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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  
Director

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April 14, 2025

Her Excellency, Governor Kelly A. Ayotte  
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 to add funding for increased home visiting services, by increasing the total price limitation by \$336,684 from \$2,771,706 to \$3,108,390 with no change to the contract completion dates of September 30, 2028, effective upon Governor and Council approval. 100% Federal 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
TLC Family Resource Center Claremont, NH	170625-B001	Claremont Catchment Area	\$1,568,110	\$156,828	\$1,724,938	O:3/22/23 Item #18; A1:5/1/24 Item #16; A2:9/25/24 Item #17
VNA at HCS, Inc. Keene, NH	177274-B002	Keene Catchment Area	\$1,203,596	\$179,856	\$1,383,452	O:3/22/23 Item #18; A1:9/25/24 Item #17
<b>Total:</b>			<b>\$2,771,706</b>	<b>\$336,684</b>	<b>\$3,108,390</b>	

Funds are available in the following accounts for State Fiscal Year 2025, and are anticipated to be available in State Fiscal Years 2026, 2027, 2028 and 2029, 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.

**See attached fiscal details.**

**EXPLANATION**

This request is **Sole Source** because the Department is amending the scope of services and adding funding to support additional families with home visiting services. The contracts were

originally competitively bid in State Fiscal Year 2023 using a Request for Proposals. Each Contractor was the only qualified applicant for their service region and has delivered services effectively to date. The Contractors are also the only Healthy Families America accredited organizations serving the Claremont and Keene regions, which is a requirement to program implementation.

The purpose of this request is to allow the Contractors to continue providing voluntary home visiting services to pregnant women and families with children up to five (5) years of age within the designated Division for Child, Youth, and Families (DCYF) catchment areas.

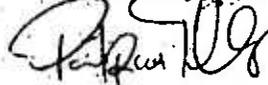
The Contractors provide voluntary home visiting services utilizing the Healthy Families America (HFA) evidence-based Home Visiting model, its Child Welfare Protocols, and an approved Registered Nurse (RN) home visit model enhancement. The HFA model has shown to improve positive parenting practices, maternal and child health, school readiness, and economic self-sufficiency and parental educational attainment. In addition, families who participate in the HFA model experience less child maltreatment and family violence and fewer referrals into the child welfare system than their non-HFA counterparts.

Approximately 60 families will be served by the program annually. An additional 22 families will be served with the increase in funds.

Should the Governor and Executive Council not authorize this request, eligible families will experience a lapse in home visiting services that prevent child abuse and neglect, family violence, and poor maternal and child health outcomes.

Source of Federal Funds: Assistance Listing Number (ALN) 93.870, FAIN X10MC50315; ALN 93.658, FAIN 2301NHFOST.

Respectfully submitted,



*Lori A. Weaver*  
Lori A. Weaver  
Commissioner

Fiscal Detail Sheet  
Home Visiting Services  
RFP-2023-DPHS-08-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 GRANT  
90% Federal Funds and 10% General Funds**

**TLC Family Resource Center - Vendor #170625-B001**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	102-500731	Contracts for Prgm Svcs	90083208	\$43,500.00	\$0.00	\$43,500.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$174,000.00	\$0.00	\$174,000.00
2024	102-500731	Contracts for Program Services	90005896	\$37,651.00	\$0.00	\$37,651.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$43,500.00	\$0.00	\$43,500.00
2025	074-500589	Grants for Pub Asst and Rel	90083211	\$130,500.00	\$0.00	\$130,500.00
2025	074-500589	Grants for Pub Asst and Rel	90083221	\$0.00	\$40,262.00	\$40,262.00
2025	102-500731	Contracts for Program Services	90005896	\$18,826.00	\$0.00	\$18,826.00
2026	074-500589	Grants for Pub Asst and Rel	90083211	\$30,701.00		\$30,701.00
2026	074-500589	Grants for Pub Asst and Rel	80083212	\$92,103.00	\$0.00	\$92,103.00
2026	074-500589	Grants for Pub Asst and Rel	90083221	\$0.00	\$30,197.00	\$30,197.00
2026	102-500731	Contracts for Program Services	90005896	\$22,589.00	\$0.00	\$22,589.00
2027	074-500589	Grants for Pub Asst and Rel	90083212	\$26,435.00	\$0.00	\$26,435.00
2027	074-500589	Grants for Pub Asst and Rel	90083213	\$79,303.00	\$0.00	\$79,303.00
2027	074-500589	Grants for Pub Asst and Rel	90083221	\$0.00	\$30,763.00	\$30,763.00
2028	074-500589	Grants for Pub Asst and Rel	90083213	\$26,435.00	\$0.00	\$26,435.00
2028	074-500589	Grants for Pub Asst and Rel	90083214	\$79,303.00	\$0.00	\$79,303.00
2028	074-500589	Grants for Pub Asst and Rel	90083221	\$0.00	\$43,429.00	\$43,429.00
2028	102-500731	Contracts for Program Services	90005896	\$21,455.00	\$0.00	\$21,455.00
2029	074-500589	Grants for Pub Asst and Rel	90083214	\$26,435.00	\$0.00	\$26,435.00
2029	074-500589	Grants for Pub Asst and Rel	90083221	\$0.00	\$12,177.00	\$12,177.00
			<b>Subtotal</b>	<b>\$852,736.00</b>	<b>\$156,828.00</b>	<b>\$1,009,564.00</b>

**VNA at HCS, Inc. - Vendor #177274-B002**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	102-500731	Contracts for Prgm Svcs	90083208	\$36,646.00	\$0.00	\$36,646.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$146,583.00	\$0.00	\$146,583.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$36,646.00	\$0.00	\$36,646.00
2025	074-500589	Grants for Pub Asst and Rel	90083211	\$66,590.00	\$43,347.00	\$109,937.00
2025	074-500589	Grants for Pub Asst and Rel	90083221	\$0.00	\$29,622.00	\$29,622.00
2026	074-500589	Grants for Pub Asst and Rel	90083211	\$24,039.00		\$24,039.00
2026	074-500589	Grants for Pub Asst and Rel	90083212	\$72,116.00	\$0.00	\$72,116.00
2026	074-500589	Grants for Pub Asst and Rel	90083221	\$0.00	\$22,217.00	\$22,217.00
2026	102-500731	Contracts for Prgm Svcs	90005896	\$4,252.00	\$0.00	\$4,252.00

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2027	074-500589	Grants for Pub Asst and Rel	90083212	\$28,242.00		\$28,242.00
2027	074-500589	Grants for Pub Asst and Rel	90083213	\$84,724.00	\$0.00	\$84,724.00
2027	074-500589	Grants for Pub Asst and Rel	90083221	\$0.00	\$28,356.00	\$28,356.00
2028	074-500589	Grants for Pub Asst and Rel	90083213	\$23,663.00	\$0.00	\$23,663.00
2028	074-500589	Grants for Pub Asst and Rel	90083214	\$70,989.00	\$0.00	\$70,989.00
2028	074-500589	Grants for Pub Asst and Rel	90083221	\$0.00	\$43,982.00	\$43,982.00
2028	102-500731	Contracts for Prgm Svcs	90005896	\$21,730.00	\$0.00	\$21,730.00
2029	074-500589	Grants for Pub Asst and Rel	90083214	\$34,194.00	\$0.00	\$34,194.00
2029	074-500589	Grants for Pub Asst and Rel	90083221	\$0.00	\$12,332.00	\$12,332.00
			<b>Subtotal</b>	<b>\$650,414.00</b>	<b>\$179,856.00</b>	<b>\$830,270.00</b>
			<b>TOTAL</b>	<b>\$1,503,150.00</b>	<b>\$336,684.00</b>	<b>\$1,839,834.00</b>

**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**

**TLC Family Resource Center - Vendor #170625-B001**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	\$2,454.00	\$0.00	\$2,454.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$9,816.00	\$0.00	\$9,816.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$2,454.00	\$0.00	\$2,454.00
			<b>Subtotal</b>	<b>\$14,724.00</b>	<b>\$0.00</b>	<b>\$14,724.00</b>

**VNA at HCS, Inc. - Vendor #177274-B002**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	\$4,090.00	\$0.00	\$4,090.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$16,361.00	\$0.00	\$16,361.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$4,090.00	\$0.00	\$4,090.00
			<b>Subtotal</b>	<b>\$24,541.00</b>	<b>\$0.00</b>	<b>\$24,541.00</b>
			<b>TOTAL</b>	<b>\$39,265.00</b>	<b>\$0.00</b>	<b>\$39,265.00</b>

**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, CHLD - FAMILY SERVICES  
50% Federal Funds**

**TLC Family Resource Center - Vendor #170625-B001**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$38,925.00	\$0.00	\$38,925.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$155,700.00	\$0.00	\$155,700.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$116,775.00	\$0.00	\$116,775.00
2026	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$116,775.00	\$0.00	\$116,775.00
2027	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$116,775.00	\$0.00	\$116,775.00
2028	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$116,775.00	\$0.00	\$116,775.00
2029	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$38,925.00	\$0.00	\$38,925.00
			<b>Subtotal</b>	<b>\$700,650.00</b>	<b>\$0.00</b>	<b>\$700,650.00</b>

Fiscal Detail Sheet  
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VNA at HCS, Inc. - Vendor #177274-B002						
State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$44,053.00	\$0.00	\$44,053.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$176,215.00	\$0.00	\$176,215.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$66,080.00	\$0.00	\$66,080.00
2026	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$66,080.00	\$0.00	\$66,080.00
2027	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$66,080.00	\$0.00	\$66,080.00
2028	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$66,080.00	\$0.00	\$66,080.00
2029	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$44,053.00	\$0.00	\$44,053.00
			<b>Subtotal</b>	<b>\$528,641.00</b>	<b>\$0.00</b>	<b>\$528,641.00</b>
			<b>TOTAL</b>	<b>\$1,229,291.00</b>	<b>\$0.00</b>	<b>\$1,229,291.00</b>
			<b>GRAND TOTAL</b>	<b>\$2,771,706.00</b>	<b>\$336,684.00</b>	<b>\$3,108,390.00</b>

**State of New Hampshire  
Department of Health and Human Services  
Amendment #3**

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 TLC Family Resource Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 22, 2023 (Item #18), as amended on May 1, 2024 (Item #16), and as amended on September 25, 2024 (Item #17), 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:  
\$1,724,938
2. Modify Exhibit B, Scope of Services, Section 3.7.2., to read:
  - 3.7.2. Utilize evidence-based curricula to support prenatal individuals and newly parenting families including but not limited to:
    - 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. Modify Exhibit C, Payment Terms; Section 1, to read:
  1. This Agreement is funded by:
    - 1.1. 72% Federal funds from:
      - 1.1.1. 49% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.870, FAIN X10MC43595; and as awarded on September 2, 2022, FAIN X10MC46878; and as awarded on August 29, 2023, FAIN X10MC50315; and as awarded on August 27, 2024, FAIN X10MC53631.
      - 1.1.2. 22% Foster Care Title IV-E, as awarded on October 1, 2022, by the Administration of Children Youth & Families (ACF), ALN 93.658, FAIN (FFPSA) 2301NHFOST and FAIN 2201NHFOST.
      - 1.1.3. 1% American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS HRSA, ALN 93.870, FAIN X11MC41935; and as awarded on October 28, 2021, FAIN X11MC45263.
    - 1.2. 28% 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 Sheet through Exhibit C-12, Budget Sheet – Amendment #3.
5. Modify Exhibit C-3, Budget Sheet – Amendment #2, by replacing it in its entirety with Exhibit C-3,

- Budget Sheet – Amendment #3, which is attached hereto and incorporated by reference herein.
6. Modify Exhibit C-9, Budget Sheet – Amendment #2, by replacing it in its entirety with Exhibit C-9, Budget Sheet – Amendment #3, which is attached hereto and incorporated by reference herein.
  7. Modify Exhibit C-10, Budget Sheet – Amendment #2, by replacing it in its entirety with Exhibit C-10, Budget Sheet – Amendment #3, which is attached hereto and incorporated by reference herein.
  8. Modify Exhibit C-11, Budget Sheet – Amendment #2, by replacing it in its entirety with Exhibit C-11, Budget Sheet – Amendment #3, which is attached hereto and incorporated by reference herein.
  9. Modify Exhibit C-12, Budget Sheet – Amendment #2, by replacing it in its entirety with Exhibit C-12, Budget Sheet – Amendment #3, 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

4/4/2025

Date

DocuSigned by:  
*Iain Watt*  
Name: Iain Watt  
Title: Director - DPHS

TLC Family Resource Center

4/4/2025

Date

Signed by:  
*Alysse Lizotte*  
Name: Alysse Lizotte  
Title: Interim Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

4/16/2025

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-3 Budget Sheet - Amendment #3

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	TLC Family Resource Center
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period</b>	SFY 25 7/1/24 - 6/30/25
<b>Indirect Cost Rate (if applicable)</b>	10%
<b>Line Item</b>	<b>Program Cost-- Funded by DHHS</b>
1. Salary & Wages	\$157,609.00
2. Fringe Benefits	\$31,521.80
3. Consultants	\$0.00
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	\$2,220.00
6. Travel	\$2,423.00
7. Software	\$5,519.00
8. (a) Other - Marketing/ Communications	\$716.38
8. (b) Other - Education and Training	\$1,400.00
8. (c) Other - Occupancy	\$6,169.00
Other - Telecommunications	\$1,320.00
Other - HFA Affiliation Fee	\$3,000.00
9. Subrecipient Contracts	\$0.00
<b>Total Direct Costs</b>	<b>\$211,898.18</b>
<b>Total Indirect Costs</b>	<b>\$21,189.82</b>
<b>TOTAL</b>	<b>\$233,088.00</b>

Contractor Initials: Initial  
AL

Exhibit C-9 Budget Sheet - Amendment #3

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	TLC Family Resource Center
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period</b>	SFY 26.7/1/25 - 6/30/26
<b>Indirect Cost Rate (if applicable)</b>	10%
<b>Line Item</b>	<b>Program Cost - Funded by DHHS</b>
1. Salary & Wages	\$130,653.00
2. Fringe Benefits	\$19,597.95
3. Consultants	\$0.00
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	\$250.32
6. Travel	\$1,000.00
7. Software	\$2,000.00
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$200.00
8. (c) Other - Telecommunication	\$926.00
Other - HFA Affiliation Fee	\$3,000.00
Other - HFA Accreditation Fee	\$2,000.00
9. Subrecipient Contracts	\$0.00
<b>Total Direct Costs</b>	<b>\$159,627.27</b>
<b>Total Indirect Costs</b>	<b>\$15,962.73</b>
<b>TOTAL</b>	<b>\$175,590.00</b>

Contractor Initials:

*al*

Exhibit C-10 Budget Sheet - Amendment #3

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	TLC Family Resource Center
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period:</b>	SFY 27 7/1/26 - 6/30/27
<b>Indirect Cost Rate (if applicable):</b>	10%
<b>Line Item</b>	<b>Program Cost - Funded by DHHS</b>
1. Salary & Wages	\$112,879.00
2. Fringe Benefits	\$16,931.85
3. Consultants	\$0.00
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	\$100.15
6. Travel	\$800.00
7. Software	\$1,000.00
8. (a) Other - Marketing/ Communications	\$100.00
8. (b) Other - Education and Training	\$200.00
8. (c) Other - Telecommunications	\$868.00
Other - HFA Affiliation fees	\$3,000.00
9. Subrecipient Contracts	\$0.00
<b>Total Direct Costs</b>	<b>\$135,879.00</b>
<b>Total Indirect Costs</b>	<b>\$622.00</b>
<b>TOTAL</b>	<b>\$136,501.00</b>

Contractor Initials: initial  
AL

Date: 4/4/2025

Exhibit C-11 Budget Sheet - Amendment #3

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	TLC Family Resource Center
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period</b>	SFY 28 7/1/27 - 6/30/28
<b>Indirect Cost Rate (if applicable)</b>	10%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$135,000.00
2. Fringe Benefits	\$13,500.00
3. Consultants	\$0.00
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. Supplies - Educational	\$160.91
6. Travel	\$1,500.00
7. Software	\$1,800.00
8. (a) Other - Marketing/ Communications	\$100.00
8. (b) Other - Education and Training	\$200.00
8. (c) Other - Telecommunications	\$1,000.00
Other - HFA Affiliation fees	\$1,750.00
Other - HFA Accreditation fees	\$100.00
Other (please specify)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
<b>Total Direct Costs</b>	<b>\$155,110.91</b>
<b>Total Indirect Costs</b>	<b>\$15,511.09</b>
<b>TOTAL</b>	<b>\$170,622.00</b>

Contractor Initials: AL

Date: 4/4/2025

Exhibit C-12 Budget Sheet - Amendment #3

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	TLC Family Resource Center
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period</b>	SFY 29 (7/1/28 - 9/30/28)
<b>Indirect Cost Rate (if applicable)</b>	10%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$29,000.00
2. Fringe Benefits	\$2,900.00
3. Consultants	\$0.00
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	\$10.00
6. Travel	\$300.00
7. Software	\$0.00
8. (a) Other - Marketing/ Communications	\$10.00
8. (b) Other - Education and Training	\$20.00
8. (c) Other - Telecommunications	\$13.00
Other - HFA Affiliation fees	\$10.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
<b>Total Direct Costs</b>	<b>\$32,263.00</b>
<b>Total Indirect Costs</b>	<b>\$6,349.00</b>
<b>TOTAL</b>	<b>\$38,612.00</b>

Contractor Initials: al

# 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 TLC FAMILY RESOURCE CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 14, 2004. 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: 461338

Certificate Number: 0006607734



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, Laura Hagley, hereby certify that:  
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of TLC Family Resource Center  
(Corporation/LLC Name)

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 March 19th, 2025, at which a quorum of the Directors/shareholders were present and voting.  
(Date)

VOTED: That Laura Hagley Chair, Anne Walsh Treasurer, Alyse Lizotte Interim Executive Director (may list more than one person).  
(Name and Title of Contract Signatory)

is duly authorized on behalf of TLC Family Resource Center to enter into contracts or agreements with the State  
(Name of Corporation/ LLC)

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: \_\_\_\_\_

Laura Hagley, Board Chair  
Signature of Elected Officer  
Name:  
Title:

Signature: Laura Hagley  
Laura Hagley (Apr 3, 2025) 15 03 EDT

Email: laura.hagley@vrh.org





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/4/25

**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).**

<b>PRODUCER</b> E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	<b>CONTACT NAME:</b> Fairley;Kenneally <b>PHONE (A/C, No, Ext):</b> (603) 293-2791 <b>FAX (A/C, No):</b> (603) 293-7188 <b>E-MAIL ADDRESS:</b> fairley@esinsurance.net
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>	<b>NAIC #</b>
TLC FAMILY RESOURCE CENTER PO BOX 1098 CLAREMONT NH 03743-1098	INSURER A: FirstComp 27626 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

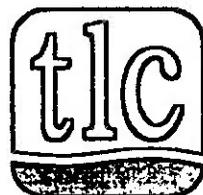
**COVERAGES**                      **CERTIFICATE NUMBER: 24**                      **REVISION NUMBER:**

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$ OTHER: \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC0093557-16	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 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)

<b>CERTIFICATE HOLDER</b>  State of NH Dept of Health and Human Services 129 Pleasant Street  Concord NH 03301	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**FAMILY  
RESOURCE  
CENTER**

Mission Statement

**To promote the optimal health and development of  
children, youth and families  
in our region of New Hampshire.**

Tagline

**TLC partners with families and individuals as they learn  
new skills, connect to community resources, and build  
resilience to thrive**

**TLC FAMILY RESOURCE CENTER, INC.**

**Financial Statements  
(With Independent Auditors' Report)**

**June 30, 2024 and 2023**

**TLC FAMILY RESOURCE CENTER, INC.**  
June 30, 2024 and 2023

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## Independent Auditors' Report

To the Board of Directors of  
TLC Family Resource Center, Inc.  
Claremont, New Hampshire

### Opinion

We have audited the accompanying financial statements of TLC Family Resource Center, Inc. (a nonprofit corporation, the "Center"), which comprise the statement of financial position as of June 30, 2024, and the related statements of activities and changes in net assets, functional expenses and cash flows for the year 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 TLC Family Resource Center, Inc. as of June 30, 2024, 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. Our responsibilities under those standards are further described in the Auditors' Responsibility section of our report. We are required to be independent of the Center 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 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, 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 the Center'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 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, including omissions, 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, 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 the Center'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 the Center'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 the Center's 2023 financial statements and we expressed an unmodified opinion on them in our report dated February 23, 2024. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2023, is consistent, in all material respects, with the audited financial statements from which it has been derived.

*McSoley McCoy & Co.*

South Burlington, Vermont  
November 22, 2024  
VT Reg. No. 92-349

**TLC Family Resource Center, Inc.**  
**Statement of Financial Position**  
**June 30, 2024**  
 (With Summarized Comparative Totals as of June 30, 2023)

	June 30, 2024			As of June 30, 2023
	Without Donor Restrictions	With Donor Restrictions	Total	Totals (Summarized)
<b>Assets</b>				
Cash and cash equivalents	\$ 470,179	\$ 189,262	\$ 659,441	\$ 889,749
Accounts receivable	308,644	-	308,644	197,055
Grants receivable	-	145,000	145,000	290,000
Prepaid expenses	2,187	-	2,187	1,587
Security deposit	2,000	-	2,000	2,000
Operating lease right of use asset	409,552	-	409,552	460,790
Property and equipment, net	474,918	-	474,918	445,126
<b>Total assets</b>	<b>\$ 1,667,480</b>	<b>\$ 334,262</b>	<b>\$ 2,001,742</b>	<b>\$ 2,286,307</b>
<b>Liabilities and net assets</b>				
<b>Liabilities</b>				
Accrued expenses	\$ 158,031	\$ -	\$ 158,031	\$ 120,115
Accounts payable	38,266	-	38,266	26,738
Operating lease liabilities	425,043	-	425,043	470,580
Bank loan payable	73,379	-	73,379	82,579
<b>Total liabilities</b>	<b>694,719</b>	<b>-</b>	<b>694,719</b>	<b>700,012</b>
<b>Net assets</b>				
Without donor restrictions	972,761	-	972,761	-1,116,783
With donor restrictions	-	334,262	334,262	469,512
<b>Total net assets</b>	<b>972,761</b>	<b>334,262</b>	<b>1,307,023</b>	<b>1,586,295</b>
<b>Total liabilities and net assets</b>	<b>\$ 1,667,480</b>	<b>\$ 334,262</b>	<b>\$ 2,001,742</b>	<b>\$ 2,286,307</b>

See accompanying notes to financial statements

**TLC Family Resource Center, Inc.**  
**Statement of Activities and Changes in Net Assets**  
**For the Year Ended June 30, 2024**  
(With Summarized Comparative Totals for the Year Ended June 30, 2023)

	Year Ended June 30, 2024			Year Ended June 30, 2023
	Without Donor Restrictions	With Donor Restrictions	Total	Totals (Summarized)
<b>Support and revenue</b>				
Governmental support	\$ 900,803	\$ -	\$ 900,803	\$ 574,233
Program fees	1,196,160	-	1,196,160	1,159,387
Foundations and trusts	275,458	112,389	387,847	717,613
Contributions	72,219	-	72,219	105,615
Interest income	5,158	-	5,158	1,475
In-kind contributions	-	-	-	646
Net assets released from restrictions	247,639	(247,639)	-	-
<b>Total support and revenue</b>	<u>2,697,437</u>	<u>(135,250)</u>	<u>2,562,187</u>	<u>2,558,969</u>
<b>Expenses</b>				
Program services				
Family Support	1,201,894	-	1,201,894	1,211,119
Recovery Programs	1,053,331	-	1,053,331	709,387
Youth Programs	130,719	-	130,719	19,686
	2,385,944	-	2,385,944	1,940,192
Fundraising	126,719	-	126,719	25,237
Management and general	328,796	-	328,796	368,434
<b>Total expenses</b>	<u>2,841,459</u>	<u>-</u>	<u>2,841,459</u>	<u>2,333,863</u>
<b>Change in net assets</b>	(144,022)	(135,250)	(279,272)	225,106
Net assets, beginning of year	1,116,783	469,512	1,586,295	1,361,189
<b>Net assets, end of year</b>	<u>\$ 972,761</u>	<u>\$ 334,262</u>	<u>\$ 1,307,023</u>	<u>\$ 1,586,295</u>

See accompanying notes to financial statements

**TLC Family Resource Center, Inc.**  
**Statement of Functional Expenses**  
**For the Year Ended June 30, 2024**  
 (With Summarized Comparative Totals for the Year Ended June 30, 2023)

	<u>Year Ended June 30, 2024</u>							Year Ended
	<u>Program Services</u>				Management and General	Fund- raising	Total Expenses	June 30, 2023
Family Support	Recovery Programs	Youth Programs	Total/Program Services					Totals (Summarized)
Advertising and marketing	\$ 10,493	\$ 7,046	\$ 1,618	\$ 19,157	\$ 65	\$ 2,484	\$ 21,706	\$ 38,831
Computer and technology expenses	36,967	26,697	2,601	66,265	434	2,171	68,870	63,898
Contract services	30,196	28,949	7,140	66,285	14,000	25,600	105,885	62,395
Depreciation	12,517	10,546	1,348	24,411	3,878	1,108	29,397	28,842
Direct assistance	81,377	31,365	176	112,918	-	-	112,918	67,906
Employee benefits	80,932	68,091	8,706	157,729	25,037	7,156	189,922	160,796
Equipment rental and maintenance	3,560	4,349	24	7,933	1,026	396	9,355	4,509
In-kind materials	-	-	-	-	-	-	-	646
Insurance	3,786	3,618	504	7,908	504	-	8,412	9,494
Interest	-	-	-	-	2,526	-	2,526	2,861
Mileage reimbursement	10,436	10,758	1,058	22,252	395	-	22,647	12,871
Occupancy	51,601	96,657	6,109	154,367	6,616	-	160,983	107,817
Operating supplies and expenses	22,297	33,012	5,156	60,465	15,157	7,858	83,480	89,536
Payroll taxes	56,894	47,988	6,137	111,019	17,645	5,043	133,707	109,740
Postage	529	373	87	989	26	1,362	2,377	1,679
Printing	2,158	1,724	216	4,098	31	2,355	6,484	6,824
Professional fees	7,836	7,488	1,045	16,369	1,272	870	18,511	21,421
Salaries and wages	769,714	648,485	82,915	1,501,114	238,444	68,153	1,807,711	1,484,282
Telephone	13,613	15,676	2,150	31,439	1,740	1,493	34,672	30,120
Training and development	6,988	10,509	3,729	21,226	-	670	21,896	28,593
Vehicle expense	-	-	-	-	-	-	-	802
<b>Total expenses</b>	<b>\$ 1,201,894</b>	<b>\$ 1,053,331</b>	<b>\$ 130,719</b>	<b>\$ 2,385,944</b>	<b>\$ 328,796</b>	<b>\$ 126,719</b>	<b>\$ 2,841,459</b>	<b>\$ 2,333,863</b>

**TLC Family Resource Center, Inc.**  
**Statement of Cash Flows**  
**For the Year Ended June 30, 2024**  
 (With Summarized Comparative Totals for the Year Ended June 30, 2023)

	Year Ended June 30, 2024			Year Ended June 30, 2023
	Without Donor Restrictions	With Donor Restrictions	Total	Totals (Summarized)
<b>Cash flows from operating activities:</b>				
Change in net assets	\$ (144,022)	\$ (135,250)	\$ (279,272)	\$ 225,106
Adjustments to reconcile change in net assets to net cash provided by operating activities:				
Depreciation	29,397	-	29,397	28,842
Amortization of operating right-of-use asset	69,533	-	69,533	52,493
(Increase) decrease in accounts receivable	(117,839)	6,250	(111,589)	(32,200)
(Increase) decrease in grants receivable	-	145,000	145,000	(87,500)
(Increase) decrease in prepaid expenses	(600)	-	(600)	1,717
Increase in security deposits	-	-	-	(2,000)
Increase in accounts payable	11,528	-	11,528	10,041
Increase in accrued expenses	37,916	-	37,916	38,074
Decrease in operating lease liabilities	(123,021)	-	(123,021)	(42,703)
<b>Net cash provided (used) by operating activities</b>	<u>(237,108)</u>	<u>16,000</u>	<u>(221,108)</u>	<u>191,870</u>
<b>Cash flows from financing activities</b>				
Principal payments on bank loan	(9,200)	-	(9,200)	(8,865)
<b>Increase (decrease) in cash and cash equivalents</b>	(246,308)	16,000	(230,308)	183,005
Cash and cash equivalents, beginning of year	716,487	173,262	889,749	706,744
<b>Cash and cash equivalents, end of year</b>	<u>\$ 470,179</u>	<u>\$ 189,262</u>	<u>\$ 659,441</u>	<u>\$ 889,749</u>
<b>Supplemental disclosure of cash flow information</b>				
Interest paid	<u>\$ 2,526</u>	<u>\$ -</u>	<u>\$ 2,526</u>	<u>\$ 2,861</u>

See accompanying notes to financial statements

**TLC Family Resource Center, Inc.**  
Notes to Financial Statements  
June 30, 2024 and 2023

1. Summary of Operations and Significant Accounting Policies

TLC Family Resource Center, Inc., (the "Center") is a non-profit organization established in 2004 for the purpose of promoting the physical and emotional health and safety of women and families expecting infants or with young children. In 2012, services were expanded to include youth programming for teens, and in 2018, Recovery Support services were added. The Center serves individuals in New Hampshire's Sullivan and lower Grafton counties. Approximately 35% of the Center's revenue and support comes from governmental financial assistance, 47% from program services, and 18% from contributions.

