week	1,000	0	1,000	0							0
Level 16	While every other week	1,000	0	1,000	0							0
Level 17	While every other week	1,000	0	1,000	0							0
Level 18	While every other week	1,000	0	1,000	0							0
Level 19	While every other week	1,000	0	1,000	0							0
Level 20	While every other week	1,000	0	1,000	0							0
Level 21	While every other week	1,000	0	1,000	0							0
Level 22	While every other week	1,000	0	1,000	0							0
Level 23	While every other week	1,000	0	1,000	0							0
Level 24	While every other week	1,000	0	1,000	0							0
Level 25	While every other week	1,000	0	1,000	0							0
Level 26	While every other week	1,000	0	1,000	0							0
Level 27	While every other week	1,000	0	1,000	0							0
Level 28	While every other week	1,000	0	1,000	0							0
Level 29	While every other week	1,000	0	1,000	0							0
Level 30	While every other week	1,000	0	1,000	0							0
Level 31	While every other week	1,000	0	1,000	0							0
Level 32	While every other week	1,000	0	1,000	0							0
Level 33	While every other week	1,000	0	1,000	0							0
Level 34	While every other week	1,000	0	1,000	0							0
Level 35	While every other week	1,000	0	1,000	0							0
Level 36	While every other week	1,000	0	1,000	0							0
Level 37	While every other week	1,000	0	1,000	0							0
Level 38	While every other week	1,000	0	1,000	0							0
Level 39	While every other week	1,000	0	1,000	0							0
Level 40	While every other week	1,000	0	1,000	0							0
Level 41	While every other week	1,000	0	1,000	0							0
Level 42	While every other week	1,000	0	1,000	0							0
Level 43	While every other week	1,000	0	1,000	0							0
Level 44	While every other week	1,000	0	1,000	0							0
Level 45	While every other week	1,000	0	1,000	0							0
Level 46	While every other week	1,000	0	1,000	0							0
Level 47	While every other week	1,000	0	1,000	0							0
Level 48	While every other week	1,000	0	1,000	0							0
Level 49	While every other week	1,000	0	1,000	0							0
Level 50	While every other week	1,000	0	1,000	0							0
Level 51	While every other week	1,000	0	1,000	0							0
Level 52	While every other week	1,000	0	1,000	0							0
Level 53	While every other week	1,000	0	1,000	0							0
Level 54	While every other week	1,000	0	1,000	0							0
Level 55	While every other week	1,000	0	1,000	0							0
Level 56	While every other week	1,000	0	1,000	0							0
Level 57	While every other week	1,000	0	1,000	0							0
Level 58	While every other week	1,000	0	1,000	0							0
Level 59	While every other week	1,000	0	1,000	0							0
Level 60	While every other week	1,000	0	1,000	0							0
Level 61	While every other week	1,000	0	1,000	0							0
Level 62	While every other week	1,000	0	1,000	0							0
Level 63	While every other week	1,000	0	1,000	0							0
Level 64	While every other week	1,000	0	1,000	0							0
Level 65	While every other week	1,000	0	1,000	0							0
Level 66	While every other week	1,000	0	1,000	0							0
Level 67	While every other week	1,000	0	1,000	0							0
Level 68	While every other week	1,000	0	1,000	0							0
Level 69	While every other week	1,000	0	1,000	0							0
Level 70	While every other week	1,000	0	1,000	0							0
Level 71	While every other week	1,000	0	1,000	0							0
Level 72	While every other week	1,000	0	1,000	0							0
Level 73	While every other week	1,000	0	1,000	0							0
Level 74	While every other week	1,000	0	1,000	0							0
Level 75	While every other week	1,000	0	1,000	0							0
Level 76	While every other week	1,000	0	1,000	0							0
Level 77	While every other week	1,000	0	1,000	0							0
Level 78	While every other week	1,000	0	1,000	0							0
Level 79	While every other week	1,000	0	1,000	0							0
Level 80	While every other week	1,000	0	1,000	0							0
Level 81	While every other week	1,000	0	1,000	0							0
Level 82	While every other week	1,000	0	1,000	0							0
Level 83	While every other week	1,000	0	1,000	0							0
Level 84	While every other week	1,000	0	1,000	0							0
Level 85	While every other week	1,000	0	1,000	0							0
Level 86	While every other week	1,000	0	1,000	0							0
Level 87	While every other week	1,000	0	1,000	0							0
Level 88	While every other week	1,000	0	1,000	0							0
Level 89	While every other week	1,000	0	1,000	0							0
Level 90	While every other week	1,000	0	1,000	0							0
Level 91	While every other week	1,000	0	1,000	0							0
Level 92	While every other week	1,000	0	1,000	0							0
Level 93	While every other week	1,000	0	1,000	0							0
Level 94	While every other week	1,000	0	1,000	0							0
Level 95	While every other week	1,000	0	1,000	0							0
Level 96	While every other week	1,000	0	1,000	0							0
Level 97	While every other week	1,000	0	1,000	0							0
Level 98	While every other week	1,000	0	1,000	0							0
Level 99	While every other week	1,000	0	1,000	0							0
Level 100	While every other week	1,000	0	1,000	0							0

Attachment 2: Capacity Analysis Report



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Expiration Date: 07/31/2011

Attachment 3 - FORM 1

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

DEMOGRAPHIC, SERVICE UTILIZATION, AND SELECT CLINICAL INDICATORS

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 360 hours per response, including the time for reviewing instructions, searching existing data sources, gathering existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 3600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

July 24, 2018

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Attachment 3 - Form 1

SECTION A: PARTICIPANT DEMOGRAPHICS

Table 1: Unduplicated Count of New and Continuing Program Participants Served by MIECHV

Participants	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Pregnant Women			
Female Caregivers			
Male Caregivers			
All Adults (Auto Calculate)			
Female Index Children			
Male Index Children			
All Index Children (Auto Calculate)			

Notes:

Table 2: Unduplicated Count of Households Served by MIECHV

Households	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Number of Households			

Notes:

Table 3: Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)

Participants and Households	Total Number Served during Reporting Period
Pregnant Women	
Female Caregivers	
Male Caregivers	
All Adults (Auto Calculate)	
Female Index Children	
Male Index Children	
All Index Children (Auto Calculate)	
Number of Households	

Notes:

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Attachment 3 - Form 3

Table 4: Adult Participants by Age

Adult Participants	≤17	18-19	20-21	22-24	25-29	30-34	35-44	45-54	55-64	≥65	Unknown/Did not Report*	Total
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 5: Index Children by Age

Index Children	<1 year	1-2 years	3-4 years	5-6 years	Unknown/Did not Report*	Total
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 6: Participants by Ethnicity

Participants	Hispanic or Latino	Not Hispanic or Latino	Unknown/Did not Report*	Total
Pregnant Women				
Female Caregivers				
Male Caregivers				
All Adults (Auto Calculate)				
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Notes:

Table 7: Participants by Race

Participants	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than one race	Unknown/Did not Report*	Total
Pregnant Women								
Female Caregivers								
Male Caregivers								
All Adults (Auto Calculate)								
Female Index Children								
Male Index Children								
All Index Children (Auto Calculate)								

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 8: Adult Participants by Marital Status

Adult Participants	Never Married (Excluding Not Married but Living Together with Partner)	Married	Not Married but Living Together with Partner	Separated/Divorced/Widowed	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Attachment 3 - Form 1

Notes:

Table 9: Adult Participants by Educational Attainment

Adult Participants	Less than HS diploma	HS Diploma/GED	Some college/training	Technical training or certification	Associate's Degree	Bachelor's Degree or higher	Other	Unknown/Did not Report*	Total
Pregnant Women									
Female Caregivers									
Male Caregivers									
All Adults (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 10: Adult Participants by Employment Status

Adult Participants	Employed Full Time	Employed Part-Time	Not employed	Unknown/Did not Report*	Total
Pregnant Women					
Female Caregivers					
Male Caregivers					
All Adults (Auto Calculate)					

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Attachment 3 - Form 1

Table 11: Adult Participants by Housing Status

	Not Homeless					Total Not Homeless	Homeless			Total Homeless	Unknown/Did not Report*	Total
	Owne or shares own home, condominium, or apartment	Rents or shares own home or apartment	Lives in public housing	Lives with parent or family member	Some other arrangement		Homeless and sharing housing	Homeless and living in an emergency or transitional shelter	Some other arrangement			
Adult Participants												
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥ 10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 12: Primary Language Spoken at Home

Index Children	Number	Percent
English		
Spanish		
Other		
Unknown/Did Not Report*		
All Index Children (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is ≥ 10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Attachment 3 - Form 1

Notes:

Table 13: Household Income in Relation to Federal Poverty Guidelines

Households	Number of Households	Percent
50% and under		
51-100%		
101-133%		
134-200%		
201-300%		
>300%		
Unknown/Did not Report*		
All Households (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 14: For Each Household Indicate the Priority Population Characteristics

Households	Yes	No	Unknown/Did not Report*	Total
1. Low income household				
2. Household contains an enrollee who is pregnant and under age 21				
3. Household has a history of child abuse or neglect or has had interactions with child welfare services				
4. Household has a history of substance abuse or needs substance abuse treatment				
5. Someone in the household uses tobacco products in the home				
6. Someone in the household has attained low student achievement or has a child with low student achievement				
7. Household has a child with developmental delays or disabilities				
8. Household includes individuals who are serving or formerly served in the US armed forces				

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Attachment 3 - Form 1

SECTION B: SERVICE UTILIZATION

Table 15: Service Utilization

Home Visits	Number
Total Number of Home Visits completed	

Notes:

Table 16: Family Engagement by Household

Households	Number of Households	Percent
Currently receiving services		
Completed program		
Stopped services before completion		
Enrolled but not currently receiving services/Other		
Unknown/Did not Report*		
All Categories (Auto Calculate)		

* When the percent of data that is "Unknown/Did not Report" is ≥ 10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 17: Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach

Home Visiting Model (Select One per Row - Add Rows for Additional Approaches)	Number Newly Enrolled	Number Continuing During Reporting Period	Total

Notes:

Attachment 3 - Form 1

SECTION C: INSURANCE AND CLINICAL INDICATORS

Table 18: Participants by Type of Health Insurance Coverage

Participants	No Insurance Coverage	Medicaid or CHIP	Tri-Core	Private or Other	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 19: Index Children by Usual Source of Medical Care

Index Children	Doctor's/Nurse Practitioner's Office*	Hospital Emergency Room	Hospital Outpatient	Federally Qualified Health Center	Retail Store or Minute Clinic	Other	None	Unknown/Did not Report*	Total
Female Index Children									
Male Index Children									
All Index Children (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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Attachment 3 - Form 1

Table 20: Index Children (≥ 12 months of age) by Usual Source of Dental Care

Index Children	Have a Usual Source of Dental Care	Do not have a Usual Source of Dental Care	Unknown/Did not Report ^a	Total
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

^a When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

July 24, 2018

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Attachment 3 - Form 1

DEFINITIONS OF KEY TERMS

July 24, 2018

HRSA No. 0906-0017
Expiration Date: 02/1/2011

Attachment 3 - Form 1

Table Number	Field	Key Terms Requiring Definitions
All Tables		<p>MIECHV Household: For the purposes of reporting to HRSA on Form 1, a "MIECHV household" is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV household at enrollment. HRSA has identified two different methods that can be used to identify MIECHV households that are described below:</p> <ol style="list-style-type: none"> Home Visitor Personnel Cost Method (preferred method): Households are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all households as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. Enrollment Slot Method (temporary option): Households are designated as MIECHV households based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign households to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV. <p>Once designated as a MIECHV household, the household is tracked for the purposes of data collection through the tenure of household participation in the program.</p>
	Unduplicated Count of New and Continuing Program Participants Served by MIECHV	<p>New Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Continuing Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who was signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Pregnant women are participants who were either pregnant at enrollment or pregnant at the annual update of information in a subsequent reporting period.</p> <p>Female caregivers are those female household members who are enrolled in the program during the reporting period, are considered a caregiver of the index child, and were not pregnant at the time of enrollment or the annual update of this information (e.g., biological mothers, adoptive mothers, foster mothers, grandmothers).</p>

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Expiration Date: 07/31/2011

Attachment 3 - Form 1

		<p>Male caregivers include those male household members (e.g. expectant fathers, biological fathers, step-fathers, and partners) who also meet the definition of an enrollee.</p> <p>Index Child (Birth - Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p>
2	Unduplicated Count of Household Served by MIECHV	<p>New Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who signs up to participate in the home visiting program at any time during the reporting period. The household may include multiple caregivers depending on model-specific definitions.</p> <p>Continuing Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period. The household may include multiple caregivers depending on model-specific definitions.</p>
3	Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)	<p>Participant Served by a State Home Visiting Program (non-MIECHV): A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a non-MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p>
4	Adult Participants by Age	<p>Adult Participants: Includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.</p>
5	Index Children by Age	<p>Index Child (Birth - Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p>
6	Participants by Ethnicity	<p>The responses regarding ethnicity should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. If ethnicity is unknown or not reported for some participants, enter that count in the respective "Unknown/Did not report" column.</p>
7	Participants by Race	<p>The responses regarding race should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. Participants who select more than one race should be reported in the "More than one race" category. If ethnicity and race are unknown or not reported for some participants, enter that count in the respective "Unknown/Did not Report" columns.</p>
8	Adult Participants by Marital Status	<p>Adult Participants: includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.</p>

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		<p>If more than one individual is enrolled in the program, enter the status for all enrollees. For example, if a pregnant woman is enrolled with her spouse in the program, both participants would be counted under the married category.</p>
9	Adult Participants by Educational Attainment	<p>Adult Participants: Includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.</p> <p>Less than high school diploma includes individuals who have not completed their high school education.</p> <p>The Some college/training category includes those who are currently enrolled and those who attended in the past.</p> <p>The Technical training or certification category includes those who received technical training or certification in the past.</p> <p>The Associate's Degree category includes those who obtained an Associate's Degree.</p> <p>The Bachelor's Degree category includes those who obtained a Bachelor's Degree.</p> <p>The Other category includes those individuals who did not fall into the specified categories.</p>
10	Adult Participants by Employment Status	<p>Employed: refers to whether the person is currently working for pay.</p> <p>Employed Full Time: an employee who works an average of at least 30 hours per week</p> <p>Employed Part Time: an employee who works an average of less than 30 hours per week¹</p> <p>Not Employed: indicates that the person is not working for pay (this category may include, for example, students, homemakers and those enrollees actively seeking work but currently not employed)</p>
11	Adult Participants by Housing Status	<p>Not homeless: individuals who have a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and</p> <p>Not homeless and lives in public housing: individuals who live in a public housing unit that is administered by a public housing agency (excludes individuals who utilize housing voucher programs)</p> <p>Homeless: individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and</p>

¹ Homeless.gov Glossary, <https://www.hshhs.gov/hshhs/glossary/homeless>

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		<p>Have a history of substance abuse or need substance abuse treatment: Based on self-report, a household with members who have a history of substance abuse or who have been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.</p> <p>Are users of tobacco products in the home: Based on self-report, a household with members who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS).</p> <p>Have, or have children with, low student achievement: Based on self-report, a household with members who have perceived themselves or their child(ren) as having low student achievement.</p> <p>Have a child or children with developmental delays or disabilities: Based on self-report or home visitor/staff observation, a household with members who have a child or children suspected of having a developmental delay or disability.</p> <p>Are in families that are or have served in the armed forces: Based on self-report, households that include individuals who are serving or formerly served in the Armed Forces, including such households that have members of the Armed Forces who have had multiple deployments outside of the United States. For this criterion, definition includes a military member's dependent acquired through marriage, adoption, or other action during the course of a member's current tour of assigned duty.</p>
15	Service Utilization	Home visit refers to the definition of a completed home visit enacted by the various evidence-based home visiting models approved for implementation through the MIECHV program or a Promising Approach. Please refer to model-specific guidance for specific definitions.
16	Family Engagement by Household	<p>Currently receiving services refers to families that are participating in services at the end of the reporting period.</p> <p>Completed program refers to families who have completed the program according to model-specific definitions and criteria during the reporting period.</p> <p>Stopped services before completion refers to families who left the program for any reason prior to completion.</p> <p>Enrolled but not currently receiving services/Other refers to those families who do not fall into the previous categories and may include unreachable participants (i.e. the family is not regularly participating but did not actively sever ties, etc.)</p>
17	Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach	A Household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of or during the reporting period and continues enrollment during the reporting period. The household may include multiple caregivers depending on model-specific definitions.

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18	Participants by Type of Health Insurance Coverage	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>The insurance coverage categories are mutually exclusive. No insurance coverage indicates that the individual is currently not covered by any source of insurance. This table is intended to capture insurance status, not health care access; receipt of care provided for insurance by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center does not constitute insurance coverage.</p>
19	Index Children by Usual Source of Medical Care	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of care: the particular medical professional, doctor's office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health.</p>
20	Index Children (≥ 12 months of age) by Usual Source of Dental Care	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of dental care: a usual source of dental care, or dental home, is a place where a child can receive consistent, comprehensive, compassionate dental care. The concept of the Dental Home reflects the AAPD's clinical guidelines and best principles for the proper delivery of oral health care to all children, with a concentration on infant/two year patients and should be established no later than 12 months of age.¹</p>

¹ American Academy of Pediatric Dentistry, Dental Home Resources Center, <http://www.aapd.org/media/338999main.html>

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OMB No: 0906-0017
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THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

PERFORMANCE AND SYSTEMS OUTCOME MEASURES

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 200 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

July 19, 2018

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OHR No: 0906-0017
 Expiration Date: 07/31/2021

MEASURE 1

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: PRETERM BIRTH</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of live births (index child or subsequent children among mothers who enrolled in home visiting prenatally before 37 weeks) born before 37 completed weeks of gestation and after enrollment</p> <p>DENOMINATOR: Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 2

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: BREASTFEEDING</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age</p> <p>DENOMINATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 3

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: DEPRESSION SCREENING</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: For those not enrolled prenatally, number of primary caregivers enrolled in home visiting who are screened for depression within the first 3 months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery</p> <p>DENOMINATOR: For those not enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least three months post delivery</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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7.
NOTES

8. **Measurement Tool Utilized**

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Expiration Date: 07/31/2021

MEASURE 4

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: WELL CHILD VISIT</p>	
<p>2. TYPE OF MEASURE Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule</p>	
<p>4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting who received the last recommended well child visit based on the AAP schedule DENOMINATOR: Number of children (index child) enrolled in home visiting</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage) Value:</p>	<p>Numerator:</p>
	<p>Denominator:</p>
<p>6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if a home visit occurred but the home visitor did not collect the data. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 5

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: POSTPARTUM CARE	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	
4. SPECIFICATION NUMERATOR: Number of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery DENOMINATOR: Number of mothers who enrolled in home visiting prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 6

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: TOBACCO CESSATION REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the primary caregiver used tobacco or cigarettes at enrollment since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are known and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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All cases of missing data should be excluded from the measure calculation.	
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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OMH No: 0706-0017
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MEASURE 7

<p>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</p> <p>CONSTRUCT: SAFE SLEEP</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing and without soft bedding</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of infants (index child aged less than 1 year) enrolled in home visiting whose primary caregiver reports that they are always placed to sleep on their backs, without bed-sharing and without soft bedding</p> <p>DENOMINATOR: Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 8

<p>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</p> <p>CONSTRUCT: CHILD INJURY</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Rate of injury-related visits to the Emergency Department (ED) during the reporting period among children enrolled in home visiting</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of parent-reported nonfatal injury-related visits to the ED during the reporting period among children (index child) enrolled in home visiting</p> <p>DENOMINATOR: Number of children (index child) enrolled in home visiting</p>	
<p>5. VALUE FOR REPORTING PERIOD (rate)</p> <p>Value:</p>	<p>Numerator:</p> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 9

<p>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</p> <p>CONSTRUCT: CHILD MALTREATMENT</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period</p> <p>DENOMINATOR: Number of children (index child) enrolled in home visiting</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 10

<p>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</p> <p>CONSTRUCT: PARENT-CHILD INTERACTION</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting with children reaching the target age range</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.n. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the index child received an observation of caregiver-child interaction by the home visitor using a validated tool, but all other data elements are known, then the index child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.o. Value - Enter the number of cases missing from measure calculation:</p>

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<p>7. NOTES</p>
<p>8. Measurement Tool Utilized</p> <p>Indicate the validated measurement tool(s) utilized to address this measure</p>

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 11

<p>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: EARLY LANGUAGE AND LITERACY ACTIVITIES</p>	
<p>2. TYPE OF MEASURE Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day</p>	
<p>4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day DENOMINATOR: Number of children (index child) enrolled in home visiting</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage) Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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QAID No: 0906-0017
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MEASURE 12

<p>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: DEVELOPMENTAL SCREENING</p>	
<p>2. TYPE OF MEASURE Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool</p>	
<p>4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting with at least one screening within the AAP-defined age groups during the reporting period DENOMINATOR: Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage) Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

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OS10 No: 0906-0017

Expiration Date: 07/31/2021

**8.
Measurement Tool Utilized**

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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OIG No: 0906-0017
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MEASURE 13

<p>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</p> <p>CONSTRUCT: BEHAVIORAL CONCERNS</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of postnatal home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of postnatal home visits where primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior, or learning</p> <p>DENOMINATOR: Total number of postnatal home visits during the reporting period</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. If a home visit occurred, but there is no documentation of whether the primary caregiver was asked about behavioral concerns, then the home visit should be included in the denominator (if eligible - i.e., postnatal visit), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value - Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

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* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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OMB No: 0906-0017
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MEASURE 14

<p>1. BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING</p>	
<p>2. TYPE OF MEASURE Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool</p>	
<p>4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage) Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool (including if a screening did not occur because the caregiver was male and they only have validated tools for use among female caregivers), but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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7.
NOTES

8.
Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 15

<p>1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY</p> <p>CONSTRUCT: PRIMARY CAREGIVER EDUCATION</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in or maintained continuous enrollment in middle school or high school, or completed high school or equivalent during their participation in home visiting.</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers who enrolled in or maintained continuous enrollment in middle school or high school, or completed a high school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator)</p> <p>DENOMINATOR: Number of primary caregivers without a high school degree or equivalent at enrollment</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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QA18 No: 0904-0017
 Expiration Date: 07/31/2021

MEASURE 16

<p>1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY CONSTRUCT: CONTINUITY OF INSURANCE COVERAGE</p>	
<p>2. TYPE OF MEASURE Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months</p>	
<p>4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who reported having health insurance coverage for at least 6 consecutive months since enrollment in home visiting DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage) Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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OMB No: 0706-0017
Expiration Date: 07/31/2021

MEASURE 17

<p>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</p> <p>CONSTRUCT: COMPLETED DEPRESSION REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Systemic Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator)</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. Data are also considered missing if there is no documentation of whether a referral was provided. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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7.
NOTES

8.
Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 18

<p>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</p> <p>CONSTRUCT: COMPLETED DEVELOPMENTAL REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of children enrolled in home visiting who a) received individualized developmental support from a home visitor; b) were referred to early intervention services and receive an evaluation within 45 days; OR c) were referred to other community services who received services within 30 days (and met the condition specified in the denominator)</p> <p>DENOMINATOR: Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

• Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 19

<p>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</p> <p>CONSTRUCT: INTIMATE PARTNER VIOLENCE REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator)</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition:</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

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DEFINITIONS OF KEY TERMS

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Construct Number	Construct	Key Term Definitions
1.	Preterm Birth	Preterm Birth: a birth before 37 completed weeks of gestation (defined as up to 36 weeks and 6 days). ¹
2.	Breastfeeding	Breastfeeding: in addition to breast milk fed directly from the mother to the infant, breastfeeding also includes feeding the infant pumped or expressed breast milk.
3.	Depression Screening	Depression: aligned with each grantees' validated depression screening tool's definition of depression.
4.	Well-Child Visit	AAP schedule for Well-Child Visits: Updated AAP 2017 Recommendations for Pediatric Preventive Health Care https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
5.	Postpartum Care	Postpartum Care Visit: A postpartum visit is a visit between the woman and her health care provider to assess the mother's current physical health, including the status of pregnancy-related conditions like gestational diabetes, screen for postpartum depression, provide counseling on infant care and family planning as well as screening and referrals for the management of chronic conditions. Additionally, a provider may use this opportunity to conduct a breast exam and discuss breastfeeding. The American College of Obstetricians and Gynecologists recommends that mothers receive a postpartum care visit within 6 weeks after delivery. ²
6.	Tobacco Cessation Referrals	Tobacco Use: combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and ENDS.
7.	Safe Sleep	No definitions required
8.	Child Injury	Injury-related Emergency Department Visit: Injuries refer to the following causes of mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire/burns, falls, sports and recreation, and intentional injuries, such as child maltreatment. ³
9.	Child Maltreatment	Investigated Case: all children with an allegation of maltreatment that were screened-in for investigation or assessment and further received an investigation. ⁴ A screened-in report is one that is accepted for investigation or assessment based on the state's screen-in criteria. ⁵
10.	Parent-Child Interaction	No definitions required
11.	Early Language and Literacy Activities	No definitions required
12.	Developmental Screening	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory,

¹ Berkman R, Stith-Burder A, eds. Preterm Birth: Causes, Consequences, and Prevention. Washington, DC: The National Academies Press, 2007.² Optimizing postpartum care. Committee Opinion No. 666. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;127:e13-92. Retrieved from <https://www.acog.org/American-College-of-Obstetricians-and-Gynecologists-Practicing-666.pdf?direct=1&u=201802211714214120>³ Centers for Disease Control and Prevention. National Action Plan for Child Injury Prevention, 2013. Retrieved from <http://www.cdc.gov/ipchid/NAPFinalGroundWorkMain.htm>⁴ Child Welfare Information Gateway. Child Maltreatment 2013: Summary of Key Findings. Retrieved from <https://www.childwelfare.gov/pubs/Reports/2013/ChildMaltreatment2013SummaryofKeyFindings.pdf>⁵ Child Welfare Information Gateway. Screening and Tools. Retrieved from <http://www.childwelfare.gov/pubs/Reports/2013/ScreeningandTools.pdf>

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		and emotional development. ⁶
13.	Behavioral Concerns	No definitions required
14.	IPV Screening	Intimate Partner Violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. ⁷
15.	Primary Caregiver Education	No definitions required.
16.	Continuity of Insurance Coverage	Continuous Health Insurance Coverage: having health insurance coverage without any lapses.
17.	Completed Depression Referrals	Recommended services: specific techniques and intervention models delivered in the context of client characteristics, culture, and preferences that have shown to have positive effects on outcomes through rigorous evaluations and have demonstrated to achieve positive outcomes for the client. ⁸
18.	Completed Developmental Referrals	Developmental Delays: delays in any or all areas including cognitive, social, language, sensory, and emotional development. ⁹
19.	IPV Referrals	Intimate Partner Violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. ⁷

⁶ U.S. National Library of Medicine, National Institutes of Health. Psychological Index Terms via Unified Medical Language System, 2011. Retrieved from <http://pubs.nlm.nih.gov/psi/psi-terms/psi-terms.html>

⁷ Centers for Disease Control and Prevention, Injury Prevention and Control, Division of Violence Prevention, 2011. Retrieved from <http://www.cdc.gov/ncepi/programs/interpersonalviolence/docs/ipv-2011.pdf>

⁸ Home Visiting Collaborative Improvement and Innovation Network.