(a) Basis of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting under U.S. generally accepted accounting principles (U.S. GAAP). Under the accrual basis of accounting, revenues are recorded as earned and expenses are recorded at the time liabilities are incurred.

(b) Financial Statement Presentation

The Center reports information regarding its financial position and activities according to two classes of net assets: net assets with donor restrictions, which represent resources restricted by donors as to purpose or by the passage of time; and net assets without donor restrictions, which represent the expendable resources that are available for operations at management's discretion.

(c) Use of Estimates

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

(d) Property and Equipment

Property and equipment are stated at cost. Donations of property and equipment are recorded at their estimated fair value. Depreciation is computed using the straight-line method over the assets' estimated useful lives. Additions and betterments with a value in excess of \$2,500 and with a useful life greater than one year are capitalized, and expenditures for repairs and maintenance are expensed when incurred. Upon sale or retirement, the costs and related accumulated depreciation are eliminated from the respective accounts, and the resulting gain or loss is included in income.

(e) Accrued Compensated Absences

The Center provides each eligible employee with vacation time, which is accumulated on a pro-rata basis as actual hours are worked. Compensated absences accrue when amounts can be reasonably estimated and payment of compensation is probable.

**TLC Family Resource Center, Inc.**  
Notes to Financial Statements  
June 30, 2024 and 2023

Summary of Operations and Significant Accounting Policies (continued)

(f) Cash and cash equivalents

Cash and cash equivalents include all certificates of deposits and highly liquid investments with maturities of three months or less at the date of purchase. The Center maintains cash and cash equivalents in bank deposit accounts which, at times, may exceed federally insured limits. The Center has not experienced any losses with these accounts. In January 2023 the Center opened a sweep account which allows the Center's cash accounts to maintain balances below the federally insured limits. Management believes the Center is not exposed to any significant credit risk on cash.

(g) Comparative Data

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. GAAP. Accordingly, such information should be read in conjunction with the Center's financial statements for the year ended June 30, 2023 from which the summarized information was derived

(h) Revenue Recognition

The Center's fees for programs and services provided are recognized when earned, which is within the time period covered by the services or program. The Center records contributions as with donor restrictions or without donor restrictions support depending on the existence or nature of donor restrictions. The Center reports gifts and grants of cash or other assets as restricted support 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 restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Contributions of non-cash assets are recorded at their fair values in the period received. Contributions of services that create or enhance non-financial assets or that require specialized skills, which are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation, are recorded at their fair values in the period received. Donated investments are also reported at fair value at the date of receipt, which is then treated as the Center's cost basis.

(i) Functional Expenses

The costs of providing programs and other activities have been summarized on a functional basis in the statements of activities and changes in net assets and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

The 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. Most expenses are allocated on the basis of estimates of average time and effort. Certain prior year amounts have been reclassified for consistency with the current period presentation. These reclassifications had no effect on the reported changes in net assets.

**TLC Family Resource Center, Inc.**  
Notes to Financial Statements  
June 30, 2024 and 2023

Summary of Operations and Significant Accounting Policies (continued)

(j) Receivables

On July 1, 2023, the Center adopted FASB ASU 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, as amended which modifies the measurement of expected credit losses on certain financial instruments. The Center adopted this new guidance utilizing the modified retrospective transition method. The adoption of this standard did not have a material impact on the Center's financial statements but did change how the allowance for credit losses is determined.

Receivables are stated at unpaid balances, less an allowance for credit losses. The measurement of expected credit losses is based on relevant information about past events, including historical experience, current conditions, and reasonable and supportable forecasts that affect the collectability of the reported amount. Management uses judgement in determining the relevant information and estimation methods that are appropriate in its circumstances. Receivables balances are written off against the allowance if a final determination of collectability is made. Management has not recorded an allowance as of June 30, 2024 and 2023 as management believes all amounts are deemed collectible. Accounts and grants receivable as of June 30, 2024, 2023 and July 1, 2022 were \$453,644, \$487,055, and \$367,355, respectively.

(k) Income Taxes

The Center is a not-for-profit organization as described under Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on income related to the fulfillment of the Center's mission. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

The Center annually files an Internal Revenue Service Form 990, Return of Organization Exempt From Income Tax, tax return in the U.S. Federal jurisdiction. The Center is no longer subject to U.S. Federal income tax examination by tax authorities for the years prior to June 30, 2021. In the normal course of business, the Center is subject to examination by various taxing authorities. Although the outcome of tax audits is always uncertain, the management of the Center believes that there are no significant unrecognized tax liabilities at June 30, 2024.

(l) Leases

The Center recognizes a right-of-use (ROU) asset and lease liability on the statements of financial position for all leases with terms longer than 12 months. Leases are classified as operating or financing, with classification affecting the expense recognition on the statement of activities.

Leases that have a term of twelve months or less upon commencement are considered short-term in nature. Short-term leases are not included on the statements of financial position and are expensed on a straight-line basis over the lease term. The Center has also elected to not separate lease and non-lease components for all classes of assets.

The Center primarily leases office space. The Center determines if an arrangement is an operating or financing lease at inception. In evaluating whether an agreement constitutes a lease, management reviews the contractual terms to determine which party obtains both the economic benefits and control of the assets. In arrangements where the Center controls the assets and obtains the economic benefits, the Center accounts for the contract as a lease.

**TLC Family Resource Center, Inc.**  
Notes to Financial Statements  
June 30, 2024 and 2023

Summary of Operations and Significant Accounting Policies (continued)

As the leases do not provide an implicit borrowing rate, the Center uses either the risk-free rate ("RFR") or the estimated incremental borrowing rate ("IBR") to determine the present value of the lease payments. The IBR is the rate of interest that the Center would have to pay to borrow on a collateralized basis over a similar term an amount equal to the lease payments in a similar economic environment. In determining that rate, the Center considers prevailing economic conditions at the commencement date and factors such as company-specific credit risk, term of the lease and options, and the effect of collateralization based on the nature and quality of the underlying asset. The Center uses the IBR for office space.

Operating leases may include fixed minimum lease payments and variable lease payments based on an index or rate. Variable lease payments not based on an index or rate are not included in the operating lease liability as they cannot be reasonably estimated and are recognized in the period in which the obligation for those payments is incurred.

(m) Subsequent Events

Management has evaluated subsequent events through November 22, 2024, which is the date the financial statements were available to be issued.

2. Fair Value Measurements

In accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*, the Center is required to disclose certain information about its financial assets and liabilities. As of June 30, 2024 and 2023, the Center had no financial instruments subject to the disclosure requirements. Cash and cash equivalents, grants and accounts receivable, accounts payable, accrued expenses, and advances refundable are reported in the statements of financial position approximate fair values because of the short maturities of those instruments or because of the fixed rate of interest required to be paid.

3. Concentration of Support

The Center receives a significant portion of its support from federal and state programs. A significant reduction in the level of this support, if this were to occur, may have an effect on the Center's ability to continue its program and activities.

4. Net Assets With Donor Restrictions

Net assets subject to donor imposed restrictions were \$334,262 and \$469,512 at June 30, 2024 and 2023, respectively. At June 30, 2024 and 2023, net assets are restricted for the following purposes: Recovery, Youth Programming, and Family Support Services.

**TLC Family Resource Center, Inc.**  
 Notes to Financial Statements  
 June 30, 2024 and 2023

5. Retirement Plan

The Center has established a Simple IRA Retirement Plan for which all employees are eligible to participate in the Plan. Under the Plan, the Center provides a contribution equal to 2% of the employee's compensation. Employees are eligible to participate in the Plan on the next entry date following the date of their employment. Total retirement plan expense was \$30,196 and \$24,570 for the years ending June 30, 2024 and 2023, respectively.

6. Commitments and Contingencies

The Center receives funds under various state and federal programs. Under the terms of these programs, the Center is required to expend the funds within the designated period for purposes specified in the grant proposal. If expenditures of the funds are found not in compliance with the proposal, the Center may be required to return those funds to the grantor. The amount, if any, of expenses which may be disallowed by the granting agency cannot be determined at this time, although the Center expects such amounts, if any, to be insignificant.

7. Liquidity and Availability

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the financial position date, comprise the following:

	2024	2023
Cash and cash equivalents	\$ 470,179	\$ 716,487
Accounts and grants receivable	308,644	190,805
Total financial assets	\$ 778,823	\$ 907,292

The Center regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. The Center has various sources of liquidity at its disposal, including cash and cash equivalents, and various receivables.

In addition to financial assets available to meet general expenditures over the next 12 months, the Center operates with a balanced budget and anticipates collecting sufficient revenue to cover general expenditures. The Center strives to maintain liquid cash reserves sufficient to cover 90 days of general expenditures. General expenditures include administrative, fundraising and operating expenses.

The Center receives the majority of its funding from grants and contributions which are available to meet annual cash needs for general expenditures. Some funding sources are restricted to specific programs, and are used in accordance with the associated purpose restrictions.

**TLC Family Resource Center, Inc.**  
 Notes to Financial Statements  
 June 30, 2024 and 2023

8. Property and Equipment

Property and equipment consisted of the following at June 30:

	Useful Life (Years)	2024	2023
Office equipment & software	2-5	\$ 72,754	\$ 72,754
Office furniture	7	92,418	71,002
Leasehold improvements	39	451,607	413,834
Total property and equipment		616,779	557,590
Less accumulated depreciation		(141,861)	(112,464)
Property and equipment, net		\$ 474,918	\$ 445,126

Depreciation expense totaled \$29,397 and \$28,842 for the years ended June 30, 2024 and 2023, respectively.

9. Operating Leases

The Center has various operating leases for office space. Below are the significant operating leases in place during 2024 and 2023.

62 Pleasant St, Claremont, NH: the Center leases 6,499 square feet of office space at 62 Pleasant St. The Center signed a 10 year lease in 2020 which will expire February 28, 2031. There are not definitive terms of renewal per the lease agreement, although management intends to renew based on mutually agreed upon terms at the time of renewal. Expense for 2024 and 2023 totaled \$61,107 and \$58,642, respectively.

24 Hanover St., Lebanon, NH: the Center leases 3,000 square feet of office space. The Center signed a 3 year lease with monthly payments commencing October 1, 2023 which will expire May 31, 2026. There are not definitive terms of renewal per the lease agreement and renewal is dependent on the viability of the recovery programs. Expense for 2024 totaled \$36,235 which includes \$18,100 in base rent and \$18,135 in estimated charges for overhead costs.

131 Broad St., Claremont, NH: the Center leases office space at 131 Broad St. The Center signed a one year lease in 2022 which expired September 30, 2023. The lease is now month to month. Expense for 2024 and 2023 totaled \$7,200 and \$5,400, respectively.

The Center leases meeting space at 2 other locations. The agreements for both locations are month to month. Expense for 2024 and 2023 totaled \$7,200 and \$7,200 respectively.

The weighted-average remaining lease term for operating leases is 6.13 years for the year ending June 30, 2024. The weighted-average discount rate for operating leases is 3.25% for the year ending June 30, 2024.

**TLC Family Resource Center, Inc.**  
 Notes to Financial Statements  
 June 30, 2024 and 2023

Operating Leases (continued)

The maturities of lease liabilities in accordance with *Leases (Topic 842)* are as follows for the years ending June 30:

	2025	\$ 88,099
	2026	87,050
	2027	62,794
	2028	62,794
	2029	62,794
	Thereafter	<u>104,659</u>
Total undiscounted cash flows		468,190
Less: present value discount		<u>(43,147)</u>
Total lease liabilities		<u>\$ 425,043</u>

10. Bank Loan Payable

In August 2020, the Center entered into a loan agreement with a local bank in the amount of \$100,000 with a term of ten and a half years maturing on February 14, 2031. For the first five and a half years the interest rate is 3.25% with a monthly payment of principal and interest of \$977, for the remaining five years the interest rate will be the Wall Street Journal Prime Rate with a monthly payment of principal and interest of \$977.

Maturities by year are as follows:

	Year Ended June 30	
	2025	\$ 9,483
	2026	9,796
	2027	10,120
	2028	10,453
	2029	10,798
	Thereafter	<u>22,729</u>
Totals		<u>\$ 73,379</u>

TLC Family-Resource Center  
BOARD OF DIRECTORS  
January 2025

**Laura Hagley**

President (term expires 1/2026)  
Valley Regional Hospital, Director of Quality,  
Emergency Preparedness, and Project Management

**Cynthia Boland**

Vice President (term expires 01/2027)  
Retired Academic Administrator  
Brown BioMed Faculty Affairs, Lifespan Corporation

**Anne Walsh**

Treasurer (term expires 01/2026)  
Retired Vice President Commercial Lending  
First National Bank of Chicago

**Sue Elliott**

Secretary (term expires 01/2027)  
Retired, Quinnipiac University

**Mariah Davis**

Member (term expires 1/2026)  
Mascoma Bank

**Megan Blood**

Member (term Expires 1/2026)  
Sr Internal Auditor, Hypertherm

**Beth Hoyt- Flewelling**

Member (Term expires 1/2026) Retired,  
Granite State College

**Jane VanBremen**

Member (term expires 1/2026)  
Parent Child Development Specialist

**Michelle Carey**

Member (term expires 01/2027)  
Substance Use Counselor,

**Kristi Collins**

Member (term expires 01/2026),  
Program Director and Associate Professor  
Franklin Pierce University

**Jess Elliott**

Member (term expires 1/2027)  
Creare LLC,  
Engineer

**Tim McNulty**

Member (Term expires 1/2027)  
Director HR, Valley Regional Hospital,

**Steve Seamans**

Member (term expires 1/2027)

**Megan Herschel**

Member (term expires 1/2027)  
Wraparound Care Coordinator Connected Families  
NH

## Alyse Lizotte

### EDUCATION & AWARDS:

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#### Colby-Sawyer College, New London, NH

- Bachelors of Science in Child Development May 2012
  - Minor: Psychology
- Leadership Scholarship (2008-2012)
- Scholar's Symposium: Capstone Award

#### Walden University,

- M.S. in Early Childhood Studies and Leadership January 2015-October 2016

### WORK EXPERIENCE:

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#### TLC Family Resource Center 9/22-present

Claremont, NH

##### *Program Director*

- The Family and Youth Program Director is responsible for oversight of the Family Support and Youth Programs teams.
- Responsibilities include implementing, maintaining, and supervising all components of the family and youth programs of TLC Family Resource Center in compliance with a variety of state and local contracts.
- The Director is also responsible for budget management, program development and community partnerships as well as contributing to the effective leadership of the agency. Responsible for ensuring that the program complies with DCYF rules and regulations.

#### The Home for Little Wanderers 6/21-11/22

Hillsboro, NH

##### *Program Director*

- Responsible for managing the overall operations of The DCYF After-Hours Central Intake, including hiring, training, and supporting screeners, supervisors, and ancillary staff.
- Responsible for ensuring that the program complies with DCYF rules and regulations.

#### Dartmouth Hitchcock Medical Center Child Care Center 08/12-6/21

Lebanon, NH

##### *Program Director 6/15- 6/21*

- Responsible for fostering an environment that allows children, their families, and staff to develop to their full potential
- Other responsibilities include program management, hiring, leadership and team building, supervision, family communication, enrollment, finances, and conducting as a professional

##### *Program Coordinator 11/13-6/15*

- Work with all staff to create a safe and caring environment for the pre-school children of the Center. Collaborate with teachers to plan and implement appropriate early childhood curriculum providing learning experiences using a variety of materials within the overall guidelines set by the Center.
- With the Program Director, assure that teachers maintain records of each child's progress and development and the preparation of reports to be discussed with parents using criteria set by the Center.
- Work with staff and parents to promote understanding of their child's development and encourage parents' participation in the classroom or Center whenever possible. Assist teachers with regular parent teacher conferences.
- Assist the Program Director with determining budget appropriations by doing research for cost effective materials.

##### *Teacher 08/12-11/13*

- Set up and develop appropriate activities, equipment, and materials
- Daily record keeping on children to apply to T.S. Gold assessment tool on primaries
- Communicate with parents and co-workers
- Supervise and assure safety and wellbeing of children at all times

#### Norwood High School 08/10- 08/12

Norwood, MA

##### *Director Small Music Ensemble*

- Ages 13-18 years old
- Teach Celtic music to a variety of string musicians and singers

- Prepare group for performances
- Organize events

**APPLIED EXPERIENCE:**

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**Social Work Intern, Department of Children, Youth and Families 01/12-4/12** Claremont, NH  
*Assessment Division in Health and Human Services (State of NH)*

- Developed knowledge of the legal proceedings and laws governing abuse and neglect allegations
- Conducted home visits to investigate abuse/neglect allegations
- Conducted brief phone interviews with Families and professionals (i.e., schools, physicians)
- Processed client files
- Entered notes into the database and produce documentation for legal cases

**Windy Hill School Practicum 07/10-12/10.** New London, NH  
*Teacher*

- Ages 3-5 years old; responsibilities (documentation, milestones)
- Developed age appropriate activities that supported children's cognitive, social, and emotional ability
- Collaborated on development of teacher's curriculum
- Aided with lunch and naptime routines

**New London Hospital Learning Center Practicum 01/10- 04/10** New London, NH  
*Teacher*

- Ages 3-5 years old; responsibilities (documentation, milestones)
- Aided with lunch and naptime routines
- Assisted with outside play
- Assisted with class time activities (circle time, scheduled activities)

**Other:**

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- Member of NAEYC
- Former Public Policy Chair for NHAIEYC
- Peer reviewer for 2014 NAEYC Annual Conference and Expo
- Former Member of Spark NH Policy Committee
- Volunteered at DHMC CHAD (children's hospital)
- Worked on various task force for Early Childhood and Higher Education
- Recipient of Early Learning NH's Early Childhood Champion Award

Erin Nicolè Angley-Cohen, MSW, LICSW

[REDACTED]  
Claremont, NH 03743  
[REDACTED]

**Objective** To work in a therapeutic setting providing support, advocacy, crisis intervention, and community outreach for at risk individuals, children and families.

**Qualifications**

Excellent with children with special needs, specifically Autism and Pervasive Developmental Disorders  
Solid background working with children and families  
Effective verbal and written communication skills  
Excellent computer and analytical skills  
Familiar with Applied Behavioral Analysis and Total Communication  
Background in early childhood development

**Special Interests/Achievements**

Licensed Clinical Social Worker-VT and NH  
Foster Care Training in both New Hampshire and Vermont  
Completion of Positive Approaches to Solving Behavior Challenges (3 Day Seminar offered by the Institute of Applied Behavioral Analysis)  
Child abuse And Exploitation Investigative Techniques, September 2000  
Habitat for Humanity, John's Island, SC 2001  
Completed Covered Bridges Half Marathon 2008; 2009; 2011; 2012; 2016  
Upper Valley Community Band (Board Member 2007-2009)  
Past Volunteer Coach for Girls on the Run (VT and NH)  
Coach for Finding our Stride  
Founding member-Lake Sunapee Area Flute Choir  
Approved Social Work supervisor for candidates for licensure

**Professional Experience Highlights**

*Clinical Social Worker*, Newport Health Center, Newport, NH  
March 2017-Present

- Provide support and resource assistance to patients in a rural health clinic
- Ensure compliance with the Sullivan County Grant
- Increase community awareness on health related issues especially mental health and addiction
- Improve collaboration with outside agencies including local mental health programs; addiction resources; school districts; community action programs, etc.

*Clinical Social Worker*, Birthing Pavilion/Intensive Care Nursery; Pediatric Cystic Fibrosis Program, Dartmouth Hitchcock Medical Center, Lebanon, NH  
June 2011-April 2017

- Meet with at-risk mothers after delivery to assess for safety and post partum depression
- Help families cope with long term stays in the intensive care nursery
- Provide information and support to families with babies who are experiencing Neonatal Abstinence Syndrome
- Assist families with children diagnosed with Cystic Fibrosis with coping and navigating the system in order to provide for their children
- Assist with discharge planning of patients
- Provide emotional support and guidance for patients in an in-patient hospital setting

*School-Based Clinician*, Heath Care and Rehabilitation Services of Southeastern Vermont, Hartford, VT, April 2007-June 2011

- Provide individual therapy to high school students
- Attend IEP and team meetings as necessary
- Create individual treatment plans and psychosocial assessments

*Clinical Case Manager/Behavioral Specialist*, Easter Seals of New Hampshire, Manchester NH, November 2001 – June 2005; November 2005-April 2007

- Manage a caseload of 10-12 children with Pervasive Developmental Disorders in a therapeutic residential treatment facility
- Develop treatment plans and complete psychosocial assessments with a team approach based on each individual's strengths
- Handle on-call crisis intervention
- Supervise unit staff
- Ensure treatment goals are carried out by entire treatment team
- Maintain training in Therapeutic Crisis Intervention
- Provided in-home early intervention therapy to a child under three with Autism
- 

*Intern*, Dartmouth-Hitchcock Concord, Concord, NH, November 2005-May 2006

- Provide crisis intervention as necessary to patients
- Assist patients in locating services in the community
- Provide patients assistance in applying for community services

*Developmental Specialist*, Cape Cod Child Development Program, Hyannis, MA, June 2005-October 2005

- Provide support and instruction to families of young children with developmental delays or who are at-risk for delays
- Conduct treatment in the natural setting, generally at home or in the community

*Intern*, Nashua Children's Home, Nashua NH, September 2004 – May 2005

- Provide family and individual therapy to court ordered youth in a residential treatment setting
- Complete case notes and court reports

*Acting Director*, Cradle & Crayon Child Development Center, Hanover, NH, April 2001 – October 2001

- Manage the duties of a Child Development Center
- Supervise a staff of 25 teachers
- Ensure curriculum planning is implemented in all classrooms

*Child Protective Service Worker*, State of New Hampshire Division of Children, Youth and Families, Claremont, NH, September 1999 – April 2001

- Investigate and assess reports of child abuse and/or neglect
- Court involvement as necessary
- Strengthened partnerships with community agencies and police departments

*Agro-Forestry Extension Agent*, Peace Corps, Mauritania, West Africa, July 1998 – April 1999

- Follow the Mission of the Peace Corps
- Explore and implement the environmental needs of a West African Village

#### Education

Masters of Social Work, University of New Hampshire-Manchester, 2006  
Bachelor of Arts in Psychology, Centenary College, 1993

*References furnished upon request*

# ERIN A. KELLY

## SUMMARY

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Enthusiastic, personable and dedicated professional with 8+ years experience in supporting and advocating for clients with a wide range of skills and goals. Proven track record in dependability, communication and organizational skills. Ability to multi-task, prioritize and analyze to obtain best possible outcomes.

## SKILLS

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- Active listening
- Reading Comprehension
- Service Orientation
- Familiar with confidentiality procedures
- Critical Thinking
- Writing
- Excellent Time Management Skills
- Judgement and Decision Making
- Coordination
- Problem Sensitivity
- Organizational skills,
- Excellent Communication skills
- Ability to analyze situations from multiple vantage points
- Very versed in experience with the public, from varied socio-economic classes
- Current CPR and First Aid Certification
- Life long learner- have attended countless conferences, seminars, and panel as well as collaboration efforts with other area organizations:

## WORK EXPERIENCE

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April 2016-present

TLC Family Resource Center

Family Support Specialist

- Provide parent education and training based on Strengthening Families Framework
- Teach parents from Growing Great Kids curriculum during home visits
- Promoted to Healthy Families America Supervisor

January 2007 – April 2016

Southwestern Community Services - Head Start

Family Advocate

- Assist families in goal setting, finding available resources, educational opportunities, referrals to outside agencies
- Familiarity with social service agencies in the area
- 100% success rate in program wide federal reviews
- Maintain clients' records from application to graduation from the program
- Manage client database
- Compliance with Office of Head Start initiatives, policies and procedures.

Summer 2008 & 2009

West Central Behavioral Health

Behavioral Support

&

Summer 2004 & 2005

Health Care and Rehabilitation Services of Southeastern Vermont

Behavioral Support

- Assisted children with their therapeutic goals as outlined by their treatment plan
- Provide support, role modeling, and help identifying strengths
- Offer advice in overcoming challenges and support growing self-confidence

# Sarah E. Breisch

## Education

- B. A. Literature, 2004

## Experience

January 2018 to November 2018, April 2019 to Present

### **Family Support Specialist, TLC Family Resource Center**

- Prenatal Education and Support, Parenting Support and Education, Case Management and Care Coordination, Referral Services and connection to area resources, Concrete supports for Families, and Family Advocacy offered through the Comprehensive Family Support Home Visiting Program.
- Facilitate supervised visits between parents and children with active DCYF involvement. Assist parents with meeting court-ordered goals through the Child Health Support/Parent Aid Program. Provide CPSWs with monthly progress reports and attend Court Hearings to provide information about the client's progress.
- Continue to offer all supports to families virtually or by phone as circumstances dictate.
- Sustain visit notes and other supporting documentation on all client-related activity on an online database.
- Completed Training in Growing Great Kids curriculum, Protective Factors, HIPPA standards
- Regularly participate in trainings related to working with young children, families in crisis, mental health and substance use issues
- Participated in No Drama Discipline Parent Café Pilot Program
- Co-authored Facilitator's Packet and Handout Packet for No Drama Discipline Parent Café
- Facilitate 12-session No Drama Discipline Parent Café for client group and company-offered employee group

July 2017 to January 2018

### **Kitchen Production Staff, Logistics and Order Fulfillment, Blake Hill Artisan Preserves**

September 2009 to June 2017

### **Teacher, New England Classical Academy, 18 Central St. Claremont, NH 03743**

September 2005- June 2009

**Instructor, Mother of Divine Grace School, 407 Bryant Circle, Suite B1, Ojai, CA, 93023**

**Michelle Parker**

**Professional Summary:**

Years of experience navigating children, adults and families through a variety of economic, behavioral, physical and mental health challenges with an emphasis on individualized treatment options and strength-based solutions.

**Skills:**

- Strength based approach
- Cultural competency
- Excellent verbal and written communication skills
- Ability to write clear and accurate reports in a timely manner
- Knowledge of motivational interviewing techniques
- Ability to identify problems, determine accuracy and relevance of information, use sound judgment to generate and evaluate alternatives and make recommendations
- Ability to display high standards of ethical conduct
- Ability to manage one's own time and the time of others

**Professional Experience:**

04.2022-current

Self-employed Independent Contractor

- Perform Comprehensive Assessment for Treatment (CAT) in the state of New Hampshire utilizing a trauma-informed, person-centered approach
- Interview referred youth, their family members and permanency team members to make recommendations for level of care and related clinically appropriate services
- Review all referral information and supporting documentation
- Identify and obtain required Release of Information from parent(s) or legal guardian in accordance with contract requirements and State regulations
- Schedule and conduct clinical interviews
- Complete Child and Adolescent Needs and Strengths Assessment (CANS)
- Complete assessment report, applying clinical decision-making model to make clinical recommendations for level of care and services

2020-2022

Orion House Residential Treatment Coordinator

- Collaborate with youths to develop strength-based treatment plans and assure that all clinical services are delivered to children and families as indicated
- Develop and execute transition/discharge plans and assure that all clinical services are delivered to children and families as indicated
- Complete comprehensive 30-day Biopsychosocial Assessment (to include: CANS, ACE, SNAP, Casey Life Skills, etc.)
- Facilitate 30-day treatment team meetings, quarterly treatment team meetings and transitional planning meetings

- Provide stakeholders with ongoing updates with regards to presence and progress in treatment

2017-2020

Dartmouth Hitchcock Hospital Health Coach/Educator

- Supporting children and their families by using a variety of tactics to help them better understand a process, procedure, or other element of their medical experience
- Developing age-appropriate strategies to minimize trauma and increase understanding of a medical diagnosis through treatments plans using play, education, preparation, and activities that promote growth and development
- Advocating for the special needs of children and their families
- Helping children and their families process and cope with medical situations
- Providing information, support, and guidance to children, parents and family members
- Collaborating with the health care team to coordinate and manage care

2015-2017

Health Fitness Corporate Fitness Center, Program Manager

- Oversee day to day operation of Fitness, Health and Wellness Center
- Program development and monitoring outcomes
- Develop, organize and execute health promotion campaigns in the workplace
- Build and maintain solid relationships with employees and stakeholders
- Achieve short and long-term goals in accordance with strategic business plan

2011-2015

Medifit Corporate Fitness Center, Program Manager

- Oversee day to day operation of Fitness, Health and Wellness Center
- Daily supervision of staff
- Coordinate the on-boarding process for all new employees
- Coordinate and schedule training classes
- Create standard and specialized training based on organizational and job needs
- Developing, organizing and executing health promotion campaigns in the workplace
- Build and maintain solid relationships with employees and stakeholders
- Achieve short and long-term goals in accordance with strategic business plan

2003-2007

Massachusetts Department of Public Health Childhood Lead Poisoning Prevention Program, Social Worker III

- Provide case management services to families
- Assess the needs of families whose children are affected by lead paint
- Conduct comprehensive family assessments
- Co-facilitate monthly case reviews
- Assist families in solving legal, family, social, and behavioral problems
- Maintain case records

2000-2003

Massachusetts Office of Child Care Services, Residential Child Care Licensor

- Enforce licensing standards
- Conduct investigations and licensing studies

# Naomi Frisch

## EDUCATION

**Gordon College** | Wenham, MA

Expected Graduation: May 2023

*Social Welfare Major*

- Cumulative GPA: 3.65
- Relevant Courses: Intro to Social Work/Welfare; Human Behavior and the Social Environment; Person in a Psychological Context; Helping Theories: Individuals and Families; Intro to Sociology; Psychological Disorders; Trauma and Treatment; Psychology of Youth, Media, and Health; Power, Prestige, and Poverty; Diversity in US Populations; Developmental Disabilities; Social Policy; Helping Theories: Groups, Organizations and Communities

## RELEVANT EXPERIENCE

**SeniorCare Inc.** | Gloucester, MA

*Intern* January – April 2023 • Supported older adults to improve quality of life and reduce isolation by assisting the facilitation of Virtual Reality groups, managing paperwork, and helping with Meals on Wheels program

**Easterseals** | Springfield, VT

*Family Engagement Assistant* June - August 2022 • Collaborated with engagement specialists to engage with families involved with the Department of Children and Families by facilitating meetings, supporting parents and children, and providing transportation

**Gordon College** | Wenham, MA

*Community Tutor* February - May 2022; August – November 2022 • Partnered with a team to create a safe space for 20 children ranging in ages 7 to 12 by managing a small group of children, helping with homework and monitoring during indoor and outdoor play

*Local Outreach Club Member* February - May 2021 • Available to aid in community outreach projects such as yard work and encouraging phone calls to connect the Gordon College community with the surrounding areas

**Claremont Soup Kitchen** | Claremont, NH *Summer Cook* June - August 2018, 2019, 2020 • Managed and organized paperwork in order to allow the program to run smoothly and to maintain funding

- Worked with a team to prepare food and deliver meals to provide for the children within the community

## OTHER EXPERIENCE

**Mr. And Mrs. Foster** | Springfield, VT May - August 2021 *Nanny*

- Managed the care of four children

**Physical Plant** | Wenham, MA November 2020 - March 2021 *Custodian*

- Worked with a team to clean campus buildings to maintain the orderly appearance of the college

NH Department of Health and Human Services

KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.

Job descriptions not required for vacant positions.

Contractor Name:

TLC Family Resource Center

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Alysse Lizotte (Coffey)	Family Support Director, Interim Executive Director	\$14,864.00	\$74,318.00
Erin Angley-Cohen	Clinical Supervisor	\$15,575.00	\$68,141.00
Erin Kelly	HFA Supervisor	\$26,499.00	\$39,749.00
VACANT	Registered Nurse	\$9,880.00	\$57,304.00
Sarah Breisch	Family Support Specialist	\$12,012.00	\$42,042.00
Michelle Parker	Family Support Specialist	\$12,740.00	\$50,960.00
Naomi Frisch	Family Support Specialist	\$17,160.00	\$45,760.00

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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  
 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.dbhs.nh.gov

September 10, 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 amendments to existing contracts with the Contractors listed below to continue providing home visiting services, by exercising a renewal option by increasing the total price limitation by \$1,697,218 from \$1,074,488 to \$2,771,706 and extending the completion dates from September 30, 2024 to September 30, 2028, effective October 1, 2024 upon Governor and Council approval. 74% Federal Funds. 26% 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
TLC Family Resource Center Claremont, NH	170625-B001	Claremont Catchment Area	\$565,751	\$1,002,359	\$1,568,110	O: 3/22/23, Item #18 A1: 5/1/24, Item #16
VNA at HCS, Inc. Keene, NH	177274-B002	Keene Catchment Area	\$508,737	\$694,859	\$1,203,596	O: 3/22/23 Item #18
<b>Total</b>			<b>\$1,074,488</b>	<b>\$1,697,218</b>	<b>\$2,771,706</b>	

Funds are available in the following accounts for State Fiscal Year 2025 and are anticipated to be available in State Fiscal Years 2026, 2027, 2028 and 2029, 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.

**See attached fiscal details.**

**EXPLANATION**

The purpose of this request is to allow the Contractors to continue providing voluntary home visiting services to pregnant individuals and families with children up to five (5) years of age within designated Division of Children, Youth, and Families (DCYF) catchment areas. The

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

Contractors will pursue expansion of the program making it available to a broader population of families, including those already involved in New Hampshire's child welfare system.

The Contractors provide voluntary home visiting services utilizing the Healthy Families America (HFA) evidence-based Home Visiting model, its Child Welfare Protocols, and an approved Registered Nurse (RN) home visit model enhancement. The HFA model has shown to improve positive parenting practices, maternal and child health, school readiness, economic self-sufficiency and parental educational attainment, and to increase linkages and referrals to valuable community resources. In addition, families who participate in the HFA model experience less child maltreatment and family violence than their non-HFA counterparts. The HFA model is currently provided in every county in New Hampshire.

Approximately 38 individuals will be served during State Fiscal Years 2025, 2026, 2027, 2028, and 2029.

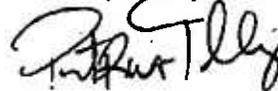
As referenced in Exhibit A of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising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

Should the Governor and Executive Council not authorize this request, more than 30 families will experience a lapse in the services that serve to prevent child abuse and neglect, family violence, and poor maternal and child health outcomes.

Source of Federal Funds: Assistance Listing Number (ALN) 93.870, FAIN X10MC50315; ALN 93.658, FAIN (FFPSA)2301NHFOST

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

Respectfully submitted,



*for* Lori A. Weaver  
Commissioner

**FISCAL DETAIL SHEET**  
**Home Visiting Services (RFP-2023-DPHS-08-HOMEV A01 & A02)**

**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 GRANT  
 90% Federal Funds and 10% General Funds**

**TLC Family Resource Center - Vendor #170625-B001**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	102-500731	Contracts for Prgm Svcs	90083208	\$43,500.00	\$0.00	\$43,500.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$174,000.00	\$0.00	\$174,000.00
2024	102-500731	Contracts for Program Services	90005896	\$37,651.00	\$0.00	\$37,651.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$43,500.00	\$0.00	\$43,500.00
2025	074-500589	Grants for Pub Asst and Rel	90083211	\$0.00	\$130,500.00	\$130,500.00
2025	102-500731	Contracts for Program Services	90005896	\$18,826.00	\$0.00	\$18,826.00
2026	074-500589	Grants for Pub Asst and Rel	90083211	\$0.00	\$30,701.00	\$30,701.00
2026	074-500589	Grants for Pub Asst and Rel	80083212		\$92,103.00	\$92,103.00
2026	102-500731	Contracts for Program Services	90005896	\$0.00	\$22,589.00	\$22,589.00
2027	074-500589	Grants for Pub Asst and Rel	90083212	\$0.00	\$26,435.00	\$26,435.00
2027	074-500589	Grants for Pub Asst and Rel	90083213		\$79,303.00	\$79,303.00
2028	074-500589	Grants for Pub Asst and Rel	90083213	\$0.00	\$26,435.00	\$26,435.00
2028	074-500589	Grants for Pub Asst and Rel	90083214		\$79,303.00	\$79,303.00
2028	102-500731	Contracts for Program Services	90005896	\$0.00	\$21,455.00	\$21,455.00
2029	074-500589	Grants for Pub Asst and Rel	90083214	\$0.00	\$26,435.00	\$26,435.00
			<b>Subtotal</b>	<b>\$317,477.00</b>	<b>\$535,259.00</b>	<b>\$852,736.00</b>

**VNA at HCS, Inc. - Vendor #177274-B002**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	102-500731	Contracts for Prgm Svcs	90083208	\$36,646.00	\$0.00	\$36,646.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$146,583.00	\$0.00	\$146,583.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$36,646.00	\$0.00	\$36,646.00
2025	074-500589	Grants for Pub Asst and Rel	90083211		\$66,590.00	\$66,590.00
2026	074-500589	Grants for Pub Asst and Rel	90083211	\$0.00	\$24,039.00	\$24,039.00
2026	074-500589	Grants for Pub Asst and Rel	90083212		\$72,116.00	\$72,116.00
2026	102-500731	Contracts for Prgm Svcs	90005896	\$0.00	\$4,252.00	\$4,252.00
2027	074-500589	Grants for Pub Asst and Rel	90083212	\$0.00	\$28,242.00	\$28,242.00
2027	074-500589	Grants for Pub Asst and Rel	90083213		\$84,724.00	\$84,724.00
2028	074-500589	Grants for Pub Asst and Rel	90083213	\$0.00	\$23,663.00	\$23,663.00

2028	074-500589	Grants for Pub Asst and Rel	90083214		\$70,989.00	\$70,989.00
2028	102-500731	Contracts for Prgm Srvs	90005896	\$0.00	\$21,730.00	\$21,730.00
2029	074-500589	Grants for Pub Asst and Rel	90083214	\$0.00	\$34,194.00	\$34,194.00
			<b>Subtotal</b>	<b>\$219,875.00</b>	<b>\$430,539.00</b>	<b>\$650,414.00</b>
			<b>TOTAL</b>	<b>\$537,352.00</b>	<b>\$965,798.00</b>	<b>\$1,503,150.00</b>

**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**

**TLC Family Resource Center - Vendor #170625-B001**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	\$2,454.00	\$0.00	\$2,454.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$9,816.00	\$0.00	\$9,816.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$2,454.00	\$0.00	\$2,454.00
			<b>Subtotal</b>	<b>\$14,724.00</b>	<b>\$0.00</b>	<b>\$14,724.00</b>

**VNA at HCS, Inc. - Vendor #177274-B002**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	\$4,090.00	\$0.00	\$4,090.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$16,361.00	\$0.00	\$16,361.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$4,090.00	\$0.00	\$4,090.00
			<b>Subtotal</b>	<b>\$24,541.00</b>	<b>\$0.00</b>	<b>\$24,541.00</b>
			<b>TOTAL</b>	<b>\$39,265.00</b>	<b>\$0.00</b>	<b>\$39,265.00</b>

**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**

**TLC Family Resource Center - Vendor #170625-B001**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$38,925.00	\$0.00	\$38,925.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$155,700.00	\$0.00	\$155,700.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$38,925.00	\$77,850.00	\$116,775.00
2026	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$116,775.00	\$116,775.00
2027	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$116,775.00	\$116,775.00
2028	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$116,775.00	\$116,775.00
2029	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$38,925.00	\$38,925.00
			<b>Subtotal</b>	<b>\$233,550.00</b>	<b>\$467,100.00</b>	<b>\$700,650.00</b>

**VNA at HCS, Inc. - Vendor #177274-B002**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$44,053.00	\$0.00	\$44,053.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$176,215.00	\$0.00	\$176,215.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$44,053.00	\$22,027.00	\$66,080.00
2026	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$66,080.00	\$66,080.00
2027	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$66,080.00	\$66,080.00
2028	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$66,080.00	\$66,080.00
2029	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$44,053.00	\$44,053.00
			<b>Subtotal</b>	<b>\$264,321.00</b>	<b>\$264,320.00</b>	<b>\$528,641.00</b>
			<b>TOTAL</b>	<b>\$497,871.00</b>	<b>\$731,420.00</b>	<b>\$1,229,291.00</b>
			<b>GRAND TOTAL</b>	<b>\$1,074,488.00</b>	<b>\$1,697,218.00</b>	<b>\$2,771,706.00</b>

**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 TLC Family Resource Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 22, 2023 (Item #18), as amended on May 1, 2024 (Item #16), 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 1.7, Completion Date, to read:  
September 30, 2028
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:  
\$1,568,110
3. Modify Exhibit B, Scope of Services, Section 3.3., to read:
  - 3.3. The Contractor must service a portion of families utilizing the Healthy Families America (HFA) Child Welfare Protocols (CWP) in the DCYF Claremont 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 of age, referred by the child welfare system, who are participating in the service voluntarily. The Contractor shall exhaust all reasonable efforts to serve twenty (20) DCYF families in the Claremont Catchment Area; serving no less than 70% of the identified number of families for this region before the end of the contract period.
4. Modify Exhibit B, Scope of Services, Section 3.5.4., to read:
  - 3.5.4. Families with an open DCYF case who have recently reunified, or where the child remains at home with their family and not in an out-of-home placement.
5. Modify Exhibit B, Scope of Services, Section 3.7.1.2.1., to read:
  - 3.7.1.2.1. Should the Contractor be unable to provide services through the HFA CWP, 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 Contractor is unable to utilize the CWP, the Contractor must enter into 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 discontinuation.
6. Modify Exhibit C, Payment Terms, Section 1, to read:
  1. This Agreement is funded by:
    - 1.1. 71% Federal funds:
      - 1.1.1. 67.33% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the US DHHS Health Resources and Services Administration (HRSA), ALN 93.870, FAIN X10MC43595; and as awarded on

September 2, 2022, FAIN X10MC46878; and as awarded on August 29, 2023, FAIN X10MC50315.

1.1.2. 1.32% American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC41935; and as awarded on October 28, 2021, FAIN X11MC45263.

1.1.3. 31.35% Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, ALN 93.658, FAIN 2201NHFOST.

1.2. 29% General funds

7. 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 Sheet through Exhibit C-12, Budget Sheet – Amendment #2.

8. Modify Exhibit C, Payment Terms, Sections 9.2 through 9.3, to read:

9.2. Reserved

9.3. The Contractor must not exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	\$12,164
SFY 2024	\$49,873
SFY 2025	\$116,775
SFY 2026	\$116,775
SFY 2027	\$116,775
SFY 2028	\$116,775
SFY 2029	\$38,925
<b>Total</b>	<b>\$568,062</b>

9. Modify Exhibit C, Payment Terms, by deleting Section 10 in its entirety.

10. Modify Exhibit C-3 Budget Sheet – Amendment #1, by replacing it in its entirety with Exhibit C-3, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.

11. Add Exhibit C-9, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.

12. Add Exhibit C-10, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.

13. Add Exhibit C-11, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.

14. Add Exhibit C-12, Budget Sheet – 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 October 1, 2024, 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

9/9/2024

Date

DocuSigned by:

Iain Watt

0778843E8704C7

Name: Iain Watt

Title: Director - DPHS

TLC Family Resource Center

9/9/2024

Date

Signed by:

Sarah Maguire

88478A7CDEE41F...

Name: Sarah Maguire

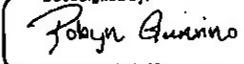
Title: Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

9/10/2024

Date

DocuSigned by:  
  
748734841001400  
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-3, Budget Sheet - Amendment #2

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	TLC Family Resource Center
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period</b>	SFY 25: 7/1/24 - 6/30/25
<b>Indirect Cost Rate (if applicable)</b>	0.1
<b>Line Item</b>	<b>Program Cost - Funded by DHHS</b>
1. Salary & Wages	\$128,092
2. Fringe Benefits	\$25,618
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	\$1,200
6. Travel	\$2,200
7. Software	\$5,519
8. (a) Other - Marketing/ Communications	\$718
8. (b) Other - Education and Training	\$1,400
8. (c) Other - Occupancy	\$6,169
Other - Telecommunications	\$1,380
Other - HFA Affiliation Fee	\$9,000
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$175,296</b>
<b>Total Indirect Costs</b>	<b>\$17,530</b>
<b>TOTAL</b>	<b>\$192,826</b>

Contractor Initials: Initial  
SM

Date: 9/9/2024

Exhibit C-9, Budget Sheet - Amendment #2

New Hampshire Department of Health and Human Services	
Contractor Name:	TLC Family Resource Center
Budget Request for:	Home Visiting Services - Home Visiting Formula Grant
Budget Period:	SFY 26 7/1/25 - 6/30/26
Indirect Cost Rate (if applicable):	0.1
Line/Item	Program Cost: Funded by DHHS
1. Salary & Wages	\$111,055
2. Fringe Benefits	\$16,658
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	\$30
6. Travel	\$900
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$100
8. (b) Other - Education and Training	\$200
8. (c) Other - Telecommunication	\$900
Other : HFA Affiliation Fee	\$1,500
Other - HFA Site Accreditation	\$832
9. Subrecipient Contracts	\$0
Total Direct Costs	\$132,175
Total Indirect Costs	\$13,218
<b>TOTAL</b>	<b>\$145,393</b>

Contractor Initials: Initial  
SM

Exhibit C-10, Budget Sheet - Amendment #2

New Hampshire Department of Health and Human Services	
Contractor Name:	TLC Family Resource Center
Budget Request for:	Home Visiting Services - Home Visiting Formula Grant
Budget Period	SFY 27 - 7/1/26 - 6/30/27
Indirect Cost Rate (if applicable)	0.1
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$93,287
2. Fringe Benefits	\$9,329
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	\$100
6. Travel	\$800
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$100
8. (b) Other - Education and Training	\$200
8. (c) Other - Telecommunications	\$400
Other - HFA Affiliation fees	\$900
9. Subrecipient Contracts	\$0
Total Direct Costs	\$105,116
Total Indirect Costs	\$622
<b>TOTAL</b>	<b>\$105,738</b>

Contractor Initials: Initial  
SM

Exhibit C-11, Budget Sheet - Amendment #2

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	TLC Family Resource Center
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period</b>	SFY 2028: 7/1/27 - 6/30/28
<b>Indirect Cost Rate (if applicable)</b>	0.1
<b>Line Item</b>	<b>Program Cost - Funded by DHHS</b>
1. Salary & Wages	\$101,979
2. Fringe Benefits	\$10,198
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. Supplies - Educational	\$0
6. Travel	\$1,753
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$100
8. (b) Other - Education and Training	\$200
8. (c) Other - Telecommunications	\$400
Other - HFA Affiliation fees	\$900
Other - HFA Accreditation fees	\$100
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$115,630</b>
<b>Total Indirect Costs</b>	<b>\$11,563</b>
<b>TOTAL</b>	<b>\$127,193</b>

Contractor Initials: Initial  
SM

Exhibit C-12, Budget Sheet - Amendment #2

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	TLC Family Resource Center
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period</b>	SFY 2029 (7/1/28 - 9/30/28)
<b>Indirect Cost Rate (if applicable)</b>	0.1
<b>Line Item</b>	<b>Program Cost - Funded by DHHS</b>
1. Salary & Wages	\$19,064
2. Fringe Benefits	\$942
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. Supplies - Educational	\$10
6. Travel	\$20
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$10
8. (b) Other - Education and Training	\$20
8. (c) Other - Other (specify below)	\$10
Other (please specify)	\$10
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$20,086</b>
<b>Total Indirect Costs</b>	<b>\$6,349</b>
<b>TOTAL</b>	<b>\$26,435</b>

Contractor Initials: Initial  
SM

Date: 9/9/2024

ARC

16



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

Lori A. Weaver  
Commissioner

Inli N. Watt  
Interim 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.dbhs.nh.gov

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 a **Sole Source** amendment to an existing contract with the Contractor listed below in **bold**, to provide home visiting services, which was originally competitively bid, by increasing the total price limitation by \$56,477 from \$1,018,011 to \$1,074,488 with no change to the contract completion dates of September 30, 2024, effective upon Governor and Council approval, 100% General Funds.

The original contracts were approved by Governor and Council on March 22, 2023, item #18.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
VNA at HCS, Inc. Keene, NH	177274-B002	Keene Catchment Area	\$508,737	\$0	\$508,737
<b>TLC Family Resource Center</b> Claremont, NH	<b>170525-B001</b>	<b>Claremont Catchment Area</b>	<b>\$509,274</b>	<b>\$56,477</b>	<b>\$565,751</b>
		<b>Total:</b>	<b>\$1,018,011</b>	<b>\$56,477</b>	<b>\$1,074,488</b>

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** because the Department is increasing funding mid-term (not at renewal time) by more than 10% of the contract's original dollar amount due to an identified need for additional services in the Claremont region. The Contractor was originally selected through a competitive bid process and will provide enhanced outreach and support to home-visited families served by the Department's Maternal, Infant and Early Childhood Home Visiting program in the Claremont region.

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

The purpose of this request is for the Contractor to provide increased staff time dedicated to conducting nurse education home visits to enrolled families in support of improved maternal and child health outcomes. This will allow families in the Claremont region who are identified as having increased health monitoring or education needs to have increased access to nurse home visits at an increased frequency of once per month (instead of the minimum of once per trimester) during pregnancy and four times per year in the first year following a child's birth.

Approximately 25 families will be served by the Contractor during State Fiscal Years 2024 and 2025.

The Contractor will utilize the nationally recognized, evidence-based Healthy Families America (HFA) home visiting model and its Child Welfare Protocols, supported by the approved model enhancement of Registered Nurse home visits. The HFA 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. The HFA model has also demonstrated reduction in child maltreatment and family violence.