July 19, 2011

**New Hampshire Department of Health and Human Services
Home Visiting Services**

Attachment 5 - DCYF Key Performance Metrics

Key Performance Metrics
<i>Referrals</i>
Share of families who are referred to HFA from DCYF. (# of families currently enrolled in HFA CWP and % of HFA CWP slots currently used)
Share of DCYF-referred families that were enrolled between three (3) and twenty-four (24) months of age.
Share of DCYF-referred families with a recent assessment of a Substance Exposed Infant (SEI).
<i>Enrollments</i>
Average time to enrollment from the time and date of referral.
of days from referral date to the first home visit.
Share of families that are offered HFA and % of offered families who decide to receive HFA.
Relative rate of families enrolled by racial/ethnic and geographic characteristics.
Proportion of families that are retained in the program over specified periods of time (6 months, 12 months, 24 months, 36 months, etc.) after receiving a first home visit.
Proportion of families who receive at least seventy-five (75%) percent of the appropriate number of home visits based upon the individual level of service to which they are assigned.
<i>Program Completion</i>
Share of families who do not complete the program (incl. reason for non-completion/discharge).
Share of families that discharged who completed a minimum of specified periods of service. (3 months, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months).
Proportion of families who complete program by racial/ethnic and geographic characteristics.
<i>Short-term Outcomes</i>
Share of families with a new case opened to DCYF, or a new report of maltreatment, within six months after discharge.
Share of children who enter out-of-home placement within six months after discharge (incl. breakdown of placement type).
Share of children who enter any form of out-of-home placement within 12 months of discharge:
Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
 - 1.1. 61.5% Federal funds from:
 - 1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC43595.
 - 1.1.2. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC46878.
 - 1.1.3. American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC41935.
 - 1.1.4. American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC45263.
 - 1.1.5. New Hampshire Initiative to Address COVID-19 Health Disparities, as awarded on May 27, 2021, by the DHHS Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH75OT000031.
 - 1.1.6. Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, CFDA 93.658, FAIN 2201NHFOST.
 - 1.2. 38.5% General funds.
2. For the purposes of this Agreement the Department has identified:
 - 2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
 - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
4. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
5. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

6. Audits

6.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

6.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

6.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.

6.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

6.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

6.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

6.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

6.4. In addition to, and not in any way in limitation of obligations of the Agreement, 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 Agreement to which exception has been taken, or which have been disallowed because of such an exception.

A. Payment Terms Respective to Traditional Home Visiting Services for the Division of Public Health Services (DPHS):

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

the approved line items, as specified in Exhibits C-1, Budget through C-10, Budget.

8. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:

8.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.

8.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.

8.3. Identifies and requests payment for allowable costs incurred in the previous month.

8.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

8.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.

8.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSCContractBilling@dhhs.nh.gov or mailed to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

B. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for direct services:

9. Payment shall be for services provided in fulfillment of this Agreement, as specified in Exhibit B, Scope of Work Section 3.4, and in accordance with the following:

9.1. **Weekly Rate:** For the purposes of this Agreement, a weekly rate shall be paid in the amount of \$404.39 per client (family) once per week.

9.2. Payment shall be made on a monthly basis and follow a process determined by the Department.

9.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	\$89,168
SFY 2024	\$108,983

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1/5/2023

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

SFY 2025	\$54,711
Sub-Total	\$252,862

9.4. The Contractor shall submit non-clinical expenses via the Website: <https://business.nh.gov/beb/PaOes/Index.asDx>.

9.5. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

C. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for administrative services:

10. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure each invoice is completed, dated and returned to the Department in order to initiate payment.

10.1. Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	\$74,965
2024	\$109,862
2025	\$0*
Sub-Total	\$184,827
*The Contractor will only bill for direct services in SFY 25.	

10.2. In lieu of hard invoice copies, all invoices may be assigned an electronic signature and emailed to DCYFInvoices@dhhs.nh.gov, or invoices may be mailed to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

10.3. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

New Hampshire Department of Health and Human Services	
Contractor Name: <i>The Family Resource Center at Gorham</i>	
<i>Home Visiting Services -</i>	
Budget Request for: <i>Home Visiting Formula Grant</i>	
Budget Period: <i>SFY 2023 (10/01/2022 - 06/30/2023)</i>	
Indirect Cost Rate (if applicable): <i>9%</i>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	157731.00
2. Fringe Benefits	34932.00
3. Consultants	4500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	5000.00
5.(a) Supplies - Educational	
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	2000.00
6. Travel	15000.00
7. Software	999.73
8. (a) Other - Marketing/ Communications	1000.00
8. (b) Other - Education and Training	5000.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	12000.00
Other (Liability Insurance)	1200.00
Other (Postage)	300.00
Other (Audit & Legal)	1200.00
Other (Telephone)	3000.00
Other (Annual Fees)	1800.00
9. Subrecipient Contracts	0.00
Total Direct Costs	245662.73
Total Indirect Costs	24066.27
TOTAL	269729.00

Contractor Initials: PS

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
Home Visiting Services -	
Budget Request for: <u>Home Visiting Formula Grant</u>	
Budget Period: <u>SFY 2024 (07/01/2023 - 06/30/2024)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	252236.00
2. Fringe Benefits	56052.00
3. Consultants	5000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	500.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	715.64
6. Travel	5000.00
7. Software	150.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	550.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	14000.00
Other (Liability Insurance)	2000.00
Other (Postage)	400.00
Other (Telephone)	4000.00
Other (Audit & Legal)	1500.00
Other (Annual Fees)	1800.00
9. Subrecipient Contracts	0.00
Total Direct Costs	344003.64
Total Indirect Costs	34350.36
TOTAL	378354.00

Contractor Initials: PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
Home Visiting Services -	
Budget Request for: <u>Home Visiting Formula Grant</u>	
Budget Period: <u>SFY 2025 (07/01/2024 - 09/30/2024)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	71389.09
2. Fringe Benefits	5098.00
3. Consultants	2572.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	250.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab.	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	250.00
6. Travel	1000.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	100.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	2500.00
Other (Telephones)	700.00
Other (Liability Insurance)	0.00
Other (Annual Fees)	100.00
Other (Audit)	100.00
Other (Postage)	50.00
9. Subrecipient Contracts	0.00
Total Direct Costs	84189.09
Total Indirect Costs	8393.91
TOTAL	92583.00

Contractor Initials: PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services.	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
Home Visiting Services -	
Budget Request for: <u>ARP - MIEC Home Visiting</u>	
Budget Period: <u>SFY 2023 (10/01/2022 - 06/30/2023)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	45809.00
2. Fringe Benefits	3272.00
3. Consultants	4000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	500.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	431.73
6. Travel	5000.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	100.00
8. (c) Other - Other (specify below)	
Other (audit)	100.00
Other (Occupancy)	3000.00
Other (Telephone)	200.00
Other (please specify)	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	62512.73
Total Indirect Costs	6201.27
TOTAL	68714.00

Contractor Initials: PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
Home Visiting Services -	
Budget Request for: <u>ARP - MIEC Home Visiting</u>	
Budget Period: <u>SFY 2024 (07/01/2023 - 06/30/2024)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	33124.00
2. Fringe Benefits	2279.00
3. Consultants	1679.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	300.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	499.82
6. Travel	2000.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	200.00
8. (b) Other - Education and Training	300.00
8. (c) Other - Other (specify below)	
Other (occupancy)	4500.00
Other (audit)	300.00
Other (telephone)	300.00
Other (please specify)	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	45481.82
Total Indirect Costs	4518.18
TOTAL	50000.00

03
PS

Contractor Initials: _____

Date: 1/5/2023

New Hampshire Department of Health and Human Services
Contractor Name: The Family Resource Center at Gorham
Home Visiting Services -
Budget Request for: ARP - MEC Home Visiting
Budget Period: SFY 2025 (07/01/2024 - 09/30/2024)
Indirect Cost Rate (if applicable): 9%

Line Item:	Program Cost - Funded by DHHS
1. Salary & Wages	45567.70
2. Fringe Benefits	3395.03
3. Consultants	
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	0.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	100.00
6. Travel	1000.00
7. Software	100.00
8. (a) Other - Marketing/ Communications	0.00
8. (b) Other - Education and Training	100.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	1000.00
Other (Telephones)	100.00
Other (audit)	30.00
Other (please specify)	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	51392.73
Total Indirect Costs	5139.27
TOTAL	56532.00

Contractor Initials: PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <i>The Family Resource Center at Gorham</i>	
Home Visiting Services -	
Budget Request for: <i>Child Health, Health Div</i>	
Budget Period: <i>SFY 2023 (10/01/2022 - 06/30/2023)</i>	
Indirect Cost Rate (If applicable): 9%	
Line Item	Program Cost - Funded by OMHS
1. Salary & Wages	36000.00
2. Fringe Benefits	2389.00
3. Consultants	3000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	1200.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	1531.00
6. Travel	1650.00
7. Software	275.00
8. (a) Other - Marketing/ Communications	500.00
8. (b) Other - Education and Training	1000.00
8. (c) Other - Other (specify below)	
Other (occupancy)	3000.00
Other (Telephone)	500.00
Other (Audit & Legal)	100.45
Other (Dues & Fees)	100.00
9. Subrecipient Contracts	0.00
Total Direct Costs	51245.45
Total Indirect Costs	5004.55
TOTAL	56250.00

Contractor Initials: PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
Home Visiting Services -	
Budget Request for: <u>Child Health, Health Div</u>	
Budget Period: <u>SFY 2024 (07/01/2023 - 06/30/2024)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	56965.00
2. Fringe Benefits	4725.91
3. Consultants	500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	100.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	500.00
6. Travel	4000.00
7. Software	100.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	550.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	200.00
Other (Telephone)	300.00
Other (Audit)	
Other (Dues & Fees)	150.00
9. Subrecipient Contracts	0.00
Total Direct Costs	68190.91
Total Indirect Costs	6809.09
TOTAL	75000.00

Contractor Initials: PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
Home Visiting Services -	
Budget Request for: <u>Child Health, Health Div</u>	
Budget Period: <u>SFY 2025 (07/01/2024 - 09/30/2024)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS ¹
1. Salary & Wages	8498.00
2. Fringe Benefits	1120.00
3. Consultants	500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	250.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	500.00
6. Travel	3500.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	500.18
8. (b) Other - Education and Training	1500.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	1500.00
Other (Telephone)	700.00
Other (Annual Fees)	500.00
Other (please specify)	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	17068.18
Total Indirect Costs	1681.82
TOTAL	18750.00

Contractor Initials: PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
Home Visiting Services -	
Budget Request for: <u>PH COVID-19 Health Disparities</u>	
Budget Period: <u>SFY 2023 (10/01/2022 - 06/30/2023)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	58313.00
2. Fringe Benefits	4267.00
3. Consultants	3000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	2164.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	2000.00
6. Travel	4000.00
7. Software	500.00
8. (a) Other - Marketing/ Communications	200.00
8. (b) Other - Education and Training	2000.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	2000.00
Other (Phone)	200.00
Other (Postage)	200.00
Other (please specify)	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	78844.00
Total Indirect Costs	7668.00
TOTAL	86512.00

Contractor Initials: PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <i>The Family Resource Center of Cochran</i>	
Budget Request for: <i>Home Visiting Services</i>	
Budget Period: <i>SFY 2023 (1/1/23-6/30/23), 6 Months</i>	
Indirect Cost Rate (if applicable): <i>9.87%</i>	
Line Item	Program Cost - Funded by OHHS
1. Salary & Wages	31482.07
2. Fringe Benefits	7347.92
3. Consultants	2000.00
4. Equipment <small>Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.</small>	1000.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	2500.00
6. Travel	6958.56
7. Software	0.00
8.(a) Other - Marketing/Communications	1700.00
8.(b) Other - Education and Training	2500.00
8.(c) Other - Other (specify below)	
Other (Occupancy)	2200.00
Other (Phone)	1500.00
Other (Postage)	200.00
9. Subcontract Contracts	0.00
Total Direct Costs	67588.50
Total Indirect Costs	7388.50
TOTAL	74985.90

PS

Contractor Initials _____

Date 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center of Goffam</u>	
Budget Request for: <u>Home Visiting Services</u>	
Budget Period: <u>SFY 2024 (7/1/23-6/30/24) 12 Months</u>	
Indirect Cost Rate (if applicable): <u>0.77%</u>	
Line Item	Program Cost - Funded by DHHHS
1. Salary & Wages	60370.68
2. Fringe Benefits	10355.22
3. Consultants	4500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	2500.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	4500.00
6. Travel	10000.00
7. Software	
8.(a) Other - Marketing/ Communications	2500.00
8.(b) Other - Education and Training	4000.00
8.(c) Other - Other (specify below)	6500.00
Other (Occupancy)	2500.00
Other (Phone)	300.00
Other (Postage)	1500.00
Other (Liability Insurance)	0.00
9. Subrecipient Contracts	
Total Direct Costs	86175.90
Total Indirect Costs	10738.20
TOTAL	109841.00

Contractor Initials PS
 Date 1/5/2023



New Hampshire Department of Health and Human Services
Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5180 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 21681-21891), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

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

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

New Hampshire Department of Health and Human Services
Exhibit D



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

Vendor Name: The Family Resource Center at Gorham

1/5/2023

Date

Designated by:
Patricia Stolte

Name: PATRICIA STOLTE

Title: Executive Director

New Hampshire Department of Health and Human Services
Exhibit E



CERTIFICATION REGARDING LOBBYING

The Vendor 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-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: The Family Resource Center at Gorham

1/5/2023

Date

DocuSigned by:

Patricia Stolte

Name: Patricia stolte

Title: Executive Director

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PS

New Hampshire Department of Health and Human Services
Exhibit F



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

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

INSTRUCTIONS FOR CERTIFICATION

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

New Hampshire Department of Health and Human Services
Exhibit F



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 (1)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- 12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name: The Family Resource Center at Gorham

1/5/2023

Date

DocuSigned by:

Patricia Stoltz

Name: Patricia Stoltz

Title: Executive Director

DS
PS

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.

Exhibit G

Contractor Initials

PS

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

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

Contractor Name: The Family Resource Center at Gorham

DocuSigned by:

Patricia Stolte

Name: Patricia Stolte

Title: Executive Director

1/5/2023

Date

Exhibit G

Contractor Initials

PS

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

New Hampshire Department of Health and Human Services
Exhibit H



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: The Family Resource Center at Gorham

1/5/2023

Date

Designated by:

Patricia Stolte

Name: Patricia Stolte

Title: Executive Director

New Hampshire Department of Health and Human Services



Exhibit I

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

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

(1) Definitions.

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

New Hampshire Department of Health and Human Services



Exhibit I

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

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

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

3/2014

Contractor Initials

PS
Date 1/5/2023

New Hampshire Department of Health and Human Services



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

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

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

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

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

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

3/2014

Contractor Initials _____

Date 1/5/2023

New Hampshire Department of Health and Human Services



Exhibit I

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

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

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Contractor Initials

PS

Date 1/5/2023

New Hampshire Department of Health and Human Services



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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

New Hampshire Department of Health and Human Services



Exhibit I

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

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

Department of Health and Human Services
 The State of
 Patricia M. Tilley
 Signature of Authorized Representative
 Patricia M. Tilley
 Name of Authorized Representative
 Director
 Title of Authorized Representative
 1/6/2023
 Date

The Family Resource Center at Gorham
 Name of the Contractor
 Patricia Stolte
 Signature of Authorized Representative
 Patricia Stolte
 Name of Authorized Representative
 Executive Director
 Title of Authorized Representative
 1/5/2023
 Date

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 (UEI #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC,

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

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

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

Contractor Name: The Family Resource Center at Gorham

1/5/2023

Date

DocuSigned by:

Patricia Stolte

Name: PATRICIA STOLTE

Title: Executive Director

DS
PS

Contractor Initials

Date 1/5/2023

New Hampshire Department of Health and Human Services
Exhibit J



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

- The UEI (SAM.gov) number for your entity is: 019150817/50402
- In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

- 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:

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

Name: _____	Amount: _____

Contractor Initials: PS
Date: 1/5/2023

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

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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.).

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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 Department's 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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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/doi/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.

PS

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



- 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

PS

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

**State of New Hampshire
Department of Health and Human Services
Amendment #1**

This Amendment to the Home Visiting Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Waypoint ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on February 8, 2023 (Item #39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$5,654,171
2. Modify Exhibit C, Payment Terms Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 71% Federal funds from:
 - 1.1.1. 17% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the United States Department of Health and Human Services (US DHHS), Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.870, FAIN X10MC43595.
 - 1.1.2. 30% Maternal, Infant and Early Childhood Homevisiting Grant Program, as awarded on September 2, 2022, by the US DHHS, HRSA, ALN 93.870, FAIN X10MC46878.
 - 1.1.3. 3% American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC41935.
 - 1.1.4. 7% American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC45263.
 - 1.1.5. 7% New Hampshire Initiative to Address COVID-19 Health Disparities, as awarded on June 1, 2021, by the US DHHS, Centers for Disease Control and Prevention, ALN 93.391, FAIN NH75OT000031.
 - 1.1.6. 36% Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, by the US DHHS, ALN 93.658, FAIN 2201NHFOST.
 - 1.2. 27% General funds.
 - 1.3. 2% Other funds.
3. Modify Exhibit C, Payment Terms Section 7, to read:
 7. 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 items, as specified in Exhibits C-1, Budget through C-3, SFY 2025 Budget Sheet - Amendment #1.
4. Modify Exhibit C-2, SFY 2024 Budget Sheet, by replacing it in its entirety with Exhibit C-2, SFY 2024 Budget Sheet – Amendment #1, which is attached hereto and incorporated by reference

herein.

5. Modify Exhibit C-3, SFY 2025 Budget Sheet, by replacing it in its entirety with Exhibit C-3, SFY 2025 Budget Sheet – Amendment #1, which is attached hereto and incorporated by reference herein.

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

3/26/2024

Date

DocuSigned by:
Iain Watt
07708866F570467...
Name: Iain Watt
Title: Interim Director - DPHS

Waypoint

3/26/2024

Date

DocuSigned by:
Borja Alvarez de Toledo
2E8B...
Name: Borja Alvarez de Toledo
Title: president and CEO

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

OFFICE OF THE ATTORNEY GENERAL

3/27/2024

Date

DocuSigned by:
Robyn Guarino
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
Contractor Name: *Waypoint*
Budget Request for: *Home Visiting Services*
Budget Period: *G&C Approval - June 30, 2024*
Indirect Cost Rate (if applicable): 14.82%

Line Item	HOME VISITING FORMULA GNT AND GENERAL FUNDS	ARP - MIEC HOME VISITING
1. Salary & Wages	\$567,423	\$75,920
2. Fringe Benefits	\$170,227	\$22,776
3. Consultants	\$17,622	\$378
4. Equipment <i>Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.</i>		
5.(a) Supplies - Educational		
5.(b) Supplies - Lab		
5.(c) Supplies - Pharmacy		
5.(d) Supplies - Medical		
5.(e) Supplies Office		
6. Travel	\$27,600	\$7,400
7. Software	\$16,000	
8. (a) Other - Marketing/Communications		
8. (b) Other - Education and Training	\$15,000	
8. (c) Other - Other (specify below)		
Phones	\$17,051.00	
Occupancy	\$24,854	
Other (please specify)		
9. Subrecipient Contracts		
Total Direct Costs	\$855,777	\$106,474
Total Indirect Costs	\$148,905	\$18,526
Subtotals	\$1,004,682	\$125,000
TOTAL		\$1,129,682

DS
Blt

Contractor Initials: _____

Date: 4/17/2024

New Hampshire Department of Health and Human Services Contractor Name: <i>Waypoint</i> Budget Request for: <i>Home Visiting Services</i> Budget Period: <i>July 1, 2024 - September 30, 2024</i> Indirect Cost Rate (if applicable): 17.40%		
Line Item	HOME VISITING FORMULA GNT AND GENERAL FUNDS	ARP - MIEC HOME VISITING
1. Salary & Wages	\$154,704	\$94,863
2. Fringe Benefits	\$45,621	\$26,389
3. Consultants	\$3,500	
4. Equipment <i>Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.</i>		
5.(a) Supplies - Educational		
5.(b) Supplies - Lab		
5.(c) Supplies - Pharmacy		
5.(d) Supplies - Medical		
5.(e) Supplies Office		
6. Travel	\$4,500	
7. Software	\$4,005	
8. (a) Other - Marketing/Communications		
8. (b) Other - Education and Training		
8. (c) Other - Other (specify below)		
Organization Dues		
Occupancy	\$12,448	
Phones	\$810	
Other (please specify)		
9. Subrecipient Contracts		
Total Direct Costs	\$225,589	\$121,252
Total Indirect Costs	\$39,252	\$21,098
Subtotals	\$264,841	\$142,350
TOTAL		\$407,191

DS
BAT

Contractor Initials: _____

Date: 4/17/2024

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that WAYPOINT is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on September 25, 1914. 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: 62585

Certificate Number: 0006363884



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 28th day of December A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State



CERTIFICATE OF VOTE

I, MARK C. ROUVALIS, Board Chair, do hereby certify that:

1. I am a duly elected Officer of WAYPOINT.
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Agency duly held on 12/4/18:

RESOLVED: That this corporation enters into a contract with the State of New Hampshire, and any of its Agencies or Departments.

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

BORJA ALVAREZ DE TOLEDO is the duly elected PRESIDENT/CEO of the Agency.

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.

3/11/24
Date


Mark C. Rouvalis



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/14/2024

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 Cross Insurance-Manchester 1100 Elm Street Manchester NH 03101	CONTACT NAME: Stephanie Peffer PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: manch.certs@crossagency.com
INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A: Philadelphia Indemnity Ins Co NAIC # 18058
Waypoint Po Box 448 Manchester NH 03105	INSURER B: Granite State Health Care and Human Services Self- INSURER C: Travelers Cas. & Surety Co of America 31194 INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 23-24 All 24-25 WC **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Professional Liability			PHPK2570618	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOP AGG \$ 3,000,000 Each incident \$1M \$ 3,000,000 - agg
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			PHPK2570610	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB869967	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	HCHS20240000576 (3a.) NH	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Fidelity & Forgery			105912196	04/01/2024	04/01/2027	Limit \$500,000 Deductible \$5,000

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

Refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER

CANCELLATION

NH Department of Health and Human Services 129 Pleasant Street Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---



WAYPOINT

Help Along the Way

Formerly
CHILD AND FAMILY SERVICES

MISSION STATEMENT:

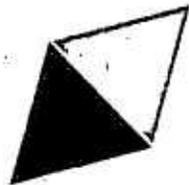
Empowering people of all ages through an array of human services and advocacy



HEADQUARTERS

toll free (800) 540.5186
office (603) 518.4000
fax (603) 668.6260

464 Chestnut Street
PO Box 448
Manchester, NH 03105
waypointnh.org



WAYPOINT

Help Along the Way

WAYPOINT

Consolidated Financial Statements and Supplementary Information
For the Year Ended December 31, 2022

(With Independent Auditor's Report Thereon)

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Waypoint

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the consolidated financial statements of Waypoint, which comprise the consolidated statement of financial position as of December 31, 2022, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of Waypoint as of December 31, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Waypoint and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about

Merrimack, New Hampshire
Andover, Massachusetts
Greenfield, Massachusetts
Ellsworth, Maine



Waypoint's ability to continue as a going concern for one year after the date that the consolidated financial statements are issued.

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Waypoint's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Waypoint's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.



Report on Summarized Comparative Information

We have previously audited Waypoint's 2021 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated April 12, 2022. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2021 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The Consolidated Schedules of Operating Expenses for 2022 and 2021 are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated May 10, 2023 on our consideration of Waypoint's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Waypoint's internal control over financial reporting and compliance.

A handwritten signature in cursive script that reads 'Melanson'.