HFA is provided in every county in New Hampshire. The program serves prenatal individuals and families with young children up to the age of five (5), located in any county in the State.

The Department will continue to monitor contracted services through:

- Scheduled 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 model-specific tracking data to ensure fidelity to the requirements of the evidence-based model.
- Quarterly data reviews to ensure a minimum of 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 terms and HFA model requirements, utilizing tools developed by the home visiting program and the HFA model.

Should the Governor and Council not authorize this request, additional families will not have access to education and support from a Registered Nurse in support of positive maternal and child health outcomes.

Area served: Claremont Catchment Area.

Respectfully submitted,



Lori A. Weaver  
Commissioner

FAM

**FISCAL DETAIL SHEET**  
**Home Visiting Services (RFP-2023-DPHS-08-HOMEV)**

**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 GRANT**  
**89% Federal Funds and 11% General Funds**

**TLC Family Resource Center - Vendor #170625-B001**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	102-500731	Contracts for Prgm Svcs	90083208	\$43,500.00	\$0.00	\$43,500.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$174,000.00	\$0.00	\$174,000.00
2024	102-500731	Contracts for Program Services	90005896	\$0.00	\$37,651.00	\$37,651.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$43,500.00	\$0.00	\$43,500.00
2025	102-500731	Contracts for Program Services	90005896	\$0.00	\$18,826.00	\$18,826.00
			<b>Subtotal</b>	<b>\$261,000.00</b>	<b>\$56,477.00</b>	<b>\$317,477.00</b>

**VNA at HCS, Inc. - Vendor #177274-B002**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	102-500731	Contracts for Prgm Svcs	90083208	\$36,646.00	\$0.00	\$36,646.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$146,583.00	\$0.00	\$146,583.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$36,646.00	\$0.00	\$36,646.00
			<b>Subtotal</b>	<b>\$219,875.00</b>	<b>\$0.00</b>	<b>\$219,875.00</b>
			<b>TOTAL</b>	<b>\$480,875.00</b>	<b>\$56,477.00</b>	<b>\$537,352.00</b>

**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**

**TLC Family Resource Center - Vendor #170625-B001**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	\$2,454.00	\$0.00	\$2,454.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$9,816.00	\$0.00	\$9,816.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$2,454.00	\$0.00	\$2,454.00
			<b>Subtotal</b>	<b>\$14,724.00</b>	<b>\$0.00</b>	<b>\$14,724.00</b>

VNA at HCS, Inc. - Vendor #177274-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	\$4,090.00	\$0.00	\$4,090.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$18,361.00	\$0.00	\$18,361.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$4,090.00	\$0.00	\$4,090.00
			<i>Subtotal</i>	<i>\$24,541.00</i>	<i>\$0.00</i>	<i>\$24,541.00</i>
			<b>TOTAL</b>	<b>\$39,265.00</b>	<b>\$0.00</b>	<b>\$39,265.00</b>

**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

TLC Family Resource Center - Vendor #170625-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$38,925.00	\$0.00	\$38,925.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$155,700.00	\$0.00	\$155,700.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$38,925.00	\$0.00	\$38,925.00
			<i>Subtotal</i>	<i>\$233,550.00</i>	<i>\$0.00</i>	<i>\$233,550.00</i>

VNA at HCS, Inc. - Vendor #177274-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$44,053.00	\$0.00	\$44,053.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$176,215.00	\$0.00	\$176,215.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$44,053.00	\$0.00	\$44,053.00
			<i>Subtotal</i>	<i>\$264,321.00</i>	<i>\$0.00</i>	<i>\$264,321.00</i>
			<b>TOTAL</b>	<b>\$497,871.00</b>	<b>\$0.00</b>	<b>\$497,871.00</b>
			<b>GRAND TOTAL</b>	<b>\$1,018,011.00</b>	<b>\$56,477.00</b>	<b>\$1,074,488.00</b>

**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 TLC Family Resource Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 22, 2023 (Item #18), 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:  
\$565,751
2. Modify Exhibit B, Scope of Services, Section 3, Statement of Work, Subsection 3.11, by adding Paragraph 3.11.1., to read:
  - 3.11.1. The Contractor must offer nurse home visits to families identified as having increased health monitoring or education needs at an increased frequency of once per month.
3. Modify Exhibit B, Scope of Services, Section 3, Statement of Work, Subsection 3.29, Performance Measures, Paragraph 3.29.1., to read:
  - 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. The frequency of nurse home visits will be monitored during annual sub-recipient monitoring site visits.
4. Modify Exhibit C, Payment Terms, Section 1, to read:
  1. This Agreement is funded by:
    - 1.1. 72% Federal funds from:
      - 1.1.1. 63% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, ALN 93.870, FAIN X10MC43595, and as awarded on September 2, 2022, FAIN X10MC46878.
      - 1.1.2. 5% American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS Health Resources and Services Administration, ALN 93.870, FAIN X11MC41935, and as awarded on October 28, 2021, FAIN X11MC45263.
      - 1.1.3. 32% Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, ALN 93.658, FAIN 2201NHFOST.
    - 1.2. 28% General funds.
5. Modify Exhibit C-2 Budget Sheet, by replacing it in its entirety with Exhibit C-2 Budget Sheet – Amendment #1, which is attached hereto and incorporated by reference herein.
6. Modify Exhibit C-3 Budget Sheet, by replacing it in its entirety with Exhibit C-3 Budget Sheet – 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

3/26/2024

Date

DocuSigned by:  
*Iain Watt*  
Name: Iain Watt  
Title: Interim Director - DPHS

TLC Family Resource Center

3/26/2024

Date

DocuSigned by:  
*Mariah Davis*  
Name: Mariah Davis  
Title: President of the Board



New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name:	TLC Family Resource Center
Budget Request for:	Home Visiting Services - DPHS -- Home Visiting Formula Grant
Budget Period:	G&C Approval - June 30, 2024
Indirect Cost Rate (if applicable):	10.00%
Line Item	Program Cost,- Funded by DHHS
1. Salary & Wages <sup>1</sup>	\$150,330
2. Fringe Benefits	\$30,066
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.	\$1,421
5(a) Supplies - Educational	\$1,025
5(b) Supplies - Lab	\$0
5(c) Supplies - Pharmacy	\$0
5(d) Supplies - Medical	\$0
5(e) Supplies Office	\$130
6. Travel	\$1,394
7. Software	\$2,340
8. (a) Other - Marketing/ Communications	\$301
8. (b) Other - Education and Training	\$1,700
8. (c) Other - Other (specify below)	\$1,278
Telephone	\$2,425
HFA Affiliation Fee	
HFA Accreditation Fee	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$192,410</b>
<b>Total Indirect Costs</b>	<b>\$19,241</b>
<b>TOTAL</b>	<b>\$211,651</b>

Contractor Initials M.D.  
Date 3/26/2024

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name:	TLC Family Resource Center
Budget Request for:	Home Visiting Services - DPHS - Home Visiting Formula Grant
Budget Period:	SFY 2025 (July 1, 2024 - September 30, 2024)
Indirect Cost Rate (if applicable)	10.00%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$44,377
2. Fringe Benefits	\$8,875
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	\$230
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$348
7. Software	\$585
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$425
8. (c) Other - Other (specify below)	
Telephone	\$320
HFA Affiliation Fee	\$1,500
HFA Accreditation Fee	
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$56,660</b>
<b>Total Indirect Costs</b>	<b>\$5,666</b>
<b>TOTAL</b>	<b>\$62,326</b>

MAR08'23 PM 4:51 RCUD

ARC

18



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: 1-800-735-1964  
www.dhhs.nh.gov

February 24, 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, and the Division for Children, Youth and Families to enter into contracts with the Contractors listed below in an amount not to exceed \$1,018,011 to provide home visiting services, with the option to renew for up to four (4) additional years, effective April 1, 2023, upon Governor and Council approval through September 30, 2024. 76% Federal Funds, 24% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
VNA at HCS, Inc.	177274-B002	Keene Catchment Area	\$508,737.00
TLC Family Resource Center	170625-B001	Claremont Catchment Area	\$509,274.00
		<b>Total:</b>	<b>\$1,018,011.00</b>

\*Note the Department submitted requested actions for other areas of the state which were approved at the G&C Meeting on 2/8/23, thus ensuring statewide coverage is obtained.\*

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.

No purchase order numbers will be assigned to Division for Children, Youth and Families but that the Division of Public Health Services will be using purchase order numbers and New Hampshire First System.

See attached fiscal details.

**EXPLANATION**

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

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
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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.<sup>1</sup> 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 100 individuals will be served during State Fiscal Years 2023, 2024, and 2025.

The Division of Public Health Services will monitor services by:

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

- o Referrals
  - o 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.)
  - o Share of Division for Children, Youth and Families-referred families that were enrolled between three (3) and twenty-four (24) months of age.
  - o Share of Division for Children, Youth and Families-referred families with a recent assessment of a Substance Exposed Infant.
- o Enrollments
  - o Average time to enrollment from the time and date of referral.
  - o Number of days from referral date to the first home visit.
  - o Share of families that are offered Healthy Family America and percentage of offered families who decide to receive Health Family America.
  - o Proportion of families that are retained in the program over specified periods of time, (three (3) months, six (6) months, and every six (6) months thereafter) after receiving a first home visit.

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<sup>1</sup> [HFA Evidence of Effectiveness 2022 Website.pdf \(healthyfamiliesamerica.org\)](#)

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council:  
Page 3 of 3

- o 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.
- o Program Completion
  - o Share of families who do not complete the program, including, reason for non-completion and/or discharge.
  - o Share of families that discharged who completed a minimum of specified periods of service. (Starting at six (6) months, and every six (6) months thereafter up until thirty-six (36) months of service.)
- o Short-term Outcomes
  - o Share of families with a new case opened to the Division for Children, Youth and Families, or a new report of maltreatment, within six (6) months after discharge.
  - o Share of children who enter out-of-home placement within six (6) months after discharge, including breakdown of placement type.
  - o Share of children who enter any form of out-of-home placement within twelve (12) months of discharge.
  - o 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 August 30, 2022 through September 23, 2022. The Department received two (2) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

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 35 New Hampshire families will experience a lapse in preventive services they have 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 # CFDA #93.870 FAIN # X1043595, X1046878, X1141935, X1145263, CFDA #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 DETAIL SHEET  
SFY 23, 24 & 25 HOME VISITING CONTRACTS**

**DIVISION OF PUBLIC HEALTH SERVICES (DPHS) FUNDS**

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN PUBLIC HEALTH DIV, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, 100% FEDERAL CFDA #93.870 FAIN # .X1043595, X1046878

TLC Family Resource Center - Vendor #170625-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	102-500731	Contracts for Prgm Srvs	90083208	\$43,500.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$174,000.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$43,500.00
			<b>SUBTOTAL:</b>	<b>\$261,000.00</b>

VNA at HCS, Inc. - Vendor #177274-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	102-500731	Contracts for Prgm Srvs	90083208	\$36,646.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$146,583.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$36,646.00
			<b>SUBTOTAL:</b>	<b>\$219,875.00</b>
			<b>Total of AU 5896</b>	<b>\$480,875.00</b>

05-95-90-902010-2451-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HHS: PUBLIC HEALTH DIV, BUEAU OF COMM & HEALTH SERV, ARP - MIEC HOME 100% FEDERAL FUNDS CFDA #93.870, FAIN# X1141935 & X1145263

TLC Family Resource Center - Vendor #170625-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	074-500589	Grants for Pub Asst and Rel	90083206	\$2,454.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$9,816.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$2,454.00
			<b>SUBTOTAL:</b>	<b>\$14,724.00</b>

VNA at HCS, Inc. - Vendor #177274-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	074-500589	Grants for Pub Asst and Rel	90083206	\$4,090.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$16,361.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$4,090.00
			<b>SUBTOTAL:</b>	<b>\$24,541.00</b>
			<b>Total of AU 2451</b>	<b>\$39,265.00</b>
			<b>DPHS Subtotal</b>	<b>\$520,140.00</b>

**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 - 50% FEDERAL CFDA #93.658 FAIN # 2201NHFOST

TLC Family Resource Center - Vendor #170625-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$38,925.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$155,700.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$38,925.00
			<b>Subtotal</b>	<b>\$233,550.00</b>

VNA at HCS, Inc. - Vendor #177274-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$44,053.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$176,215.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$44,053.00
			<b>SUBTOTAL:</b>	<b>\$264,321.00</b>
			<b>Total of AU 2958</b>	<b>\$497,871.00</b>
			<b>GRAND TOTAL:</b>	<b>\$1,018,011.00</b>

**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-08-HOMEV  
**Project Title** Home Visiting Services

	Maximum Points Available	VNA at HCS, Inc.	TLC Family Resource Center
<b>Technical</b>			
Experience (Q1 – Q5)	30	28	26
Organizational Capacity (Q6 – Q11 & Appendix J)	35	30	31
Performance Improvement (Q12 – Q16)	25	22	21
<b>Subtotal - Technical</b>	<b>90</b>	<b>80</b>	<b>78</b>
<b>Cost</b>			
Budget Sheet & Budget Narrative (Appendix F)	5	4	4
Program Staff List (Appendix G)	5	4	4
<b>Subtotal - Cost</b>	<b>10</b>	<b>8</b>	<b>8</b>
<b>TOTAL POINTS</b>	<b>100</b>	<b>88</b>	<b>86</b>
<b>TOTAL PROPOSED VENDOR COST</b>		<b>\$520,172</b>	<b>\$956,415</b>

**Reviewer Name**

1	Gayleen Smith
2	Pauline Jeslonowski
3	Kristi Hart
4	Ashley Janos
5	Kelly McCormac
7	Paula Gyurcsan

**Title**

Administrator III, Finance
Finance Manager
Program Specialist IV, DPHS
Program Specialist IV, DCYF
Assessment Supervisor IV, DCYF
Program Planner I

Subject: RFP-2023-DPHS-08-HOMEV-02 / Home Visiting Services

**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 TLC Family Resource Center		1.4 Contractor Address PO Box 109, 62 Pleasant Street Claremont, NH 03743	
1.5 Contractor Phone Number 603-542-1848 Ext: 322	1.6 Account Number 05-95-90-902010-5896; 05-95-90-902010-2451; 05-95-42-421010-2958.	1.7 Completion Date 9/30/2024	1.8 Price Limitation \$509,274.00
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: Stephanie Slayton Date: 2/28/2023		1.12 Name and Title of Contractor Signatory Stephanie Slayton Executive Director	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley Date: 2/28/2023		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: <u>Robyn Quirino</u> On: 3/6/2023			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

Contractor Initials SS  
Date 2/28/2023

**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 SS  
Date 7/26/2023

### 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, 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**

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**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 April 1, 2023, ("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**

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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.<sup>1</sup>
- 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

<sup>1</sup> 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 Claremont DCYF Catchment Area Location, 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 five (5) DCYF families during the first six (6) months of the contract period and no less than thirteen (13) families thereafter through the end of the contract period.

3.4. The Contractor must serve fifteen (15) families in the Claremont DCYF Catchment Area Location 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 Claremont DCYF Catchment Area Location 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); 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 service 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 15<sup>th</sup> 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 compiled 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

<b>Berlin</b> <i>(650 Main Street Suite 200, Berlin NH 03570)</i>		
Serving the cities, towns, and locations of:		
▪ Atkinson and Gilmanton Academy Grant	▪ Dummer	▪ Pittsburg
▪ Bean's Grant	▪ Errol	▪ Randolph
▪ Bean's Purchase	▪ Erving's Location	▪ Riverton
▪ Berlin	▪ Fabyan Gorham	▪ Sargent's Purchase
▪ Bretton Woods	▪ Grange Greens Grant	▪ Second College Grant
▪ Cambridge	▪ Groveton	▪ Shelburne
▪ Carroll	▪ Hadley's Purchase	▪ South Lancaster
▪ Cascade	▪ Jefferson	▪ Stark
▪ Chandlers Purchase	▪ Kilkenny	▪ Stewartstown
▪ Clarksville	▪ Lancaster	▪ Stratford
▪ Colebrook	▪ Low and Burbank's Grant	▪ Stratford Hollow
▪ Columbia	▪ Maplewood	▪ Success
▪ Coos Junction	▪ Martin's Location	▪ Thompson & Meserve's Purchase
▪ Crawford's Purchase	▪ Milan	▪ Twin Mountain
▪ Crystal	▪ Millsfield	▪ Wentworth's Location
▪ Cutt's Grant	▪ North Stratford	▪ West Milan
▪ Dalton	▪ Northumberland	▪ West Stewartstown
▪ Dix's Grant	▪ Odell	▪ Whitefield
▪ Dixville	▪ Percy	
	▪ Pinkham's Grant	

<b>Littleton</b> <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
▪ Glencliff	▪ Pike
▪ Haverhill	▪ Sugar Hill
▪ Landaff	▪ Warren
▪ Lincoln	▪ Woodstock
	▪ Woodsville

# Attachment 1: DCYF Catchment Area Locations

<b>Conway</b> <i>(71 Hobbs Street, Conway NH 03818)</i>		
<b>Serving the cities, towns, and locations of:</b>		
<ul style="list-style-type: none"> <li>▪ Albany</li> <li>▪ Bartlett</li> <li>▪ Brookfield</li> <li>▪ Center Conway</li> <li>▪ Center Effingham</li> <li>▪ Center Ossipee</li> <li>▪ Center Sandwich</li> <li>▪ Center Tuftonboro</li> <li>▪ Chatham</li> <li>▪ Chocorua</li> <li>▪ Conway</li> <li>▪ East Conway</li> <li>▪ East Wakefield</li> <li>▪ Eaton</li> <li>▪ Effingham</li> </ul>	<ul style="list-style-type: none"> <li>▪ Freedom</li> <li>▪ Glen</li> <li>▪ Granite</li> <li>▪ Hale's Location</li> <li>▪ Hart's Location</li> <li>▪ Intervale</li> <li>▪ Jackson</li> <li>▪ Kearsarge</li> <li>▪ Madison</li> <li>▪ Melvin Village</li> <li>▪ Mirror Lake</li> <li>▪ Moultonborough</li> <li>▪ Moultonville</li> <li>▪ North Conway</li> <li>▪ North Sandwich</li> <li>▪ Ossipee</li> </ul>	<ul style="list-style-type: none"> <li>▪ Redstone</li> <li>▪ Sanbornville</li> <li>▪ Sandwich</li> <li>▪ Silver Lake</li> <li>▪ Snowville</li> <li>▪ South Chatham</li> <li>▪ South Effingham</li> <li>▪ South Tamworth</li> <li>▪ Tamworth</li> <li>▪ Tuftonboro</li> <li>▪ Union</li> <li>▪ Wakefield</li> <li>▪ West Ossipee</li> <li>▪ Wolfeboro</li> <li>▪ Wolfeboro Falls</li> <li>▪ Wonalancet</li> </ul>

<b>Claremont</b> <i>(17 Water Street, Suite 301, Claremont NH 03743)</i>		
<b>Serving the cities, towns, and locations of:</b>		
<ul style="list-style-type: none"> <li>▪ Acworth</li> <li>▪ Beauregard Village</li> <li>▪ Burkehaven</li> <li>▪ Canaan</li> <li>▪ Charlestown</li> <li>▪ Claremont</li> <li>▪ Cornish</li> <li>▪ Cornish Flat</li> <li>▪ Croydon</li> <li>▪ East Lempster</li> <li>▪ Enfield</li> <li>▪ Enfield Center</li> <li>▪ Etna</li> </ul>	<ul style="list-style-type: none"> <li>▪ Georges Mills</li> <li>▪ Goshen</li> <li>▪ Grafton</li> <li>▪ Grantham</li> <li>▪ Guild</li> <li>▪ Hanover</li> <li>▪ Langdon</li> <li>▪ Lebanon</li> <li>▪ Lempster</li> <li>▪ Lyme</li> <li>▪ Lyme Center</li> <li>▪ Meriden</li> <li>▪ Mount Sunapee</li> <li>▪ Newport</li> </ul>	<ul style="list-style-type: none"> <li>▪ Orange</li> <li>▪ Orford</li> <li>▪ Plainfield</li> <li>▪ South Acworth</li> <li>▪ South Charlestown</li> <li>▪ Springfield</li> <li>▪ Sunapee</li> <li>▪ Unity</li> <li>▪ Washington</li> <li>▪ West Canaan</li> <li>▪ West Lebanon</li> <li>▪ West Springfield</li> <li>▪ West Unity</li> </ul>

# Attachment 1: DCYF Catchment Area Locations

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

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

## Attachment 1: DCYF Catchment Area Locations

<b>Concord</b> <i>(40 Terrill Park Drive, Concord, NH 03301)</i>		
Serving the cities, towns, and locations of:		
▪ Allenstown	◦ Epsom	▪ Penacook
▪ Andover	▪ Frankestown	▪ Pinardville
▪ Blodgett Landing	▪ Franklin	▪ Pittsfield
▪ Boscawen	▪ Gerrish	▪ Potter Place
◦ Bow	▪ Goffstown	▪ Salisbury
◦ Bradford	◦ Gossville	◦ Short Falls
▪ Canterbury	▪ Henniker	▪ South Danbury
▪ Chichester	▪ Hill	◦ South Sutton
◦ Concord	▪ Hooksett	◦ Suncook
◦ Contoocook	▪ Hopkinton	▪ Sutton
▪ Danbury	▪ Loudon	▪ Warner
◦ Davisville	▪ New Boston	▪ Weare
▪ Dunbarton	▪ New London	▪ Webster
◦ East Andover	▪ Newbury	▪ Webster Lake
◦ East Concord	◦ North Sutton	◦ West Franklin
▪ East Sutton	◦ North Wilmot	▪ Wilmot
◦ Elkins	◦ Northfield	◦ Wilmot Flat
	▪ Pembroke	

<b>Manchester</b> <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"> <li>▫ Barrington</li> <li>▫ Center Strafford</li> <li>▫ Dover</li> <li>▫ Durham</li> <li>▫ East Rochester</li> <li>▫ Farmington</li> <li>▫ Gonic</li> <li>▫ Lee</li> </ul>	<ul style="list-style-type: none"> <li>▫ Madbury</li> <li>▫ Middleton</li> <li>▫ Milton</li> <li>▫ Milton Mills</li> <li>▫ New Durham</li> <li>▫ Rochester</li> <li>▫ Rollinsford</li> <li>▫ Strafford</li> </ul>

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

Southern <i>(26 Whipple St. Nashua, NH 03080)</i>		
District Office serving the cities, towns, and locations of:		Southern Telework serving the cities, towns, and locations of:
<ul style="list-style-type: none"> <li>▫ Amherst</li> <li>▫ Bedford</li> <li>▫ Brookline</li> <li>▫ Hollis</li> <li>▫ Hudson</li> <li>▫ Litchfield</li> <li>▫ Lyndeborough</li> <li>▫ Mason</li> <li>▫ Merrimack</li> </ul>	<ul style="list-style-type: none"> <li>▫ Milford</li> <li>▫ Mont Vernon</li> <li>▫ Nashua</li> <li>▫ North Salem</li> <li>▫ Pelham</li> <li>▫ Reeds Ferry</li> <li>▫ Salem</li> <li>▫ Wilton</li> <li>▫ Windham</li> </ul>	<ul style="list-style-type: none"> <li>▫ Atkinson</li> <li>▫ Chester</li> <li>▫ Derry</li> <li>▫ East Derry</li> <li>▫ East Hampstead</li> <li>▫ Hampstead</li> <li>▫ Londonderry</li> <li>▫ Plaistow</li> <li>▫ Sandown</li> </ul>

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### Attachment 2 - Capacity Analysis Report

CASELOAD AND CAPACITY ANALYSIS	
<p><b>NOTE:</b> This report is to be completed for each month by the monitor/lead.</p> <p>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.</p> <p>2. Enter the number of families on each level that the home visitor saw in the reporting month.</p> <p>3. Repeat Steps 1-2 for each home visitor allocated to HFA Home Visiting during the month, in the separate tabs provided.</p> <p>4. If you have a home visitor position that is currently vacant, please indicate this using "ALLOCATION," 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><b>NOTE:</b> 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>	
<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 C2. Return to 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> <p>1. Duplicate the last FSW worksheet tab (right-click select "move or copy", click "yes" create a copy, move to "before Capacity Analysis")</p> <p>2. Update formulas in the Capacity Analysis worksheet tab to include the new FSW worksheets:</p> <ul style="list-style-type: none"> <li>a. # families served, per case weight category (cells E3:G)</li> <li>b. % of monthly home visitor capacity utilized (cells F7, F7)</li> <li>c. Service Utilization % (cells D9, F10)</li> </ul>	
<p><b>Note:</b> The # of hours paid should be the related or expected contracted hours for HFA only, regardless of vacation days, out of office, sick, etc.</p> <p><b>Note:</b> 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 FAV work, the % will be 100%.</p> <p>Once the green cells are filled, all orange fields on 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>	

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### Attachment 2 - Capacity Analysis Report

Month for Capacity Analysis		January 2021		8/23/2021		Personnel 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						
PBA Date (Month/Year) (within 12 months (12))						# of families with additional circumstances due to PSC						
# of hours per week captured for PBA only						0.5	1	1.5	2	2.5	3	Extra Care Weight
OR 124 Hours above, 91 hours as N/A Home visitor												
Call center methods		0 DO										
Level	Description	Number of Families on Level	Weight	Weighted Families per Level								
Level 2P	prenatal - visits every other week during first and second trimester		2.00									0
Level 1P	prenatal - visits every week in third trimester (or earlier if needed)		2.00									0
Level 3	Post 6 months after birth or enrollment - visits every week		2.00									0
Level 2	visits every other week		1.00									0
Level 3	visits once per month		0.50									0
Level 1.5	Child intervention - visits weekly, or more if needed		2.00									0
Level 4	visits once per quarter		0.25									0
<b>Special Circumstances (SC)</b>												
Level CO1	Care the Out-of-State (CO) is for families that completed all 12111000, have visit but become disengaged.		2.00									0
Level CO2	CO families are given the same caseload they had prior to going on CO, to ensure space if CO is not fully re-employed.		2.00									0
Level CO3	CO, to ensure space if re-employed.		0.50									0
<b>Temporary Assignments (TA)</b>												
Level TA1	Temporary Out of Area (TOA) for up to 1 month, families are given the same caseload they had prior to going on CO, to ensure space if family is not.		2.00									0
Level TA2	Temporary Re-assignment (TA) for up to 1 month, families accept voluntary re-assignment to another FSW due to being at full capacity.		0.50									0
Level TA3	Temporary Re-assignment to another FSW due to being at full capacity.		0.50									0
Actual Cases		0		0		Total Additional PSC circumstances						
Additions for Safety		0		0		0						
N/A CAPACITY CALCULATION		0.00/0.00		0.00/0.00								
PBA CONTRIBUTION TO PBA CAPACITY CALCULATION		0.00		0.00								