Merrimack, New Hampshire
May 10, 2023

WAYPOINT

Consolidated Statement of Financial Position
December 31, 2022
(with comparative totals as of December 31, 2021)

	2022		2021 Total	2021 Total
	Without Donor Restrictions	With Donor Restrictions		
Assets				
Current Assets:				
Cash and cash equivalents	\$ 712,445	\$ -	\$ 712,445	\$ 1,337,022
Restricted cash	76,756	-	76,756	74,103
Accounts receivable, net	801,732	-	801,732	650,657
Grants receivable	1,274,880	-	1,274,880	639,234
Prepaid expenses	587,001	-	587,001	311,664
Total Current Assets	3,452,814	-	3,452,814	3,012,680
Noncurrent Assets:				
Investments	14,896,850	3,671,919	18,568,769	23,526,432
Beneficial interest held in trusts	-	2,020,741	2,020,741	2,202,347
Property and equipment, net	10,105,143	-	10,105,143	6,677,229
Operating right-of-use asset, net	334,034	-	334,034	-
Total Noncurrent Assets	25,336,027	5,692,660	31,028,687	32,406,008
Total Assets	\$ 28,788,841	\$ 5,692,660	\$ 34,481,501	\$ 35,418,688
Liabilities and Net Assets				
Current Liabilities:				
Accounts payable	\$ 246,312	\$ -	\$ 246,312	\$ 290,378
Accrued payroll and related liabilities	891,489	-	891,489	598,828
Other liabilities	205,887	-	205,887	63,699
Current portion of bonds payable	175,000	-	175,000	165,000
Current portion of operating lease liability	175,381	-	175,381	-
Refundable advances	443,742	-	443,742	660,937
Total Current Liabilities	2,137,811	-	2,137,811	1,778,842
Noncurrent Liabilities:				
Bonds payable, net of current portion	3,355,167	-	3,355,167	3,590,000
Operating lease liability, net of current portion	160,212	-	160,212	-
Deferred loans - NHHFA	1,250,000	-	1,250,000	1,250,000
Interest rate swap agreements	399,935	-	399,935	993,557
Total Noncurrent Liabilities	5,165,314	-	5,165,314	5,833,557
Total Liabilities	7,303,125	-	7,303,125	7,612,399
Net Assets:				
Without donor restrictions	21,485,716	-	21,485,716	20,919,645
With donor restrictions	-	5,692,660	5,692,660	6,886,644
Total Net Assets	21,485,716	5,692,660	27,178,376	27,806,289
Total Liabilities and Net Assets	\$ 28,788,841	\$ 5,692,660	\$ 34,481,501	\$ 35,418,688

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

WAYPOINT

Consolidated Statement of Activities
For the Year Ended December 31, 2022
(with summarized comparative totals for the year ended December 31, 2021)

	2022		2022 Total	2021 Total
	Without Donor Restrictions	With Donor Restrictions		
Support and Revenue				
Support:				
Government grants	\$ 9,800,690	\$ -	\$ 9,800,690	\$ 8,916,060
Contributions	740,809	2,100,152	2,840,961	2,159,537
In-kind contributions	48,536	-	48,536	33,700
Special events:				
Gross revenue	224,603	392,352	616,955	443,686
Less cost of direct benefit to donors	<u>(153,690)</u>	<u>-</u>	<u>(153,690)</u>	<u>(56,246)</u>
Net special events revenue	70,913	392,352	463,265	387,440
Revenue:				
Service fees	6,200,380	-	6,200,380	5,511,187
Other income	40,684	-	40,684	21,655
Net Assets Released From Restrictions:				
Program releases	2,966,121	(2,966,121)	-	-
Endowment releases	89,703	(89,703)	-	-
Endowment Transfer to Support Operations	<u>842,559</u>	<u>-</u>	<u>842,559</u>	<u>643,173</u>
Total Support and Revenue	20,800,395	(563,320)	20,237,075	17,672,752
Operating Expenses				
Program services	15,261,737	-	15,261,737	13,488,186
Management and general	2,816,820	-	2,816,820	2,533,833
Fundraising	<u>795,129</u>	<u>-</u>	<u>795,129</u>	<u>647,250</u>
Total Operating Expenses	<u>18,873,686</u>	<u>-</u>	<u>18,873,686</u>	<u>16,669,269</u>
Change in Net Assets From Operations	1,926,709	(563,320)	1,363,389	1,003,483
Nonoperating Activities				
Investment income (loss), net	(3,647,593)	(449,057)	(4,096,650)	2,881,542
Unrealized gain (loss) on interest rate swap	593,622	-	593,622	289,196
Gain on the sale of asset	241,592	-	241,592	-
Change in beneficial interest	-	(413,854)	(413,854)	214,476
Interest income	4,744	-	4,744	1,249
Endowment transfer to support operations	(842,559)	-	(842,559)	(643,173)
Transfer of assets from Richie McFarland Children's Center (Note 21)	<u>2,289,556</u>	<u>232,247</u>	<u>2,521,803</u>	<u>-</u>
Total Nonoperating Activities	<u>(1,360,638)</u>	<u>(630,664)</u>	<u>(1,991,302)</u>	<u>2,743,290</u>
Change in Net Assets	566,071	(1,193,984)	(627,913)	3,746,773
Net Assets, Beginning of Year	<u>20,919,645</u>	<u>6,886,644</u>	<u>27,806,289</u>	<u>24,059,516</u>
Net Assets, End of Year	<u>\$ 21,485,716</u>	<u>\$ 5,692,660</u>	<u>\$ 27,178,376</u>	<u>\$ 27,806,289</u>

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

WAYPOINT

Consolidated Statement of Functional Expenses
For the Year Ended December 31, 2022
(with summarized comparative totals for the year ended December 31, 2021)

	2022			2022 Total	2021 Total
	Program Services	Management and General	Fundraising		
Personnel expense:					
Salaries and wages	\$ 8,769,046	\$ 1,441,503	\$ 508,864	\$ 10,719,413	\$ 9,650,270
Employee benefits	1,324,206	156,284	44,810	1,525,300	1,270,901
Retirement plan	92,034	20,467	8,898	121,399	101,614
Payroll taxes and other	874,069	112,764	39,253	1,026,086	885,256
Mileage reimbursement	360,146	9,703	1,747	371,596	236,673
Contracted services	648,579	370,654	160,215	1,179,448	1,309,317
Subtotal personnel expense	<u>12,068,080</u>	<u>2,111,375</u>	<u>763,787</u>	<u>14,943,242</u>	<u>13,454,031</u>
Accounting	75	51,055	-	51,130	35,380
Assistance to individuals	1,100,071	717	50,017	1,150,805	901,544
Communications	184,344	32,935	12,811	230,090	212,681
Conferences, conventions, meetings	132,818	49,868	2,628	185,314	100,827
Depreciation	320,715	170,620	8,600	499,935	458,709
Insurance	79,551	15,794	2,532	97,877	64,578
Interest	222,898	22,106	6,388	251,392	233,409
Legal	2,044	16,617	-	18,661	12,543
Membership dues	28,105	26,169	2,437	56,711	60,902
Miscellaneous	38,075	34,413	8,675	81,163	60,596
Occupancy	732,997	54,952	11,895	799,844	667,827
Printing and publications	29,688	29,232	67,493	126,413	70,853
Rental and equipment maintenance	157,766	174,987	8,806	341,559	247,684
Supplies	143,892	12,963	2,740	159,595	123,453
Travel	20,618	13,017	10	33,645	20,498
Total Expenses By Function	15,261,737	2,816,820	948,819	19,027,376	16,725,515
Less expenses included on the Statement of Activities:					
Cost of direct benefits to donors	<u>-</u>	<u>-</u>	<u>(153,690)</u>	<u>(153,690)</u>	<u>(56,246)</u>
Total Expenses Reported on the Statement of Activities	<u>\$ 15,261,737</u>	<u>\$ 2,816,820</u>	<u>\$ 795,129</u>	<u>\$ 18,873,686</u>	<u>\$ 16,669,269</u>

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

WAYPOINT

Consolidated Statement of Cash Flows
For the Year Ended December 31, 2022
(with comparative totals for the year ended December 31, 2021)

	2022	2021
Cash Flows From Operating Activities		
Change in net assets	\$ (627,913)	\$ 3,746,773
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	499,935	458,709
Disposals of fixed assets	242,906	(1,889)
Amortization of operating right-of-use assets	173,740	-
Contributions restricted for endowment	(71,249)	-
Realized (gain) loss on investments	(171,631)	(1,462,149)
Unrealized (gain) loss on investments	4,768,167	(1,028,032)
Change in beneficial interest in trusts	413,854	(214,476)
Change in interest rate swap	(593,622)	(289,196)
RMCC fixed assets and beneficial interest (Note 21)	(1,332,247)	-
Changes in operating assets and liabilities:		
Accounts receivable	(151,075)	(295,049)
Grants receivable	(635,646)	205,925
Prepaid expenses	(275,337)	(134,246)
Accounts payable	(44,066)	(30,492)
Accrued payroll and related liabilities	292,661	60,092
Other liabilities	142,188	(1,200)
Refundable advances	(217,195)	(1,868,372)
Operating lease liability	(172,182)	-
Net Cash Provided (Used) By Operating Activities	<u>2,241,288</u>	<u>(849,824)</u>
Cash Flows From Investing Activities		
Purchases of investments	(571,135)	(401,514)
Proceeds from sale of investments	932,262	697,285
Purchase of fixed assets	<u>(3,070,755)</u>	<u>(700,247)</u>
Net Cash Used By Investing Activities	<u>(2,709,628)</u>	<u>(404,476)</u>
Cash Flows From Financing Activities		
Contributions restricted for endowment	71,249	-
Proceeds from line of credit	-	4,841,239
Principal payments on line of credit	-	(4,841,239)
Payment of long-term debt	<u>(224,833)</u>	<u>(160,000)</u>
Net Cash Used By Financing Activities	<u>(153,584)</u>	<u>(160,000)</u>
Net Change in Cash and Cash Equivalents and Restricted Cash	<u>(621,924)</u>	<u>(1,414,300)</u>
Cash and Cash Equivalents, and Restricted Cash, Beginning of Year	<u>1,411,125</u>	<u>2,825,425</u>
Cash and Cash Equivalents, and Restricted Cash, End of Year	<u>\$ 789,201</u>	<u>\$ 1,411,125</u>
Supplemental Disclosure of Cash Flow Information:		
Cash paid during the year for interest	<u>\$ 251,392</u>	<u>\$ 233,409</u>
Supplemental Disclosure of Non-cash Investing Activity:		
RMCC fixed assets and beneficial interest (Note 21)	<u>\$ 1,332,247</u>	<u>\$ -</u>
As reported in the Consolidated Statement of Financial Position, cash balance consists of:		
Cash and cash equivalents	\$ 712,445	\$ 1,337,022
Restricted cash	<u>76,756</u>	<u>74,103</u>
Total cash, cash equivalents, and restricted cash	<u>\$ 789,201</u>	<u>\$ 1,411,125</u>

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

WAYPOINT

Notes to Consolidated Financial Statements For the Year Ended December 31, 2022

1. Organization

Waypoint (the Organization) is a nonprofit organization, founded in 1850, that currently aids more than 6,800 individuals, statewide, through an array of social services.

These services span the life cycle from prenatal to seniors, and can be grouped into the following categories:

Family Support

Nearly 2,700 individuals received assistance through the Early Childhood and Family Support programs. Parents received education and support to improve parenting, strengthen families, prevent child abuse and neglect, and ensure healthy development of children. Young children starting life at a disadvantage received critical services to ensure a good beginning and to optimize their chance for life-long success. Some of the programs focused on early childhood include:

Early Support and Services

The Early Support and Services program provides family-centered support and therapies to infants and toddlers who have developmental disabilities, delays, or are at risk of developmental delays. Services work to optimize babies' cognitive, physical, emotional and social development, and chance for success. Services are provided in the child's natural environment (home, day care, playground, etc.).

Home-Visiting Services

A number of different prevention programs are offered in the home during those critical early years of a child's life. A spectrum of services includes support to new mothers and those struggling to parent; services for children with chronic health conditions; prenatal services for babies being born at a disadvantage into low-income families; and programs to encourage positive early parent/child relationships and promote optimal early childhood development. Services are provided by nurses, social workers, developmental specialists, occupational therapists, health educators, and home visitors.

Partners in Health

Family Support Coordinators provide a variety of services to families who have a child with a chronic health condition. Services include identifying needs and helping access available resources, working with schools, insurance companies and health care providers and creating social and recreational opportunities with other families that share similar concerns.

The Children's Place and Parent Education Center

The Children's Place and Parent Education Center (TCP) in Concord, NH provides both educational and social programs and services to strengthen and enrich the lives of families with children, two months through six years old.

Family Preservation

The Organization contracts with the State of New Hampshire, the federal government, and insurance companies, to provide a continuum of services for children, adolescents, and young adults. Programs are delivered to 3,000 individuals in the home, schools, or community, and include mental health counseling and substance abuse treatment, as well as a complex system of family stabilization and preservation programs, child protection services, and services for at-risk youth. Some of the programs include:

Foster Care

The Organization works with the State of New Hampshire in placing children who have been rescued from dangerous home environments, into safe, stable, loving homes. The Organization recruits and supports foster families and works to facilitate permanency for each child.

Home Based Services

The Organization has a number of programs provided in the family home that are designed to help families who are struggling through daily life - where children are at risk. Services work to thwart domestic violence, rebuild families, and to improve family functioning. The Organization empowers families with the skills and resources they need to provide for their children and become self-sufficient.

Community Based Voluntary Services

The Organization works with families at risk to equip them with the skills and tools to overcome life challenges and prevent the need for state involvement. The program partners with families to recognize their strengths and find solutions to everyday problems by removing barriers, tailoring services to their needs, and enhancing access to resources and connections.

Runaway and Homeless Youth Services

The Organization is the sole provider of services for runaway and homeless youth in Manchester and the Seacoast. In 2022, over 700 individuals were served. A full spectrum of services features outreach to at-risk youth that includes survival aid on the streets and basic needs fulfillment at the drop-in center, as well as crisis intervention, educational and vocational advocacy, housing, and case management. The Organization operates the only shelter specifically for adults aged 18-24 who are experiencing or are at-risk of homelessness. The Organization also provides behavioral health and substance use counseling where needed. The Organization works with school systems, police, and other agencies in addressing the needs of New Hampshire's homeless youth.

Home Care

The Organization helps 460 seniors and individuals with chronic illness or disability to live at home safely and with dignity, and to maintain quality of life. Services are delivered by homemakers, companions, personal care service providers, and LNAs. The Organization's caregivers go to client homes to help with everything from cooking and cleaning to personal hygiene, medication reminders, mobility, travel to appointments, paying bills, help with daily tasks, and communication with family members.

Other Programs

The New Hampshire Children's Lobby

Established in 1971, the New Hampshire Children's Lobby is the advocacy wing of Waypoint. The program's mission is to improve the lives of children and families through legislative, judicial, and public policy initiatives. This combination of advocacy and direct service practice uniquely positions the Organization to serve the best interest of New Hampshire children.

Resources for Families Affected by Incarceration

A variety of programs and services are available that support the needs of incarcerated parents, their children, and the parents/caregivers of the child during the period of incarceration. This program is a partnership between Waypoint, New Hampshire Family Resource Centers, Family Connections Center-NHDOC and New Hampshire Jails.

2. Summary of Significant Accounting Policies

The following is a summary of significant accounting policies used in preparing and presenting the accompanying consolidated financial statements.

Basis of Financial Statement Presentation

The consolidated financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Change in Accounting Principle

ASU 2016-02, Leases

Effective January 1, 2022, the Organization adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 842, *Leases*. The Organization determines if an arrangement contains a lease at inception based on whether the Organization has the right to control the asset during the contract period and other facts and circumstances. The Organization elected the package of practical expedients permitted under the transition guidance within the new standard, which among other things, allowed it to carry forward the historical lease classification. The Organization elected the short-term lease recognition exemption for all leases that qualify. Consequently, for those leases that qualify, the Organization will not recognize right-of-use assets or lease liabilities on the Statement of Financial Position. The Organization generally does not have access to the rate implicit in the lease and, therefore, the Organization utilizes a risk-free rate as the discount rate.

The adoption of ASC 842 resulted in the recognition of right-to-use assets of \$507,774 and operating lease liabilities of \$507,774 as of January 1, 2022. Results for periods beginning prior to January 1, 2022 continue to be reported in accordance with the Organization's historical accounting treatment. The adoption of ASC 842 did not have a material impact on the Organization's results of operations and cash flows.

See *Summary of Significant Accounting Policies, Leases*, for further discussion of the effects of adopting ASC 842 on the Organization's significant accounting policies.

ASU 2020-07, Contributed Nonfinancial Assets

In 2022, the Organization retrospectively adopted Accounting Standards Update (ASU) 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. The new guidance requires nonprofit entities to present contributed nonfinancial assets as a separate line item in the Statement of Activities, apart from contributions of cash or other financial assets. The standard also increases the disclosure requirements around contributed nonfinancial assets, including disaggregating by category the types of contributed nonfinancial assets a nonprofit entity has received. Adoption of this standard did not have a significant impact on the financial statements, with the exception of increased disclosure.

Principles of Consolidation

The consolidated financial statements include Waypoint and Child and Family Realty Corporation, commonly controlled organizations. All inter-organization transactions have been eliminated. Unless otherwise noted, these consolidated entities are hereinafter referred to as "the Organization".

Comparative Financial Information

The accompanying consolidated financial statements include certain prior-year summarized comparative information in total, but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with GAAP. Accordingly, such information should be read in conjunction with the audited consolidated financial statements for the year ended December 31, 2021, from which the summarized information was derived.

Cash and Cash Equivalents

All cash and highly liquid financial instruments with original maturities of three months or less, and which are neither held for nor restricted by donors for long-term purposes, are considered to be cash and cash equivalents. Cash and highly liquid financial instruments invested for long-term purposes, including endowments that are perpetual in nature, are excluded from this definition.

Accounts Receivable

Accounts receivable consists primarily of noninterest-bearing amounts due for services and programs. The allowance for uncollectable accounts receivable is based on historical experience, an assessment of economic conditions, and a review of subsequent collections. Accounts receivable are written off when deemed uncollectable.

Grants Receivable

Grants receivable, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met. Amounts recorded as grants receivable represent cost-reimbursable contracts and grants, which the incurrence of allowable qualifying expenses and/or the performance of certain requirements have been met or performed. The allowance for uncollectible grants receivable is based on historical experience and a review of subsequent collections. Management has determined that no allowance is necessary.

Investments

Investment purchases are recorded at cost, or if donated, at fair value on the date of donation. Thereafter, investments are reported at their fair values in the Consolidated Statement of Financial Position. Net investment return/(loss) is reported in the Consolidated Statement of Activities and consists of interest and dividend income, realized and unrealized gains and losses, less external investment expenses.

The Organization maintains pooled investment accounts for its endowment. Realized and unrealized gains and losses are allocated to the individual endowments based on the relationship of the market value of each endowment to the total market value of the pooled investment accounts, as adjusted for additions to or deductions from those accounts, and taking into consideration donor restrictions related to the treatment of investment earnings.

Beneficial Interest Held in Trusts

The Organization is the beneficiary of perpetual charitable trusts. The beneficial interest in trusts is reported at its fair value, which is estimated as the fair value of the underlying trust assets. Distributions of income from trust assets are restricted as to use and are reported as increases in net assets with donor restrictions until expended in accordance with restrictions. The value of the beneficial interest in the trusts is adjusted annually for the change in its estimated fair value. Those changes in value are reported as increases in net assets with donor restrictions. The assets in the trusts will never be distributed to the Organization.

Property and Equipment

Property and equipment additions over \$5,000 are recorded at cost, if purchased, and at fair value at the date of donation, if donated. Depreciation is computed using the straight-line method over the estimated useful lives of the assets ranging from 5 to 50 years. When assets are sold or otherwise disposed of, the cost and related depreciation is removed, and any resulting gain or loss is included in the Consolidated Statement of Activities. Costs of

maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed. Assets not in service are not depreciated.

The carrying values of property and equipment are reviewed for impairment whenever events or circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. When considered impaired, an impairment loss is recognized to the extent carrying value exceeds the fair value of the asset. There were no indicators of asset impairment in 2022 or 2021.

Leases

The Organization is a lessee in several noncancellable operating leases, for office space and equipment. The Organization determines if an arrangement is a lease, or contains a lease, at inception of a contract and when the terms of an existing contract are changed. The Organization recognizes a lease liability and a right-of-use (ROU) asset at the commencement date of the lease. The lease liability is initially and subsequently recognized based on the present value of its future lease payments. Variable payments are included in the future lease payments when those variable payments depend on an index or a rate. The Organization generally does not have access to the rate implicit in the lease and, therefore, the Organization utilizes a risk-free rate as the discount rate at the lease commencement date for all classes of underlying assets. The ROU asset is subsequently measured throughout the lease term at the amount of the remeasured lease liability (i.e., present value of the remaining lease payments), plus unamortized initial direct costs, plus (minus) any prepaid (accrued) lease payments, less the unamortized balance of lease incentives received, and any impairment recognized. Lease cost for lease payments is recognized on a straight-line basis over the lease term.

The Organization has elected, for all underlying classes of assets, to not recognize ROU assets and lease liabilities for short-term leases that have a lease term of 12 months or less at lease commencement, and do not include an option to purchase the underlying asset that the Organization is reasonably certain to exercise. The Organization recognizes lease costs associated with short-term leases on a straight-line basis over the lease term.

The Organization has lease agreements with lease and non-lease components, which are generally accounted for separately. The Organization has elected, for all underlying classes of assets, to account for each separate lease component of a contract and its associated non-lease components (repairs and maintenance) as a single lease component. For arrangements accounted for as a single lease component, there may be variability in future lease payments as the amount of the non-lease components is typically revised from one period to the next. These variable lease payments are recognized in operating expenses in the period in which the obligation for those payments was incurred.

Interest Rate Swap

An interest rate swap is utilized to mitigate interest rate risk on bonds payable. The related liability is reported at fair value in the Consolidated Statement of Financial Position, and unrealized gains or losses are included in the Consolidated Statement of Activities.

Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor-imposed restrictions.

Net Assets Without Donor Restrictions

Net assets available for use in general operations and not subject to donor (or certain grantor) imposed restrictions. The Board has designated, from net assets without donor restrictions, net assets for a board-designated endowment.

Net Assets With Donor Restrictions

Net assets subject to donor (or certain grantor) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity while permitting the Organization to expend the income generated by the assets in accordance with the provisions of additional donor-imposed stipulations or a Board approved spending policy. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. The Organization recognizes revenue from contributions and grants that were initially conditional, which became unconditional with restrictions during the reporting period, and for which those restrictions were met during the reporting period, as net assets without donor restrictions.

Revenue and Revenue Recognition

A portion of the Organization's revenue is derived from cost-reimbursable contracts and 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 refundable advances in the Consolidated Statement of Financial Position.

The Organization recognizes contributions when cash, securities or other assets; an unconditional promise to give; or a notification of a beneficial interest is received. Conditional promises to give - that is, those with a measurable performance or other barrier and a right of return - are not recognized until the conditions on which they depend have been met.

The Organization records special events revenue equal to the fair value of direct benefits to donors, and contribution income for the excess received when the event takes place.

Revenues derived from providing program services are recognized as the services are provided. Program service fees paid in advance are deferred to the period to which they relate. All other amounts paid in advance are deferred to the period in which the underlying event or rental takes place. Due to the nature and timing of the performance and/or transfer of services, certain contract liabilities at December 31 of each year are recognized in the following year.

Donated Services and In-Kind Contributions

Volunteers contribute significant amounts of time to program services, administration, and fundraising and development activities; however, the financial statements do not reflect the value of these contributed services because they do not meet recognition criteria prescribed by GAAP. GAAP allows recognition of contributed services only if (a) the services create or enhance nonfinancial assets or (b) the services would have been purchased if not provided by contribution, require specialized skills, and are provided by individuals possessing those skills. Donated professional services are recorded at the respective fair values of the services received. Contributed goods are recorded at fair value at the date of donation and as expenses when placed in service or distributed. Donated use of facilities is reported as a contribution and as an expense at the estimated fair value of similar space for rent under similar conditions. If the use of the space is promised unconditionally for a period greater than one year, the amount is reported as a contribution and an unconditional promise to give at the date of the gift, and the expense is reported over the term of use.

Advertising Costs

Advertising costs are expensed as incurred and are reported in the Consolidated Statement of Activities and Consolidated Statement of Functional Expenses.

Functional Allocation of Expenses

The costs of program and supporting services activities have been summarized on a functional basis in the Consolidated Statement of Activities. The Consolidated Statement of Functional Expenses presents the natural classification detail of expenses by function.

The consolidated financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salary and benefits, which are allocated based on time and effort estimates, and occupancy costs and depreciation which are allocated based on personnel count at the location.

Measure of Operations

The Consolidated Statement of Activities reports all changes in net assets, including changes in net assets from operating and nonoperating activities. Operating activities consist of those items attributable to the Organization's ongoing programs and services and include the

Organization's annual endowment transfer to support operations. Nonoperating activities are limited to resources outside of those programs and services and are comprised of non-recurring gains and losses on sales and dispositions, investment income, and changes in the value of beneficial interests and interest rate swaps.

Income Taxes

Waypoint has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code (IRC) Section 501(a) as an organization described in IRC Section 501(c)(3), qualifies for charitable contribution deductions, and has been determined not to be a private foundation. Child and Family Realty Corporation is exempt from federal income tax under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(25).

Each entity is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, each is subject to income tax on net income that is derived from business activities that are unrelated to their exempt purpose.

Estimates

The preparation of consolidated financial statements in conformity with 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 consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results may differ from those estimates.

Financial Instruments and Credit Risk

Deposit concentration risk is managed by placing cash deposits with financial institutions believed to be creditworthy. At times, amounts on deposit may exceed insured limits. To date, no losses have been experienced in any of these accounts. Credit risk associated with receivables is considered to be limited due to high historical collection rates. Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the Consolidated Statement of Financial Position. Although the fair values of investments are subject to fluctuation on a year-to-year basis, the Investment Committee believes that the investment policies and guidelines are prudent for the long-term welfare of the Organization.

Fair Value Measurements and Disclosures

Certain assets and liabilities are reported at fair value in the consolidated financial statements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction in the principal, or most advantageous, market at the measurement date under current market conditions regardless of whether that price is directly observable or estimated using another valuation technique. Inputs used to determine fair value refer broadly to the assumptions that market participants would use in pricing the

asset or liability, including assumptions about risk. Inputs may be observable or unobservable. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability based on the best information available. A three-tier hierarchy categorizes the inputs as follows:

- Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities that are accessible at the measurement date.
- Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability, and market-corroborated inputs.
- Level 3 – Unobservable inputs for the asset or liability. In these situations, inputs are developed using the best information available in the circumstances.

In some cases, the inputs used to measure the fair value of an asset or a liability might be categorized within different levels of the fair value hierarchy. In those cases, the fair value measurement is categorized in its entirety in the same level of the fair value hierarchy as the lowest level input that is significant to the entire measurement. Assessing the significance of a particular input to entire measurement requires judgment, taking into account factors specific to the asset or liability. The categorization of an asset or liability within the hierarchy is based upon the pricing transparency of the asset or liability and does not necessarily correspond to the assessment of the quality, risk, or liquidity profile of the asset or liability.

New Accounting Standards to be Adopted in the Future

Credit Losses

In June 2016, the FASB issued ASU 2016-13, *Measurement of Credit Losses on Financial Instruments*. The ASU requires a financial asset (including trade receivables) measured at amortized cost basis to be presented at the net amount expected to be collected. Thus, the Statement of Activities will reflect the measurement of credit losses for newly recognized financial assets as well as the expected increases or decreases of expected credit losses that have taken place during the period. This ASU will be effective for the Organization for the year ending December 31, 2023. The Organization is currently in the process of evaluating the impact of adoption of this ASU on the consolidated financial statements.

3. Liquidity and Availability

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the date of the Consolidated Statement of Financial Position, were comprised of the following at December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Financial assets at year end:		
Cash and cash equivalents	\$ 712,445	\$ 1,337,022
Restricted cash	76,756	74,103
Accounts receivable, net	801,732	650,657
Grants receivable	1,274,880	639,234
Investments	18,568,769	23,526,432
Beneficial interest held in trusts	<u>2,020,741</u>	<u>2,202,347</u>
Total financial assets	23,455,323	28,429,795
Less amounts not available to be used within one year:		
Restricted cash not available for general expenditure	76,756	74,103
Net assets with donor restrictions	5,692,660	6,886,644
Less:		
Net assets with purpose restrictions to be met in less than a year	(1,133,668)	(1,678,535)
Donor-restricted endowment subject to spending policy rate and appropriation	(73,998)	(120,230)
Board-designated endowment	14,896,850	18,842,135
Less:		
Board-designated endowment annual spending policy rate and appropriation	<u>(868,594)</u>	<u>(541,770)</u>
Total amounts not available to be used within one year	<u>18,590,006</u>	<u>23,462,347</u>
Financial assets available to meet general expenditures over the next year	<u>\$ 4,865,317</u>	<u>\$ 4,967,448</u>

Endowment funds consist of donor-restricted endowments and funds designated by the Board to function as endowments. Income from donor-restricted endowments is restricted for specific purposes. The portion of endowment funds that are perpetual in nature are not available for general expenditure.

The board-designated endowment is subject to an annual spending rate as determined by the Board. Although there is no intention to spend from the board-designated endowment (other than amounts appropriated for general expenditure as part of the Board's annual budget approval and appropriation), these amounts could be made available if necessary.

As part of its liquidity management plan, the Organization also has a \$1,500,000 revolving line of credit available to meet cash flow needs.

4. Accounts Receivable

Accounts receivable consisted of the following at December 31, 2022 and 2021:

	2022			2021		
	Receivable	Allowance	Net	Receivable	Allowance	Net
Fees for service	\$ 802,032	\$ (300)	\$ 801,732	\$ 650,957	\$ (300)	\$ 650,657
Total	\$ 802,032	\$ (300)	\$ 801,732	\$ 650,957	\$ (300)	\$ 650,657

5. Prepaid Expenses

Prepaid expenses at year-end relate primarily to prepaid insurance and contracts.

6. Investments

Investments measured at fair value on a recurring basis consisted of mutual funds totaling \$18,568,769 and \$23,526,432 at December 31, 2022 and 2021, respectively. During 2022 and 2021, the Organization recognized \$(4,596,536) and \$2,490,181, respectively, of net gains and losses on investments. Of those amounts, \$(4,596,536) and \$2,490,181 was recognized on investments of equity securities held at December 31, 2022 and 2021, respectively.

Under the terms of the Organization's line of credit agreement (Note 9), the Organization has agreed not to pledge these investments as security on any other debt.

The Organization's policy is to avail itself of a Board-approved percentage of investment income for operations with any remaining interest, dividends, or appreciation reinvested. The spending policy approved by the Board of Trustees is a percentage of the average total endowment value over the previous twelve quarters, with a 1% contingency margin. In 2022, the approved rate was 5.00%. In 2021, the approved rate was 4.00% from January through September and 5.00% thereafter.

As discussed in Note 2 to these consolidated financial statements, the Organization is required to report its fair value measurements in one of three levels, which are based on the ability to observe in the marketplace the inputs to the Organization's valuation techniques. Level 1, the most observable level of inputs, is for investments measured at quoted prices in active markets for identical investments. Level 2 is for investments measured using inputs such as quoted prices for similar assets, quoted prices for the identical asset in inactive markets, and for investments measured at net asset value that can be redeemed in the near

term. Level 3 is for investments measured using inputs that are unobservable, and is used in situations for which there is little, if any, market activity for the investment.

The Organization uses the following method to determine the fair value of its investments:

Mutual funds: Level 1 as determined by the published value per unit at the end of the last trading day of the year, which is the basis for transactions at that date.

7. Beneficial Interest Held in Trusts

The Organization is the sole beneficiary of four funds that are administered by the New Hampshire Charitable Foundation (NHCF). Income from the funds is to provide assistance to children attending camp and for capital improvements to the camp, and to support the Early Supports and Services program based in the Stratham office. The fund's resolutions provide that distributions from the funds can be made at the discretion of the NHCF Board of Directors.

At December 31, 2022 and 2021, the fair market value of the funds, which approximates the present value of future benefits expected to be received, was \$1,152,876 and \$1,112,493, respectively.

In addition, the Organization has a split-interest in three charitable remainder trusts. The assets are held in trust by banks as permanent trustees of the trusts. The fair value of these beneficial interests is determined by applying the Organization's percentage interest to the fair value of the trust assets as reported by the trustee.

<u>Trust</u>	<u>Percentage Interest</u>	<u>2022</u>	<u>2021</u>
Greenleaf	100%	\$ 335,096	\$ 415,006
Spaulding	100%	300,889	380,406
Cogswell	50%	231,880	294,442
Total		<u>\$ 867,865</u>	<u>\$ 1,089,854</u>

Beneficial interest held in trusts is reported at fair value, which is estimated as the present value of expected future cash inflows on a recurring basis. As discussed in Note 2, the valuation technique used by the Organization is a Level 3 measure because there are no observable market transactions.

8. Property and Equipment

Property and equipment was comprised of the following at December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Land and land improvements	\$ 958,884	\$ 943,800
Buildings and improvements	10,995,856	7,376,874
Furniture, fixtures, and equipment	962,064	908,672
Vehicles	68,761	86,019
Software	503,924	503,924
Construction in progress	15,220	426,668
Assets held for sale (Camp Spaulding)	<u>2,069,667</u>	<u>2,069,667</u>
Subtotal	15,574,376	12,315,624
Less accumulated depreciation	<u>(5,469,233)</u>	<u>(5,638,395)</u>
Total	<u>\$ 10,105,143</u>	<u>\$ 6,677,229</u>

9. Line of Credit

The Organization has a \$1,500,000 revolving line of credit agreement with a bank, which is payable on demand. The line is secured by a first lien on accounts receivable, double negative pledge on all investments of the borrower, and carries a variable rate of interest at the Wall Street Journal prime rate (7.5% at December 31, 2022), adjusted daily. At December 31, 2022 and 2021, there was no outstanding balance on this line of credit.

10. Bonds Payable

During 2007, the New Hampshire Health and Education Facilities Authority (the "Authority") sold \$5,540,000 of its Revenue Bonds, Child and Family Services Issue, Series 2007, and loaned the proceeds of the bonds to the Organization to refund its Series 1999 Series Bonds and to finance certain improvements to the Organization's facilities. The Series 2007 Bonds were issued with a variable interest rate determined on a weekly basis. Prior to issuing the Bonds, the Organization entered into an interest rate swap agreement (the "Swap Agreement") with Citizens Bank of NH (the "Counterparty") for the life of the bond issue to hedge the interest rate risk associated with the Series 2007 Bonds. The interest rate swap agreement requires the Organization to pay the Counterparty a fixed rate of 3.915%; in exchange, the Counterparty will pay the Organization a variable rate on the notional amount based on the 67% of one month LIBOR. Counterparty payments to the Organization were intended to offset Organization payments of variable rate interest to bondholders. Counterparty credit worthiness and market variability can impact the variable rates received and paid by the Organization, with the potential of increasing Organization interest payments. As a result, the cost of the interest rate swap for 2022 and 2021 is added to interest

expense in the Consolidated Statement of Functional Expenses. The bonds mature in 2038 and can be repaid at any time.

The Organization is required to include the fair value of the swap in the Consolidated Statement of Financial Position, and annual changes, if any, in the fair value of the swap in the Consolidated Statement of Activities. For example, during the bond's 30-year holding period, the annually calculated value of the swap will be reported as an asset if interest rates increase above those in effect on the date of the swap was entered into (and as an unrealized gain in the Consolidated Statement of Activities), which will generally be indicative that the net fixed rate the Organization is paying on the swap is below market expectations of rates during the remaining term of the swap. The swap will be reported as a liability (and as an unrealized loss in the Consolidated Statement of Activities) if interest rates decrease below those in effect on the date the swap was entered into, which will generally be indicative that the net fixed rate the Organization is paying on the swap is above market expectations of rates during the remaining term of the swap. The annual accounting adjustments of value changes in the swap transaction are non-cash recognition requirements, the net effect of which will be zero at the end of the bond's 30-year term. At December 31, 2022 and 2021, the Organization recorded the swap liability position of \$399,395 and \$993,557, respectively. During 2009, there occurred a downgrading of the credit rating of the Counterparty to the letter of credit reimbursement agreement, which triggered a mandatory tender of the Series 2007 Bonds in whole and a temporary conversion of one hundred percent of the principal amount to a bank purchase mode under the terms of said letter of credit reimbursement agreement. Since it became evident that the credit markets would not soon return to normalcy, the Organization elected to convert the Series 2007 Bonds from a weekly rate mode to a bank purchase mode. This new bank purchase mode created a rate period in which the Series 2007 Bonds bear interest at the tax adjusted bank purchase rate of 68% of the sum of the adjusted period LIBOR (30 day) rate and 325 basis points. The bank purchase mode commenced on July 31, 2009 and expired on July 31, 2014; however, the expiration date was extended by the Counterparty and the Organization had the option to convert back to the weekly rate mode. The Series 2007 Bond documents require the Organization to comply with certain financial covenants. As of December 31, 2022, the Organization was in compliance with these covenants.

The following is a summary of future payments on the previously mentioned bonds payable:

<u>Year</u>	<u>Amount</u>
2023	\$ 175,000
2024	180,000
2025	195,000
2026	200,000
2027	205,000
Thereafter	<u>2,575,167</u>
Total	\$ <u>3,530,167</u>

11. Leases

The Organization rents property and equipment under non-cancelable operating lease agreements with monthly payments ranging from \$1,430 to \$3,229. The leases expire at various dates through October 2025.

While all agreements provide minimum lease payments, some include payments adjusted for inflation or variable common area maintenance charges. Variable payments are not determinable at the lease commencement and are not included in the measurement of lease assets and liabilities. The lease agreements do not include any material residual value guarantees or restrictive covenants.

The components of operating lease expense that are included in the Statement of Activities for the year ended December 31, 2022 were as follows:

Fixed lease cost	\$ 176,300
Variable lease cost	57,396
Short-term lease cost	<u>14,000</u>
Total lease cost	\$ <u>247,696</u>

During the year ended December 31, 2022, the Organization had the following cash and non-cash activities related to operating leases:

Cash paid for amounts included in the measurement of lease liabilities:	
Operating cash flows for operating leases	\$ 176,600
Non-cash investing and financing activities:	
Lease assets obtained in exchange for lease liabilities:	
Operating leases	\$ 507,774

Weighted average lease term and discount rate at December 31, 2022, were as follows:

Weighted average remaining lease term (years)	2.14
Weighted average discount rate	1.04%

Future payments due under operating leases as of December 31, 2022, were as follows for the years ending December 31:

2023	\$ 178,096
2024	115,716
2025	<u>45,900</u>
Total lease payments	339,712
Less imputed interest	<u>4,119</u>
Present value of lease liabilities	<u>\$ 335,593</u>

Rent expense, as previously defined under FASB ASC 840, for all operating leases was \$227,552 for the year ended December 31, 2021.

12. Refundable Advances

Refundable advances totaling \$443,742 and \$660,937 at December 31, 2022 and 2021, respectively, primarily include grant funds received in advance from the New Hampshire Department of Health and Human Services for community-based voluntary services and American Rescue Plan Act funds. Revenues will be recognized as the conditions of the grants are met.

13. Deferred Loans - NHHFA

Deferred loans at December 31, 2022 and 2021 were comprised of the following:

Note payable to the New Hampshire Housing and Finance Authority (NHHFA) dated June 7, 2005. The face amount of the note is \$550,000, does not require the payment of interest, and is due in 30 years. The note is secured by real estate located in Dover, New Hampshire. In line with the regulatory agreement related to the note payable, the Organization has remitted to NHHFA funds to establish an operating and replacement reserve. The balance of this reserve is reported as restricted cash on the Consolidated Statement of Financial Position. The restricted cash balance related to this note as of December 31, 2022 and 2021 totaled \$33,336 and \$32,102, respectively.

Note payable to the New Hampshire Housing and Finance Authority dated May 22, 2007. The face amount of the note is \$700,000, does not require the payment of interest, and is due in 30 years. The note is secured by real estate located in Manchester, New Hampshire. In line with the regulatory agreement related to the note payable, the Organization has remitted to NHHFA funds to establish an operating and replacement reserve. The balance of this reserve is reported as restricted cash on the Consolidated Statement of Financial Position. The restricted cash balance as of December 31, 2022 and 2021 related to this note totaled \$43,420 and \$42,001, respectively.

14. Endowment Funds

Types of Funds

The Organization's endowment consists of various individual funds established for a variety of purposes. The endowment includes both donor-restricted funds and funds designated by the Board of Trustees to function as endowments. As required by GAAP, net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Board-Designated Endowment

As of December 31, 2022 and 2021, the Board of Trustees had designated \$14,896,850 and \$18,842,135 respectively, of net assets without donor restrictions as a general endowment fund to support the mission of the Organization.

Donor-Designated Endowments

The Board of Trustees of the Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date for donor-restricted perpetual endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as perpetually restricted net assets (a) the original value of gifts donated to the endowment,

(b) the original value of subsequent gifts to the endowment, and (c) accumulations to the endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added. The remaining portion of the donor-restricted endowment fund that is not classified as perpetually restricted is classified as net assets with donor restrictions until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Organization, and (7) the Organization's investment policies.

Funds with Deficiencies

The Organization considers a fund to be underwater if the fair value of the fund is less than the sum of (a) the original value of initial and subsequent gift amounts donated to the fund and (b) any accumulations to the fund that are required to be maintained in perpetuity in accordance with the direction of the applicable donor gift instrument. The Organization complies with UPMIFA and has interpreted UPMIFA to permit spending from underwater funds in accordance with prudent measures required under the law. The Organization had no underwater endowment funds at December 31, 2022 or 2021.

Investment Policy

The Organization has adopted an investment and spending policy to ensure a total return (income plus capital change) necessary to preserve and enhance the principal of the fund and, at the same time, provide a dependable source of support for current operations and programs. The withdrawal from the fund in support of current operations is expected to remain a constant percentage of the total fund, adjusted for new gifts to the fund.

In recognition of the prudence required of fiduciaries, reasonable diversification is sought where possible. Experience has shown financial markets and inflation rates are cyclical and, therefore, control of volatility will be achieved through investment styles. Asset allocation parameters have been developed for various funds within the structure, based on investment objectives, liquidity needs, and time horizon for intended use.

Measurement of investment performance against policy objectives will be computed on a total return basis, net of management fees and transaction costs. Total return is defined as dividend or interest income plus realized and unrealized capital appreciation or depreciation at fair market value.

Spending Policy

The Organization's spending policy rate is a percentage of the average total endowment value over the trailing 12 quarters with a 1% contingency margin. This includes interest and dividends paid out to the Organization. In 2022, the approved rate was 5.00%. In 2021, the approved rate was 4.00% from January through September and 5.00% thereafter.

Changes in Endowment Net Assets

The net asset composition of endowment net assets as of December 31, 2022 and changes in endowment net assets for the year ended December 31, 2022 were as follows:

	Without Donor Restrictions	With Donor Restrictions			Total	Total Endowment Net Assets
		Purpose Restricted	Cumulative Appreciation	Perpetually Restricted		
Endowment net assets, beginning of year	\$ 18,842,135	\$ 1,678,535	\$ 1,327,161	\$ 1,678,601	\$ 4,684,297	\$ 23,526,432
Contributions				71,249	71,249	71,249
Appropriations from endowment	(842,559)	-	(89,703)	-	(89,703)	(932,262)
Temporary appropriation for purpose-restricted net assets	544,867	(544,867)	-	-	(544,867)	-
Investment income, net	<u>(3,647,593)</u>	<u>-</u>	<u>(449,057)</u>	<u>-</u>	<u>(449,057)</u>	<u>(4,096,650)</u>
Endowment net assets, end of year	<u>\$ 14,896,850</u>	<u>\$ 1,133,668</u>	<u>\$ 788,401</u>	<u>\$ 1,749,850</u>	<u>\$ 3,671,919</u>	<u>\$ 18,568,769</u>

The net asset composition of endowment net assets as of December 31, 2021 and changes in endowment net assets for the year ended December 31, 2021 were as follows:

	Without Donor Restrictions	With Donor Restrictions			Total	Total Endowment Net Assets
		Purpose Restricted	Cumulative Appreciation	Perpetually Restricted		
Endowment net assets, beginning of year	\$ 18,612,885	\$ -	\$ 1,050,689	\$ 1,678,601	\$ 2,729,290	\$ 21,342,175
Contributions						
Appropriations from endowment	(643,173)	-	(54,112)	-	(54,112)	(697,285)
Temporary appropriation for purpose-restricted net assets	(1,678,535)	1,678,535	-	-	1,678,535	-
Investment income, net	<u>2,550,958</u>	<u>-</u>	<u>330,584</u>	<u>-</u>	<u>330,584</u>	<u>2,881,542</u>
Endowment net assets, end of year	<u>\$ 18,842,135</u>	<u>\$ 1,678,535</u>	<u>\$ 1,327,161</u>	<u>\$ 1,678,601</u>	<u>\$ 4,684,297</u>	<u>\$ 23,526,432</u>

15. Net Assets

Net Assets Without Donor Restrictions

Net assets without donor restrictions were comprised of the following at December 31, 2022 and 2021:

	2022	2021
Undesignated net assets	\$ 6,588,866	\$ 2,077,510
Board-designated endowment	<u>14,896,850</u>	<u>18,842,135</u>
Total	<u>\$ 21,485,716</u>	<u>\$ 20,919,645</u>

Net Assets With Donor Restrictions

Net assets with donor restrictions were comprised of the following at December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Subject to expenditure for specified purpose:		
Camp	\$ 59,441	\$ 88,373
Family preservation	77,825	30,273
Family resource center	236,029	146,872
Homecare	151,410	183,474
Staff training and other projects	12,544	110,841
Teen and youth	581,804	1,091,207
The Children's Place	<u>14,615</u>	<u>27,495</u>
	1,133,668	1,678,535
Accumulated earnings restricted by donors for:		
General operations	158,281	252,088
Camp operations	252,769	422,315
Other purposes	<u>377,351</u>	<u>652,758</u>
	788,401	1,327,161
Original gift restricted by donors for:		
General operations	136,532	133,407
Camp operations	548,183	548,183
Other purposes	<u>1,065,135</u>	<u>997,011</u>
	1,749,850	1,678,601
Not subject to spending policy or appropriation:		
Beneficial interest in trusts	<u>2,020,741</u>	<u>2,202,347</u>
Total	<u>\$ 5,692,660</u>	<u>\$ 6,886,644</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by the donors as follows for the years ended December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Satisfaction of purpose restrictions:		
Camp	\$ 46,947	\$ 7,969
Family preservation	233,742	37,476
Family resource center	234,362	142,366
Homecare	339,340	149,511
Staff training and other projects	150,258	44,981
Teen and youth	1,918,666	115,589
The Children's Place	<u>42,806</u>	<u>42,559</u>
	<u>2,966,121</u>	<u>540,451</u>
Restricted purpose spending-rate distributions and appropriations:		
General operations	15,259	14,100
Other purposes	<u>74,444</u>	<u>40,012</u>
	<u>89,703</u>	<u>54,112</u>
Total	\$ <u>3,055,824</u>	\$ <u>594,563</u>

16. Contributed Nonfinancial Assets

The Organization received the following contributions of nonfinancial assets for the years ended December 31, 2022 and 2021:

	<u>Revenue Recognized</u>		<u>Utilization in Programs/Activities</u>	<u>Valuation Techniques and Inputs</u>
	<u>2022</u>	<u>2021</u>		
Food	\$ 27,599	\$ 22,738	Family Preservation, Homecare, and Teen & Youth Services.	U.S. retail prices of identical products using pricing data under a 'like-kind' methodology considering the good's conditions and utility for use at the time of contribution.
Supplies	11,751	9,480	Administration, Family Preservation, and Teen & Youth Services.	U.S. retail prices of identical products using pricing data under a 'like-kind' methodology considering the good's conditions and utility for use at the time of contribution.
Storage	297	-	Teen & Youth Services	Valued at the estimated fair value based on current rates for similar storage space.
Clothing	4,055	1,482	Family Preservation, and Teen & Youth Services.	U.S. retail prices of identical products using pricing data under a 'like-kind' methodology considering the good's conditions and utility for use at the time of contribution.
Toys	777	-	Family Preservation	U.S. retail prices of identical products using pricing data under a 'like-kind' methodology considering the good's conditions and utility for use at the time of contribution.
Services	4,057	-	Family Preservation	Contributed professional services are valued at the estimated fair value based on current rates for similar services.
Total	\$ 48,536	\$ 33,700		

There were no associated donor restrictions with the above contributed nonfinancial assets.

17. Assistance to Individuals

Assistance to individuals was comprised of the following for the years ended December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Payment to parents of foster children	\$ 79,831	\$ 112,950
Housing assistance to youth at risk of homelessness	259,436	242,386
Gift cards provided to families during holiday season	50,000	51,000
Food for at risk youth	36,872	25,914
In kind assistances	48,536	33,700
Other assistance such as medical, childcare, transportation, and family activities	<u>676,130</u>	<u>435,594</u>
Total	<u>\$ 1,150,805</u>	<u>\$ 901,544</u>

18. Defined Contribution Plan

The Organization maintains a 403(b) Thrift Plan (the Plan). The Plan is a defined contribution plan that all eligible employees may immediately make elective participant contributions to upon hire. A pretax voluntary contribution is permitted by employees up to limits imposed by the Internal Revenue Code and other limitations specified in the Plan. Contributions made to the plan by the Organization for the years ended December 31, 2022 and 2021 totaled \$121,399 and \$101,614, respectively.

19. Related Party Transactions

The Organization procures a portion of their legal services from a local law firm that employs an attorney who also serves on the Organization's Board of Trustees. The attorney board member does not personally perform the legal services. For the years ended December 31, 2022 and 2021, the total legal expense from related parties was \$10,190 and \$13,989, respectively.

20. Concentration of Risk

The majority of the Organization's grants are received from agencies of the State of New Hampshire. As such, the Organization's ability to generate resources via grants is dependent upon the economic health of that area and of the State of New Hampshire. An economic downturn could cause a decrease in grants that coincides with an increase in demand for the Organization's services.

21. Transfer of Assets - Richie McFarland Children's Center

On January 1, 2022, the State of New Hampshire certified the merger of the Organization with the Richie McFarland Children's Center (the Center). The agreement called for all the related assets and liabilities of the Center to be merged entirely into the Organization. This agreement allowed the Organization to expand various child service program offerings throughout the eastern side of the State of New Hampshire.

The Organization recognized the following assets and liabilities on the acquisition date (January 1, 2022):

Assets:	
Cash	\$ 1,128,199
Accounts receivable	83,635
Prepaid expenses	5,845
Beneficial interest held in trusts	232,247
Property and equipment	<u>1,100,000</u>
Total Assets	<u>\$ 2,549,926</u>
Liabilities:	
Accounts payable	\$ 2,782
Accrued payroll and related liabilities	<u>25,341</u>
Total Liabilities	<u>\$ 28,123</u>
Net Assets:	
Net assets without donor restrictions	\$ 2,289,556
Net assets with donor restrictions	<u>232,247</u>
Total Net Assets	<u>\$ 2,521,803</u>

22. Reclassifications

Certain reclassifications of amounts previously reported have been made to the accompanying consolidated financial statements to maintain consistency between periods presented. During 2022, the Organization reviewed and updated its program classifications to align to the current operations of the Organization. The update resulted in a change in the allocation of certain expenses. The Organization determined the appropriate response to the change was to recalculate and reclassify 2021 allocations using the current year methodology. The reclassifications had no impact on previously reported net assets.

23. Subsequent Events

Subsequent events have been evaluated through May 10, 2023, the date the consolidated financial statements were available to be issued.

WAYPOINT

Consolidated Schedule of Operating Expenses
For the Year Ended December 31, 2022

	Family Preservation	Family Support	Runaway & Homeless Youth	Homecare	Advocacy	Camp	Total Program	Management and General	Fundraising	2022 Total
Salaries and wages	\$ 2,933,799	\$ 3,187,125	\$ 1,135,714	\$ 1,385,070	\$ 127,338	\$ -	\$ 8,769,046	\$ 1,441,503	\$ 508,864	\$ 10,719,413
Employee benefits	505,008	481,385	174,838	158,266	4,709	-	1,324,206	156,284	44,810	1,525,300
Retirement plan	29,154	39,168	11,168	10,704	1,840	-	92,034	20,467	8,898	121,399
Payroll taxes and other	298,323	323,621	107,985	134,635	9,505	-	874,069	112,764	39,253	1,026,086
Mileage reimbursement	197,673	93,924	26,602	41,762	185	-	360,146	9,703	1,747	371,596
Contracted services	35,039	222,122	339,713	9,155	42,550	-	648,579	370,654	160,215	1,179,448
Accounting	-	-	75	-	-	-	75	51,055	-	51,130
Assistance to individuals	324,486	374,691	400,529	349	-	16	1,100,071	717	50,017	1,150,805
Communications	63,406	51,845	50,477	17,468	1,136	12	184,344	32,935	12,811	230,090
Conferences, conventions, meetings	20,785	48,452	6,601	1,868	8,183	46,929	132,818	49,868	2,628	185,314
Depreciation	59,324	100,813	110,886	48,113	1,579	-	320,715	170,620	8,600	499,935
Insurance	30,297	22,469	22,800	3,272	713	-	79,551	15,794	2,532	97,877
Interest	44,070	74,891	67,022	35,742	1,173	-	222,898	22,106	6,388	251,392
Legal	-	1,656	-	-	-	388	2,044	16,617	-	18,661
Membership dues	825	7,870	13,656	5,704	50	-	28,105	26,169	2,437	56,711
Miscellaneous	9,455	21,098	6,366	1,156	-	-	38,075	34,413	8,675	81,163
Occupancy	242,992	148,368	285,994	50,155	1,259	4,229	732,997	54,952	11,895	799,844
Printing and publications	-4,873	17,729	4,446	267	2,373	-	29,688	29,232	67,493	126,413
Rental and equipment maintenance	79,252	26,162	50,974	1,341	37	-	157,766	174,987	8,806	341,559
Supplies	23,140	62,896	50,656	6,989	134	77	143,892	12,963	2,740	159,595
Travel	3,534	4,195	12,819	65	5	-	20,618	13,017	10	33,645
Total	\$ 4,905,435	\$ 5,310,480	\$ 2,879,321	\$ 1,912,081	\$ 202,769	\$ 51,651	\$ 15,261,737	\$ 2,816,820	\$ 948,819	\$ 19,027,376

See Independent Auditor's Report.