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### Attachment 2 - Capacity Analysis Report

Months for Coverage Analysis		4/20/2021		Permanent Special Circumstances (PSC) benefits should be captured above at this level, AND in this section if they have any of the following: need an interpreter, have a sibling with autism, etc. Have significant additional event time, or a child with special needs.						
PFE Data (show PFE under 24 months only)				# of families with additional or special time due to PSC						
Name of staff member				0.5	1	1.5	2	2.5	3	Entry Case Weight
8 hours per week worked for PFA only										
Of the hours above, % time as N/A home visitor										
Level	Description	Number of Families on Level	Weight	Weighted Coverage per Level						
Level 3P	Prenatal - visits every other week during first and second trimester	2,00	0	0						0
Level 3P	Prenatal - visits every week in third trimester or (as needed)	2,00	0	0						0
Level 1	First 8 months after birth or enrollment - visits every week	2,00	0	0						0
Level 2	Months 9-24 post birth	1,00	0	0						0
Level 1E	Child Intervention - visits every 2 weeks or more as needed	2,00	0	0						0
Level 4	Child abuse or neglect	0.11	0	0						0
Crises Outreach (CO)	Crises Outreach (CO) is for families that completed 31, 31, 31 one hour visit but become discouraged.	2,00	0	0						0
Level CO1	CO families are given the same caseload; they had prior to going on CO, to ensure equity if possible.	1,00	0	0						0
Level CO2	Temporary Out of Area (TOA) for up to 3 months, families are given the same caseload they had prior to going on CO, to ensure equity if possible.	0.50	0	0						0
Temporary Assignments (TOA) (T)	Temporary re-assignment to another PFE due to loss of caseload.	0	0	0						0
Level TO1	Temporary re-assignment (TR) for up to 3 months, families accept voluntary re-assignment to another PFE due to loss of caseload.	2,00	0	0						0
Level TO2		1,00	0	0						0
Level TO3		0.50	0	0						0
Level TR		0.10	0	0						0
Actual caseload		0	0	0						0
Maximum for Direct		0	0	0						0
MVA CAPACITY CALCULATION		0	0	0						0
PFE Contribution to MVA CAPACITY CALCULATION		0.00	0	0						0

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### Attachment 2 - Capacity Analysis Report

Search for Extended Analysis:						Permanent Level Characteristics (PSL) Limits should be created above at their level AND in this section if they have any of the following: are an incarcerator, have multiple births/trauma, neglect, etc.), have significant additional travel time, or a child with special needs # of Families with additional resourceload due to PSL:							Leave One Month
How many (left empty)	# hours per week worked (for HFA only)	Of the hours above, # times at HFA home visit or	Counted multiplier	0.00	0.5	1	1.5	2	2.5	3			
Level 1P	Present - visits every other week during first and second trimester		2.00	0									
Level 1P	Present - visits every week in third trimester (or earlier if needed)		2.00	0									
Level 1	Visit 6 weeks after birth or enrollment - visits every week		1.00	0									0
Level 1	Visits every other week		1.00	0									0
Level 1	Visits once per month		0.50	0									0
Level 1S1	Child intervention - visits weekly, or more if needed		3.00	0									0
Level 1	Visits once per quarter		0.25	7.0									
Graduate Outreach (GO)	One-time Outreach (GO) is for families that completed program and												
Level GO1	Phone visit but become disengaged		1.00	0									
Level GO2	GO families are given the same priority they had prior to going on		1.00	0									
Level GO3	GO to ensure 1 page if requested		0.50	0									
Temporary Assignments (TA) YES	Temporarily Out of Area (TOA) for up to 3 months. Limits are given												
Level TA1	the same priority they had prior to going on OP, to ensure space		1.00	0									
Level TA1	if re-registered		1.00	0									
Level TA2	Temporary Re-Assignment (TR) for up to 3 months; families accept		0.50	0									
Level TA3	voluntary re-assignment to another PSL due to leave or turnover		0.50	0									
Level TR													
				Actual total:	0	0							
				Allocation for HFA only:	0	0							
				PSL CAPACITY CALCULATION	8000	0							
				PSL Contribution to HFA CAPACITY CALCULATION	8.0%								

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Attachment 2 - Capacity Analysis Report

Strength for Careload Analysis		Number of Funders on Level		Weights of Careload per Level		Permissions (Special Circumstances (PSC) families should be listed and shown 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							Line Case Weight
Level	Description		Weight	0.5	1	1.5	2	3	4	5	6	7	
Level 3P	Prenatal - visits every other week during first and second trimester	1.00	0										
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)	1.00	0										
Level 1	First 6 months after birth or enrollment - visits every week	1.00	0										
Level 2	Visits every other week	1.00	0										
Level 3	Visits once per month	0.50	0										
Level 1LS	Critical Intervention - visits weekly, or more if needed	1.00	0										
Level 6	Visits once per quarter	0.11	0										
One Other Child with CO	Are the Other Child (OC) for families that completed all 12, 21, 30, 36, 42, 48, 54, 60, 66, 72, 78, 84, 90, 96, 102, 108, 114, 120, 126, 132, 138, 144, 150, 156, 162, 168, 174, 180, 186, 192, 198, 204, 210, 216, 222, 228, 234, 240, 246, 252, 258, 264, 270, 276, 282, 288, 294, 300, 306, 312, 318, 324, 330, 336, 342, 348, 354, 360, 366, 372, 378, 384, 390, 396, 402, 408, 414, 420, 426, 432, 438, 444, 450, 456, 462, 468, 474, 480, 486, 492, 498, 504, 510, 516, 522, 528, 534, 540, 546, 552, 558, 564, 570, 576, 582, 588, 594, 600, 606, 612, 618, 624, 630, 636, 642, 648, 654, 660, 666, 672, 678, 684, 690, 696, 702, 708, 714, 720, 726, 732, 738, 744, 750, 756, 762, 768, 774, 780, 786, 792, 798, 804, 810, 816, 822, 828, 834, 840, 846, 852, 858, 864, 870, 876, 882, 888, 894, 900, 906, 912, 918, 924, 930, 936, 942, 948, 954, 960, 966, 972, 978, 984, 990, 996, 1002, 1008, 1014, 1020, 1026, 1032, 1038, 1044, 1050, 1056, 1062, 1068, 1074, 1080, 1086, 1092, 1098, 1104, 1110, 1116, 1122, 1128, 1134, 1140, 1146, 1152, 1158, 1164, 1170, 1176, 1182, 1188, 1194, 1200, 1206, 1212, 1218, 1224, 1230, 1236, 1242, 1248, 1254, 1260, 1266, 1272, 1278, 1284, 1290, 1296, 1302, 1308, 1314, 1320, 1326, 1332, 1338, 1344, 1350, 1356, 1362, 1368, 1374, 1380, 1386, 1392, 1398, 1404, 1410, 1416, 1422, 1428, 1434, 1440, 1446, 1452, 1458, 1464, 1470, 1476, 1482, 1488, 1494, 1500, 1506, 1512, 1518, 1524, 1530, 1536, 1542, 1548, 1554, 1560, 1566, 1572, 1578, 1584, 1590, 1596, 1602, 1608, 1614, 1620, 1626, 1632, 1638, 1644, 1650, 1656, 1662, 1668, 1674, 1680, 1686, 1692, 1698, 1704, 1710, 1716, 1722, 1728, 1734, 1740, 1746, 1752, 1758, 1764, 1770, 1776, 1782, 1788, 1794, 1800, 1806, 1812, 1818, 1824, 1830, 1836, 1842, 1848, 1854, 1860, 1866, 1872, 1878, 1884, 1890, 1896, 1902, 1908, 1914, 1920, 1926, 1932, 1938, 1944, 1950, 1956, 1962, 1968, 1974, 1980, 1986, 1992, 1998, 2004, 2010, 2016, 2022, 2028, 2034, 2040, 2046, 2052, 2058, 2064, 2070, 2076, 2082, 2088, 2094, 2100, 2106, 2112, 2118, 2124, 2130, 2136, 2142, 2148, 2154, 2160, 2166, 2172, 2178, 2184, 2190, 2196, 2202, 2208, 2214, 2220, 2226, 2232, 2238, 2244, 2250, 2256, 2262, 2268, 2274, 2280, 2286, 2292, 2298, 2304, 2310, 2316, 2322, 2328, 2334, 2340, 2346, 2352, 2358, 2364, 2370, 2376, 2382, 2388, 2394, 2400, 2406, 2412, 2418, 2424, 2430, 2436, 2442, 2448, 2454, 2460, 2466, 2472, 2478, 2484, 2490, 2496, 2502, 2508, 2514, 2520, 2526, 2532, 2538, 2544, 2550, 2556, 2562, 2568, 2574, 2580, 2586, 2592, 2598, 2604, 2610, 2616, 2622, 2628, 2634, 2640, 2646, 2652, 2658, 2664, 2670, 2676, 2682, 2688, 2694, 2700, 2706, 2712, 2718, 2724, 2730, 2736, 2742, 2748, 2754, 2760, 2766, 2772, 2778, 2784, 2790, 2796, 2802, 2808, 2814, 2820, 2826, 2832, 2838, 2844, 2850, 2856, 2862, 2868, 2874, 2880, 2886, 2892, 2898, 2904, 2910, 2916, 2922, 2928, 2934, 2940, 2946, 2952, 2958, 2964, 2970, 2976, 2982, 2988, 2994, 3000, 3006, 3012, 3018, 3024, 3030, 3036, 3042, 3048, 3054, 3060, 3066, 3072, 3078, 3084, 3090, 3096, 3102, 3108, 3114, 3120, 3126, 3132, 3138, 3144, 3150, 3156, 3162, 3168, 3174, 3180, 3186, 3192, 3198, 3204, 3210, 3216, 3222, 3228, 3234, 3240, 3246, 3252, 3258, 3264, 3270, 3276, 3282, 3288, 3294, 3300, 3306, 3312, 3318, 3324, 3330, 3336, 3342, 3348, 3354, 3360, 3366, 3372, 3378, 3384, 3390, 3396, 3402, 3408, 3414, 3420, 3426, 3432, 3438, 3444, 3450, 3456, 3462, 3468, 3474, 3480, 3486, 3492, 3498, 3504, 3510, 3516, 3522, 3528, 3534, 3540, 3546, 3552, 3558, 3564, 3570, 3576, 3582, 3588, 3594, 3600, 3606, 3612, 3618, 3624, 3630, 3636, 3642, 3648, 3654, 3660, 3666, 3672, 3678, 3684, 3690, 3696, 3702, 3708, 3714, 3720, 3726, 3732, 3738, 3744, 3750, 3756, 3762, 3768, 3774, 3780, 3786, 3792, 3798, 3804, 3810, 3816, 3822, 3828, 3834, 3840, 3846, 3852, 3858, 3864, 3870, 3876, 3882, 3888, 3894, 3900, 3906, 3912, 3918, 3924, 3930, 3936, 3942, 3948, 3954, 3960, 3966, 3972, 3978, 3984, 3990, 3996, 4002, 4008, 4014, 4020, 4026, 4032, 4038, 4044, 4050, 4056, 4062, 4068, 4074, 4080, 4086, 4092, 4098, 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### Attachment 2 - Capacity Analysis Report

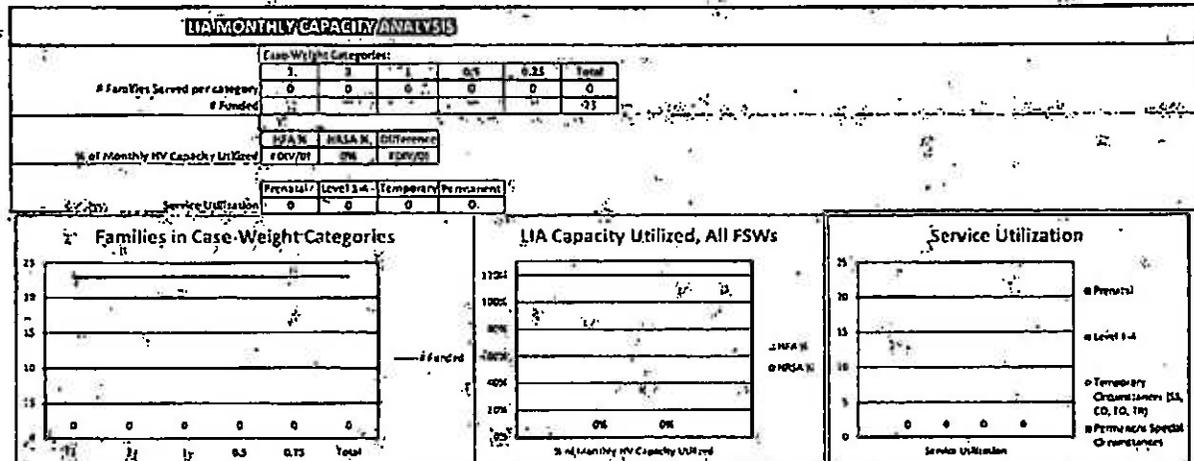
Month for Capacity Analysis				Permanent Special Circumstances (PSC) Families should be captured here at their level. Add in this section if they have one of the following: no all-in-housecare, have multiple births (twins, triplets, etc.), have significant additional level one or a child with special needs							Error Case Weight	
Number of PSC children				Number of families with additional overweight due to PSC								
Hours per week worked for N/A only				Number of families on level	Weight	Weight of Circumstance per Level	0.1	1	1.5	2	2.5	3
Of the hours above, fit time as N/A home visit or Careteam multiplier												
Level	Description											
Level 2P	Prenatal - visits every other week during first and second trimester		1.00	0								0
Level 2F	Prenatal - visits every week in third trimester (or earlier if needed)		1.00	0								0
Level 3	Post & prenatal visits both or (postnatal - visits every week)		1.00	0								0
Level 3	Visits every other week		1.00	0								0
Level 3	Visits once per month		0.50	0								0
Level 3B	Club intervention - visits weekly, as more is needed		1.00	0								0
Level 4	Visits once per quarter		0.11	0								0
Level 5	Creates Outreach (OO) for families that completed at least 1 case											
Level 5B	Home visit but become discharged		1.00	0								
Level 5C	All families are given the case to someone they had prior to going on OO, maximum 100% of capacity		1.00	0								
Level 5D	Temporary Discharge (TD, TR)		0.50	0								
Level 5E	Temporary Discharge (TD, TR) for up to 3 months, families are given the case (someone they had prior to going on OO, to the next space if re-assigned)		1.00	0								
Level 5F	Temporary Re-Assignment (TR) for up to 3 months, families remain voluntary re-assignment to another TDW due to leave of absence		1.00	0								
Level 5G			0.50	0								
Actual total				0	0	0	Total additional PSC circumstances					
Maximum for flexibility				0	0	0						
N/A CAPACITY CALCULATION				0.0%								
TDW Case Burden to NHA CAPACITY CALCULATION				0.0%								

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### 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, 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**

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

**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 1

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

Table 4: Adult Participants by Age

Adult Participants	≤17	18-19	20-24	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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### Attachment 3 - FORM 1

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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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### Attachment 3 - FORM 1

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Table 11: Adult Participants by Housing Status

Adult Participants	Not Homeless					Total Not Homeless	Homeless			Total Homeless	Unknown/Did not Report*	Total
	Owns or shares own home, condominium, or apartment	Rent 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			
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**

OSIS No: 0906-0017  
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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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**Attachment 3 - FORM 1**

OMB No: 0964-0017  
 Expiration Date: 07/31/2021

**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 ≥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 (≥ 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 ≥ 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

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Table Number	Field	Key Terms Requiring Definitions
All Tables		<p><b>MIECHV Household:</b> 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"> <li>1. <b>Home Visitor Personnel Cost Method (preferred method):</b> 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.</li> <li>2. <b>Enrollment Slot Method (temporary option):</b> 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.</li> </ol> <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>
12	Unduplicated Count of New and Continuing Program Participants Served by MIECHV	<p><b>New Participant:</b> 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><b>Continuing Participant:</b> 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><b>Pregnant women</b> are participants who were either pregnant at enrollment or pregnant at the annual update of information in a subsequent reporting period.</p> <p><b>Female caregivers</b> 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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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 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 week<sup>1</sup></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>

<sup>1</sup> Medicare.gov Glossary. <https://www.medicare.gov/glossary/employment-status>

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		<p><b>Homeless and sharing housing:</b> Individuals who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason</p> <p><b>Homeless and living in an emergency or transitional shelter:</b> Individuals who are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement</p> <p><b>Homeless and some other arrangement:</b> 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 settings<sup>2</sup></p>
12	Primary Language Spoken at Home	<p><b>Primary language:</b> the language used in the home the majority of the time.</p> <p><b>Index Child (Birth – Kindergarten Entry):</b> 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><b>Federal Poverty Guidelines:</b> 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 <a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a>.</p>
14	For Each Household Indicate the Priority Population Characteristics	<p><b>Low-income:</b> 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 <a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a>.</p> <p><b>Pregnant women under 21:</b> Households with expectant mothers who enroll in the program and are under 21 years old during the reporting period.</p> <p><b>Have a history of child abuse or neglect or have had interactions with child welfare services:</b> 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>

<sup>2</sup> Administration for Children and Families, Early Childhood Learning and Knowledge Center, 2014. <http://eclkc.ohs.acf.hhs.gov/hlthdttc/system/family/entry/homelessness/entry/definition/entry.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	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><b>Index Child (Birth – Kindergarten Entry):</b> 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><b>Index Child (Birth – Kindergarten Entry):</b> 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><b>Index Child (Birth – Kindergarten Entry):</b> 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.<sup>1</sup></p>

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

## Attachment 4 - FORM 2

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

## Attachment 4 - FORM 2

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

**MEASURE 1**

<p><b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b></p> <p><b>CONSTRUCT: PRETERM BIRTH</b></p>	
<p><b>2. TYPE OF MEASURE</b></p> <p>Systems Outcome</p>	
<p><b>3. PERFORMANCE MEASURE</b></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><b>4. SPECIFICATION</b></p> <p><b>NUMERATOR:</b> 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><b>DENOMINATOR:</b> Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks</p>	
<p><b>5. VALUE FOR REPORTING PERIOD (percentage)</b></p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p><b>6. MISSING DATA*</b></p> <p><b>6.a. Definition</b></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><b>6.b. Value – Enter the number of cases missing from measure calculation:</b></p>
<p><b>7. NOTES</b></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.

## Attachment 4 - FORM 2

OMB No: 0905-0017  
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### MEASURE 2

<b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b>  <b>CONSTRUCT: BREASTFEEDING</b>	
<b>2. TYPE OF MEASURE</b>  Systemic Outcome	
<b>3. PERFORMANCE MEASURE</b>  Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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  <b>DENOMINATOR:</b> 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	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>
<b>7. NOTES</b>	

\* 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

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### MEASURE 3

<b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b>  <b>CONSTRUCT: DEPRESSION SCREENING</b>	
<b>2. TYPE OF MEASURE</b>  Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>  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)	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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  <b>DENOMINATOR:</b> 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	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>

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<p>7. <b>NOTES</b></p>
<p>8. <b>Measurement Tool Utilized</b></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.

## Attachment 4 - FORM 2

OMU No: 0906-0017  
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### MEASURE 4

<b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b>  <b>CONSTRUCT: WELL CHILD VISIT</b>	
<b>2. TYPE OF MEASURE</b>  Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>  Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> Number of children (index child) enrolled in home visiting who received the last recommended well child visit based on the AAP schedule  <b>DENOMINATOR:</b> Number of children (index child) enrolled in home visiting	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value --</b> Enter the number of cases missing from measure calculation:
<b>7. NOTES</b>	

\* 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

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### MEASURE 5

<b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b>  <b>CONSTRUCT: POSTPARTUM CARE</b>	
<b>2. TYPE OF MEASURE</b>  Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>  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	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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  <b>DENOMINATOR:</b> 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	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>
<b>7. NOTES</b>	

\* 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

<b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b>  <b>CONSTRUCT: TOBACCO CESSATION REFERRALS</b>	
<b>2. TYPE OF MEASURE</b>  Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>  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.	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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  <b>DENOMINATOR:</b> Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for, at least 3 months	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  <hr/> Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>

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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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### MEASURE 7

<b>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</b>  <b>CONSTRUCT: SAFE SLEEP</b>	
<b>2. TYPE OF MEASURE</b>  Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>  Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing and without soft bedding	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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  <b>DENOMINATOR:</b> Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:   Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value - Enter the number of cases missing from measure calculation:</b>
<b>7. NOTES</b>	

\* 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. <b>BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</b></p> <p><b>CONSTRUCT: CHILD INJURY</b></p>	
<p>2. <b>TYPE OF MEASURE:</b></p> <p>Systems Outcome</p>	
<p>3. <b>PERFORMANCE MEASURE</b></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. <b>SPECIFICATION</b></p> <p><b>NUMERATOR:</b> 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><b>DENOMINATOR:</b> Number of children (Index child) enrolled in home visiting</p>	
<p>5. <b>VALUE FOR REPORTING PERIOD (rate)</b></p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. <b>MISSING DATA*</b></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. <b>NOTES:</b></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 9**

<p><b>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</b></p> <p><b>CONSTRUCT: CHILD MALTREATMENT</b></p>	
<p><b>2. TYPE OF MEASURE</b></p> <p>Systems Outcome</p>	
<p><b>3. PERFORMANCE MEASURE</b></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><b>4. SPECIFICATION</b></p> <p><b>NUMERATOR:</b> 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><b>DENOMINATOR:</b> Number of children (index child) enrolled in home visiting</p>	
<p><b>5. VALUE FOR REPORTING PERIOD (percentage)</b></p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p><b>6. MISSING DATA*</b></p> <p><b>6.a. Definition</b></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><b>6.b. Value – Enter the number of cases missing from measure calculation:</b></p>
<p><b>7. NOTES</b></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 10

<b>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</b>  <b>CONSTRUCT: PARENT-CHILD INTERACTION</b>	
<b>2. TYPE OF MEASURE</b>  <i>Performance Indicator</i>	
<b>3. PERFORMANCE MEASURE</b>  Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool  <b>DENOMINATOR:</b> Number of primary caregivers enrolled in home visiting with children reaching the target age range	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>

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7. <b>NOTES</b>
8. <b>Measurement Tool Utilized</b>  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**

<b>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</b>  <b>CONSTRUCT: EARLY LANGUAGE AND LITERACY ACTIVITIES</b>	
<b>2. TYPE OF MEASURE</b>  Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>  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	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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  <b>DENOMINATOR:</b> Number of children (index child) enrolled in home visiting	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value—</b> Enter the number of cases missing from measure calculation:
<b>7. NOTES</b>	

\* 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 12**

<p><b>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</b></p> <p><b>CONSTRUCT: DEVELOPMENTAL SCREENING</b></p>	
<p><b>2. TYPE OF MEASURE</b></p> <p>Performance Indicator.</p>	
<p><b>3. PERFORMANCE MEASURE</b></p> <p>Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool</p>	
<p><b>4. SPECIFICATION</b></p> <p><b>NUMERATOR:</b> 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><b>DENOMINATOR:</b> Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period</p>	
<p><b>5. VALUE FOR REPORTING PERIOD (percentage)</b></p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p><b>6. MISSING DATA*</b></p> <p><b>6.a. Definition</b></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><b>6.b. Value - Enter the number of cases missing from measure calculation:</b></p>
<p><b>7. NOTES</b></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

<b>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</b>  <b>CONSTRUCT: BEHAVIORAL CONCERNS</b>	
<b>2. TYPE OF MEASURE</b>  Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>  Percent of postnatal home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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  <b>DENOMINATOR:</b> Total number of postnatal home visits during the reporting period	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value - Enter the number of cases missing from measure calculation:</b>
<b>7. NOTES</b>	

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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

<b>1. BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE</b>  <b>CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING</b>	
<b>2. TYPE OF MEASURE</b>  Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>  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	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment  <b>DENOMINATOR:</b> Number of primary caregivers enrolled in home visiting for at least 6 months	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  <hr/> Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>

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<p>7. <b>NOTES</b></p>
<p>8. <b>Measurement Tool Utilized</b></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 15

<b>1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY</b>  <b>CONSTRUCT: PRIMARY CAREGIVER EDUCATION</b>	
<b>2. TYPE OF MEASURE</b>  Systems Outcome	
<b>3. PERFORMANCE MEASURE</b>  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	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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)  <b>DENOMINATOR:</b> Number of primary caregivers without a high school degree or equivalent at enrollment	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:   Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>
<b>7. NOTES</b>	

\* 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

<b>1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY</b> <b>CONSTRUCT: CONTINUITY OF INSURANCE COVERAGE</b>	
<b>2. TYPE OF MEASURE</b> Systems Outcome	
<b>3. PERFORMANCE MEASURE</b> Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months	
<b>4. SPECIFICATION</b> <b>NUMERATOR:</b> 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 <b>DENOMINATOR:</b> Number of primary caregivers enrolled in home visiting for at least 6 months	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:
	Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>
<b>7. NOTES</b>	

\* 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 17

<b>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</b>  <b>CONSTRUCT: COMPLETED DEPRESSION REFERRALS</b>	
<b>2. TYPE OF MEASURE</b>  Systems Outcome	
<b>3. PERFORMANCE MEASURE</b>  Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator)  <b>DENOMINATOR:</b> 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	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>

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<b>7.</b> <b>NOTES</b>
<b>8.</b> <b>Measurement Tool Utilized</b>  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

<b>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</b>  <b>CONSTRUCT: COMPLETED DEVELOPMENTAL REFERRALS</b>	
<b>2. TYPE OF MEASURE</b>  Systems Outcome	
<b>3. PERFORMANCE MEASURE</b>  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	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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)  <b>DENOMINATOR:</b> Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>

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eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	
<b>7. NOTES</b>	
<b>8. Measurement Tool Utilized</b> 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><b>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</b></p> <p><b>CONSTRUCT: INTIMATE PARTNER VIOLENCE REFERRALS</b></p>	
<p><b>2. TYPE OF MEASURE</b></p> <p>Performance Indicator</p>	
<p><b>3. PERFORMANCE MEASURE</b></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><b>4. SPECIFICATION</b></p> <p><b>NUMERATOR:</b> 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><b>DENOMINATOR:</b> 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><b>5. VALUE FOR REPORTING PERIOD (percentage)</b></p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p><b>6. MISSING DATA*</b></p> <p><b>6.a. Definition</b></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><b>6.b. Value – Enter the number of cases missing from measure calculation:</b></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

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### Attachment 4 - FORM 2

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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). <sup>1</sup>
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 <a href="https://www.aap.org/en-us/Documents/periodicity_schedule.pdf">https://www.aap.org/en-us/Documents/periodicity_schedule.pdf</a>
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. <sup>2</sup>
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. <sup>3</sup>
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. <sup>4</sup> A screened-in report is one that is accepted for investigation or assessment based on the state's screen-in criteria. <sup>5</sup>
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,

<sup>1</sup> Behrman R, Sidh Duster A, eds. Preterm Birth: Causes, Consequences, and Prevention. Washington, DC: The National Academies Press, 2007.

<sup>2</sup> 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/clinical/committees/Opinions/Committee-on-Obstetric-Practice/666.pdf?direct=1&sr=20180221T141452301>

<sup>3</sup> Centers for Disease Control and Prevention. National Action Plan for Child Injury Prevention. 2012. Retrieved from <http://www.cdc.gov/saferechild/NAP/background.html#onlist>

<sup>4</sup> Child Welfare Information Gateway. Child Maltreatment 2015: Summary of Key Findings. Retrieved from <http://www.childwelfare.gov/pubs/factsheets/maltreat/>

<sup>5</sup> Child Welfare Information Gateway. Screening and Intake. Retrieved from <https://www.childwelfare.gov/topics/responding/investigation/>

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### Attachment 4 - FORM 2

OMB No: 0965-0017  
Expiration Date: 07/31/2021

		and emotional development. <sup>4</sup>
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. <sup>5</sup>
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. <sup>6</sup>
18.	Completed Developmental Referrals	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory, and emotional development. <sup>6</sup>
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. <sup>7</sup>

<sup>4</sup> 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/look/developmental delay>

<sup>5</sup> 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>

<sup>6</sup> Home Visiting Collaborative Improvement and Innovation Network.

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

**Attachment 5 - DCYF Key Performance Metrics**

<b>Key Performance Metrics</b>
<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. 76% 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 (ACF), as awarded on October 1, 2022, CFDA 93.658, FAIN 2201NHFOST.
  - 1.2. 24% 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.

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

**EXHIBIT C**

**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 the approved line items, as specified in Exhibits C-1, Budget through C-6, 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

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

**EXHIBIT C**

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](mailto: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 \$148.95 per client (family) once per week.
  - 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.
  - 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	\$12,164
SFY 2024	\$49,873
SFY 2025	\$38,925
<b>Sub-Total</b>	<b>\$100,962</b>

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

**EXHIBIT C**

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. 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-7, Budget and Exhibit C-8, Budget. The Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	\$26,761
2024	\$105,827
2025	\$0*
<b>Sub-Total</b>	<b>\$132,588</b>
<b>*The Contractor will only bill for direct services in SFY 25.</b>	

10.2. In lieu of hard invoice copies, all invoices may be assigned an electronic signature and emailed to [DCYFInvoices@dhhs.nh.gov](mailto: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 Complete one budget form for each budget period.	
Contractor Name: <u>TLC Family Resource Center</u>	
Budget Request for: <u>Home Visiting Services - DPHS - Home Visiting Formula Grant</u>	
Budget Period: <u>SFY 2023 (April 1, 2023 - June 30, 2023)</u>	
Indirect Cost Rate (If applicable) <u>10.00%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$29,863
2. Fringe Benefits	\$5,973
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.	\$248
5.(a) Supplies - Educational	\$1,800
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$25
6. Travel	\$275
7. Software	\$660
8. (a) Other - Marketing/ Communications	\$27
8. (b) Other - Education and Training	\$380
8. (c) Other - Other (specify below)	
Telephone	\$315
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$39,545</b>
<b>Total Indirect Costs</b>	<b>\$3,954.51</b>
<b>TOTAL</b>	<b>\$43,500</b>

Contractor Initials OS  
SS

New Hampshire Department of Health and Human Services Complete one budget form for each budget period. Contractor Name: <u>TLC Family Resource Center</u> Budget Request for: <u>Home Visiting Services - DPHS - Home Visiting Formula Grant</u> Budget Period: <u>SFY 2024 (July 1, 2023 - June 30, 2024)</u> Indirect Cost Rate (if applicable) <u>10.00%</u>	
Line Item	Program Cost - Funded by DHHS
	\$123,043
1. Salary & Wages	
2. Fringe Benefits	\$24,609
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment posts per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$321
5.(a) Supplies - Educational	\$1,025
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$130
6. Travel	\$1,192
7. Software	\$2,400
8. (a) Other - Marketing/ Communications	\$301
8. (b) Other - Education and Training	\$1,500
8. (c) Other - Other (specify below)	
Telephone	\$1,261
HFA Accreditation Fee	\$925
HFA Accreditation Fee	\$1,475
	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$158,182</b>
<b>Total Indirect Costs</b>	<b>\$15,818</b>
<b>TOTAL</b>	<b>\$174,000</b>

Contractor Initials DS  
SS

Date 2/28/2023

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name: <u>TLC Family Resource Center</u>	
Budget Request for: <u>Home Visiting Services - DPHS - Home Visiting Formula Grant</u>	
Budget Period: <u>SFY 2025 (July 1, 2024 - September 30, 2024)</u>	
Indirect Cost Rate (if applicable) <u>10.00%</u>	
Line Item	Program Cost - Funded by DHHS
	\$30,441
1. Salary & Wages	
2. Fringe Benefits	\$6,088
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.	\$50
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	\$275
7. Software	\$150
8. (a) Other - Marketing/ Communications	\$25
8. (b) Other - Education and Training	\$25
8. (c) Other - Other (specify below)	
Telephone	\$91
HFA Affiliation Fee	\$925
HFA Accreditation Fee	\$1,475
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$39,543</b>
<b>Total Indirect Costs</b>	<b>\$3,955</b>
<b>TOTAL</b>	<b>\$43,500</b>

Contractor Initials

SS

Date 2/28/2023

New Hampshire Department of Health and Human Services Complete one budget form for each budget period. Contractor Name: <u>TLC Family Resource Center</u> Budget Request for: <u>Home Visiting Services - DPHS - ARP - MIEC HOME VISITING</u> Budget Period: <u>SFY 2023 (April 1, 2023 - June 30, 2023)</u> Indirect Cost Rate (if applicable) <u>10.00%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$0
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	\$531
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	\$700
8. (c) Other - Other (specify below)	
Emergency Supplies for Families	\$300
Stall Costs	\$250
Technology	\$200
Pre-Paid Grocery Cards	\$250
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$2,231</b>
<b>Total Indirect Costs</b>	<b>\$223</b>
<b>TOTAL</b>	<b>\$2,454</b>

Contractor Initials DS  
SS

Date 2/28/2023

New Hampshire Department of Health and Human Services Complete one budget form for each budget period. Contractor Name: <u>TLC Family Resource Center</u> Budget Request for: <u>Home Visiting Services - DPHS - ARP - MIECHV HOME VISITING</u> Budget Period: <u>SFY 2024 (July 1, 2023 - June 30, 2024)</u> Indirect Cost Rate (if applicable) <u>10.00%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$0
2. Fringe Benefits	\$0
3. Consultants	\$0
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>	\$0
5.(a) Supplies - Educational	\$2,000.
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	\$700
8. (c) Other - Other (specify below)	
Specific Emergency Assistance	\$550
Other (please specify)	\$2,174
Other (please specify)	\$500
Other (please specify)	\$3,000
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$8,924</b>
<b>Total Indirect Costs</b>	<b>\$892</b>
<b>TOTAL</b>	<b>\$9,816</b>

Contractor Initials

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Exhibit C-6 Budget Sheet

RFP-2023-OPHS-08-HOMEV-02

New Hampshire Department of Health and Human Services Complete one budget form for each budget period.	
Contractor Name: <u>TLC Family Resource Center</u>	
Budget Request for: <u>Home Visiting Services - DPHS - ARP - MEC HOME VISITING</u>	
Budget Period: <u>SPY 2025 (July 1, 2024 - September 30, 2024)</u>	
Indirect Cost Rate (if applicable): <u>10.00%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$0
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	\$531
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	\$700
8. (c) Other - Other (specify below)	
Specific Emergency Assistance	\$300
Staff Costs	\$250
Other (please specify)	\$200
Other (please specify)	\$250
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$2,231</b>
<b>Total Indirect Costs</b>	<b>\$223</b>
<b>TOTAL</b>	<b>\$2,454</b>

Contractor Initials SS

Page 3 of 3 Date 2/28/2023

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name: <u>TLC Family Resource Center</u>	
Budget Request for: <u>Home Visiting Services - DCYF</u>	
Budget Period: <u>SFY 2023 (April 1 - June 30, 2023)</u>	
Indirect Cost Rate (If applicable) <u>10.00%</u>	
Line Item	Program Cost - Funded by DHHS
	\$18,092
1. Salary & Wages	
2. Fringe Benefits	\$3,818
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	\$650
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$75
6. Travel	\$291
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$44
8. (b) Other - Education and Training	\$100
8. (c) Other - Other (specify below)	
Telephone	\$158
Emergency Supplies for Families	\$100
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$24,328</b>
<b>Total Indirect Costs</b>	<b>\$2,433</b>
<b>TOTAL</b>	<b>\$26,761</b>
	<b>\$26,761</b>

Contractor Initials DS  
SS

Page 1 of 2 Date 2/28/2023

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name: <u>TLC Family Resource Center</u>	
Budget Request for: <u>Home Visiting Services - DCYF</u>	
Budget Period: <u>SFY 2024 (July 1 - June 30, 2024)</u>	
Indirect Cost Rate (if applicable) <u>10.00%</u>	
Line Item	Program Cost - Funded by DHHS
	\$78,860
1. Salary & Wages	
	\$15,732
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.(n) Supplies - Educational	\$100
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$50
6. Travel	\$214
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$150
8. (b) Other - Education and Training	\$200
8. (c) Other - Other (specify below)	
Telephone	\$300
Emergency Supplies for Families	\$800
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$95,206</b>
<b>Total Indirect Costs</b>	<b>\$9,621</b>
<b>TOTAL</b>	<b>\$105,827</b>

Contractor Initials SS

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

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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: TLC Family Resource Center

DocuSigned by:

*Stephanie Slayton*

Name: Stephanie Slayton

Title: Executive Director

2/28/2023

Date

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: TLC Family Resource Center

2/28/2023

Date

DocuSigned by:

Stephanie Slayton

Name: Stephanie Slayton

Title: Executive Director

Exhibit E - Certification Regarding Lobbying

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Vendor Initials

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Date 2/28/2023

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 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 (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: TLC Family Resource Center

2/28/2023

Date

DocuSigned by:

Stephanie Slayton

Name: Stephanie Slayton

Title: Executive Director

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2/28/2023

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 (28 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: TLC Family Resource Center

2/28/2023

Date

DocuSigned by:

Stephanie Slayton

Name: Stephanie Slayton

Title: Executive Director

Exhibit G

Contractor Initials

SS

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: TLC Family Resource Center

2/28/2023

Date

DocuSigned by:  
Stephanie Slayton  
Name: Stephanie Slayton  
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.

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Date 2/28/2023

New Hampshire Department of Health and Human Services



Exhibit I

- o. "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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Contractor Initials

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Date 2/28/2023

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

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Contractor Initials

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Date 2/28/2023

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.

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.

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.

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 SS

Date 2/28/2023



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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New Hampshire Department of Health and Human Services

Exhibit I

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.

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

2/28/2023

Date

TLC Family Resource Center

Name of the Contractor

Stephanie Slayton

Signature of Authorized Representative

Stephanie Slayton

Name of Authorized Representative

Executive Director

Title of Authorized Representative

2/28/2023

Date

DS  
SS



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: TLC Family Resource Center

DocuSigned by:

*Stephanie Slayton*

2/28/2023

Date

Name: Stephanie Slayton

Title: Executive Director

DS  
SS



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.

- 1. The UEI (SAM.gov) number for your entity is: Q7GVHGCBKWT4
- 2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO  YES

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

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

- 3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 8104 of the Internal Revenue Code of 1986?

NO  YES

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

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

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

Name: _____	Amount: _____

SS

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

New Hampshire Department of Health and Human Services

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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 thereof 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.).

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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 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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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.

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

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 #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 VNA at HCS, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 22, 2023 (Item #18), and as amended on September 25, 2024 (Item #17), 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:  
\$1,383,452
2. Modify Exhibit B, Scope of Services, Section 3.7.2., to read:
  - 3.7.2. Utilize evidence-based curricula to support prenatal individuals and newly parenting families including but not limited to:
    - 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. Modify Exhibit C, Payment Terms; Section 1, to read:
  1. This Agreement is funded by:
    - 1.1. 78% Federal funds from:
      - 1.1.1. 56% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.870, FAIN X10MC43595; and as awarded on September 2, 2022, FAIN X10MC46878; and as awarded on August 29, 2023, FAIN X10MC50315; and as awarded on August 27, 2024, FAIN X10MC53631.
      - 1.1.2. 20% Foster Care Title IV-E, as awarded on October 1, 2022, by the Administration of Children Youth & Families (ACF), ALN 93.658, FAIN (FFPSA) 2301NHFOST and FAIN 2201NHFOST.
      - 1.1.3. 2% American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS HRSA, ALN 93.870, FAIN X11MC41935; and as awarded on October 28, 2021, FAIN X11MC45263.
    - 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 Sheet through Exhibit C-12, Budget Sheet - Amendment #2.
5. Modify Exhibit C-3, Budget Sheet – Amendment #1, by replacing it in its entirety with Exhibit C-3,



Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.

6. Modify Exhibit C-9, Budget Sheet – Amendment #1, by replacing it in its entirety with Exhibit C-9, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.
7. Modify Exhibit C-10, Budget Sheet – Amendment #1, by replacing it in its entirety with Exhibit C-10, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.
8. Modify Exhibit C-11, Budget Sheet – Amendment #1, by replacing it in its entirety with Exhibit C-11, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.
9. Modify Exhibit C-12, Budget Sheet – Amendment #1, by replacing it in its entirety with Exhibit C-12, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.

Initial  


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

4/4/2025

Date

DocuSigned by:

Iain Watt

07700003F070407

Name: Iain Watt

Title: Director - DPHS

VNA at HCS, Inc.

Signed by:

*Maura McQueeney*

07100003F07414...

Name: Maura McQueeney

Title: CEO

4/4/2025

Date

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

OFFICE OF THE ATTORNEY GENERAL

4/11/2025

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-3 Budget Sheet - Amendment #2

<b>New Hampshire Department of Health and Human Services</b>	
<b>Contractor Name:</b>	VNA at HCS, Inc.
<b>Budget Request for:</b>	Home Visiting Services - DPHS - Home Visiting Formula Grant
<b>Budget Period</b>	SFY 2025 (7/1/24- 6/30/25)
<b>Indirect Cost Rate (if applicable)</b>	10.00%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$90,585.04
2. Fringe Benefits	\$25,363.81
3. Consultants	\$430.15
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	\$6,385.00
5.(b) Supplies - Lab	\$0.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$9,000.00
5.(e) Supplies Office	\$2,000.00
6. Travel	\$800.00
7. Software	\$122.35
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$12,500.00
8. (c) Other - Other (specify below)	
IT Needs	\$10,000.00
Membership	\$3,000.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
<b>Total Direct Costs</b>	<b>\$160,186.35</b>
<b>Total Indirect Costs</b>	<b>\$16,018.65</b>
<b>TOTAL</b>	<b>\$176,205.00</b>

Exhibit C-9 Budget Sheet - Amendment #2

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	VNA at HCS, Inc.
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period</b>	SFY 26 7/1/25 - 6/30/26
<b>Indirect Cost Rate (if applicable)</b>	9%
<b>Line Item</b>	<b>Program Cost - Funded by DHHS</b>
1. Salary & Wages	\$75,225.54
2. Fringe Benefits	\$20,864.15
3. Consultants	\$100.00
4. Equipment Indirect cost rate cannot be	\$0.00
5.(a) Supplies - Educational	\$1,707.00
5.(b) Supplies - Lab	\$100.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$854.00
5.(e) Supplies Office	\$1,200.00
6. Travel	\$1,800.00
7. Software	\$395.00
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$5,020.67
8. (c) Other - Other (specify below)	\$0.00
IT Needs	\$960.00
Membership	\$3,250.00
Other (please specify)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
<b>Total Direct Costs</b>	<b>\$111,476.36</b>
<b>Total Indirect Costs</b>	<b>\$11,147.64</b>
<b>TOTAL</b>	<b>\$122,624.00</b>

Contractor Initials: 

Date: 4/4/2025

Exhibit C-10 Budget Sheet - Amendment #2

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	VNA at HCS, Inc.
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period</b>	SFY 27:7/1/26 - 6/30/27
<b>Indirect Cost Rate (if applicable)</b>	9%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$86,276.32
2. Fringe Benefits	\$24,000.00
3. Consultants	\$100.00
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	\$2,000.00
5.(b) Supplies - Lab	\$100.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$2,500.00
5.(e) Supplies Office	\$1,200.00
6. Travel	\$1,150.00
7. Software	\$448.23
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$6,000.00
8. (c) Other - Other (specify below)	\$0.00
IT Needs	\$1,200.00
Membership	\$3,500.00
Other (please specify)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
<b>Total Direct Costs</b>	<b>\$128,474.55</b>
<b>Total Indirect Costs</b>	<b>\$12,847.45</b>
<b>TOTAL</b>	<b>\$141,322.00</b>

Contractor Initials: 

Exhibit C-11 Budget Sheet - Amendment #2

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	VNA at HCS, Inc.
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period</b>	SFY 28 7/1/27 - 6/30/28
<b>Indirect Cost Rate (if applicable)</b>	9%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$99,154.12
2. Fringe Benefits	\$27,565.15
3. Consultants	\$100.00
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	\$2,400.00
5.(b) Supplies - Lab	\$100.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$2,500.00
5.(e) Supplies Office	\$1,200.00
6. Travel	\$1,200.00
7. Software	\$566.18
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$6,200.00
8. (c) Other - Other (specify below)	\$0.00
IT Needs	\$1,300.00
Membership	\$3,500.00
Other (please specify)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
<b>Total Direct Costs</b>	<b>\$145,785.45</b>
<b>Total Indirect Costs</b>	<b>\$14,578.55</b>
<b>TOTAL</b>	<b>\$160,364.00</b>

Contractor Initials: 

Exhibit C-12 Budget Sheet - Amendment #2

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	VNA at HCS, Inc.
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period</b>	SFY 29 7/1/28 - 9/30/28
<b>Indirect Cost Rate (if applicable)</b>	9%
<b>Line Item</b>	<b>Program Cost - Funded by DHHS</b>
1. Salary & Wages	\$28,530.91
2. Fringe Benefits	\$7,791.00
3. Consultants	\$100.00
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	\$690.00
5.(b) Supplies - Lab	\$100.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$316.36
5.(e) Supplies Office	\$202.00
6. Travel	\$660.00
7. Software	\$282.34
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$1,500.00
8. (c) Other - Other (specify below)	\$0.00
IT Needs	\$373.75
Membership	\$1,750.00
Other (please specify)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
<b>Total Direct Costs</b>	<b>\$42,296.36</b>
<b>Total Indirect Costs</b>	<b>\$4,229.64</b>
<b>TOTAL</b>	<b>\$46,526.00</b>

Contractor Initials: 

# 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 VNA AT HCS, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on November 18, 1981. 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: 67798

Certificate Number: 0007150094



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 4th day of April A.D. 2025.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular stamp.

David M. Scanlan  
Secretary of State

### CERTIFICATE OF AUTHORITY

I, Eric Horne, of VNA at HCS, Inc. hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of VNA at HCS, 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 September 19, 2023, at which a quorum of the Directors/shareholders was present and voting.

**VOTED:** That Maura McQueeney, President & CEO, is duly authorized on behalf of VNA at HCS, 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 affect 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 was valid thirty (30) days prior to and 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: April 9, 2025



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Signature of Elected Officer  
Name: Eric Horne  
Title: Treasurer



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/4/2025

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).

<b>PRODUCER</b> Dowd Agencies, LLC 14 Bobala Road Holyoke MA 01040  License#: BR-1201657 -HOMEHEA-03	<b>CONTACT NAME:</b> Diane LaFleche <b>PHONE (A/C No. Ext):</b> 413-437-1062 <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b> dlafleche@dowd.com  <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A: Philadelphia Indemnity Insurance Company      18058 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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**COVERAGES**      **CERTIFICATE NUMBER:** 2010452396      **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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
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 checked="" type="checkbox"/> LOC OTHER:			PHPK2642986	1/4/2025	1/4/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:			PHPK2642989	1/4/2025	1/4/2026	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			PHUB896467	1/4/2025	1/4/2026	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$
								\$
	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				PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liability/Medical Malpractice			PHPK2642986	1/4/2025	1/4/2026	Each Claim Limit	1,000,000
							Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate holder is an additional insured, per written contract.

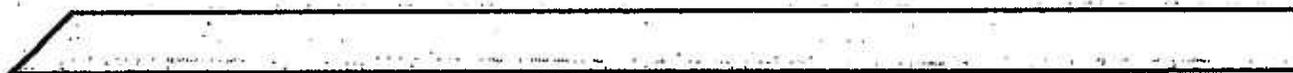
<b>CERTIFICATE HOLDER</b>  State of NH Department of Health and Human Services 129 Pleasant Street Concord NH 03301-3857	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**Mission of Home Healthcare, Hospice and Community Services:**

To provide services which enable people to function throughout life at their optimal level of health, well-being and independence, according to their personal beliefs and choices.



**CONSOLIDATED FINANCIAL STATEMENTS**

**June 30, 2024 and 2023**

**With Independent Auditor's Report**





## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Home Healthcare, Hospice & Community Services, Inc. and Affiliate

### Opinion

We have audited the accompanying consolidated financial statements of Home Healthcare, Hospice & Community Services, Inc. and Affiliate (the Association), which comprise the consolidated balance sheets as of June 30, 2024 and 2023, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Association as of June 30, 2024 and 2023, and the results of their operations, changes in their net assets and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

### 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 Consolidated Financial Statements section of our report. We are required to be independent of the Association 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 opinion.

### Change in Accounting Principle

As discussed in Note 1 to the consolidated financial statements, the Association has adopted Financial Accounting Standards Board Accounting Standards Update No. 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, and related guidance as amended, during the year ended June 30, 2024. Our opinion is not modified with respect to that matter.

### Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles, 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 the Association's ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

Board of Directors  
Home Healthcare, Hospice & Community Services, Inc. and Affiliate

### **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 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 consolidated 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 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 the Association'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 the Association'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 Dunn McNeil & Parker, LLC*

Manchester, New Hampshire  
December 17, 2024

## HOME HEALTHCARE, HOSPICE &amp; COMMUNITY SERVICES, INC. AND AFFILIATE

## Consolidated Balance Sheets

June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Current assets		
Cash and cash equivalents	\$ 269,107	\$ 1,015,708
Patient accounts receivable, net	1,765,713	2,096,258
Other receivables	262,396	443,698
Prepaid expenses	<u>192,953</u>	<u>366,916</u>
Total current assets	2,490,169	3,922,580
Assets limited as to use	16,045,471	13,932,601
Operating lease right-of-use assets, net	62,056	208,515
Property and equipment, net	<u>2,049,076</u>	<u>2,163,542</u>
Total assets	<u>\$ 20,646,772</u>	<u>\$ 20,227,238</u>
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities		
Accounts payable and accrued expenses	\$ 480,500	\$ 560,942
Accrued payroll and related expenses	880,388	970,787
COVID-19 refundable advances and other deferred revenue	33,408	31,285
Current portion of operating lease obligations	<u>58,433</u>	<u>74,399</u>
Total current liabilities	1,452,729	1,637,413
Operating lease obligations, net of current portion	<u>3,292</u>	<u>139,584</u>
Total liabilities	<u>1,456,021</u>	<u>1,776,997</u>
Net assets		
Without donor restrictions	18,349,190	17,641,277
With donor restrictions	<u>841,561</u>	<u>808,964</u>
Total net assets	<u>19,190,751</u>	<u>18,450,241</u>
Total liabilities and net assets	<u>\$ 20,646,772</u>	<u>\$ 20,227,238</u>

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

**HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE**

**Consolidated Statements of Operations**

**Years Ended June 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Operating revenue		
Net patient service revenue	\$ 15,393,402	\$ 15,157,307
COVID-19 relief funding and other operating revenue	2,751,844	2,916,202
Net assets released for operations	<u>118,211</u>	<u>98,173</u>
Total operating revenue	<u>18,263,457</u>	<u>18,171,682</u>
Operating expenses		
Salaries and related expenses	14,184,265	13,799,638
Other operating expenses	5,785,615	5,217,175
Depreciation and amortization	<u>244,421</u>	<u>296,554</u>
Total operating expenses	<u>20,214,301</u>	<u>19,313,367</u>
Operating loss	<u>(1,950,844)</u>	<u>(1,141,685)</u>
Other revenue and gains		
Contributions and fundraising income	686,284	597,513
Investment income, net	279,983	204,493
Change in fair value of investments	<u>1,664,029</u>	<u>1,204,943</u>
Total other revenue and gains	<u>2,630,296</u>	<u>2,006,949</u>
Excess of revenue over expenses	679,452	865,264
Net assets released for capital acquisition	<u>28,461</u>	<u>-</u>
Change in net assets without donor restrictions	<u>\$ 707,913</u>	<u>\$ 865,264</u>

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

**HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE**

**Consolidated Statements of Changes in Net Assets**

**Years Ended June 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Net assets without donor restrictions		
Excess of revenue over expenses	\$ 679,452	\$ 865,264
Net assets released for capital acquisition	<u>28,461</u>	<u>-</u>
Change in net assets without donor restrictions	<u>707,913</u>	<u>865,264</u>
Net assets with donor restrictions		
Contributions	37,833	163,716
Investment income	19,544	3,683
Change in fair value of investments	121,892	22,508
Net assets released for operations	(118,211)	(98,173)
Net assets released for capital acquisition	<u>(28,461)</u>	<u>-</u>
Change in net assets with donor restrictions	<u>32,597</u>	<u>91,734</u>
Change in net assets	740,510	956,998
Net assets, beginning of year	<u>18,450,241</u>	<u>17,493,243</u>
Net assets, end of year	<u>\$ 19,190,751</u>	<u>\$ 18,450,241</u>

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

## HOME HEALTHCARE, HOSPICE &amp; COMMUNITY SERVICES, INC. AND AFFILIATE

## Consolidated Statements of Cash Flows

Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Cash flows from operating activities		
Change in net assets	\$ 740,510	\$ 956,998
Adjustments to reconcile change in net assets to net cash used by operating activities		
Depreciation and amortization	244,421	296,554
Change in fair value of investments	(1,785,921)	(1,227,451)
Investment income restricted for reinvestment	(19,544)	(3,683)
(Increase) decrease in the following assets:		
Short-term investments	-	14,208
Patient accounts receivable	330,545	(307,709)
Other receivables	181,302	(14,795)
Prepaid expenses	173,963	(40,201)
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	(80,442)	258,784
Accrued payroll and related expenses	(90,399)	9,731
COVID-19 refundable advances and other deferred revenue	2,123	(226,628)
Net cash used by operating activities	<u>(303,442)</u>	<u>(284,192)</u>
Cash flows from investing activities		
Purchase of investments	(4,527,433)	(5,869,153)
Proceeds from sale of investments	4,220,028	5,942,825
Capital expenditures, net of proceeds	<u>(135,754)</u>	<u>(71,890)</u>
Net cash (used) provided by investing activities	<u>(443,159)</u>	<u>1,782</u>
Net decrease in cash and cash equivalents	(746,601)	(282,410)
Cash and cash equivalents, beginning of year	<u>1,015,708</u>	<u>1,298,118</u>
Cash and cash equivalents, end of year	<u>\$ 269,107</u>	<u>\$ 1,015,708</u>

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

## HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE

### Notes to Consolidated Financial Statements

June 30, 2024 and 2023

#### 1. Summary of Significant Accounting Policies

##### Organization

Home Healthcare, Hospice & Community Services, Inc. is a non-stock, non-profit corporation in New Hampshire whose primary purpose is to act as a holding company and provide management services to its affiliate.