WAYPOINT

Consolidated Schedule of Operating Expenses
For the Year Ended December 31, 2021

	Family Preservation	Family Support	Runaway & Homeless Youth	Homecare	Advocacy	Care	Total Program	Management and General	Endorsing	2021 Total
Salaries and wages	\$ 2,978,149	\$ 2,456,195	\$ 898,837	\$ 1,503,164	\$ 127,284	\$ -	\$ 7,963,629	\$ 1,305,839	\$ 380,802	\$ 9,650,270
Employee benefits	431,539	345,908	151,351	169,647	4,064	-	1,102,509	142,701	25,691	1,270,901
Retirement plan	22,971	22,722	8,334	6,321	2,119	-	62,467	33,340	5,807	101,614
Payroll taxes and other	288,915	244,674	85,915	155,905	9,485	-	785,894	69,615	29,747	885,256
Mileage reimbursement	130,106	35,970	20,697	46,632	-	-	233,405	3,250	18	236,673
Contracted services	42,954	324,479	518,896	3,177	14,700	1,488	905,694	314,483	89,140	1,309,317
Accounting	-	75	-	-	-	-	75	35,305	-	35,380
Assistance to individuals	237,092	237,041	367,522	175	-	6,481	848,311	233	53,000	901,544
Communications	65,065	51,158	39,507	11,083	1,358	10	168,181	34,673	9,827	212,681
Conferences, conventions, meetings	15,296	48,188	2,745	638	1,834	-	68,701	27,937	4,189	100,827
Depreciation	48,057	85,009	114,362	13,857	4,128	-	265,413	185,336	7,960	458,709
Insurance	16,096	14,857	15,198	2,235	551	-	48,937	14,071	1,570	64,578
Interest	40,260	71,217	75,497	11,609	3,458	-	202,041	24,699	6,669	233,409
Legal	-	-	-	-	-	-	-	12,543	-	12,543
Membership dues	986	7,295	11,447	5,363	50	-	25,141	32,379	3,382	60,902
Miscellaneous	2,878	1,084	6,089	1,320	-	-	11,371	35,039	14,186	60,596
Occupancy	195,534	169,810	177,112	22,211	3,023	2,263	569,953	79,464	18,410	667,827
Printing and publications	4,714	12,627	945	1,228	227	-	19,741	12,631	38,481	70,853
Rental and equipment maintenance	58,792	25,045	6,617	272	-	-	90,726	144,596	12,362	247,684
Supplies	26,321	40,422	34,421	4,849	355	40	106,408	14,790	2,255	123,453
Travel	1,346	772	7,376	95	-	-	9,589	10,909	-	20,498
Total	\$ 4,607,071	\$ 4,194,548	\$ 2,543,868	\$ 1,959,781	\$ 172,636	\$ 10,282	\$ 13,488,186	\$ 2,533,833	\$ 703,496	\$ 16,725,515

See Independent Auditor's Report.

Waypoint Trustees 2023

Melissa Biron

Jennifer Cassin

William Conrad

Helen Crowe

Rob Dapice

Jane E. Gile, *Secretary*

Emily Hammond

Sudi Lett

Marc Lubelczyk

Marilyn T. Mahoney

Holly P. Mintz

Zach Palmer

Mark C. Rouvalis, *Chair*

Kyle Schofield

Jeffrey P. Seifert, *Treasurer*

Jennifer Stebbins, *Vice Chair*

Borja Alvarez de Toledo, M.Ed.



Professional Profile

- A seasoned leader with more than 18 years of senior level non-profit management experience.
- Strong business acumen with emphasis on developing processes to ensure the alignment of strategy, operations, and outcomes with a strength based approach to leadership development.
- Collaborative leader using systemic and strategic framework in program development, supervision and conflict resolution.

Professional Experience

Waypoint, formerly Child and Family Services of New Hampshire
Manchester, NH

December 2013- Present

~ President and CEO

- Responsible for program planning and development, insuring that Waypoint meets the community needs.
- Advance the public profile of Waypoint by developing innovative approaches and building productive relationships with government, regional and national constituencies.
- Acts as advisor to the Board of Directors and maintains relationships with the regional Boards
- Responsible for all aspects of financial planning, sustainability and oversight of Waypoint's assets
- Work with Development staff and Board of Directors to design and implement all fundraising activities, including cultivation and solicitation of key individuals, foundations and corporations

Riverside Community Care
Dedham, MA

2009-2013

~ Division Director, Child and Family Services

- Responsible for strategic vision, planning and implementation of the programmatic, operational and financial sustainability of a \$17M division with more than 300 employees.
- In partnership with The Guidance Center, Inc.'s board of directors, played leadership role in successfully merging with Riverside Community Care, through a process that involved strategic planning, analysis and selection of a viable partner.
- Provide supervision to managers using a strength based approach and a collaborative coaching model to leadership development.

The Guidance Center, Inc.
Cambridge, MA

1998 - 2009

~ Chief Operating Officer

2007 - 2009

- Hired initially as Director of an intensive home-based family program and through successive promotions became responsible for all operations in the organization.
- Responsible for supervision of Division Directors, strategic planning and development of new initiatives.
- Developed strategic relationships with state and local funders, and partnered with community agencies to support the healthy growth of children and families.

Private Practice in Psychotherapy and Clinical Consultation
Madrid, Spain

1992 - 1998

Universidad Pontificia de Comillas
Madrid, Spain

1991 - 1998

~Adjunct Faculty

- Taught graduate level courses in Family and Couples Therapy program
- Practicum program supervisor: Supervised first-year Master's Degree students through five supervision in the treatment of multi-problem families.

Centro Médico-Psicopedagógico
Madrid, Spain

1994 - 1997

~Clinical Coordinator/Director of Training.

- Member of a multi-disciplinary team that provided assessment and treatment to families victims of terrorism and had developed Post Traumatic Stress Disorder.

ITAD (Institute for Alcohol and Drug Treatment),
Madrid, Spain

1991- 1994

~ Senior Drug and Alcohol Counselor, Drug and Alcohol Program

- Provided evaluation and treatment for chemically dependent adults and their families.
- ~ Senior Family Therapist, Couples and Family Therapy Program
- Worked as a family therapist in the evaluation and treatment of adolescents and families.

Charles River Health Management
Boston, MA

1989 - 1991

~ Senior Family Therapist, Home-Based Family Treatment Program.

Education

Graduate Certificate of Business
University of Massachusetts, Lowell, 2000.
Master's Degree in Education
Counseling Psychology Program, Boston University, 1989.
B.A. in Clinical Psychology
Universidad Pontificia de Comillas, Madrid, Spain. 1988

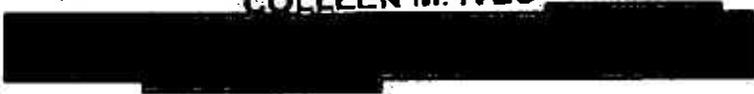
Publications

- 2009 Ayers, S & Alvarez de Toledo, B. Community Based Mental Health with Children and Families. In A. R. Roberts (Ed.), *Social Worker's Desk Reference* (2nd ed.), New York: Oxford University Press, 2009
- 2006 *Topical Discussion: Advancing Community-Based Clinical Practice and Research: Learning in the Field*. Presented at the 19th Annual Research Conference: A System of Care for Children's Mental Health: Expanding the Research Base, February 2006, Tampa, FL.
- 2001 Lyman, D.R.; Slegel, R.; Alvarez de Toledo, B.; Ayers, S.; Mikula, J. *How to be little and still think big: Creating a grass roots, evidence based system of care*. Symposium presented at the 14th Annual Research Conference in Children's Mental Health, Research and Training Center for Children's Mental Health, February 2001, Tampa, FL.
- 2006 Lyman, D.R., B. Alvarez de Toledo, *The Ecology of intensive community based intervention*. In Lighthum, A., P. Sessions. *Handbook of Community Based Clinical Practice*. Oxford University Press, 2006, England.
- 2001 Lyman, D.R., B. Alvarez de Toledo (2001) *Risk factors and treatment outcomes in a strategic intensive family program*. In Newman, C, C. Liberton, K. Kutash and R. Friedman, (Eds.) *A System of Care for Children's Mental Health: Expanding the Research Base* (2002), pp. 55-58. Research and Training Center for Children's Mental Health, University of South Florida, Tampa, FL.
- 1994-98 Research papers and professional presentations in peer reviewed journals in Spain

Languages

Fluent in Spanish, French and Italian.

COLLEEN M. IVES



CHIEF OPERATING OFFICER

Proactive executive with a formidable record of driving systemic change and business expansion. Nimble administrator with strategic planning, business process improvement, cost controls and performance management experience. Collaborative leader with inspirational and decisive management style who achieves exceptional, rather than expected, results. Catalyst for open communications towards a climate of learning to benefit company and individuals.

PROFESSIONAL EXPERIENCE

WAYPOINT, Manchester, NH • 2018-Present

Statewide private nonprofit that works to advance the well-being of children and families through an array of community-based services.

Chief Operating Officer

- Oversees all aspects of program delivery including; fiscal and personnel management, quality assurance and program development

ROCKPORT MORTGAGE CORPORATION, Gloucester, MA • 2008-2017

Leading national lender of US Housing & Urban Development insured commercial loans in healthcare, multifamily and affordable housing sectors.

Vice President, Operations & Quality Control

- Report to principals with overall responsibility for achieving strategic objectives through oversight of the day-to-day operations of five multi-disciplinary underwriting teams by providing support at the transactional level as well as in the development of procedures and operating practices to match RMC's continued growth.
- Ensure RMC'S compliance with their federally mandated Quality Control Plan through employee development initiatives, monitoring of RMC'S operational practices while integrating new HUD directives into RMC'S existing best practices.

IVES DEVELOPMENT ASSOCIATES, Manchester, NH • 2005-2016

Consultancy providing strategic planning and leadership development to public, private and nonprofit companies throughout New England.

Principal

Design and facilitate customized corporate retreats, including strategic planning sessions, executive and Board of Directors' training and development, creation or re-affirmation of vision, mission and values and efforts to re-align leadership around key priorities and future direction of the organization. Integrate opportunities to shift organizational culture to more open and candid communications.

- Led an 18-month comprehensive change initiative that:
 - Resulted in the development of a transition plan for the assimilation of an Interim Executive Director including an operations plan that aimed to recalibrate the culture;
- Transformed climate of accountability for a \$55M client by implementing Balanced Scorecard strategic measurement system. Designed, coordinated and facilitated on-site internal and external analysis of 11 retail locations in 9 states, analyzing threats and weaknesses in business to build a platform for growth.

CAREER NOTE: Concurrent with consulting enterprise (2006 – 2010), designed and taught introductory and upper level psychology and sociology courses at Granite State College in Concord, Manchester and Portsmouth, New Hampshire.

GRANITE STATE INDEPENDENT LIVING, Concord, NH • 2001-2005

Statewide nonprofit offering long-term care, employment, transportation, advocacy, and other community-based services.

Acting Executive Director & Chief Operating Officer

Led internal operations, including service and program delivery, finance, human resources, fundraising and marketing. Transformed organization's culture by promoting a climate of excellence, systemic solutions and learning that benefited the organization and individual employees. Evaluated operational results and facilitated business processes and controls that promoted efficiency and internal information flow. Developed short- and long-range operating plans. Supported up to 14 management-level employees, staff of 90, and \$13M annual operating budget. Held complete performance management authority as well as autonomy to engage in private and state/federal contracts.

- Increased revenue by 78% with more effective grant administration, successful applications for new competitive grants, initiating a comprehensive development / fundraising plan, and increasing the fee-for-service lines of business.
- Increased consumers served from 400 to 3,000+ individuals within three-year period by restructuring existing programs, developing new programs and increasing program accountability with monthly management reports.
- Established foundation for 36-month capacity building plan to enhance infrastructure and overall operations by conducting full organizational audit and successfully presenting to Board of Directors.
- Expanded services and leveraged long-term grant opportunity through company acquisition. Successfully integrated organizational cultures and business practices, including human resource policies, management teams and compensation/benefits.
- Recommended, designed and implemented internal controls and operating procedures for all departments (Human Resources, Finance, Public Relations/ Development, Long-Term Care, Community Living and Employment Services).
- Increased efficiency, raised credibility of financial reporting and reduced headcount by implementing state of the art technology with expertise of retained IT consultant.

NEW HAMPSHIRE DEPARTMENT OF EDUCATION, VOCATIONAL REHABILITATION, SERVICES FOR BLIND AND VISUALLY IMPAIRED, Concord, NH • 1992-2000

Statewide organization providing Registry of Legal Blindness, Sight Services for Independent Living, Vocational Rehabilitation and a Business Enterprise program.

Statewide Director

Managed professional staff of 8 to deliver services that included 15 statewide rehabilitative support groups, career counseling and vending machine/food service enterprises in State and Federal buildings.

- Awarded \$1.2M 3-year federal grant to provide peer support services in 15 locations across the state
- Led Department to highest rank in standards and benchmarks among 7 other regional offices.
- Enhanced team atmosphere by integrating 4 distinct statewide programs into a cohesive unit.
- Cultivated relationships and formal partnerships with various stakeholders in the statewide network of social and human services and employment arenas.

EDUCATION

Doctorate in Human and Organizational Systems
Master of Arts in Human Development
Fielding Graduate University, Santa Barbara, California

Master of Arts/CAGS in Rehabilitation Counseling
Bachelor of Arts in Psychology and Philosophy
Assumption College, Worcester, Massachusetts

MELISSA ANNE HUGENER, OTR/L

PROFESSIONAL EXPERIENCE:

**Program Director of Child Health and Wellness/Staff Occupational Therapist
Child and Family Services of NH, Exeter, NH May 2003 – present**

- Supervision of Early Supports and Services and Partners in Health staff, assuring quality services to families, staff competence and adherence to federal and state mandates for provision of services
- Day to day management of ESS and PIH programs, coordinating staff meetings, recruiting and hiring for open positions, budgeting, maintenance of program databases, PQI planning and implementation, etc
- Coordination with One Sky and BDS to meet program requirements, and preparation of materials for Medicaid and State Monitoring Reviews
- Collaboration with other ESS Program Directors throughout NH, and other programs/committees (ICC, PIC, preschool programs, BDS personnel, etc) to enhance early childhood programming throughout the state, and involvement in several statewide workgroups and advisory committees to improve early childhood systems (such as SSECT, Strategic Planning Public Awareness group, Healthy Families America committee)
- Responsible for maintaining a full caseload of ESS clients, to evaluate and treat children with a wide range of medical and developmental disabilities, as well as working with families to connect them with other CFS and state or local programs to meet their needs

**Staff Occupational Therapist
Developmental Therapy Services, Merrimack, NH February 2002 – May 2003**

- Evaluation, treatment and service coordination for early intervention, clinic setting, and school-based populations, utilizing SI, developmental and biomechanical treatment techniques in group and individual therapy sessions; development of IFSPs and IEPs; classroom consultation and treatment in natural environments

Easter Seals Superior California, Sacramento, CA January 2000 – January 2002

- Assisted with the development of the Early Start program for EI services, developed an ongoing aquatic therapy class for families of children with special needs, served as a member of Management Information Systems Team (providing computer and network support to staff), and provided comprehensive, multidisciplinary assessments and ongoing therapy services in early intervention, clinic and school settings

Developmental Evaluation Center, Fayetteville, NC May 1998 – November 1999

- Provided comprehensive developmental assessments and treatment for children ages birth – 10, assisted with weekly feeding and augmentative communication assessments, participated in weekly Neonatal Developmental Assessment Clinic, and developed a Parent Resource Library

Melissa Hugener page 2

EDUCATION AND CREDENTIALS:

**Bachelor of Science in Occupational Therapy, Psychology Minor, Summa Cum Laude
University of Hartford, West Hartford, CT May 1998**

- National Board Certification in Occupational Therapy
- OT License, State of NH Office of Allied Health Professions
- Current CPR/First Aid Certification
- Completion of NH Leadership Series
- Continuing Education and Advanced Practice In Sensory Integration and Processing, Feeding and Swallowing Disorders, Autism, Prematurity, Infant Mental Health and Assistive Technology

Waypoint Key Personnel

Name	Title	Salary	% charged to this Grant
Borja Alvarez de Toledo	CEO	\$ 195,000	0%
Colleen Ives	COO	\$ 146,057	0%
Melissa Hugener	Director	\$ 91,798	20%



Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

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

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

December 29, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, and the Division of Children, Youth and Families, to enter into **Retroactive** contracts with the contractors listed below in an amount not to exceed \$8,847,771 to provide home visiting services, with the option to renew for up to four (4) additional years, effective retroactive to October 1, 2022, upon Governor and Council approval through September 30, 2024. 73.67% Federal Funds. 25.11% General Funds. 1.22% Other Funds.

Contractor Name	Vendor Code	Area Served*	Contract Amount
Community Action Partnership of Strafford County	177200-B004	Rochester Catchment Area	\$1,224,446
Granite VNA, Inc.	177244-B002	Conway Catchment Area	\$461,064
The Family Resource Center at Gorham	162412-B001	Berlin and Littleton Catchment Areas	\$1,590,113
Waypoint	177166-B002	Concord, Manchester, Seacoast and Southern Catchment Areas	\$5,572,148
		Total:	\$8,847,771

* Note the Department did not receive vendor responses for some areas of the state and is currently in the process of re-soliciting for those remaining regions to ensure statewide coverage.

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Years 2024 and 2025, upon the availability and continued appropriation of funds in the future operating budget, 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.

Because the Bridges System is used to process and monitor payments for these agreements, no purchase order number is assigned. The New Hampshire First System will not be used to encumber these funds. Depending on the eligibility of the client, funding type is determined at the time of the payment.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 4

See attached fiscal details.

EXPLANATION

This request is **Retroactive** to avoid any interruption in these services and to allow for continuity of care for families in these regions. This was a complex procurement collaboratively sought by the Division of Public Health Services and the Division for Children, Youth and Families with multiple funding sources. The Department needed additional time to confirm funding details and finalize the contracts and therefore did not have executed contracts in time to present to Governor and Council to prevent the previous contracts from expiring.

The purpose of this request is to provide home visiting services to pregnant individuals, and families with children up to age five (5), by utilizing the evidence-based home visiting model from Healthy Families America and its' Child Welfare Protocols. This nationally recognized program demonstrates positive outcomes for families in the areas of positive parenting practices, improved maternal and child health, improved school readiness, increased economic self-sufficiency and parental educational attainment, and increased linkages and referrals to valuable community resources. This model has also demonstrated reduction in child maltreatment and family violence. Healthy Families America is currently being provided in every County in New Hampshire. The purpose of this request is to ensure continuity of services, while supporting expansion of the program, making it available to a broader population of families, including those involved in New Hampshire's child welfare system.

Approximately 354 individuals will be served during State Fiscal Years 2023, 2024, and 2025.

The Division of Public Health Services will monitor services by:

- Conducting monthly, quarterly, and annual data reviews to evaluate capacity utilization, service delivery by region, and demographic data to ensure equitable provision of services.
- Conducting quarterly and annual data reviews of program performance across 19 federally-defined performance measures.
- Reviewing data entered into model-specific tracking documents by each sub-contractor to ensure fidelity to the requirements of the evidence-based model.

The Division for Children, Youth, and Families will monitor services using the following performance measures:

¹ HFA Evidence of Effectiveness 2022 Website.pdf (healthyfamiliesamerica.org)

His Excellency, Governor Christopher T. Sununu
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- Referrals
 - Share of families who are referred to Healthy Families America from Division for Children, Youth and Families. (Number of families currently enrolled in Healthy Families America Child Welfare Protocols and percentage of Healthy Families America Child Welfare Protocol slots currently used.)
 - Share of Division for Children, Youth and Families-referred families that were enrolled between three (3) and twenty-four (24) months of age.
 - Share of Division for Children, Youth and Families-referred families with a recent assessment of a Substance Exposed Infant.
- Enrollments
 - Average time to enrollment from the time and date of referral.
 - Number of days from referral date to the first home visit.
 - Share of families that are offered Healthy Family America and percentage of offered families who decide to receive Healthy Family America.
 - Proportion of families that are retained in the program over specified periods of time, (3 months, 6 months, and every 6 months thereafter) after receiving a first home visit.
 - Proportion of families who receive at least seventy-five percent (75%) of the appropriate number of home visits based upon the individual level of service to which they are assigned.
- Program Completion
 - Share of families who do not complete the program, including, reason for non-completion and/or discharge.
 - Share of families that discharged who completed a minimum of specified periods of service. (Starting at 6 months, and every 6 months thereafter up until 36 months of service.)
- Short-term Outcomes
 - Share of families with a new case opened to the Division for Children, Youth and Families, or a new report of maltreatment, within 6 months after discharge.
 - Share of children who enter out-of-home placement within 6 months after discharge, including breakdown of placement type.
 - Share of children who enter any form of out-of-home placement within 12 months of discharge.
 - Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

The Department selected the contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from June 29, 2022 through August 2, 2022. The Department received four (4) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

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and the Honorable Council
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As referenced in Exhibit A, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request over 200 New Hampshire families will experience a lapse in preventive services they've come to depend on, leaving vulnerable families without access to proven support for preventing child abuse and neglect, family violence, low birth weight, maternal depression, and developmental delays.

Source of Federal Funds: Assistance Listing Number # 93.870, FAIN # X1043595, X1046878, X1145263; Assistance Listing Number # 93.658, FAIN # (FFPSA) 2201NHFOST; and Assistance Listing Number # 93.391, FAIN # NH75OT000031

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

Respectfully submitted,



Lori A. Weaver
Interim Commissioner

FISCAL DETAIL SHEET
SFY 23, 24 & 25 HOME VISITING SERVICES CONTRACTS

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
 PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, HOME VISITING FORMULA GNT

100% FEDERAL CFDA #93.870 FAIN # X1043595, X1046878

Community Action Partnership of Strafford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$192,620.00
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Services	90083208	\$16,995.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$317,640.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$79,410.00
SUBTOTAL:				\$606,665.00

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$692,250.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$950,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$237,500.00
SUBTOTAL:				\$1,879,750.00

Grante VNA - Vendor #177244-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$80,533.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$109,446.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$27,540.00
SUBTOTAL:				\$217,519.00

The Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$269,729.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$378,354.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$92,583.00
SUBTOTAL:				\$740,666.00
Total of AU 5896				\$3,444,600.00

05-95-92-920510-3382 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIVISION, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

100% OTHER FUNDS

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	92057502	\$108,000.00
SUBTOTAL:				\$108,000.00
TOTAL OF AU 3382				\$108,000.00

05-95-09-902010-5190 HEALTH AND SOCIAL SERVICES. HEALTH AND HUMAN SVCS, HHS: PUBLIC BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH, HEALTH DIV

100% GENERAL FUNDS

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Svcs	90004019	\$56,250.00
2024 (7-1-23-6/30/24)	102-500731	Contracts for Program Svcs	90004019	\$75,000.00
2025 (7/1/24-9/30/24)	102-500731	Contracts for Program Svcs	90004019	\$18,750.00
SUBTOTAL:				\$150,000.00
TOTAL OF AU 5190				\$150,000.00

05-95-09-901010-5771 HEALTH AND SOCIAL SERVICES. HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF POLICY & PERFORMANCE, PH COVID-19 HEALTH DISPARITIES

100% FEDERAL FUNDS CFDA #93.391 FAIN#NH750T000031

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577160	\$105,000.00
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	\$157,500.00
SUBTOTAL:				\$262,500.00

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	\$86,512.00
SUBTOTAL:				\$86,512.00
TOTAL OF AU 5771				\$349,012.00

05-95-90-902010-2451 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: PUBLIC HEALTH DIV, BUEAU OF COMM & HEALTH SERV, ARP - MIEC HOME VISITING 100% FEDERAL FUNDS CFDA #93.870, FAIN# X1141935 & X1145263

Community Action Partnership of Strafford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	\$17,532.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$54,231.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$13,558.00
SUBTOTAL:				\$85,321.00

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	\$114,064.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$125,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$142,350.00
SUBTOTAL:				\$381,414.00

Granite VNA - Vendor #177244-B002				
State Fiscal Year	Class / Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	\$11,452.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$0.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$0.00
SUBTOTAL:				\$11,452.00

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	\$68,714.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$50,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$56,532.00
SUBTOTAL:				\$175,246.00
TOTAL OF AU 2451				\$653,433.00

DPHS SUBTOTAL: \$4,705,045.00

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-2958, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
 HUMAN SERVICES DIV, CHILD PROTECTION, CHILD - FAMILY SERVICES
 50% FEDERAL CFDA #93.658 FAIN # 2201NHFOST

Community Action Partnership of Strafford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$199,673.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$266,230.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$66,557.00
SUBTOTAL:				\$532,460.00

Granite VNA - Vendor #171241-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$87,035.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$116,046.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$29,012.00
SUBTOTAL:				\$232,093.00

The Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$164,133.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$218,845.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$54,711.00
SUBTOTAL:				\$437,689.00

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$1,102,682.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$1,470,242.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$367,560.00
SUBTOTAL:				\$2,940,484.00
Total of AU 2958				\$4,142,726.00

DCYF SUBTOTAL: \$4,142,726.00

COMBINED HOME VISITING SERVICES CONTRACT TOTAL:	\$8,847,771.00
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**New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet**

Project ID # RFP-2023-DPHS-01-HOMEV

Project Title Home Visiting Services

	Maximum Points Available	Community Action Partnership of Strafford County	Granite VNA, Inc.	The Family Resource Center at Gorham	Waypoint
Technical					
Experience	30	25	24	30	28
Organizational Capacity	35	30	29	33	30
Performance Improvement	25	20	22	24	24
Subtotal - Technical	90	75	75	87	82
Cost					
Budget Sheet (Appendix F & F-1)	5	3	3	4	3
Program Staff List (Appendix G)	5	3	3	4	4
Subtotal - Cost	10	6	6	8	7
TOTAL POINTS	100	81	81	95	89
TOTAL PROPOSED VENDOR COST		\$1,064,920	\$464,186	\$1,750,754	\$5,880,968

Reviewer Name
1 Gayleen Smith
2 Lisa Cacciola (Lampron)
3 Kristi Hart
4 Ashley Janos
5 Kelly McCormac
6 Aurelia Moran

Title
Administrator III, Finance
Administrator II, DPHS Finance
Program Specialist IV, DPHS
Program Specialist IV, DCYF
Assessment Supervisor IV, DCYF
Supervisor V, DPHS

Subject: Home Visiting Services / RFP-2023-DPHS-01-HOMEV-04

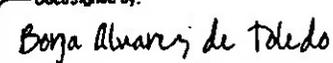
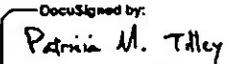
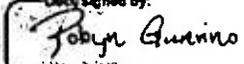
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Waypoint		1.4 Contractor Address 464 Chestnut Street, PO Box 448 Manchester, NH 03105	
1.5 Contractor Phone Number 603-518-4212	1.6 Account Number 05-095-090-902010-5896 05-095-092-920510-3382 05-095-090-901010-5771 05-095-090-902010-2451 05-095-042-421010-2958	1.7 Completion Date 9/30/2024	1.8 Price Limitation \$5,572,148.00
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by:  Date: 1/17/2023		1.12 Name and Title of Contractor Signatory Borja Alvarez de Toledo president and CEO	
1.13 State Agency Signature DocuSigned by:  Date: 1/17/2023		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) DocuSigned by:  By: _____ On: 1/25/2023			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

2. 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 B 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 1.17, 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 1.13 ("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 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 for Services provided in EXHIBIT B, in whole or in part. 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 reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source 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 C 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 applicable 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 employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property 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 The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

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

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

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

Contractor Initials ⁰³ BBT
Date 1/17/2023

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 cured, 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 give the Contractor a written notice specifying the Event of Default and 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 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. 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.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, 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 B. In addition, at the State's discretion, 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.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 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.

10.2 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.

10.3 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.

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.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

Contractor Initials

BAT

Date 1/17/2023

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. 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 continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

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

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

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

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

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. The 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. **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.

17. **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.