##### Affiliate

VNA at HCS, Inc., is a non-stock, non-profit corporation in New Hampshire whose primary purposes are to provide home healthcare, hospice and community services.

##### Principles of Consolidation

The consolidated financial statements include the accounts of the Home Healthcare, Hospice & Community Services, Inc., and its affiliate, VNA at HCS, Inc. (collectively, the Association). They are related through a common board membership and common management. All significant intercompany balances and transactions have been eliminated in consolidation.

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

##### Recently Adopted Accounting Principle

FASB issued Accounting Standards Update No. 2016-13, *Financial Instruments - Credit Losses* (Topic 326): *Measurement of Credit Losses on Financial Instruments*, and related guidance as amended, which replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. The measurement of expected credit losses under the CECL methodology is applicable to financial assets measured at amortized cost, which includes patient accounts receivable. The adoption of Topic 326 during the year ended June 30, 2024 did not have a material impact on the consolidated financial statements of the Association as a significant portion of the payors to the Association either have the full faith and backing of the U.S. government or are credit worthy with limited to no credit risk associated with them. Other than patient accounts receivable, there are no other financial assets that are measured at amortized cost.

## HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE

### Notes to Consolidated Financial Statements

June 30, 2024 and 2023

#### Basis of 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*. Under FASB ASC Topic 958 and FASB ASC Topic 954, *Health Care Entities*, all not-for-profit healthcare organizations are required to provide a balance sheet, a statement of operations, a statement of changes in net assets, and a statement of cash flows. FASB ASC Topic 954 requires reporting amounts for an organization's total assets, liabilities, and net assets in a balance sheet; 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 statements 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 Directors (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 are to 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.

#### Income Taxes

The Association is a public charity 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 consolidated financial statements.

#### Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect 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 assets limited as to use.

## HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE

### Notes to Consolidated Financial Statements

June 30, 2024 and 2023

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**

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides a reserve for payment adjustments by analyzing past history and identification of trends for all funding sources in the aggregate. Management regularly reviews data about revenue in evaluating the sufficiency of the reserve which is netted against accounts receivable. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for payment adjustments.

Patient accounts receivable, net were \$1,765,713, \$2,096,258, and \$1,788,549 at June 30, 2024, 2023, and 2022, respectively.

#### **Investments**

Investments in short-term investment options are reported as current assets. Investments held for long-term return are reported as non-current assets.

The Association reports investments at fair value and has elected to report all gains and losses in the excess of revenue over expenses to simplify the presentation of these amounts in the consolidated statement of operations, unless otherwise stipulated by the donor or State law.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, 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 consolidated balance sheets.

#### **Assets Limited as to Use**

Assets limited as to use include designated assets set aside by the Board of Directors and donor contributions.

#### **Property and Equipment**

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

## HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE

### Notes to Consolidated Financial Statements

June 30, 2024 and 2023

Property is reviewed for impairment whenever events or changes in circumstances indicate the related carrying amount may not be recoverable. When required, impairment losses on assets to be held and used are recognized based on the excess of the assets' carrying amount over the fair value of the asset.

#### 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.

## HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE

### Notes to Consolidated Financial Statements

June 30, 2024 and 2023

#### 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 net assets 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 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 consolidated financial statements.

#### COVID-19 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 implemented certain relief measures and also issued guidance for limiting the spread of COVID-19.

The U.S. government has responded with several phases of relief legislation as a response to the COVID-19 outbreak. Legislation 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.

#### 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 \$16,307 in grant funding under ARPA through the State of New Hampshire Home and Community Based Service fund during the year ended June 30, 2023, for the purpose of workforce investment. The Association incurred qualifying recruitment and retention expenses of \$13,715 and \$2,592 during the years ended June 30, 2024 and 2023, respectively, which is recognized as COVID-19 relief funding and other operating revenue in the consolidated statements of operations. The unspent ARPA funds as of June 30, 2023 were \$13,715 which was included in COVID-19 refundable advances and other deferred revenue on the consolidated balance sheets. There were no unspent funds at June 30, 2024.

**HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE**

**Notes to Consolidated Financial Statements**

**June 30, 2024 and 2023**

**Employee Retention Tax Credit**

The CARES Act provides an employee retention tax credit (ERTC), which is a refundable tax credit against certain employment taxes up to \$10,000 per employee for eligible employees. 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.

Management determined that the Association qualified for the ERTC under the under the government orders test and estimated that they will receive \$2,775,767 based on amended tax filings submitted in January 2024. On September 14, 2023, the Internal Revenue Service announced an immediate moratorium at least through the end of calendar year 2023 to add more safeguards to prevent abuse and protect businesses from predatory tactics. As a result, the Association is uncertain whether the ERTC funds will be received, the Association has not recognized any portion of the funds in the consolidated statements of operations for the year ended June 30, 2024.

**2. Availability and Liquidity of Financial Assets**

As of June 30, 2024, the Association has working capital of \$1,037,440 and average days (based on normal expenditures) cash on hand of 5.

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

	<u>2024</u>	<u>2023</u>
Cash and cash equivalents	\$ 269,107	\$ 1,015,708
Patient accounts receivable, net	1,765,713	2,096,258
Other receivables	<u>262,396</u>	<u>443,698</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 2,297,216</u>	<u>\$ 3,555,664</u>

The Association has board designated long-term investments that could be made available for general expenditure upon Board approval. Since these investments are currently intended for long-term investments, they have not been included in the information above. The Association has other long-term investments and assets for restricted use, more fully described in Note 3, which are not available for general expenditure within the next year and are not reflected in the amount above.

**HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE**

**Notes to Consolidated Financial Statements**

**June 30, 2024 and 2023**

The Association has a \$1,000,000 line of credit available to meet short-term needs, as disclosed in Note 5.

**3. Investments and Assets Limited as to Use**

Investments and assets limited as to use, stated at fair value, were as follows:

	<u>2024</u>	<u>2023</u>
Board-designated for future use	\$ 15,203,910	\$ 13,123,637
Donor-restricted, time or purpose	325,137	329,089
Endowment investments - unappropriated spending	282,193	245,644
Donor-restricted, perpetual in nature	<u>234,231</u>	<u>234,231</u>
Total investments and assets limited as to use	<u>\$ 16,045,471</u>	<u>\$ 13,932,601</u>

**Fair Value**

FASB ASC Topic 820, *Fair Value Measurement*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and 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 fair value hierarchy within FASB ASC Topic 820 distinguishes three levels of inputs that may be utilized when measuring 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. The Association did not have any Level 3 assets or liabilities as of June 30, 2024 or 2023.

**HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE**

**Notes to Consolidated Financial Statements**

**June 30, 2024 and 2023**

The fair values of all of the Association's investments, which are presented in the following table, are measured on a recurring basis using Level 1 inputs with the exception of corporate bonds which are valued based on quoted market prices of similar investments and categorized as Level 2 investments.

<u>Assets at Fair Value as of June 30, 2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Cash and cash equivalents	\$ 424,111	\$ -	\$ 424,111
U.S. Government and corporate bonds	-	1,947,163	1,947,163
Equity securities	8,716,037	-	8,716,037
Mutual funds	<u>4,958,160</u>	<u>-</u>	<u>4,958,160</u>
Total	<u>\$ 14,098,308</u>	<u>\$ 1,947,163</u>	<u>\$ 16,045,471</u>

<u>Assets at Fair Value as of June 30, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Cash and cash equivalents	\$ 364,706	\$ -	\$ 364,706
U.S. Government and corporate bonds	-	2,064,603	2,064,603
Equity securities	8,126,646	-	8,126,646
Mutual funds	<u>3,376,646</u>	<u>-</u>	<u>3,376,646</u>
Total	<u>\$ 11,867,998</u>	<u>\$ 2,064,603</u>	<u>\$ 13,932,601</u>

Investment income and change in fair value of investments and assets limited as to use consisted of the following:

	<u>2024</u>	<u>2023</u>
Net assets without donor restrictions		
Investment income, net of fees	\$ 279,983	\$ 204,493
Change in fair value of investments	1,664,029	1,204,943
Restricted net assets		
Investment income	19,544	3,683
Change in fair value of investments	<u>121,892</u>	<u>22,508</u>
Total	<u>\$ 2,085,448</u>	<u>\$ 1,435,627</u>

**HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE**

**Notes to Consolidated Financial Statements**

**June 30, 2024 and 2023**

**4. Property and Equipment**

Property and equipment consisted of the following:

	<u>2024</u>	<u>2023</u>
Land	\$ 552,206	\$ 515,786
Building and improvements	5,723,786	5,704,016
Furniture, fixtures, and equipment	3,146,442	3,445,027
Construction in progress	<u>6,575</u>	<u>27,757</u>
Total cost	9,429,009	9,692,586
Less accumulated depreciation and amortization	<u>7,379,933</u>	<u>7,529,044</u>
Total property and equipment, net	<u>\$ 2,049,076</u>	<u>\$ 2,163,542</u>

**5. Line of Credit**

The Association has an unsecured \$1,000,000 line of credit payable on demand with a local bank with interest at 1.25% above the prime rate (9.75% at June 30, 2024). There was no outstanding balance at June 30, 2024 and 2023.

**HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE**

**Notes to Consolidated Financial Statements**

**June 30, 2024 and 2023**

**6. Net Assets with Donor Restrictions**

Net assets with donor restrictions consisted of the following:

	<u>2024</u>	<u>2023</u>
Time or purpose restrictions for:		
Haskell endowment fund accumulated earnings - for office rent	\$ 275,387	\$ 241,400
Johnson Family endowment fund accumulated earnings - for capital expenditures	5,138	3,993
Hospice accumulated earnings	824	251
Furniture and capital improvements	8,961	18,037
HEAL program	12,542	24,405
Palliative education	42,629	50,000
Music program	-	1,197
Outpatient Center	20,000	32,500
Bereavement	-	3,000
Personal safety devices	3,000	-
Operations	16,263	-
Jones endowment fund accumulated earnings - for equipment	314	-
Bednar endowment fund accumulated earnings - for general purposes	452	-
Hospice memorial garden	125,418	106,631
Barbara Duckett scholarship	<u>96,402</u>	<u>93,319</u>
<b>Total</b>	<b><u>\$ 607,330</u></b>	<b><u>\$ 574,733</u></b>
	<u>2024</u>	<u>2023</u>
Restrictions that are perpetual in nature for:		
Hospice	\$ 10,000	\$ 10,000
Operations	8,623	8,623
Johnson Family fund - for capital expenditures	10,202	10,202
Bednar endowment fund - income for general purposes	50,000	50,000
Haskell endowment fund - for office rent	120,570	120,570
Jones endowment fund - for equipment	<u>34,836</u>	<u>34,836</u>
<b>Total</b>	<b><u>\$ 234,231</u></b>	<b><u>\$ 234,231</u></b>

## HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE

### Notes to Consolidated Financial Statements

June 30, 2024 and 2023

#### 7. Endowments

The Association has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Association classifies as a donor-restricted endowment (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent donor-restricted endowment gifts, and (c) accumulations to the donor-restricted endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund is classified as net assets with donor restrictions until those amounts are appropriated for expenditure by the Association in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with the UPMIFA, the Association considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund.
- (2) The purposes of the organization and the donor-restricted endowment fund.
- (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 Association.
- (7) The investment policies of the Association.
- (8) The spending policy.
- (9) Funds with deficiencies.

#### Return Objectives and Risk Parameters

The investment portfolio is managed to provide for the long-term support of the Association. Accordingly, these funds are managed with disciplined, longer-term investment objectives and strategies designed to meet cash flow and spending requirements. Management of the assets is designed to attain the maximum total return consistent with acceptable and agreed-upon levels of risk. The Association benchmarks its portfolio performance against a number of commonly used indices.

#### Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Association relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Association targets an asset allocation strategy wherein assets are diversified among several asset classes. The pursuit of maximizing total return is tempered by the need to minimize the volatility of returns and preserve capital. As such, the Association seeks broad diversification among assets having different characteristics with the intent to endure lower relative performance in strong markets in exchange for greater downside protection in weak markets.

**HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE**

**Notes to Consolidated Financial Statements**

**June 30, 2024 and 2023**

**Funds with Deficiencies**

From time to time, the fair value of the assets associated with individual donor-restricted endowments may fall below the level of the donors' original gift(s). The Board's policy does not permit spending from underwater endowments. Any deficiencies are reported in net assets with donor restrictions. There were no such deficiencies at June 30, 2024 and 2023.

**Spending Policy**

The Association has a spending policy of appropriating a distribution annually up to 7% of the endowment fund's average market value over the previous 36 months. Appropriations are determined and made on an annual basis at year-end.

The following summarizes changes in endowment assets:

	Without Donor <u>Restrictions</u>	<u>With Donor Restrictions</u>		<u>Total</u>
		<u>Purpose Restrictions</u>	<u>Perpetual in Nature</u>	
Balance June 30, 2022	\$ 12,057,909	\$ 265,295	\$ 234,231	\$ 12,557,435
Investment income, net	197,199	3,683	-	200,882
Realized and unrealized gains on investments	1,204,933	22,508	-	1,227,441
Use of board designated funds for operations	(400,000)	-	-	(400,000)
Contributions	63,596	-	-	63,596
Net assets released from restrictions	-	(45,842)	-	(45,842)
Balance June 30, 2023	13,123,637	245,644	234,231	13,603,512
Investment income, net	266,809	12,840	-	279,649
Realized and unrealized gains on investments	1,664,053	80,080	-	1,744,133
Contributions	149,411	-	-	149,411
Net assets released from restrictions	-	(56,371)	-	(56,371)
Balance June 30, 2024	<u>\$ 15,203,910</u>	<u>\$ 282,193</u>	<u>\$ 234,231</u>	<u>\$ 15,720,334</u>

**HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE**

**Notes to Consolidated Financial Statements**

**June 30, 2024 and 2023**

**8. Net Patient Service Revenue**

Net patient service revenue is as follows:

	<u>2024</u>	<u>2023</u>
Medicare	\$ 13,215,173	\$ 12,760,296
Medicaid	806,276	907,321
Other third-party payers	1,130,134	1,244,667
Private pay	<u>241,819</u>	<u>245,023</u>
Total	<u>\$ 15,393,402</u>	<u>\$ 15,157,307</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 by 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.

The Association provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Association does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Association provided services in other health-related activities, primarily to indigent patients, at rates substantially below cost. For certain activities, services were provided without charge. The Association estimates the costs associated with providing the other health-related activities by applying Medicare cost report methodology to determine program costs less any net patient revenue generated by the program. The estimated costs incurred in these activities amounted to \$1,525,817 and \$1,585,931 for the years June 30, 2024 and 2023, respectively.

The Association is able to provide these services with a component of funds received through local community support and state grants. Local community support consists of contributions received directly from the public, United Way, municipal appropriations, and investment income earned from assets limited as to use. Federal and state grants consisted of monies received from the State of New Hampshire.

**HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE**

**Notes to Consolidated Financial Statements**

**June 30, 2024 and 2023**

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.

**9. Functional Expenses**

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

	<u>2024</u>	<u>2023</u>
Program services		
Salaries and benefits	\$ 12,393,112	\$ 12,088,234
Program supplies	827,424	914,679
Travel	371,901	405,376
Contract services	1,180,499	1,061,658
Other operating expenses	1,262,257	1,235,334
Depreciation and amortization	<u>213,551</u>	<u>259,781</u>
Total program services	<u>16,248,744</u>	<u>15,965,062</u>
Administrative and general		
Salaries and benefits	1,791,153	1,711,404
Travel	121,135	93,474
Contract services	1,839,930	1,331,789
Other operating expenses	182,469	174,865
Depreciation and amortization	<u>30,870</u>	<u>36,773</u>
Total administrative and general	<u>3,965,557</u>	<u>3,348,305</u>
Total	<u>\$ 20,214,301</u>	<u>\$ 19,313,367</u>

Management's estimate of cost allocations at a functional level is based on Medicare cost report methodology.

**HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE**

**Notes to Consolidated Financial Statements**

**June 30, 2024 and 2023**

**10. Commitments and Contingencies**

**Leases**

The Association's operating leases are for its office facilities with varying expiration dates. The following is a schedule, by fiscal year, of future minimum lease payments and reconciliation to the consolidated balance sheet:

2025	\$ 59,249
2026	<u>3,300</u>
Total lease payments	62,549
Less present value discount	<u>824</u>
Operating lease obligations	<u>\$ 61,725</u>

Operating lease costs incurred amounted to \$70,816 in 2024 and \$65,007 in 2023, which approximated the cash paid for leases. For the years ended June 30, 2024 and 2023, the weighted average remaining lease term in years is 0.99 and 3.51, respectively, and the weighted average discount rate is 3.05%.

**Malpractice Insurance**

The Association maintains medical malpractice insurance coverage on a claims-made basis. 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 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 no such accrual is necessary at June 30, 2024 and 2023. The Association intends to renew coverage on a claims-made basis and anticipates that such coverage will be available in future periods.

**11. Retirement Plan**

The Association sponsors a defined contribution plan. The retirement contributions by the Association amounted to \$209,415 in 2024 and \$187,557 in 2023.

**HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES, INC. AND AFFILIATE**

**Notes to Consolidated Financial Statements**

**June 30, 2024 and 2023**

**12. Concentration of Risk**

The Association grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Following is a summary of accounts receivable, by funding source:

	<u>2024</u>	<u>2023</u>
Medicare	69 %	69 %
Medicaid	3	2
Other payers	23	26
Private pay	<u>5</u>	<u>3</u>
Total	<u><u>100 %</u></u>	<u><u>100 %</u></u>

**13. Subsequent Events**

For financial reporting purposes, subsequent events have been evaluated by management through December 17, 2024, which is the date the consolidated financial statements were available to be issued.

**Home Health Hospice and Community Services  
FY25 Board of Directors**

Paul Berch, Director

Mary Ann Davis, Director

Julie Green, Secretary

Ann Heffernon, Director

Eric Horne, Treasurer

Virginia Jordan, Chair

Donald Mazanowski, Director

Will Pearson, Director

Susan Simonds, Director

David Stinson, Director

Andrew Tremblay, Director

**Ex Officios**

Maura McQueeney, President & CEO

Geri Holmes, Chief Financial Officer

Maura McQueeney MPH DNP

### Summary

Strategic post-acute executive with proven ability to transform traditional care delivery models and workforce priorities into contemporary population health programs with high degree of fiscal control. Strong collaborative relationship builder for internal teams and external partners.

### Areas of Expertise

Executive leadership for large (\$60mil) and small (7 million) home health, hospice, Infusion/Oxygen and DME companies including operations for transportation, senior day care, and meal delivery in both free standing and within integrated academic health systems. Responsible for reporting directly to corporate and local boards of directors. Managed operations through multiple reimbursement models including next gen ACO. Workforce management includes MNA and AFL CIO bargaining units.

Mergers/reorganization to achieve market share and reduce costs

System wide Strategic Post-Acute Care VP responsible for

SNF network sustainability. Developed first quality tool for performance ranking

Collaborated as specialized home health programs for ACO. Specialty teams approach for chronic illness management

Multiple successful DPH, MAC and TJC audits

### Experience

*PRESIDENT/CEO HOME HEALTH, HOSPICE AND COMMUNITY SERVICES*

*KEENE NH AUGUST 2018- PRESENT*

Established financial structure and process to move away from undifferentiated, consolidated budget to develop departmental FTE and expense allocation by actual cost centers.

Unified senior leaders to assume accountability for fiscal, clinical, and growth KPI in weekly one : one meetings as well as weekly team meetings.

Reduced monthly salary costs by \$50K in first six months by enforcing OT limits, aligning Medicare and payroll weeks, eliminating redundant positions, melding alike departments such as senior day care, wellness and long-term home health into predominant home health product line thus allowing efficient centralized management.

Full assessment of Hospice line of business to establish growth strategy in highly competitive environment and formerly misaligned scheduling processes.

Established senior leader relationships with area hospital and home health agencies to explore synergies for cost reducing business partnerships

LEAN training and project launch for 15 formal and informal leaders across departments of clinical, transportation, meals and nutrition, operations, and human resources.

*PRESIDENT BAYSTATE HOME HEALTH AND VP POST ACUTE CARE*

*SPRINGFIELD MASSACHUSETTS 2012-2017*

Consolidated 3 separate, competing home health and hospice companies into a single regional Hospice and Palliative Care Program. Reorganized 3 VNA operations into 2 VNAs, protecting non-unionized operations from MNA. Centralized duplicative financial, regulatory, education and leadership functions to achieve \$ 1.1 Mil salary reduction in one year.

Established preferred provider SNF network. Developed unique rank - scoring and selection method to determine highest performing partners. Method addresses SNF LOS and rehospitalization priorities for: ACO, Insurance Company and Acute Care Case Managers purposes. Reduced Avg SNF LOS by 4 days and rehospitalizations by 7% over non-network providers Strategic Post-Acute Care Committee chair with System VP Population Health.

CMS star rating 3.5 and national benchmark for CMS 30 day re hospitalization rates for all diagnoses. Launched home health interprofessional team pilot that reduced 30-day hospitalization rates for home care patients with heart failure by 4%.

Established home health as post-acute care setting of first choice for 3 MSSP Bundle programs: TJR, CABG and Colorectal bundles. Organized interprofessional teams to address Massachusetts early entry into VBP pilot and Pre-claim Audit Review demonstration

Maximized cross functions of 3 VNAs with new leadership organization and single EMR Conversion.

Upgraded remote vital sign monitoring system and increased surveillance from 50 pts to 150 pts. This cohort has a re hospitalization rate less than 15% and is comprised mainly of patients with heart failure.

Led DME/Infusion Company through difficult Board of Pharmacy "cease and desist order" incidental to Commonwealth of Massachusetts 797 compounding sanctions. Resulted in improved quality and no loss of business due to TPN outsourcing solution.

Seized "site neutral post-acute reimbursement" opportunity to expand home Infusion and Oxygen services to area SNF services thus supporting SNF as alternative to Acute Rehab setting for patients requiring TPN and multiple antibiotics/ wound care.

Negotiated 2 MNA nursing contracts. Successful in MNA grievance at arbitration level to defend reorganization of operations which resulted in elimination of former intake and telemonitoring positions necessary for organization efficiency.

*AMERICAN NURSES ASSOCIATION, ANCC MAGNET PROGRAM SILVER SPRING MD*

*APPRAISER TEAM LEAD (2002-2012)*

Concurrent with full time executive leadership roles, I was selected as team lead and team mentor for more than 20 Magnet hospital applications and site visits. Facilities included MD Anderson, Hospital of University Pennsylvania, Medstar Franklin Square, and University of AZ Health System.

*MIDDLESEX HOSPITAL, MIDDLETOWN CT*

275- bed Thompson top 100 Community Hospital.

*DIRECTOR, PROFESSIONAL PRACTICE AND OUTCOMES MAGNET PROGRAM DIRECTOR*

*(2010- 2011)*

*DIRECTOR SPECIAL PROJECTS (2009 – 2010)*

*EXECUTIVE DIRECTOR, HOMECARE/HOSPICE & PALLIATIVE CARE (1997 – 2009)*

**SELECTED ACCOMPLISHMENT**

Successfully executed merged roles of Director Professional Practice and Director for Nursing Quality Outcomes. Led shared governance structures and processes for Nursing Peer Review and unit based governance of nursing practice.

Strategically transitioned committee leadership functions to direct care nurse leaders as part of overall culture to sustain strong succession.

Team lead for reform of professional advancement program, ATTAIN, to align financial rewards with substantial practice contributions; led 2010 team to revise direct care nurse position descriptions/performance evaluations and peer review; lead for nurse manager peer review/Nurse Manager position expectation/job description change

Selected as facilitator for implementation of Multidisciplinary Rounding Practice. Set shared vision, data analysis and evidence to change communication and documentation of care planning on medical surgical units. Applied concepts of organizational change to identify "ready" units and healthy competition to guide process using organization's strengths.

Promoted professional image of Middlesex nurses through national and regional conference presentations; engaging direct care nurses in new presentations. Lead 2011 team of 12 direct care nurses in evidence based standardization of shift to shift hand offs throughout nursing units. Author Nursing Annual Report.