18. **CHOICE OF LAW AND FORUM.** This Agreement shall be governed, interpreted and 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. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. **CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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 or modifying provisions set forth in the attached EXHIBIT A 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 with respect to the subject matter hereof.

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Subparagraph 3.1; Effective Date/Completion of Services, is amended as follows:

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 as indicated in block 1.17, this Agreement, and all obligations of the parties hereunder, shall become effective October 1, 2022, ("Effective Date").

1.2. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up to four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

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Scope of Services

1. Introduction

1.1. The Contractor must provide services in accordance with Department requirements and the Healthy Families America (HFA) program, which is designed to reduce the risk of child maltreatment by strengthening parent-child relationships, promoting healthy childhood growth, and enhancing family functioning and protective factors. Families enroll voluntarily with HFA, and meet regularly with a Family Support Specialist and receive services tailored to their needs.

HFA is both culturally-inclusive and trauma-informed, and teaches parents about healthy child development and appropriate activities for keeping their child(ren) healthy and thriving. The Contractor must provide services to assist in:

- Increasing caregivers' ability to build attachments with their child(ren);
- Creating foundations for nurturing relationships;
- Enhancing family functioning through reducing risk and increasing protective factors; and
- Developing connections to additional resources, which include, but are not limited to:
 - Housing.
 - Food.
 - Various forms of treatment.
 - School readiness.
 - Childcare.
 - Access to diapers and other supplies.

1.2. The Department, through this Agreement, seeks to assess needs more holistically, and to create crucial linkages across systems that touch vulnerable populations to seamlessly connect them to supports and enhance available services at all levels of needs. The Department's Division of Public Health Services (DPHS) in conjunction with the Division for Children, Youth and Families (DCYF) are collaborating their efforts to achieve this goal. The Contractor must provide services using the HFA program to children and families on behalf of both Divisions.

1.3. For the purposes of this Agreement, all references to day(s) mean Monday through Friday, business days, excluding state and federal holidays.

2. Key Definitions & Terminology

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- 2.1. **Begin Date of Services** –The date the Contractor initiated contact with the client/family, and corresponds with the date listed as "begin date of services" on the Division for Children, Youth and Families (DCYF) Service Authorization Form.
- 2.2. **CPS** – Child Protective Services.
- 2.3. **CQI** – Continuous Quality Improvement.
- 2.4. **Cultural Humility** – Maintaining a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture. Rather what you learn about a participant's culture stems from being open to what they themselves have determined is their personal expression of their heritage and culture.
- 2.5. **CWP** – Child Welfare Protocols.
- 2.6. **DCYF** – Division for Children, Youth and Families.
- 2.7. **DHHS** – Department of Health and Human Services.
- 2.8. **DPHS** – Division of Public Health Services.
- 2.9. **DO** – District Office.
- 2.10. **Face-to-face** – An in-person or virtual interaction or home visit (defined below) following the date on which the referral was made in which a provider begins working with the families to deliver HFA.
- 2.11. **FFPSA** – Family First Prevention Services Act.
- 2.12. **FTE** – Full time equivalent is a figure calculated from the number of full-time and part-time employees in an organization that represents these workers as a comparable number of full-time employees.
- 2.13. **GGK** – Growing Healthy Kids is a user friendly and truly comprehensive strength-based approach to growing nurturing parent-child relationships and supporting healthy childhood development.
- 2.14. **HFA** – Healthy Families America.
- 2.15. **HFA model** – A well-supported practice that provides home visiting designed to work with families who may have histories of trauma, intimate partner violence, mental health challenge, and/or substance use disorders. HFA services are delivered voluntarily, intensively, and over the long-term.
- 2.16. **HFA BPS** – Healthy Families America Best Practice Standards.
- 2.17. **HFA CWP model** – A set of protocols that requires the existing model requirements be provided, while offering additional guidance related to enrollment, caseload management, and establishing a formal MOU with child welfare in order to best serve families. Services are offered for a minimum of three years, regardless of the age of the child at intake, and supports families

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with children through age five, which allows sites to enroll families referred by child welfare up to age twenty-four months.

- 2.18. **HRSA** – Health Resource and Services Administration is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable and the funding source of the MIECHV.
- 2.19. **MIECHV** = Maternal, Infant and Early Childhood Home Visiting – a program that supports pregnant individuals and families and helps at-risk parents of children from birth to kindergarten entry to tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn.
- 2.20. **MOU/MOA** – Memorandum of Understanding/Memorandum of Agreement – a written agreement between two (2) parties to provide certain services.
- 2.21. **Open Assessment** – Any report of concern received by DCYF that is screened in by DCYF's central intake, and is being investigated by child protection staff.
- 2.22. **Open Case** – Any case opened to DCYF, including community-based/internal voluntary cases.
- 2.23. **Out-of-Home Placement** – The removal of a child from their normal place of residence to reside in a court-ordered substitute care setting under the placement and care responsibility of DCYF.
- 2.24. **PAT** – Parents As Teachers – a foundational curriculum used as an approach to working with families that is relationship-based and parenting-focused.
- 2.25. **PII** – Personally Identifiable Information.
- 2.26. **QA** – Quality Assurance.
- 2.27. **Virtual Home Visit** - A home visit, as described in an applicable service delivery model that is conducted solely by the use of electronic information and telecommunications technologies.¹
- 2.28. **Well-supported practice** – An evidence-based service that has at least two (2) contrasts, with non-overlapping samples in studies carried out in usual care or practice settings that achieve a rating of moderate or high on design and execution and demonstrate favorable effects in a target outcome domain. At least one (1) of the contrasts must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one (1) target outcome.

3. Statement of Work

- 3.1. The Contractor must provide face-to-face voluntary home visiting services to

¹ Text - H.R. 133 - 116th Congress (2019-2020): Consolidated Appropriations Act, 2021 | Congress.gov | Library of Congress

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pregnant individuals and families with children up to age five (5) by utilizing the evidence-based home visiting model from HFA.

3.2. The Contractor must ensure a minimum of 80% of families served using the traditional HFA model are enrolled in services prenatally or by when the child is 3-months old. The Contractor must offer services in compliance with HFA requirements after enrollment. Eligible families for traditional HFA services (as managed by the Division of Public Health Services) must fall within one (1) or more of the federally defined priority populations below:

- 3.2.1. Are first-time parents.
- 3.2.2. Have income of less than one hundred eighty-five percent (<185%) of the U.S. Department of Health and Human Services (USDHHS) Poverty Guidelines.
- 3.2.3. Are less than twenty-one (21) years of age.
- 3.2.4. Have a history of child abuse or neglect, or have had interactions with child welfare services.
- 3.2.5. Have a history of substance misuse or need substance use disorder treatment.
- 3.2.6. Are users of tobacco products in the home.
- 3.2.7. Have or have had a child(ren) with low student achievement.
- 3.2.8. Have a child(ren) with developmental delays or disabilities.
- 3.2.9. Are in families that include individuals who are serving or have formerly served in the armed forces.

3.3. The Contractor must service a portion of families utilizing the HFA Child Welfare Protocols (CWP) in the Concord, Manchester, Seacoast and Southern DCYF Catchment Areas, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months old, referred by the child welfare system, who are participating in the service voluntarily. The Contractor must serve no less than 24 DCYF families during the first six (6) months of the contract period and no less than 89 families thereafter through the end of the contract period.

3.4. The Contractor must serve families under the traditional HFA model by DCYF Catchment Area as follows: Concord - 16 families, Manchester - 36 families, Seacoast - 24 families, and Southern - 25 families.

3.5. Eligible families for HFA CWP services must fall within one (1) of more of the following DCYF FFPSA priority populations:

- 3.5.1. Pregnant or parenting youth in foster care.

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- 3.5.2. Families with an infant born exposed to substances.
- 3.5.3. Families assessed by DCYF where the assessment will be closed unfounded.
- 3.5.4. Families with an open DCYF case who have recently reunified.
- 3.6. The Contractor must provide services with the goal of reducing risk of maltreatment for children assessed by the DCYF by:
 - 3.6.1. Serving families involved with DCYF through open assessments or open cases, and also beyond their DCYF involvement.
 - 3.6.2. Strengthening parent-child relationships.
 - 3.6.3. Promoting healthy childhood growth.
 - 3.6.4. Enhancing family functioning and protective factors both during and beyond their DCYF involvement with a long-term outcome goal of decreasing future system involvement and the need for out-of-home placement.
- 3.7. The Contractor must provide services that address the diverse needs of children and families in order to improve health and development outcomes for priority populations through evidence-based home visiting programs, with fidelity to the HFA model BPS. The Contractor must:
 - 3.7.1. Be approved through the HFA model to provide services under this Agreement. The Contractor must:
 - 3.7.1.1. Be approved through HFA, to implement the HFA CWP, which allows enrollment into HFA for DCYF referred families up to twenty-four (24) months of age.
 - 3.7.1.2. Have HFA CWP available in the Concord, Manchester, Seacoast and Southern DCYF Catchment Areas within six (6) months of Governor and Executive Council approval of this Agreement.
 - 3.7.1.2.1. Should the Contractor be unable to begin providing services through the HFA CWP by the date specified above, a corrective action plan must be developed by the Contractor and approved by the Department.
 - 3.7.1.2.1.1. In the event that the HFA National Office denies the Contractor use of the CWP, the Contract must develop a subcontract or MOA with an approved, accredited HFA provider to provide this service, no later than

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- thirty (30) business days from the date of the denial.
- 3.7.2. Select and implement an evidence-based curriculum to support prenatal individuals and newly parenting families. Family Support Specialists (FSS) must be trained within six (6) months of hire on the following:
 - 3.7.2.1. Parents as Teachers (PAT), as an annually trained "Approved user;" or
 - 3.7.2.2. Growing Great Kids (GGK) with certification of training.
 - 3.7.3. Collaborate with other early childhood and social service agencies to support linkages to services beneficial to families.
 - 3.7.4. Ensure the twelve (12) critical elements that make up the essential components of the HFA model are addressed in agency policies.
 - 3.7.5. Enter personally identifiable information (PII) for all participants served under this Agreement into the Department's designated Home Visiting Data System.
- 3.8. The Contractor must identify positive ways to establish relationships with each family and keep families engaged and connected over time, as participants may be reluctant to engage in services and may have difficulty building trusting relationships. The Contractor must use creative outreach strategies, such as Motivational Interviewing, to re-engage families who have disengaged.
 - 3.9. The Contractor must adhere to HFA's site requirements by ensuring weekly individual supervision is received by all direct service staff.
 - 3.10. The Contractor must provide monthly reflective consultation groups for direct service staff and supervisors with a skilled Infant Mental Health consultant.
 - 3.11. The Contractor must offer home visits by licensed nurses (registered nurse (RN) or greater education level) during the prenatal and post-partum periods at a frequency of once per trimester prenatally, and once per quarter during the first year post-partum.
 - 3.12. The Contractor must offer services that are comprehensive and focus on supporting the parent/caregiver, as well as supporting the parent-child interaction and child development. Additionally, all families must be linked to a medical provider and other services, as appropriate.
 - 3.13. The Contractor must obtain all necessary authorizations for release of information. All forms developed for authorization for release of information must be made available for review by the Department during site visits for selected case reviews.
 - 3.14. The Contractor must coordinate, where possible, with other local service providers including, but not limited to:

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- 3.14.1. Health care providers.
- 3.14.2. Social workers.
- 3.14.3. Social services.
- 3.14.4. Early interventionists.
- 3.15. The Contractor must develop and maintain an advisory group comprised of community partners, family participants, and agency staff with a wide range of skills and abilities, including representatives with diverse skills, strengths, community knowledge, professions, and cultural diversity. The Contractor must:
 - 3.15.1. Promote equity in all facets of operations with families, staff, and community.
 - 3.15.2. Maintain policy or other written guidance expressing the Contractor's commitment to respectful staff interactions and supporting staff to continually strengthen their relational skills focused on diversity, equity, and inclusion.
 - 3.15.3. Gather information to reflect on and better understand issues impacting staff and families served and to examine the effectiveness of its equity strategies.
 - 3.15.4. Develop an equity plan based on what it learns about itself, from an equity perspective, in the way it supports its staff, the families it serves, and the community it works within to set a course for continuous improvement to achieve greater equity in all facets of its work.
- 3.16. The Contractor must evaluate the progress of each program participant, as well as the performance of programs and services provided.
- 3.17. The Contractor must ensure that they:
 - 3.17.1. Collaborate with relevant DCYF staff and related stakeholders when a valid release of information has been signed or a subpoena has been issued by the court.
 - 3.17.2. Make reports to DCYF Central Intake if they suspect child abuse or neglect, consistent with their responsibility, as mandated reporters under New Hampshire law.
- 3.18. The Contractor must actively and regularly collaborate monthly, with both Divisions, to enhance contract management, improve results, and adjust program delivery and policy, based on successful outcomes.
- 3.19. **Compliance Standards**
 - 3.19.1. The Contractor must offer services to all families referred by the Department unless that family is identified as ineligible for HFA under

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model specifications and requirements.

3.19.2. The Contractor must ensure referrals are accepted from multiple sources within the child welfare system including, but not limited to:

3.19.2.1. DCYF Juvenile Justice Services.

3.19.2.2. DCYF Child Protective Services (CPS).

3.19.3. The Contractor must adhere to all specifications and requirements, in compliance with NH DCYF's 5-year prevention plan and the Family First Prevention Service Act (FFPSA), for HFA CWP cases, including but not limited to:

3.19.3.1. All data reporting;

3.19.3.2. Record keeping and retention;

3.19.3.3. Fiscal compliance;

3.19.3.4. Maintenance of an evidence-based program identified as well-supported through the Title IV-E Clearinghouse;

3.19.3.5. Documented prevention type on the DCYF service authorization (which will be completed by the Department); and

Submitting a completed prevention plan every twelve (12) months for every DCYF-referred family. DCYF staff will complete the initial prevention plan for families, and the Contractor must update the plans at the 12-month mark and annually. The Department will distribute associated guidance after DCYF's 5-year plan is reviewed and approved.

3.19.4. The Contractor must collaborate with the Department to ensure that all program policies, procedures, and documents align with NH DCYF and DPHS policies, NH state law, and Department needs.

3.19.5. The Contractor must identify staff responsible for submitting reports and data to the Department within 30 days of the Agreement effective date.

3.20. Staffing:

3.20.1. The Contractor must follow all HFA Essential and Safety standards for staffing, hiring, training, and supervision, as outlined in HFA BPS.

3.20.2. The Contractor must ensure HFA home visiting staff have at least a high school diploma or equivalent, experience providing services to families, and knowledge of child development. Supervisors and Program Managers must have at least a Bachelor's degree with three (3) years prior experience.

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- 3.20.3. The Contractor must ensure FSSs receive extensive training in the program model before delivering the service and on a recurring basis. Training must comply with all HFA model specifications and requirements, including but not limited to:
- 3.20.3.1. Attending a four-day core training that is specialized based on role (assessors, home visitors, and supervisors).
 - 3.20.3.2. Supervisors attending one (1) additional day for the core training and an optional three (3) days of training that focuses on building reflective supervision skills.
 - 3.20.3.3. Program managers are required to attend core training plus three (3) days of training focused on how to implement the model to fidelity using the HFA BPS.
- 3.20.4. The Contractor must ensure additional available training is beneficial to the staff in delivering HFA. Training and conferences topics must include but are not limited to:
- 3.20.4.1. Substance use.
 - 3.20.4.2. Childhood Maltreatment (Abuse/Neglect):
 - 3.20.4.3. Parenting techniques.
 - 3.20.4.4. Cultural competence/humility.
 - 3.20.4.5. Childhood and generational trauma (Trauma-Informed).
 - 3.20.4.6. Engagement strategies.
- 3.20.5. The Contractor must ensure each Family Support Specialist (FSS) maintains a caseload of no more than ten (10) to twelve (12) families per one (1) FTE for the first two (2) years of employment and no more than fifteen (15) to twenty (20) families per one (1) FTE after completing 24 months of employment for traditional HFA; and no more than ten (10) to twelve (12) families at any time for HFA CWP. These caseload maximums shall be prorated per HFA requirements for staff with less than 40 hours per week dedicated to the role of FSS.
- 3.21. The Contractor must maintain HFA accreditation and follow all BPS related to hiring, staffing levels, training, and supervision among other components of the model.
- 3.22. Discharge from HFA services:**
- 3.22.1. The Contractor must develop a discharge plan for each family, beginning at the time of admission and continuing throughout service.
 - 3.22.2. The Contractor must not discharge any family referred by the Department without following a protocol specified by the Department.

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3.23. Extending HFA services:

3.23.1. The Contractor must offer HFA Services to the child and family, for a minimum of three (3) years in total.

3.24. Reporting

3.24.1. The Contractor must complete a Monthly Capacity Analysis Report, which is attached as Attachment 2 on a form provided by the Department. This document must be submitted to DPHS no later than the 15th of each month, containing the prior month's data.

3.24.2. The Contractor, on a quarterly (January, April, July, and October) and annual (October) basis, must submit to DCYF:

3.24.2.1. Form 1, which is attached as Attachment 3.

3.24.2.2. Form 2, which is attached as Attachment 4.

3.24.3. The Contractor may be required to provide new data reporting requirements, or other key data and metrics including client-level demographic, performance, and service data to the Department in a format specified by the Department.

3.25. Background Checks

3.25.1. For all Contractor employees, interns, volunteers, and any subcontractor employees, interns, and volunteers providing services under this Agreement, the Contractor must, at its own expense, after obtaining a signed and notarized authorization form from the individual(s) for whom information is being sought:

3.25.1.1. Submit the person's name for review against the Bureau of Elderly Adult Services (BEAS) state registry maintained pursuant to RSA 161-F:49;

3.25.1.2. Submit the person's name for review against the Division for Children, Youth and Families (DCYF) center registry pursuant to RSA 169-C:35;

3.25.1.3. Complete a criminal records check to ensure that the person has no history of:

3.25.1.3.1. Felony conviction; or

3.25.1.3.2. Any misdemeanor conviction involving:

3.25.1.3.2.1. Physical or sexual assault;

3.25.1.3.2.2. Violence;

3.25.1.3.2.3. Exploitation;

3.25.1.3.2.4. Child pornography;

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- 3.25.1.3.2.5. Threatening or reckless conduct;
- 3.25.1.3.2.6. Theft;
- 3.25.1.3.2.7. Driving under the influence of drugs or alcohol; or
- 3.25.1.3.2.8. Any other conduct that represents evidence of behaviors that could endanger the well-being of any individual served under this Agreement; and

3.25.2. Unless approval is granted by the Department, the Contractor must not permit any employee, volunteer, intern, or subcontractor to provide services under this Agreement until the Contractor has confirmed:

- 3.25.2.1. The individual's name is not on the BEAS state registry;
- 3.25.2.2. The individual's name is not on the DCYF central registry;
- 3.25.2.3. The individual does not have a record of a felony conviction; or
- 3.25.2.4. The individual does not have a record of any misdemeanors as specified above.

3.26. Confidential Data

- 3.26.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department's Exhibit K, DHHS Information Security Requirements.
- 3.26.2. The Contractor must ensure any staff and/or volunteers involved in delivering services through this Agreement, sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Exhibit K. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.
- 3.26.3. Upon request, the Contractor must allow the Department to conduct a Privacy Impact Assessment (PIA) of its system. To conduct the PIA the Contractor must provide the Department access to applicable systems and documentation sufficient to allow the Department to asses, at minimum, the following:
 - 3.26.3.1. How PII is gathered and stored;

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- 3.26.3.2. Who will have access to PII;
- 3.26.3.3. How PII will be used in the system;
- 3.26.3.4. How individual consent will be achieved and revoked and
- 3.26.3.5. Privacy practices.
- 3.26.4. The Department may conduct follow-up PIAs in the event there are either significant process changes or new technologies impacting the collection, processing or storage of PII.
- 3.27. Contract End-of-Life Transition Services.**
 - 3.27.1. If applicable, upon termination or expiration of the Agreement, the Parties agree to cooperate in good faith to effectuate a smooth secure transition of the services from the Contractor to the Department and, if applicable, the Contractor engaged by the Department to assume the services previously performed by the Contractor for this section the new Contractor shall be known as ("Recipient"). Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP) on a template provided by the Department.
 - 3.27.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and their Affiliates to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with an assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.
 - 3.27.3. If a system, database, hardware, software, and/or software license ("Tools") was purchased or created to manage, track, and/or store State Data in relationship to this Contract, said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of State Data is complete.
 - 3.27.4. The internal planning of the Transition Services by the Contractor and its Affiliates must be provided to the Department and if applicable, the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Contract.
 - 3.27.5. Should the Data Transition extend beyond the end of the Contract, the Contractor and its Affiliates agree Contract Information Security

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Requirements, and if applicable, the Department's Business Associates Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.

3.27.6. In the event where the Contractor has commingled Department Data and the destruction of Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction.

3.28. Website and Social Media

3.28.1. Contractor agrees that if performance of services on behalf of the Department involves using social media or a website to solicit information of individuals, or Confidential data, the Contractor must work with the Department's Communication Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all of the Department's and NH Department of Information Technology's website and social media requirements and policies.

3.28.2. Contractor agrees that protected health information (PHI), personal identifiable information (PII), or other confidential information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed, unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other confidential information is subject to the Information Security Requirements Exhibit, the Business Associates Agreement Exhibit and all applicable state rules and state and federal laws. Unless specifically required by the Contract and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation will not be tracked, disclosed or used for website or social medial analytics or marketing.

3.29. Performance Measures

3.29.1. For services provided for DPHS, the Department will monitor Contractor performance by reviewing indicated reporting requirements on Form 1, which is attached as Attachment 3, and Form 2, which is attached as Attachment 4, and working with the Contractor to select areas to improve upon utilizing CQI strategies through a data driven process.

3.29.2. For services provided for DCYF, the Department will focus on specific data points collected through its internal data systems, monthly, quarterly and annual submissions via email, and existing HFA data collection reports on DCYF Key Performance Metrics, which are attached as Attachment 5.

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**New Hampshire Department of Health and Human Services
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4. Exhibits Incorporated

- 4.1. The Contractor must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.
- 4.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 4.3. The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

- 5.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

5.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

- 5.2.1. The Contractor must submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

5.3. Credits and Copyright Ownership

- 5.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "The preparation of this (report, document etc.) was financed under an 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."

- 5.3.2. All materials produced or purchased under the Agreement must have

**New Hampshire Department of Health and Human Services
Home Visiting Services**

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prior approval from the Department before printing, production, distribution or use.

5.3.3. The Department must retain copyright ownership for any and all original materials produced, including, but not limited to:

5.3.3.1. Brochures.

5.3.3.2. Resource directories.

5.3.3.3. Protocols or guidelines.

5.3.3.4. Posters.

5.3.3.5. Reports.

5.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

5.4. Operation of Facilities: Compliance with Laws and Regulations

5.4.1. In the operation of any facilities for providing services, the Contractor must 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 must 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 must 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 Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

6. Records

6.1. The Contractor must keep records that include, but are not limited to:

6.1.1. Books, records, documents and other electronic or physical 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.

6.1.2. All records must 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

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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.

6.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must 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.

6.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder the Department must retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

Attachment 1: DCYF Catchment Area Locations

Berlin <i>(650 Main Street Suite 200, Berlin NH 03570)</i>		
Serving the cities, towns, and locations of:		
▪ Atkinson and Gilmanton	▪ Dummer	▪ Pittsburg
▪ Academy Grant	▪ Errol	▪ Randolph
▪ Bean's Grant	▪ Ervings Location	▪ Riverton
▪ Bean's Purchase	▪ Fabyan Gorham	▪ Sargent's Purchase
▪ Berlin	▪ Grange Greens Grant	▪ Second College Grant
▪ Bretton Woods	▪ Groveton	▪ Shelburne
▪ Cambridge	▪ Hadley's Purchase	▪ South Lancaster
▪ Carroll	▪ Jefferson	▪ Stark
▪ Cascade	▪ Kilkenny	▪ Stewartstown
▪ Chandlers Purchase	▪ Lancaster	▪ Stratford
▪ Clarksville	▪ Low and Burbank's Grant	▪ Stratford Hollow
▪ Colebrook	▪ Maplewood	▪ Success
▪ Columbia	▪ Martin's Location	▪ Thompson & Meserve's Purchase
▪ Coos Junction	▪ Milan	▪ Twin Mountain
▪ Crawford's Purchase	▪ Millsfield	▪ Wentworth's Location
▪ Crystal	▪ North Stratford	▪ West Milan
▪ Cutt's Grant	▪ Northumberland	▪ West Stewartstown
▪ Dalton	▪ Odell	▪ Whitefield
▪ Dix's Grant	▪ Percy	
▪ Dixville	▪ Pinkham's Grant	

Littleton <i>(80 North Littleton Road, Littleton, NH 03561)</i>	
Serving the cities, towns, and locations of:	
▪ Apthorp	▪ Lisbon
▪ Bath	▪ Littleton
▪ Benton	▪ Livermore
▪ Bethlehem	▪ Lyman
▪ Bethlehem Junction	▪ Monroe
▪ Center Haverhill	▪ North Haverhill
▪ East Haverhill	▪ North Woodstock
▪ Easton	▪ Pierce Bridge
▪ Franconia	▪ Piermont
▪ Glenciff	▪ Pike
▪ Haverhill	▪ Sugar Hill
▪ Landaff	▪ Warren
▪ Lincoln	▪ Woodstock
	▪ Woodsville

Attachment 1: DCYF Catchment Area Locations

Conway <i>(71 Hobbs Street, Conway, NH 03818)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none"> ▪ Albany ▪ Bartlett ▪ Brookfield ▪ Center Conway ▪ Center Effingham ▪ Center Ossipee ▪ Center Sandwich ▪ Center Tuftonboro ▪ Chatham ▪ Chocorua ▪ Conway ▪ East Conway ▪ East Wakefield ▪ Eaton ▪ Effingham 	<ul style="list-style-type: none"> ▪ Freedom ▪ Glen ▪ Granite ▪ Hale's Location ▪ Hart's Location ▪ Intervale ▪ Jackson ▪ Kearsarge ▪ Madison ▪ Melvin Village ▪ Mirror Lake ▪ Moultonborough ▪ Moultonville ▪ North Conway ▪ North Sandwich ▪ Ossipee 	<ul style="list-style-type: none"> ▪ Redstone ▪ Sanbornville ▪ Sandwich ▪ Silver Lake ▪ Snowville ▪ South Chatham ▪ South Effingham ▪ South Tamworth ▪ Tamworth ▪ Tuftonboro ▪ Union ▪ Wakefield ▪ West Ossipee ▪ Wolfeboro ▪ Wolfeboro Falls ▪ Wonalancet

Claremont <i>(17 Water Street, Suite 301, Claremont, NH 03743)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none"> ▪ Acworth ▪ Beaugard Village ▪ Burkehaven ▪ Canaan ▪ Charlestown ▪ Claremont ▪ Cornish ▪ Cornish Flat ▪ Croydon ▪ East Lempster ▪ Enfield ▪ Enfield Center ▪ Etna 	<ul style="list-style-type: none"> ▪ Georges Mills ▪ Goshen ▪ Grafton ▪ Grantham ▪ Guild ▪ Hanover ▪ Langdon ▪ Lebanon ▪ Lempster ▪ Lyme ▪ Lyme Center ▪ Meriden ▪ Mount Sunapee ▪ Newport 	<ul style="list-style-type: none"> ▪ Orange ▪ Orford ▪ Plainfield ▪ South Acworth ▪ South Charlestown ▪ Springfield ▪ Sunapee ▪ Unity ▪ Washington ▪ West Canaan ▪ West Lebanon ▪ West Springfield ▪ West Unity

Attachment 1: DCYF Catchment Area Locations

Keene <i>(111 Key Road, Keene NH 03431)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none"> ▪ Alstead ▪ Antrim ▪ Ashuelot ▪ Bennington ▪ Chesterfield ▪ Deering ▪ Drewsville ▪ Dublin ▪ East Sullivan ▪ East Swanzey ▪ East Westmoreland ▪ Fitzwilliam ▪ Gilsum ▪ Greenfield ▪ Greenville ▪ Hancock 	<ul style="list-style-type: none"> ▪ Harrisville ▪ Hillsborough ▪ Hillsborough Upper Village ▪ Hinsdale ▪ Jaffrey ▪ Keene ▪ Marlborough ▪ Marlow ▪ Munsonville ▪ Nelson ▪ New Ipswich ▪ North Swanzey ▪ North Walpole ▪ Peterborough ▪ Richmond ▪ Rindge ▪ Roxbury 	<ul style="list-style-type: none"> ▪ Sharon ▪ Spofford ▪ Stoddard ▪ Sullivan ▪ Surry ▪ Swanzey ▪ Temple ▪ Troy ▪ Walpole ▪ West Chesterfield ▪ West Deering ▪ West Peterborough ▪ West Swanzey ▪ Westmoreland ▪ Westport ▪ Winchester ▪ Windsor

Laconia <i>(65 Beacon Street West, Laconia NH 03246)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none"> ▪ Alexandria ▪ Alton ▪ Alton Bay ▪ Ashland ▪ Barnstead ▪ Bear Island ▪ Belmont ▪ Bridgewater ▪ Bristol ▪ Campton ▪ Center Barnstead ▪ Center Harbor ▪ Dorchester ▪ East Holderness 	<ul style="list-style-type: none"> ▪ Ellsworth ▪ Gilford ▪ Gilmanton ▪ Gilmanton Corners ▪ Gilmanton Iron Works ▪ Glendale ▪ Governor Isle ▪ Groton ▪ Hebron ▪ Holderness ▪ Laconia ▪ Lakeport ▪ Lochmere ▪ Lower Gilmanton ▪ Meredith 	<ul style="list-style-type: none"> ▪ Meredith Center ▪ New Hampton ▪ North Sanbornton ▪ Plymouth ▪ Quincy ▪ Rumney ▪ Sanbornton ▪ Thornton ▪ Tilton ▪ Waterville Valley ▪ Weirs ▪ Wentworth ▪ West Alton ▪ West Rumney ▪ Winnisquam

Attachment 1: DCYF Catchment Area Locations

Concord <i>(40 Terrill Park Drive, Concord NH 03301)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none">▪ Allentown▪ Andover▪ Blodgett Landing▪ Boscawen▪ Bow▪ Bradford▪ Canterbury▪ Chichester▪ Concord▪ Contoocook▪ Danbury▪ Davisville▪ Dunbarton▪ East Andover▪ East Concord▪ East Sutton▪ Elkins	<ul style="list-style-type: none">▪ Epsom▪ Francestown▪ Franklin▪ Gerrish▪ Goffstown▪ Gossville▪ Henniker▪ Hill▪ Hooksett▪ Hopkinton▪ Loudon▪ New Boston▪ New London▪ Newbury▪ North Sutton▪ North Wilmot▪ Northfield▪ Pembroke	<ul style="list-style-type: none">▪ Penacook▪ Pinardville▪ Pittsfield▪ Potter Place▪ Salisbury▪ Short Falls▪ South Danbury▪ South Sutton▪ Suncook▪ Sutton▪ Warner▪ Weare▪ Webster▪ Webster Lake▪ West Franklin▪ Wilmot▪ Wilmot Flat

Manchester <i>(1050 Perimeter, Suite 501, Manchester NH 03103)</i>
Serving the city of: Manchester

Attachment 1: DCYF Catchment Area Locations

Rochester <i>(150 Wakefield Street Suite 22, Rochester NH 03867)</i>	
Serving the cities, towns, and locations of:	
<ul style="list-style-type: none"> ▪ Barrington ▪ Center Strafford ▪ Dover ▪ Durham ▪ East Rochester ▪ Farmington ▪ Gonic ▪ Lee 	<ul style="list-style-type: none"> ▪ Madbury ▪ Middleton ▪ Milton ▪ Milton Mills ▪ New Durham ▪ Rochester ▪ Rollinsford ▪ Strafford

Seacoast <i>(19 Rye St. Portsmouth, NH 03801)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none"> ▪ Auburn ▪ Brentwood ▪ Candia ▪ Danville ▪ Deerfield ▪ East Kingston ▪ Epping ▪ Exeter ▪ Fremont ▪ Greenland ▪ Hampton 	<ul style="list-style-type: none"> ▪ Hampton Beach ▪ Hampton Falls ▪ Kensington ▪ Kingston ▪ New Castle ▪ Newfields ▪ Newington ▪ Newmarket ▪ Newton ▪ Newton Junction ▪ North Hampton 	<ul style="list-style-type: none"> ▪ Northwood ▪ Nottingham ▪ Portsmouth ▪ Raymond ▪ Rye ▪ Rye Beach ▪ Seabrook ▪ Somersworth ▪ South Hampton ▪ Stratham ▪ West Nottingham

Southern <i>(26 Whipple St. Nashua, NH 03060)</i>		
District Office serving the cities, towns, and locations of: <ul style="list-style-type: none"> ▪ Amherst ▪ Bedford ▪ Brookline ▪ Hollis ▪ Hudson ▪ Litchfield ▪ Lyndeborough ▪ Mason ▪ Merrimack 	<ul style="list-style-type: none"> ▪ Milford ▪ Mont Vernon ▪ Nashua ▪ North Salem ▪ Pelham ▪ Reeds Ferry ▪ Salem ▪ Wilton ▪ Windham 	Southern Telework serving the cities, towns, and locations of: <ul style="list-style-type: none"> ▪ Atkinson ▪ Chester ▪ Derry ▪ East Derry ▪ East Hampstead ▪ Hampstead ▪ Londonderry ▪ Plaistow ▪ Sandown

Attachment 2 - Capacity Analysis Report

CASELOAD AND CAPACITY ANALYSIS <i>to be completed for each month of the contract period</i>	
INTRODUCTION & NOTES	<p>This Excel tool has been adapted to streamline the caseload and capacity analysis and reporting processes, for both the Local Implementing Agency and the State Team, and to standardize the way metrics are calculated across all LIAs. Please do not copy this workbook to use next month! Instead, open the file named for monthly data you are reporting (i.e. in early January, use the file named "2021-12" to report December 2021 data). Please do not change the name of the file when emailing the report to NHDPHS. The "New Home Visitor" tab has been designed for home visitors in their first 24 months to better accommodate new HFA BPS.</p>
USE	<ol style="list-style-type: none"> 1. Click on a home visitor worksheet (HV) tab, below. Enter the home visitor's information into the GREEN CELLS only: their Name, # hours per week paid by HFA, and % of HFA time as a home visitor. 2. Enter the number of families on each level that the home visitor saw in the reporting month. 3. Repeat Steps 1-2 for each home visitor allocated to HFA Home Visiting during the month, in the separate tabs provided. 4. If you have a home visitor position that is currently vacant, please indicate this using "RECRUITMENT" instead of the home visitor's name. 5. Click the "Capacity Analysis" worksheet tab to review the analysis for your Local Implementing Agency this month. <p>NOTE: to optimize your case-assignment planning, use next month's workbook to model your family and case-weight numbers, and see what your performance results will be!</p>
MAINTENANCE	<p style="text-align: center;">PLEASE FOLLOW IF YOUR FAMILY SERVICE WORKERS CHANGED IN THE REPORTING MONTH</p> <p>If your HFA home visiting staff changed, but the number of HFA home visitors did not exceed 5, simply change the "Name of staff member" in Cell B2. Return to USE Step 1.</p> <p>If the number of HFA home visitors during the reporting month was greater than 5, contact the State Team for technical assistance, OR:</p> <ol style="list-style-type: none"> 1. Duplicate the last FSW worksheet tab (right-click, select "move or copy", click box "create a copy", move to "before Capacity Analysis") 2. Update formulas in the Capacity Analysis worksheet tab to include the new FSW worksheet: <ol style="list-style-type: none"> a. # families served, per case weight category (cells E3:I3) b. % of monthly home visitor capacity utilized (cells E7, F7) c. Service Utilization % (cells, E10, F10)
<p>Note: The # of hours paid should be the salaried or expected contracted hours for HFA only, regardless of vacation days, out of office, sick, etc.</p> <p>Note: The % of time spent home visiting should be the % of time - of the HFA hours recorded above - doing home visiting work. For FSWs who are NOT also doing FAW work, the % will be 100%</p> <p>Once the green cells are filled, all orange fields and the Capacity Analysis worksheet will auto-calculate for the individual home visitors and for your LIA</p> <p>If the total number of families or the total weighted caseload is above the maximum, the corresponding field will turn red</p>	

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	January 2022	6/28/2022			Permanent Special Circumstances (PSC) families should be captured above all their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs							
Hire Date (New Hire under 24 months emp)					# of families with additional caseload due to PSCs							
Name of staff member												
# hours per week worked for HFA only Of the hours above, % time as HFA home visitor												
Caseload multiplier	0.00											
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight	
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0	
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0	
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0	
Level 2	Visits every other week		1.00	0							0	
Level 3	Visits once per month		0.50	0							0	
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							0	
Level 4	Visits once per quarter		0.25	0							0	
Creative Outreach (CO)		Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.										
Level CO1			2.00	0								
Level CO2			1.00	0								
Level CO3			0.50	0								
Temporary Assignments (TO, TR)		Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload they had prior to going on CO, to ensure space if re-engaged.										
Level TO1			2.00	0								
Level TO2			1.00	0								
Level TO3			0.50	0								
Level TR	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0								
Actual totals:		0		0	Total additional PSC caseloads							
Maximum for fidelity:		0		0	0							
HFA CAPACITY CALCULATION		#DIV/0!										
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%										

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis		6/28/2022			Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs									
Hire Date (New Hire under 24 months emp)					# of families with additional caseweight due to PSCs									
Name of staff member														
# hours per week worked for HFA only														
Of the hours above, % time as HFA home visitor														
Caseload multiplier		0.00												
Level	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight			
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0			
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0			
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0			
Level 2	Visits every other week		1.00	0							0			
Level 3	Visits once per month		0.50	0							0			
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							0			
Level 4	Visits once per quarter		0.25	0							0			
Creative Outreach (CO)		not applicable												
Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.													2.00	0
Level CO1	CO families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.												1.00	0
Level CO2													0.50	0
Temporary Assignments (TO, TR)		not applicable												
Temporarily Out of Area (TO): for up to 3 months, families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.													2.00	0
Level TO1													1.00	0
Level TO2													0.50	0
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover												0.50	0
Level TR			0.50	0							0			
Actual totals		0		0	Total additional PSC caseweights						0			
Maximum for fidelity		0		0							0			
HFA CAPACITY CALCULATION		#DIV/0!												
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%												

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis			Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs														
Name of staff member																	
If hours per week worked for HFA only																	
Of the hours above, % time as HFA home visitor																	
Caseload multiplier			0.00														
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weights						
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0						
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0						
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0						
Level 2	Visits every other week		1.00	0							0						
Level 3	Visits once per month		0.50	0							0						
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0													
Level 4	Visits once per quarter		0.25	0													
Creative Outreach (CO)			Creative Outreach (CO) is for families that completed all sessions.														
Level CO1	home visit but became disengaged.		2.00	0	not applicable												
Level CO2	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		1.00	0													
Level CO3	CO, to ensure space if re-engaged.		0.50	0													
Temporary Assignments (TD, TR)			Temporary Out of Area (TD): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.														
Level TD1			2.00	0	not applicable												
Level TD2			1.00	0													
Level TD3			0.50	0													
Temporary Re-Assignment (TR)			Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover.														
Level TR			0.50	0	not applicable												
		Actual totals	0	0								Total additional PSC caseloads					
		Maximum for fidelity	0	0								0					
		HFA CAPACITY CALCULATION	#DW/DI														
		FSW Contribution to HRSA CAPACITY CALCULATION	0.0%														

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis					Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs							
Name of staff member												
# hours per week worked for HFA only												
Of the hours above, % time as HFA home visitor												
Caseload multiplier		0.00										
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight	
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0	
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0	
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0	
Level 2	Visits every other week		1.00	0							0	
Level 3	Visits once per month		0.50	0							0	
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0								
Level 4	Visits once per quarter		0.25	0								
Creative Outreach (CO)		Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.			2.00	0	not applicable					
Level CO1	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.			1.00	0							
Level CO2				0.50	0							
Temporary Assignments (TO, TR)		Temporary Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.			2.00	0	not applicable					
Level TO1	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover.			1.00	0							
Level TO2				0.50	0							
Level TO3				0.50	0							
Level TR				0.50	0							
Actual totals				0	Total additional PSC caseloads							
Maximum for fidelity		0		0	0							
HFA CAPACITY CALCULATION		#DIV/0!										
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%										

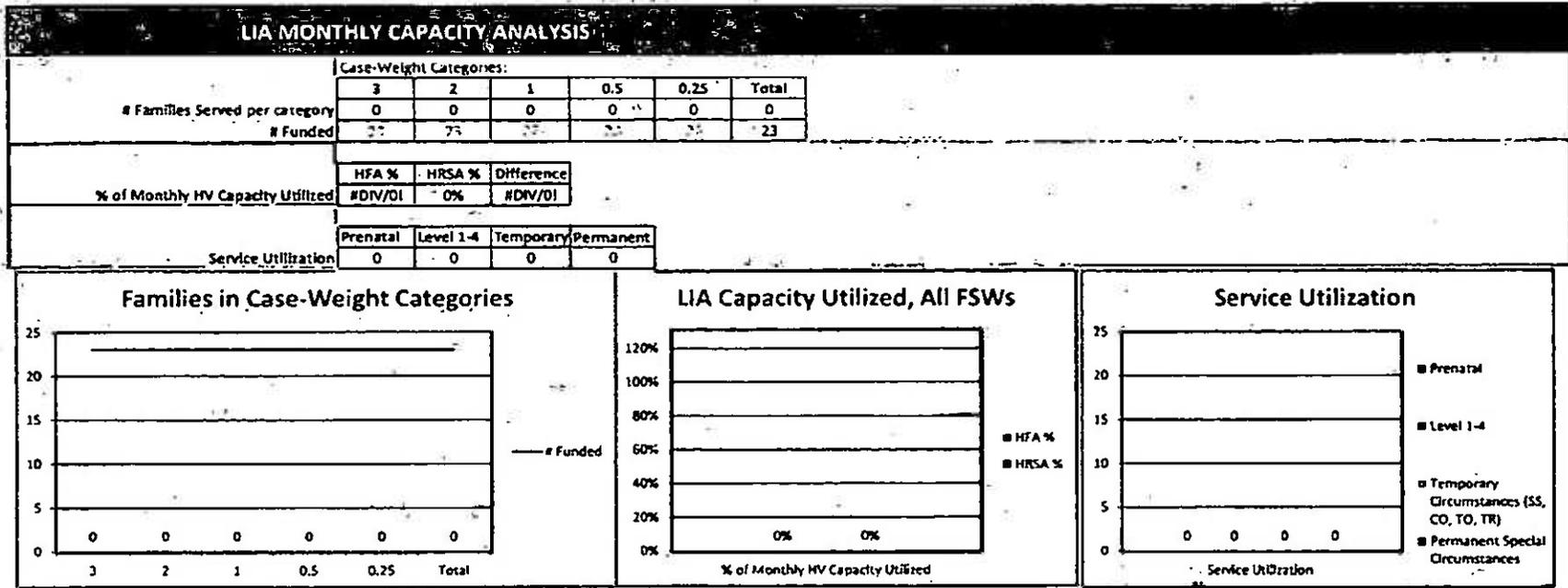
Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis					Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Name of staff member											
# hours per week worked for HFA only											
Of the hours above, % time as HFA home visitor											
Caseload multiplier		0.00									
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weights
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 3S	Crisis intervention - visits weekly, or more if needed		3.00	0							0
Level 4	Visits once per quarter		0.25	0							0
Creative Outreach (CO)		Creative Outreach (CO) is for families that completed all 11 visits, one home visit but became disengaged.			not applicable						
Level CO1	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		2.00	0							
Level CO2	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		1.00	0							
Level CO3	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		0.50	0							
Temporary Assignments (TD, TR)		Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.			not applicable						
Level TD1	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		2.00	0							
Level TD2	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		1.00	0							
Level TD3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
Level TR	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
		Actual totals	0	0	Total additional PSC caseloads						
		Maximum for fidelity	0	0	0						
		HFA CAPACITY CALCULATION	#DIV/0!								
		FSW Contribution to HFA CAPACITY CALCULATION	0.0%								

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis					Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Name of staff member					# of families with additional caseload due to PSCs						Extra Case Weight
# hours per week worked for HFA only											
Of the hours above, % time as HFA home visitor											
Caseload multiplier		0.00									
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)		Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.			not applicable						
Level CO1	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		2.00	0							
Level CO2	CO, to ensure space if re-engaged.		1.00	0							
Level CO3	CO, to ensure space if re-engaged.		0.50	0							
Temporary Assignments (TO, TR)		Temporary Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.			not applicable						
Level TO1	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		2.00	0							
Level TO2			1.00	0							
Level TO3			0.50	0							
Level TR			0.50	0							
		Actual totals	0	0	Total additional PSC caseloads						
		Maximum for fidelity	0	0							0
		HFA CAPACITY CALCULATION	#DIV/0!								
		FSW Contribution to HFA CAPACITY CALCULATION	0.0%								

Attachment 2: Capacity Analysis Report



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Attachment 3 - FORM 1

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

DEMOGRAPHIC, SERVICE UTILIZATION, AND SELECT CLINICAL INDICATORS

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 560 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

July 24, 2018

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Attachment 3 - Form 1

SECTION A: PARTICIPANT DEMOGRAPHICS

Table 1: Unduplicated Count of New and Continuing Program Participants Served by MIECHV

Participants	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Pregnant Women			
Female Caregivers			
Male Caregivers			
All Adults (Auto Calculate)			
Female Index Children			
Male Index Children			
All Index Children (Auto Calculate)			

Notes:

Table 2: Unduplicated Count of Households Served by MIECHV

Households	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Number of Households			

Notes:

Table 3: Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)

Participants and Households	Total Number Served during Reporting Period
Pregnant Women	
Female Caregivers	
Male Caregivers	
All Adults (Auto Calculate)	
Female Index Children	
Male Index Children	
All Index Children (Auto Calculate)	
Number of Households	

Notes:

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Table 4: Adult Participants by Age

Adult Participants	≤17	18-19	20-21	22-24	25-29	30-34	35-44	45-54	55-64	≥65	Unknown/Did not Report*	Total
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 5: Index Children by Age

Index Children	<1 year	1-2 years	3-4 years	5-6 years	Unknown/Did not Report*	Total
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 6: Participants by Ethnicity

Participants	Hispanic or Latino	Not Hispanic or Latino	Unknown/Did not Report*	Total
Pregnant Women				
Female Caregivers				
Male Caregivers				
All Adults (Auto Calculate)				
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Notes:

Table 7: Participants by Race

Participants	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than one race	Unknown/Did not Report*	Total
Pregnant Women								
Female Caregivers								
Male Caregivers								
All Adults (Auto Calculate)								
Female Index Children								
Male Index Children								
All Index Children (Auto Calculate)								

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 8: Adult Participants by Marital Status

Adult Participants	Never Married (Excluding Not Married but Living Together with Partner)	Married	Not Married but Living Together with Partner	Separated/Divorced/Widowed	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Notes:

Table 9: Adult Participants by Educational Attainment

Adult Participants	Less than HS diploma	HS Diploma/GED	Some college/training	Technical training or certification	Associate's Degree	Bachelor's Degree or higher	Other	Unknown/Did not Report*	Total
Pregnant Women									
Female Caregivers									
Male Caregivers									
All Adults (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 10: Adult Participants by Employment Status

Adult Participants	Employed Full Time	Employed Part-Time	Not employed	Unknown/Did not Report*	Total
Pregnant Women					
Female Caregivers					
Male Caregivers					
All Adults (Auto Calculate)					

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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Table 11: Adult Participants by Housing Status

	Not Homeless					Total Not Homeless	Homeless			Total Homeless	Unknown/Did not Report*	Total
	Owns or shares own home, condominium, or apartment	Rents or shares own home or apartment	Lives in public housing	Lives with parent or family member	Some other arrangement		Homeless and sharing housing	Homeless and living in an emergency or transitional shelter	Some other arrangement			
Adult Participants												
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 12: Primary Language Spoken at Home

Index Children	Number	Percent
English		
Spanish		
Other		
Unknown/Did Not Report*		
All Index Children (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Notes:

Table 13: Household Income in Relation to Federal Poverty Guidelines

Households	Number of Households	Percent
50% and under		
51-100%		
101-133%		
134-200%		
201-300%		
>300%		
Unknown/Did not Report*		
All Households (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 14: For Each Household Indicate the Priority Population Characteristics

Households			Unknown/Did not Report*	Total
	Yes	No		
1. Low income household				
2. Household contains an enrollee who is pregnant and under age 21				
3. Household has a history of child abuse or neglect or has had interactions with child welfare services				
4. Household has a history of substance abuse or needs substance abuse treatment				
5. Someone in the household uses tobacco products in the home				
6. Someone in the household has attained low student achievement or has a child with low student achievement				
7. Household has a child with developmental delays or disabilities				
8. Household includes individuals who are serving or formerly served in the US armed forces				

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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SECTION B: SERVICE UTILIZATION

Table 15: Service Utilization

Home Visits	Number
Total Number of Home Visits completed	

Notes:

Table 16: Family Engagement by Household

Households	Number of Households	Percent
Currently receiving services		
Completed program		
Stopped services before completion		
Enrolled but not currently receiving services/Other		
Unknown/Did not Report*		
All Categories (Auto Calculate)		

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 17: Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach

Home Visiting Model (Select One per Row – Add Rows for Additional Models)	Number Newly Enrolled	Number Continuing During Reporting Period	Total

Notes:

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SECTION C: INSURANCE AND CLINICAL INDICATORS

Table 18: Participants by Type of Health Insurance Coverage

Participants	No Insurance Coverage	Medicaid or CHIP	Tri-Care	Private or Other	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 19: Index Children by Usual Source of Medical Care

Index Children	Doctor's/Nurse Practitioner's Office	Hospital Emergency Room	Hospital Outpatient	Federally Qualified Health Center	Retail Store or Minute Clinic	Other	None	Unknown/Did not Report*	Total
Female Index Children									
Male Index Children									
All Index Children (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Table 20: Index Children (\geq 12 months of age) by Usual Source of Dental Care

Index Children	Have a Usual Source of Dental Care	Do not have a Usual Source of Dental Care	Unknown/Did not Report*	Total
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is \geq 10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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DEFINITIONS OF KEY TERMS

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Table Number	Field	Key Terms Requiring Definitions
All Tables		<p>MIECHV Household: For the purposes of reporting to HRSA on Form 1, a "MIECHV household" is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV household at enrollment. HRSA has identified two different methods that can be used to identify MIECHV households that are described below:</p> <ol style="list-style-type: none"> 1. Home Visitor Personnel Cost Method (preferred method): Households are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all households as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. 2. Enrollment Slot Method (temporary option): Households are designated as MIECHV households based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign households to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV. <p>Once designated as a MIECHV household, the household is tracked for the purposes of data collection through the tenure of household participation in the program.</p>
1	Unduplicated Count of New and Continuing Program Participants Served by MIECHV	<p>New Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Continuing Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who was signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Pregnant women are participants who were either pregnant at enrollment or pregnant at the annual update of information in a subsequent reporting period.</p> <p>Female caregivers are those female household members who are enrolled in the program during the reporting period, are considered a caregiver of the index child, and were not pregnant at the time of enrollment or the annual update of this information (e.g., biological mothers, adoptive mothers, foster mothers, grandmothers).</p>

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		<p>Male caregivers include those male household members (e.g. expectant fathers, biological fathers, step-fathers, and partners) who also meet the definition of an enrollee.</p> <p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p>
2	Unduplicated Count of Household Served by MIECHV	<p>New Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who signs up to participate in the home visiting program at any time during the reporting period. The household may include multiple caregivers depending on model-specific definitions.</p> <p>Continuing Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period. The household may include multiple caregivers depending on model-specific definitions.</p>
3	Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)	Participant Served by a State Home Visiting Program (non-MIECHV): A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a non-MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).
4	Adult Participants by Age	Adult Participants: includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.
5	Index Children by Age	Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.
6	Participants by Ethnicity	The responses regarding ethnicity should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. If ethnicity is unknown or not reported for some participants, enter that count in the respective "Unknown/Did not report" column.
7	Participants by Race	The responses regarding race should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. Participants who select more than one race should be reported in the "More than one race" category. If ethnicity and race are unknown or not reported for some participants, enter that count in the respective "Unknown/Did not Report" columns.
8	Adult Participants by Marital Status	Adult Participants: includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.

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		<p>If more than one individual is enrolled in the program, enter the status for all enrollees. For example, if a pregnant woman is enrolled with her spouse in the program, both participants would be counted under the married category.</p>
9	Adult Participants by Educational Attainment	<p>Adult Participants: includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.</p> <p>Less than high school diploma includes individuals who have not completed their high school education.</p> <p>The Some college/training category includes those who are currently enrolled and those who attended in the past.</p> <p>The Technical training or certification category includes those who received technical training or certification in the past.</p> <p>The Associate's Degree category includes those who obtained an Associate's Degree.</p> <p>The Bachelor's Degree category includes those who obtained a Bachelor's Degree.</p> <p>The Other category includes those individuals who did not fall into the specified categories.</p>
10	Adult Participants by Employment Status	<p>Employed: refers to whether the person is currently working for pay.</p> <p>Employed Full Time: an employee who works an average of at least 30 hours per week</p> <p>Employed Part Time: an employee who works an average of less than 30 hours per week¹</p> <p>Not Employed: indicates that the person is not working for pay (this category may include, for example, students, homemakers and those enrollees actively seeking work but currently not employed)</p>
11	Adult Participants by Housing Status	<p>Not homeless: individuals who have a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and</p> <p>Not homeless and lives in public housing: individuals who live in a public housing unit that is administered by a public housing agency (excludes individuals who utilize housing voucher programs)</p> <p>Homeless: individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and</p>

¹ Healthcare.gov Glossary: <https://www.healthcare.gov/glossary/full-time-employee/>

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		<p>Homeless and sharing housing: individuals who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason</p> <p>Homeless and living in an emergency or transitional shelter: individuals who are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement</p> <p>Homeless and some other arrangement: individuals who are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings²</p>
12	Primary Language Spoken, at Home	<p>Primary language: the language used in the home the majority of the time.</p> <p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was served by a trained home visitor implementing services with fidelity to the model who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p>
13	Household Income in Relation to Federal Poverty Guidelines	<p>The appropriate category for a given family will depend both on household income and on the number of household members counted in the household (both home visiting enrollees and non-enrollees). Household income refers to the annual gross income for the household as defined in programmatic guidance, recorded at enrollment and annually thereafter.</p> <p>Federal Poverty Guidelines: Annual income data can be estimated from monthly data (monthly income x 12). The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines.</p>
14	For Each Household Indicate the Priority Population Characteristics	<p>Low-Income: An individual or family with an income determined to be below the Federal Poverty Guidelines. The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines.</p> <p>Pregnant women under 21: Households with expectant mothers who enroll in the program and are under 21 years old during the reporting period.</p> <p>Have a history of child abuse or neglect or have had interactions with child welfare services: Based on self-report, a household with members who have a history of abuse or neglect and have had involvement with child welfare services either as a child or as an adult.</p>

² Administration for Children and Families, Early Childhood Learning and Knowledge Center. 2014. <http://eclkc.ohs.acf.hhs.gov/hslc/ta-system/family/family/homelessness/html/definition/definition-legal.html>

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		<p>Have a history of substance abuse or need substance abuse treatment: Based on self-report, a household with members who have a history of substance abuse or who have been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.</p> <p>Are users of tobacco products in the home: Based on self-report, a household with members who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS).</p> <p>Have, or have children with, low student achievement: Based on self-report, a household with members who have perceived themselves or their child(ren) as having low student achievement.</p> <p>Have a child or children with developmental delays or disabilities: Based on self-report or home visitor/staff observation, a household with members who have a child or children suspected of having a developmental delay or disability.</p> <p>Are in families that are or have served in the armed forces: Based on self-report, households that include individuals who are serving or formerly served in the Armed Forces, including such households that have members of the Armed Forces who have had multiple deployments outside of the United States. For this criterion, definition includes a military member's dependent acquired through marriage, adoption, or other action during the course of a member's current tour of assigned duty.</p>
15	Service Utilization	<p>Home visit refers to the definition of a completed home visit enacted by the various evidence-based home visiting models approved for implementation through the MIECHV program or a Promising Approach. Please refer to model-specific guidance for specific definitions.</p>
16	Family Engagement by Household	<p>Currently receiving services refers to families that are participating in services at the end of the reporting period.</p> <p>Completed program refers to families who have completed the program according to model-specific definitions and criteria during the reporting period.</p> <p>Stopped services before completion refers to families who left the program for any reason prior to completion.</p> <p>Enrolled but not currently receiving services/Other refers to those families who do not fall into the previous categories and may include unreachable participants (i.e. the family is not regularly participating but did not actively sever ties, etc.)</p>
17	Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach	<p>A Household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of or during the reporting period and continues enrollment during the reporting period. The household may include multiple caregivers depending on model-specific definitions.</p>

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18	Participants by Type of Health Insurance Coverage	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>The insurance coverage categories are mutually exclusive. No insurance coverage indicates that the individual is currently not covered by any source of insurance. This table is intended to capture insurance status, not health care access: receipt of care provided for instance by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center does not constitute insurance coverage.</p>
19	Index Children by Usual Source of Medical Care	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of care: the particular medical professional, doctor's office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health.</p>
20	Index Children (≥ 12 months of age) by Usual Source of Dental Care	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of dental care: a usual source of dental care, or dental home, is a place where a child can receive consistent, comprehensive, compassionate dental care. The concept of the Dental Home reflects the AAPD's clinical guidelines and best principles for the proper delivery of oral health care to all children, with a concentration on infant/age one patients and should be established no later than 12 months of age.³</p>

³ American Academy of Pediatric Dentistry. Dental Home Resource Center. <http://www.aapd.org/advocacy/dentalhome/>

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THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

PERFORMANCE AND SYSTEMS OUTCOME MEASURES

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 200 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

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MEASURE 1

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: PRETERM BIRTH</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of live births (index child or subsequent children among mothers who enrolled in home visiting prenatally before 37 weeks) born before 37 completed weeks of gestation and after enrollment</p> <p>DENOMINATOR: Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 2

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: BREASTFEEDING</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age</p> <p>DENOMINATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

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MEASURE 3

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: DEPRESSION SCREENING</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: For those not enrolled prenatally, number of primary caregivers enrolled in home visiting who are screened for depression within the first 3 months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery</p> <p>DENOMINATOR: For those not enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least three months post delivery</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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8. Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 4

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: WELL CHILD VISIT	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule	
4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting who received the last recommended well child visit based on the AAP schedule DENOMINATOR: Number of children (index child) enrolled in home visiting	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if a home visit occurred but the home visitor did not collect the data. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 5

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: POSTPARTUM CARE</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery</p> <p>DENOMINATOR: Number of mothers who enrolled in home visiting prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 6

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: TOBACCO CESSATION REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the primary caregiver used tobacco or cigarettes at enrollment since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are known and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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All cases of missing data should be excluded from the measure calculation.	
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7. NOTES

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MEASURE 7

<p>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</p> <p>CONSTRUCT: SAFE SLEEP</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing and without soft bedding</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of infants (index child aged less than 1 year) enrolled in home visiting whose primary caregiver reports that they are always placed to sleep on their backs, without bed-sharing and without soft bedding</p> <p>DENOMINATOR: Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

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MEASURE 8

1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS CONSTRUCT: CHILD INJURY	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Rate of injury-related visits to the Emergency Department (ED) during the reporting period among children enrolled in home visiting	
4. SPECIFICATION NUMERATOR: Number of parent-reported nonfatal injury-related visits to the ED during the reporting period among children (index child) enrolled in home visiting DENOMINATOR: Number of children (index child) enrolled in home visiting	
5. VALUE FOR REPORTING PERIOD (rate) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 9

1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS CONSTRUCT: CHILD MALTREATMENT	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period	
4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period DENOMINATOR: Number of children (index child) enrolled in home visiting	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 10

<p>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</p> <p>CONSTRUCT: PARENT-CHILD INTERACTION</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting with children reaching the target age range</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the index child received an observation of caregiver-child interaction by the home visitor using a validated tool, but all other data elements are known, then the index child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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8.
Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 11

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: EARLY LANGUAGE AND LITERACY ACTIVITIES	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day	
4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day DENOMINATOR: Number of children (index child) enrolled in home visiting	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 12

<p>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</p> <p>CONSTRUCT: DEVELOPMENTAL SCREENING</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of children (index child) enrolled in home visiting with at least one screening within the AAP-defined age groups during the reporting period</p> <p>DENOMINATOR: Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

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8.

Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 13

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: BEHAVIORAL CONCERNS	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of postnatal home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	
4. SPECIFICATION NUMERATOR: Number of postnatal home visits where primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior, or learning DENOMINATOR: Total number of postnatal home visits during the reporting period	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. If a home visit occurred, but there is no documentation of whether the primary caregiver was asked about behavioral concerns, then the home visit should be included in the denominator (if eligible – i.e., postnatal visit), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

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* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 14

<p>1. BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE</p> <p>CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool (including if a screening did not occur because the caregiver was male and they only have validated tools for use among female caregivers), but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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8.
Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

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MEASURE 15

1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY CONSTRUCT: PRIMARY CAREGIVER EDUCATION	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in or maintained continuous enrollment in middle school or high school, or completed high school or equivalent during their participation in home visiting	
4. SPECIFICATION NUMERATOR: Number of primary caregivers who enrolled in or maintained continuous enrollment in middle school or high school, or completed a high school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator) DENOMINATOR: Number of primary caregivers without a high school degree or equivalent at enrollment	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017

Expiration Date: 07/31/2021

MEASURE 16

1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY CONSTRUCT: CONTINUITY OF INSURANCE COVERAGE	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who reported having health insurance coverage for at least 6 consecutive months since enrollment in home visiting DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 17

<p>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</p> <p>CONSTRUCT: COMPLETED DEPRESSION REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator)</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. Data are also considered missing if there is no documentation of whether a referral was provided. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

7.
NOTES

8.
Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 18

1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS CONSTRUCT: COMPLETED DEVELOPMENTAL REFERRALS	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner	
4. SPECIFICATION NUMERATOR: Number of children enrolled in home visiting who a) received individualized developmental support from a home visitor; b) were referred to early intervention services and receive an evaluation within 45 days; OR c) were referred to other community services who received services within 30 days (and met the condition specified in the denominator) DENOMINATOR: Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if	6.b. Value – Enter the number of cases missing from measure calculation:

Attachment 4 - Form 2

OMB No: 0906-0017

Expiration Date: 07/31/2021

eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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ONIB No: 0906-0017
 Expiration Date: 07/31/2021

MEASURE 19

<p>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</p> <p>CONSTRUCT: INTIMATE PARTNER VIOLENCE REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator)</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

DEFINITIONS OF KEY TERMS

July 19, 2018

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

Construct Number	Construct	Key Term Definitions
1.	Preterm Birth	Preterm Birth: a birth before 37 completed weeks of gestation (defined as up to 36 weeks and 6 days). ¹
2.	Breastfeeding	Breastfeeding: in addition to breast milk fed directly from the mother to the infant, breastfeeding also includes feeding the infant pumped or expressed breast milk.
3.	Depression Screening	Depression: aligned with each grantee's validated depression screening tool's definition of depression.
4.	Well-Child Visit	AAP schedule for Well-Child Visits: Updated AAP 2017 Recommendations for Pediatric Preventive Health Care https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
5.	Postpartum Care	Postpartum Care Visit: A postpartum visit is a visit between the woman and her health care provider to assess the mother's current physical health, including the status of pregnancy-related conditions like gestational diabetes, screen for postpartum depression, provide counseling on infant care and family planning as well as screening and referrals for the management of chronic conditions. Additionally, a provider may use this opportunity to conduct a breast exam and discuss breastfeeding. The American College of Obstetricians and Gynecologists recommends that mothers receive a postpartum care visit within 6 weeks after delivery. ²
6.	Tobacco Cessation Referrals	Tobacco Use: combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and ENDS.
7.	Safe Sleep	No definitions required
8.	Child Injury	Injury-related Emergency Department Visit: Injuries refer to the following causes of mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire/burns, falls, sports and recreation, and intentional injuries, such as child maltreatment. ³
9.	Child Maltreatment	Investigated Case: all children with an allegation of maltreatment that were screened-in for investigation or assessment and further received an investigation. ⁴ A screened-in report is one that is accepted for investigation or assessment based on the state's screen-in criteria. ⁵
10.	Parent-Child Interaction	No definitions required
11.	Early Language and Literacy Activities	No definitions required
12.	Developmental Screening	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory,

¹ Behrman R, Siith Butler A. eds. Preterm Birth: Causes, Consequences, and Prevention. Washington, DC: The National Academies Press, 2007.

² Optimizing postpartum care. Committee Opinion No. 666. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;127:e187-92. Retrieved from <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co666.pdf?dmc=1&ts=20180221T1421452301>

³ Centers for Disease Control and Prevention. National Action Plan for Child Injury Prevention. 2012. Retrieved from <http://www.cdc.gov/safekid/NAP/background.html#unint>

⁴ Child Welfare Information Gateway. Child Maltreatment 2015: Summary of Key Findings. Retrieved from <https://www.childwelfare.gov/pubs/factsheets/census/>

⁵ Child Welfare Information Gateway. Screening and Intake. Retrieved from <https://www.childwelfare.gov/topics/responding/ija/screening/>

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		and emotional development. ⁶
13.	Behavioral Concerns	No definitions required
14.	IPV Screening	Intimate Partner Violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. ⁷
15.	Primary Caregiver Education	No definitions required
16.	Continuity of Insurance Coverage	Continuous Health Insurance Coverage: having health insurance coverage without any lapses.
17.	Completed Depression Referrals	Recommended services: specific techniques and intervention models delivered in the context of client characteristics, culture, and preferences that have shown to have positive effects on outcomes through rigorous evaluations and have demonstrated to achieve positive outcomes for the client. ⁸
18.	Completed Developmental Referrals	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory, and emotional development. ⁶
19.	IPV Referrals	Intimate Partner Violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. ⁷

⁶ U.S. National Library of Medicine, National Institutes of Health. Psychological Index Terms via Unified Medical Language System, 2015. Retrieved from <http://ehr.nlm.nih.gov/glossary=developmentaldelay>

⁷ Centers for Disease Control and Prevention. Injury Prevention and Control: Division of Violence Prevention, 2015. Retrieved from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

⁸ Home Visiting Collaborative Improvement and Innovation Network.

New Hampshire Department of Health and Human Services
Home Visiting Services

Attachment 5 - DCYF Key Performance Metrics

Key Performance Metrics
<i>Referrals</i>
Share of families who are referred to HFA from DCYF. (# of families currently enrolled in HFA CWP and % of HFA CWP slots currently used)
Share of DCYF-referred families that were enrolled between three (3) and twenty-four (24) months of age.
Share of DCYF-referred families with a recent assessment of a Substance Exposed Infant (SEI).
<i>Enrollments</i>
Average time to enrollment from the time and date of referral.
of days from referral date to the first home visit.
Share of families that are offered HFA and % of offered families who decide to receive HFA.
Relative rate of families enrolled by racial/ethnic and geographic characteristics.
Proportion of families that are retained in the program over specified periods of time (6 months, 12 months, 24 months, 36 months, etc.) after receiving a first home visit.
Proportion of families who receive at least seventy-five (75%) percent of the appropriate number of home visits based upon the individual level of service to which they are assigned.
<i>Program Completion</i>
Share of families who do not complete the program (incl. reason for non-completion/discharge).
Share of families that discharged who completed a minimum of specified periods of service. (3 months, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months).
Proportion of families who complete program by racial/ethnic and geographic characteristics.
<i>Short-term Outcomes</i>
Share of families with a new case opened to DCYF, or a new report of maltreatment, within six months after discharge.
Share of children who enter out-of-home placement within six months after discharge (incl. breakdown of placement type).
Share of children who enter any form of out-of-home placement within 12 months of discharge.
Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

New Hampshire Department of Health and Human Services
Home Visiting Services

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
 - 1.1. 61.5% Federal funds from:
 - 1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC43595.
 - 1.1.2. Maternal, Infant and Early Childhood Homevisiting Grant Program, as awarded on September 2, 2022, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC46878.
 - 1.1.3. American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC41935.
 - 1.1.4. American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC45263.
 - 1.1.5. New Hampshire Initiative to Address COVID-19 Health Disparities, as awarded on May 27, 2021, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH75OT000031.
 - 1.1.6. Administration of Children Youth & Families (ACYF), as awarded on October 1, 2022, CFDA 93.658, FAIN 2201NHFOST.
 - 1.2. 38.5% General funds.
2. For the purposes of this Agreement the Department has identified:
 - 2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
 - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
4. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
5. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

6. Audits

6.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

6.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

6.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.

6.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

6.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

6.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

6.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

6.4. In addition to, and not in any way in limitation of obligations of the Agreement, 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 Agreement to which exception has been taken, or which have been disallowed because of such an exception.

A. Payment Terms Respective to Traditional Home Visiting Services for the Division of Public Health Services (DPHS):

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with

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**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

the approved line items, as specified in Exhibits C-1, Budget through C-3, Budget.

- 8. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
 - 8.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
 - 8.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
 - 8.3. Identifies and requests payment for allowable costs incurred in the previous month.
 - 8.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
 - 8.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
 - 8.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSCContractBilling@dhhs.nh.gov or mailed to:
 Financial Manager
 Department of Health and Human Services
 129 Pleasant Street
 Concord, NH 03301

B. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for direct services:

- 9. Payment shall be for services provided in fulfillment of this Agreement, as specified in Exhibit B, Scope of Work Section 3.4, and in accordance with the following:
 - 9.1. Weekly Rate: For the purposes of this Agreement, a weekly rate shall be paid in the amount of of \$265.53 per client (family) once per week.
 - 9.2. Payment shall be made on a monthly basis and follow a process determined by the Department.
 - 9.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	\$182,154
SFY 2024	\$364,307

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**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

SFY 2025	\$367,560
Sub-Total	\$914,021

9.4. The Contractor shall submit non-clinical expenses via the Website: <https://business.nh.gov/beb/PaQes/Index.asDx>.

9.5. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

C. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for administrative services:

10. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure each invoice is completed, dated and returned to the Department in order to initiate payment.

10.1. Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	\$920,528
2024	\$1,105,935
2025	\$0*
Sub-Total	\$2,026,463
*The Contractor will only bill for direct services in SFY 25.	

10.2. In lieu of hard invoice copies, all invoices may be assigned an electronic signature and emailed to DCYFInvoices@dhhs.nh.gov, or invoices may be mailed to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

10.3. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

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New Hampshire Department of Health and Human Services Contractor Name: <i>Waypoint</i> Budget Request for: <i>Home Visiting Services</i> Budget Period: <i>SFY 2023 (October 1, 2022 - June 30, 2023)</i> Indirect Cost Rate (if applicable): 14.82%				
Line Item	HOME VISITING FORMULA GNT	GOVERNOR COMMISSION FUNDS	PH COVID-19 HEALTH DISPARITIES	ARP - MIEC HOME VISITING
Funding Source	100% FEDERAL CFDA #93.870, FAIN # X1043595 & X1046878	100% OTHER FUNDS	100% FEDERAL FUNDS CFDA #93.391, FAIN # NH75OT000031	100% FEDERAL FUNDS CFDA #93.870, FAIN # X1141935 & X1145263
1. Salary & Wages	\$413,162		\$162,182	\$77,916
2. Fringe Benefits	\$123,888		\$48,647	\$19,243
3. Consultants		\$22,483	\$68	
4. Equipment <i>Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.</i>		\$8,000		
5.(a) Supplies - Educational		\$2,000		
5.(b) Supplies - Lab				
5.(c) Supplies - Pharmacy				
5.(d) Supplies - Medical				
5.(e) Supplies Office		\$6,000		
6. Travel	\$18,000		\$12,700	
7. Software		\$12,000		
8. (a) Other - Marketing/Communications				
8. (b) Other - Education and Training		\$21,000		
8. (c) Other - Other (specify below)				
Organizational Dues		\$6,000		
Occupancy	\$18,600	\$12,900		
Phones	\$18,000			
Insurance		\$4,500		
Other (please specify)				
Other (please specify)				
Other (please specify)				
Other (please specify)				
9. Subrecipient Contracts				
Total Direct Costs	\$589,651	\$92,883	\$223,595	\$97,159
Total Indirect Costs	\$102,599	\$15,118	\$38,905	\$16,908
Subtotals	\$692,250	\$108,000	\$262,500	\$114,064
TOTAL	\$1,176,815			

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Contractor Initials: _____

1/17/2023

Date: _____

New Hampshire Department of Health and Human Services		
Contractor Name: Waypoint		
Budget Request for: Home Visiting Services		
Budget Period: SFY 2024 (July 1, 2023 - June 30, 2024)		
Indirect Cost Rate (if applicable): 14.82%		
Line Item	HOME VISITING FORMULA GHT 100% FEDERAL CFDA #93.870, FAIN # X1043593 & X1044878	ARP - MIEC HOME VISITING 100% FEDERAL FUNDS CFDA #93.870, FAIN # X1141835 & X1145283
Funding Source		
1. Salary & Wages	\$550,713	\$75,920
2. Fringe Benefits	\$185,214	\$22,778
3. Consultants	\$17,822	\$378
4. Equipment <i>Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.</i>		
5.(a) Supplies - Educational		
5.(b) Supplies - Lab		
5.(c) Supplies - Pharmacy		
5.(d) Supplies - Medical		
5.(e) Supplies Office		
6. Travel	\$27,600	\$7,400
7. Software	\$16,000	
8. (a) Other - Marketing/Communications		
8. (b) Other - Education and Training	\$15,000	
8. (c) Other - Other (specify below)		
Phones	\$17,051	
Other (please specify)		
9. Subrecipient Contracts		
Total Direct Costs	\$809,199	\$106,474
Total Indirect Costs	\$140,801	\$18,528
Subtotals	\$950,000	\$125,000
TOTAL	\$1,075,000	

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Contractor Initials:

1/17/2023

Date:

New Hampshire Department of Health and Human Services Contractor Name: <i>Waypoint</i> Budget Request for: <i>Home Visiting Services</i> Budget Period: <i>SFY 2025 (July 1, 2024 - September 30, 2024)</i> Indirect Cost Rate (if applicable): 14.82%		
Line Item	HOME VISITING FORMULA GNT 100% FEDERAL CFDA #93.870, FAIN # X1043595 & X1046878	ARP - NIEC HOME VISITING, 100% FEDERAL FUNDS CFDA #93.870, FAIN # X1141935 & X1146283
Funding Source		
1. Salary & Wages	\$146,992	\$94,853
2. Fringe Benefits	\$43,308	\$28,389
3. Consultants	\$3,500	
4. Equipment <i>Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.</i>		
5.(a) Supplies - Educational		
5.(b) Supplies - Lab		
5.(c) Supplies - Pharmacy		
5.(d) Supplies - Medical		
5.(e) Supplies Office		
6. Travel	\$4,500	
7. Software	\$4,000	
8. (a) Other - Marketing/Communications		
8. (b) Other - Education and Training		
8. (c) Other - Other (specify below)		
Organization Dues		
Other (please specify)		
9. Subrecipient Contracts		
Total Direct Costs	\$202,300	\$121,252
Total Indirect Costs	\$35,200	\$21,098
Subtotals	\$237,600	\$142,360
TOTAL	\$379,860	

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 Contractor Initials: _____
 Date: 1/17/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>Waypoint</u>	
Budget Request for: <u>Home Visiting Services</u>	
Budget Period: <u>SFY 2023 (1/1/23-6/30/23) 6 Months</u>	
Indirect Cost Rate (if applicable): <u>14.42%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$482,894
2. Fringe Benefits	\$138,868
3. Consultants	\$15,000
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$25,000
5.(a) Supplies - Educational	\$6,000
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$19,439
7. Software	\$25,000
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$64,000
8. (c) Other - Other (specify below)	
Occupancy	\$21,000
Phones	\$8,500
Insurance	\$4,100
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$787,801
Total Indirect Costs	\$132,727
TOTAL	\$920,528

\$0

Contractor Initials DS
BAT

New Hampshire Department of Health and Human Services	
Contractor Name: <u>Waypoint</u>	
Budget Request for: <u>Home Visiting Services</u>	
Budget Period: <u>SFY 2024 (7/1/23-6/30/24) 12 Months</u>	
Indirect Cost Rate (if applicable): <u>14.82%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$707,704
2. Fringe Benefits	\$212,311
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$22,008
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$942,023
Total Indirect Costs	\$163,912
TOTAL	\$1,105,935

\$0

Contractor Initials DS
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Date 1/17/2023



New Hampshire Department of Health and Human Services
Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor 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

Vendor Initials DS
BAT
Date 1/17/2023



New Hampshire Department of Health and Human Services
Exhibit D

has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Vendor Name: Waypoint

1/17/2023

Date

DocuSigned by:

Borja Alvarez de Toledo

Name: Borja Alvarez de Toledo

Title: president and CEO

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Vendor Initials
Date 1/17/2023



New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

The Vendor 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-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: waypoint

1/17/2023

Date

DocuSigned by:

Borja Alvarez de Toledo

Name: BORJA Alvarez de Toledo

Title: president and CEO

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Vendor Initials

1/17/2023

Date

New Hampshire Department of Health and Human Services
Exhibit F



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

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

INSTRUCTIONS FOR CERTIFICATION

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

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New Hampshire Department of Health and Human Services
Exhibit F

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 (11)(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: waypoint

1/17/2023

Date

DocuSigned by:
Borja Alvarez de Toledo
Name: Borja Alvarez de Toledo
Title: president and CEO

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Contractor Initials
Date 1/17/2023



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.

Exhibit G

Contractor Initials

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



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: waypoint

1/17/2023

Date

DocuSigned by:

Borja Alvarez de Toledo

Name: Borja Alvarez de Toledo

Title: president and CEO

Exhibit G

Contractor Initials

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

New Hampshire Department of Health and Human Services
Exhibit H



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: Waypoint

1/17/2023

Date

DocuSigned by:

Borja Alvarez de Toledo

Name: Borja Alvarez de Toledo

Title: president and CEO



New Hampshire Department of Health and Human Services

Exhibit I

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) **Definitions.**

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

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New Hampshire Department of Health and Human Services

Exhibit I

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

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

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

3/2014

Contractor Initials BT

Date 1/17/2023



New Hampshire Department of Health and Human Services

Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

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

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

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

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Contractor Initials

Date 1/17/2023



New Hampshire Department of Health and Human Services

Exhibit I

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

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

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Contractor Initials

Date 1/17/2023



New Hampshire Department of Health and Human Services

Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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

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Contractor Initials

Date 1/17/2023



New Hampshire Department of Health and Human Services

Exhibit I

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

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

Department of Health and Human Services

~~The State of~~

Patricia M. Tilley

Signature of Authorized Representative

patricia M. Tilley

Name of Authorized Representative
Director

Title of Authorized Representative

1/17/2023

Date

waypoint

~~Name of the Contractor~~

Borja Alvarez de Toledo

Signature of Authorized Representative

Borja Alvarez de Toledo

Name of Authorized Representative

president and CEO

Title of Authorized Representative

1/17/2023

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 (UEI #)
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: waypoint

1/17/2023

Date

DocuSigned by:

Borja Alvarez de Toledo

Name: Borja Alvarez de Toledo

Title: president and CEO

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Contractor Initials

Date 1/17/2023



New Hampshire Department of Health and Human Services
Exhibit J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

- The UEI (SAM.gov) number for your entity is: QX4YNCN4JYK5
- In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

- 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:

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

Name: _____	Amount: _____

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

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Exhibit K

DHHS Information Security Requirements



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

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DHHS Information Security Requirements



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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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New Hampshire Department of Health and Human Services

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DHHS Information Security Requirements



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

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DHHS Information Security Requirements



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.).

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Exhibit K

DHHS Information Security Requirements



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

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DHHS Information Security Requirements



- 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/doi/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.

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Exhibit K

DHHS Information Security Requirements



- 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

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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