*EXECUTIVE DIRECTOR, HOMECARE/HOSPICE & PALLIATIVE CARE (1997 – 2009)*

**SELECTED ACCOMPLISHMENTS:**

First Executive Director for large, hospital- based CT Homecare and Hospice agency. Led cultural transformation of former VNA/Public Health agency to coordinated, geographic and interdisciplinary team delivery.

Streamlined workforce from 230 to 168 FTE via technology adoption and role consolidation; integrated EMR, tele monitoring, wound care and Coding as sustainable nurse- led projects

Integrated palliative care triggers for intradepartmental referrals

Devised PPS Shortcut worksheet to guide clinicians' financial margins on case by case basis

Achieved financial and quality performance goals for 12 years, guiding the management team through three different Medicare reimbursement models.

*Multiple successful Joint Commission and State surveys.*

*CEO HEALTHTOUCH INC, NARRAGANSETT, RI*

*VICE PRESIDENT, SENECA HEALTHCARE 1994-1997*

Executive leadership of private duty homecare organization. Concurrent supervision of Medicare certified Para professional workforce. Provided home health aide and homemaker services on shift basis to provide supportive non-skilled care such as meal prep, transportation, overnight care and errands.

*VNA OF RHODE ISLAND, PROVIDENCE, RI*

*DIRECTOR, SUPPORT SERVICES 1991 – 1994*

Executive leadership of RI largest private duty and pediatric home care agency. Home Health Care for pediatric high-tech cases referred from NICU/PICU.

Education

MGH Institute Health Professions, Boston, MA

DOCTORATE IN EXECUTIVE NURSING PRACTICE

Boston University, Boston, MA

MASTER IN PUBLIC HEALTH

University of Rhode Island, Kingston, RI

BACHELOR OF SCIENCE IN NURSING

REGISTERED NURSE STATE OF CONNECTICUT R52473

Awards, Publications and Speaking Engagements

PROFESSIONAL MEMBERSHIPS

Board Member Home Care Alliance of Massachusetts 2015- 2019

President, ONE-CT, the CT chapter of AONE, 2011-2013.

Advisory Board, Nursing Spectrum, New England Region, 2011.

#### PRESENTATIONS

Session Speaker- Learning Lab. IHI Annual Meeting, Orlando Florida, December 2016. "How to Establish a Quality Preferred Post-Acute Network".

Session Speaker. AMGA Quality Institute. San Francisco CA November 2016. "How to Establish a Quality Preferred Post-Acute Network".

Panel Speaker. "Developing a Preferred Provider Network for Post-Acute Care". Annual Meeting of American Association of Academic Medical Centers. Baltimore MD. November, 2015.

Webinar Presenter. "Creating a Preferred Provider Post-Acute Network." September 2015. Careport Inc.

Presenter: "Shifting Evidence Based Knowledge to Direct Care Nurses. Creating a Clinical Scholars Internship, AONE Annual Meeting (April 2011).

Presenter: "How to Blow Up a Shared Governance Structure: A Success Story", ANCC Magnet Annual Meeting (October 2010).

Presenter: "Emergent Care and Rehospitalizations: The Business Case for Nurse Sensitive Indicators", First Annual ANA NDNQI conference (January 2007).

Presenter: "Technology and Organizational Transformation", CT Nurses Association Annual Meeting (November 2006).

Presenter: "Magnet, Beyond the Award", CT Hospital Association (May, 2004).

Presenter: "Nurse Manager as Chief Retention Officer", VHA West Videoconference (April 2004).

#### PUBLICATIONS

"Value Analysis: Homecare Wound Approach Teaches Acute Care", Society for Advancement of Wound Care (SAWC).

#### AWARDS

Qualidigm award for Quality OASIS Outcomes

Home Health Care Elite top 25% designation 2007, 2008

## Rebecca (Joki) Provencher RN, MSN, CLC



### Education

**Advanced Credential in Childhood and Family Mental Health-** New Hampshire Dept of Health and Human Services and NH Association of Infant Mental Health, November 2022- January 2024  
**Certified Lactation Counselor,** September 2021  
Center for Breastfeeding, Healthy Children Project Inc., Harwich, Ma.  
**Master of Nursing,** September 2017  
Southern New Hampshire University  
On-line, Manchester, NH.  
**Bachelor of Science in Nursing,** May 1999  
Fitchburg State College  
Fitchburg, Ma.

### Experience

**Healthy Starts Care Manager**  
June 2024 to current  
Home Healthcare Hospice and Community Services  
Keene, NH  
Program Manager and Supervisor for Healthy Families America program. Supervision of Comprehensive Family Supports and Services program. Newborn Navigator for CFSS. Co-manage with CFSS care manager day to day activities of all programs, community engagement and maintain agency set budgets. Ensure data and educational requirements are met. Maintain grant program quality standards and continually work on quality improvement initiatives.

**Maternal Child Health Care Manager,** March 2020 to current  
Home Healthcare Hospice and Community Services  
Keene, NH  
Oversee all pediatric and maternal cases in VNA. Carry case load of maternal child health patients with complex, acute and chronic illnesses, providing nursing care and case management. Provide maternal child health education and ongoing to support to nurses. Collaboration within the

agency and community agencies. Provide ongoing education and support to IV nurses.

**Pediatric Care Manager, October 2013-March 2020**

Home Healthcare Hospice and Community Services  
Keene, NH

Supervision of RNs, LPNs and LNAs in the Pediatric program. Manage each child's medical needs, scheduling, and psych-social needs with a family-centered approach.

Provide education and training for staff and families. Increased caseload by 150% in first year.

Collaboration and patient care for Healthy Starts program.

**Customized Care Clinical Manager, September 2009-October 2013**

Home Healthcare Hospice and Community Services  
Keene, NH

Supervision of RNs, LPNs, and LNAs in the Customized Care department as well as the Choices For Independence program.

Responsible for the coordination of the Katie Beckett (pediatric) program.

**Support Services Manager, May 2006-September 2009**

Home Health Hospice & Community Services  
Keene, NH.

Manage the Home Health Aids in the VNA, as well as the Choices For Independence program.

**Registered Nurse, September 2001-May 2006**

Home Health Hospice & Community Services

Worked in pediatric private duty. Also worked as substitute RN supervisor in private duty. Made routine VNA visits as well as assisted with telemonitoring installations.

**RN/LNA supervisor, Sept 1999-Sept 2001**

Cedarcrest Inc. Keene, NH.

Medication administration and treatments, assessments, scheduled and supervised 2<sup>nd</sup> shift LNAs.

**Community  
Activities:**

**Cedarcrest Inc.**

Board Member serving on the Quality Committee

October 2016-2019

Advisory Counsel Member serving on Quality Committee

October 2019 to March 2023

**New Hampshire Association for Infant Mental Health**

Member 2016

**Monadnock Center for Violence Prevention**

Board Member serving on governance committee

May 2010-2016

## Board Chair 2012, 2013

# RACHEL KOWALSKY, MA

## Skills Summary

18 years of experience as a social worker. Understanding of resources in Cheshire County. Ability to work with diverse populations. Skilled in public speaking, crisis intervention, trauma informed practices.

## Education

### *Degree / Date of Graduation*

2008 Masters of Counseling Psychology Antioch University New England, Keene NH

2004 BA Psychology East Carolina University, Greenville NC

1996 BS Communications Lyndon State College, Lyndonville, VT

## Experience

Home Healthcare Hospice and Community Services

Healthy Starts Team Lead June 2024 to Present

Oversee CFSS, Kinship Navigation, and the Family Resource Center. Manage staff. Attend all agency meetings. Complete all reports in a timely manner. Oversee the daily operations of the home visiting programs.

*Healthy Starts Social Worker June 2015 to Present*

Provide connections to services in the area to families in need. Meet weekly with families to provide in home supports. Maintain documentation for caseload of 50 plus families. Maintain professional connections to services in Cheshire County to help support area families in need of services. Maintain knowledge of DHHS programs and application processes. Seek out new services that may benefit families in care. Attend staff trainings, state certification trainings, and professional development.

Cottage Hill Academy

Counselor September 2014 to June 2015

See children and families in a residential setting to provide therapeutic support. Maintain documentation for caseload to monitor and show progress. Attend staff trainings and development.

Crotched Mountain School

Para Educator II February 2014 to September 2014

Provide individual support for students in a school setting. Attend all staff trainings. Monitor students in a residential setting on weekends and holidays.

Greater Nashua Mental Health Center

Therapist July 2012 to November 2013

Provide counseling services in an outpatient setting. Maintain all documentation in electronic medical record. Attend staff meetings, treatment team meetings, staff trainings.

Beckett Family of Services

Counselor September 2010 to May 2012

Provide intensive in-home services to juveniles and their families. Maintain documentation. Maintain contact with JPPO and other agencies involved with the juvenile and their family.

Phoenix House

Counselor July 2008 to September 2010

Provide therapeutic support to adolescents admitted for substance abuse. Maintain documentation, attend staff meetings, attend staff trainings.

**References Upon Request**

# Alicia Upton

## SUMMARY

Highly motivated employee with desire to take on new challenges. Strong work ethic, adaptability, and exceptional interpersonal skills. Adept at working effectively unsupervised and quickly mastering new skills.

## EMPLOYMENT

### Healthy Starts Administrative Coordinator August 2023 - present

Home Healthcare, Hospice & Community Services – Keene, NH

- Provide support for the administrative activities of the Healthy Starts program
- Assists with contract processes with state and federal funding sources, including setting up and maintaining portals, submitting documents to meet deadlines, and submitting follow up data over the course of the contract as appropriate.
- Assists with the preparations and submission of statistical and programmatic reports for the program.
- Assist with grant compliance, maintaining dashboards and mechanisms to monitor the program's monthly. Examples include caseload rosters, home visit hours per month per clinician, the engagement rates for each Healthy Starts program, referral sources and monthly meal counts by funding source for the Nutrition Program.
- Manages the application for the HFA and CFSS programs.
- Maximize the EMR and other software applications to achieve efficient documentation
- Processing Healthy Starts referrals daily and assigning them to the appropriate social worker or home visitor in collaboration with Program Manager.

### Customer Service Representative (CSR III) August 2014 - September 2022

C&S Wholesale Grocers - Brattleboro, VT

- Promoted high customer satisfaction by resolving problems with knowledgeable and friendly service
- Answered incoming calls and emails, providing frontline customer support or assistance with product and service transactions
- Consulted with customers to resolve service and billing issues
- Set up and activated customer accounts
- Mentored new employees on procedures and policies to maximize team performance
- Fielded customer complaints and queries, fast-tracking for problem resolution
- Demonstrated excellent communication skills in resolving product and consumer complaints
- Answered inbound calls, chats and emails to facilitate customer service

### Merchandise Assistant Store Manager September 2013- August 2014

Dollar Tree - Keene, NH

- Manage daily operations of a retail store
- Responsible for daily cash office procedures including bank deposit
- Provided one on one customer service, resolving concerns or complaints in a timely manner
- Perform sales work, takes inventories, keep operating records and/or daily record of transactions
- Prepare weekly schedules for employees
- Perform yearly evaluations
- Properly train employees, provide counseling and better training techniques for failure to meet job expectations which includes termination
- Review job applications, resumes, conduct formal job interviews
- Unload weekly merchandise truck, stock shelves, merchandise inventory within store guidelines utilizing all merchandise tools and signage while maintaining a clean and organized shopping environment for customers

**Customer Service Manager August 2007- August 2013**

Walmart Supercenter - Hinsdale, NH

- Investigated sensitive customer service complaints and delivered prompt resolution to customer satisfaction.
- Supervise Front End operations including break and shift schedules and all money service transactions.
- Evaluated and authenticated returns, exchanges, and voids.
- Delivered fast, friendly and knowledgeable service for routine questions and service complaints

**EDUCATION**

High School Diploma- Hinsdale High School

**SKILLS**

- Multitasking and Prioritization
- CRM Software
- Data Entry and Maintenance
- 65 wpm Typing Speed
- Inbound and Outbound Calling

## Mary Mullen-LaValley

### Objective

Acquisition of a teaching position that will render use of my talents and educational expertise as well as provide me with the opportunity to serve those in need of care and support.

### Experience

**Home Healthcare, Hospice & Community Services** 2012 - present  
**Healthy Starts Home Visitor**  
**Keene, NH**  
Community liaison for HCS programs with families and individuals throughout the service area. Provide safe, efficient personal interaction with pregnant and parenting families while promoting independence. Teach prenatal care, parenting skills, early intervention and children's health, help establish goals and encouraging achievement of these goals. Report and document pertinent observations, including changes in client's condition and need, appropriately.

**Monadnock Family Services, Educator/Home Visitor** 2006 - 2012  
**Keene, NH**  
Provide education and home visiting services to young at-risk mothers in collaboration with the VNA at HCS Maternal Child Health Program. NH Certified education, K-5 (2009) and NH CAD Certified Advocate/Counselor, Domestic and Sexual Abuse (2006).

**Westmoreland Elementary School/Middle School, Special Ed Teacher** 1999 - 2006  
**Westmoreland, NH**  
Special education tutor, K-5 and 8, as well as continued education service contract (21 year old student). Provided differentiated, appropriate and motivated education techniques for various behavioral and emotional needs. Originated and implemented academic plans, individual and whole class.

**New Hampshire Technical Institute, Public Relations Facilitator** 1995 - 1996  
**Claremont, NH**  
Public Relations Facilitator of Adult Education

**Bessie C. Rowell Elementary School, Kindergarten Teacher** 1976 - 1978

### Education

**University of New Hampshire** 1976  
**BA Elementary Education**  
*Special education concentration*

**Keene State College** Currently Enrolled  
**Masters of Education**

# JESSICA CANTRELL

## SUMMARY

Motivated applicant with excellent interpersonal skills. Positive, creative thinker who is passionate about supporting individuals and families in need. Recent work as both a full spectrum doula and as a Waldorf teacher has provided ongoing opportunities to learn to support a diverse population. Applicant possesses a passion for connecting individuals to applicable resources.

## EXPERIENCE

### Social Worker Case Manager

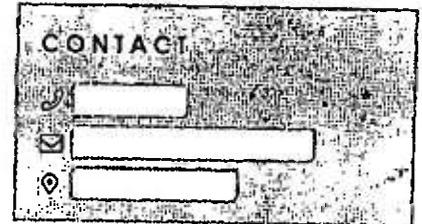
Healthy Starts at HCS | Keene, NH | November 2023 - Current

- Provided direct case management services to a caseload of clients with diverse backgrounds and needs.
- Conducted assessments, developed treatment plans, and monitored progress towards identified goals.
- Assisted clients in accessing community resources such as housing, medical care, employment opportunities and educational programs.
- Developed relationships with clients to ensure their well-being and safety.
- Established effective working relationships with other social service agencies to coordinate services for the best interest of the client.
- Maintained accurate records regarding client contact information, assessment results and treatment plan objectives.
- Responded to emergency situations involving clients by assessing risk factors and providing appropriate interventions according to established protocols.
- Conducted home visits to evaluate living conditions and provided support for families in need of assistance.
- Provided guidance on parenting issues such as discipline methods, nutrition education and developmental milestones.
- Educated clients about available resources such as food banks or legal aid services.

### Assistant Teacher

Spring Hill Children's Center | Keene, NH | August 2021 - Current

- Built and strengthened positive relationships with students; parents and teaching staff.
- Remained calm and patient in student interactions to support individual growth and development.
- Participated in workshops, trainings and conferences to improve educational skills as an anthroposophical educator.
- Collaborated with other staff members to ensure student success.
- Facilitated communication between families and school personnel about issues relating to students' progress and success at school.
- Promoted a cooperative learning environment that encourages collaboration among students.
- Interacted positively with children to encourage development and involvement in activities, treating each child with dignity and respect.
- Protected confidential information related to staff and families.
- Participated in parent-teacher conferences to discuss children's development and



## SKILLS

- Remote Office Availability
- Relationship Building
- Team Collaboration
- Organization and Multitasking
- Email and Telephone Etiquette
- Emotional Awareness
- Multitasking and Organization
- Strategic Planning
- Documentation and Recordkeeping
- Scheduling and Calendar Management

## EDUCATION AND TRAINING

### Associate of Arts

Liberal Arts

Southern New Hampshire University,  
New Hampshire

June 2018

**Doula**

*Holistic Birth & Beyond | Keene, NH | January 2022 - September 2024*

- Provided emotional and physical support to families throughout labor, delivery, and the postpartum period.
- Provided educational information on the stages of labor, pain management techniques, breastfeeding, and newborn care.
- Assisted clients in developing birth plans that best served their needs and wishes for their childbirth and postpartum experience.
- Served and supported a diverse client population, including those who sought assistance from IVF/surrogacy to grow their families.
- Facilitated communication between client and medical staff during labor and delivery process.
- Researched local services available to meet the needs of each particular family.
- Offered compassionate listening ear for any concerns or fears related to pregnancy or childbirth.
- Helped create an atmosphere of respect between birthing person and healthcare providers.
- Collaborated with other doulas in order to provide best possible care for clients.
- Maintained compliance with HIPAA protocols to safeguard patient privacy.

**Substitute Teacher, K-12**

*Sau 29 | Keene, NH | September 2022 - June 2023*

- Provided instruction and guidance to students in the absence of a regular teacher.
- Collaborated with other teachers to ensure student success.
- Monitored student progress throughout the day.
- Encouraged positive behavior among students through effective communication techniques.
- Ensured that each student had access to appropriate materials and resources.
- Created an environment conducive to learning while managing challenging behaviors.
- Utilized various teaching methods such as lectures, discussions, audio-visual presentations.
- Promoted a safe and secure atmosphere within the classroom setting.

**Homeschool Educator**

*Self-employed | New Ipswich, NH | August 2016 - June 2020*

- Developed individualized lesson plans for each student based on their learning styles, abilities and interests.
- Assessed student progress through regular testing and observation.
- Collaborated with other home educators to develop engaging curricula that met state standards.
- Adapted instructional materials to meet the needs of diverse learners.
- Encouraged critical thinking skills through open-ended questions and problem solving activities.
- Integrated technology into daily lessons when appropriate.
- Utilized multimedia resources such as videos, podcasts, and online games to supplement instruction.
- Designed creative assessment tools such as portfolios, rubrics, journals, to evaluate student mastery of concepts.

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DocuSign Envelope ID: 9626B3B7-9B6D-4274-9AC0-186E05D141F1

**Gestational Carrier**

*ConceiveAbilities | Denver, CO | January 2019 - March 2020*



## Melinda Vonderhors

### Work Experience

Home Healthcare, Hospice and Community Services, Keene NH, 2009-present

Registered Nurse Maternal Child Health VNA (2014-present): Provides skilled nurse assessment for postpartum, newborn and pediatric patients. Communicates effectively with patient, family and medical provider. Provides patient and family education. Provides lactation education and support.

Healthy Starts Registered Nurse (2015-present): Works with children and their families providing education and support to meet their specific needs.

Licensed Nursing Assistant, Customized Care & Katie Berger Program (2009-2014): Assisted with ADLs, nutrition and exercise. Worked under direct supervision of RN and part of interdisciplinary team that provided quality care to the client and their families.

Interim Healthcare, Keene NH, 2019-present

Registered Nurse: Provides skilled nursing care to medically-complex children in their home. Administers medications and treatments, documenting all assessed data. Communicates effectively with child's family and members of interdisciplinary team. Provides family education.

### Credentials/Education

• State of New Hampshire Licensed Registered Nurse, valid through 4/2026

• American Heart Association BLS for Healthcare Providers through 05/2025

Certified Lactation Counselor through 06/30/2027

• Bachelor of Science in Nursing, Southern New Hampshire University, Manchester, NH  
Graduated May 2017

• Associate of Science in Nursing, River Valley Community College, Keene, NH  
Graduated 5/2014 Magna Cum Laude

### Other

Volunteered at Camp Spafford, Spafford NH 2019-present  
Camp RN for one week in July. Provide nursing care to campers, staff and guests.

**CONTRACTOR NAME**

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Maura McQueeney	Program Manager	\$13,000.00	22.3%	\$2,903.52
Rebecca Provencher	HFA Program Supervisor	\$51,168.00	27.2%	\$13,936.86
Rachel Kowalsky	Programs Team Lead	\$1,560.00	37.2%	\$580.70
Alicia Upton	Home Visitor	\$15,600.00	46.5%	\$7,258.78
Mary Mullen LaValley	Home Visitor	\$54,080.00	43.0%	\$23,228.10
Jesse Cantrell	Home Visitor	\$16,250.00	44.7%	\$7,258.78
Mindy Vonderhorst	Pediatric Nurse	\$1,768.00	32.8%	\$580.70

ARC

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Lori A. Weaver  
Commissioner

Iain N. Watt  
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: 603-271-4827 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

September 10, 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 amendments to existing contracts with the Contractors listed below to continue providing home visiting services, by exercising a renewal option by increasing the total price limitation by \$1,697,218 from \$1,074,488 to \$2,771,706 and extending the completion dates from September 30, 2024 to September 30, 2028, effective October 1, 2024 upon Governor and Council approval. 74% Federal Funds. 26% 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
TLC Family Resource Center Claremont, NH	170625-B001	Claremont Catchment Area	\$565,751	\$1,002,359	\$1,568,110	O: 3/22/23, Item #18 A1: 5/1/24, Item #16
VNA at HCS, Inc. Keene, NH	177274-B002	Keene Catchment Area	\$508,737	\$694,859	\$1,203,596	O: 3/22/23 Item #18
		<b>Total</b>	<b>\$1,074,488</b>	<b>\$1,697,218</b>	<b>\$2,771,706</b>	

Funds are available in the following accounts for State Fiscal Year 2025 and are anticipated to be available in State Fiscal Years 2026, 2027, 2028 and 2029, 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.

See attached fiscal details.

**EXPLANATION**

The purpose of this request is to allow the Contractors to continue providing voluntary home visiting services to pregnant individuals and families with children up to five (5) years of age within designated Division of Children, Youth, and Families (DCYF) catchment areas. The

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

Contractors will pursue expansion of the program making it available to a broader population of families, including those already involved in New Hampshire's child welfare system.

The Contractors provide voluntary home visiting services utilizing the Healthy Families America (HFA) evidence-based Home Visiting model, its Child Welfare Protocols, and an approved Registered Nurse (RN) home visit model enhancement. The HFA model has shown to improve positive parenting practices, maternal and child health, school readiness, economic self-sufficiency and parental educational attainment, and to increase linkages and referrals to valuable community resources. In addition, families who participate in the HFA model experience less child maltreatment and family violence than their non-HFA counterparts. The HFA model is currently provided in every county in New Hampshire.

Approximately 38 individuals will be served during State Fiscal Years 2025, 2026, 2027, 2028, and 2029.

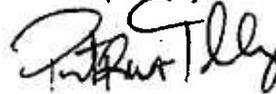
As referenced in Exhibit A of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising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

Should the Governor and Executive Council not authorize this request, more than 30 families will experience a lapse in the services that serve to prevent child abuse and neglect, family violence, and poor maternal and child health outcomes.

Source of Federal Funds: Assistance Listing Number (ALN) 93.870, FAIN X10MC50315; ALN 93.658, FAIN (FFPSA)2301NHFOST

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

Respectfully submitted,



*for* Lori A. Weaver  
Commissioner

**FISCAL DETAIL SHEET**  
**Home Visiting Services (RFP-2023-DPHS-08-HOMEV A01 & A02)**

**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 GRANT  
 90% Federal Funds and 10% General Funds**

**TLC Family Resource Center - Vendor #170625-B001**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	102-500731	Contracts for Prgm Svcs	90083208	\$43,500.00	\$0.00	\$43,500.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$174,000.00	\$0.00	\$174,000.00
2024	102-500731	Contracts for Program Services	90005896	\$37,651.00	\$0.00	\$37,651.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$43,500.00	\$0.00	\$43,500.00
2025	074-500589	Grants for Pub Asst and Rel	90083211	\$0.00	\$130,500.00	\$130,500.00
2025	102-500731	Contracts for Program Services	90005896	\$18,826.00	\$0.00	\$18,826.00
2026	074-500589	Grants for Pub Asst and Rel	90083211	\$0.00	\$30,701.00	\$30,701.00
2026	074-500589	Grants for Pub Asst and Rel	80083212		\$92,103.00	\$92,103.00
2026	102-500731	Contracts for Program Services	90005896	\$0.00	\$22,589.00	\$22,589.00
2027	074-500589	Grants for Pub Asst and Rel	90083212	\$0.00	\$26,435.00	\$26,435.00
2027	074-500589	Grants for Pub Asst and Rel	90083213		\$79,303.00	\$79,303.00
2028	074-500589	Grants for Pub Asst and Rel	90083213	\$0.00	\$26,435.00	\$26,435.00
2028	074-500589	Grants for Pub Asst and Rel	90083214		\$79,303.00	\$79,303.00
2028	102-500731	Contracts for Program Services	90005896	\$0.00	\$21,455.00	\$21,455.00
2029	074-500589	Grants for Pub Asst and Rel	90083214	\$0.00	\$26,435.00	\$26,435.00
			<b>Subtotal</b>	<b>\$317,477.00</b>	<b>\$535,259.00</b>	<b>\$852,736.00</b>

**VNA at HCS, Inc. - Vendor #177274-B002**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	102-500731	Contracts for Prgm Svcs	90083208	\$36,646.00	\$0.00	\$36,646.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$146,583.00	\$0.00	\$146,583.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$36,646.00	\$0.00	\$36,646.00
2025	074-500589	Grants for Pub Asst and Rel	90083211		\$66,590.00	\$66,590.00
2026	074-500589	Grants for Pub Asst and Rel	90083211	\$0.00	\$24,039.00	\$24,039.00
2026	074-500589	Grants for Pub Asst and Rel	90083212		\$72,116.00	\$72,116.00
2026	102-500731	Contracts for Prgm Svcs	90005896	\$0.00	\$4,252.00	\$4,252.00
2027	074-500589	Grants for Pub Asst and Rel	90083212	\$0.00	\$28,242.00	\$28,242.00
2027	074-500589	Grants for Pub Asst and Rel	90083213		\$84,724.00	\$84,724.00
2028	074-500589	Grants for Pub Asst and Rel	90083213	\$0.00	\$23,663.00	\$23,663.00

2028	074-500589	Grants for Pub Asst and Rel	90083214		\$70,989.00	\$70,989.00
2028	102-500731	Contracts for Prgm Srvs	90005896	\$0.00	\$21,730.00	\$21,730.00
2029	074-500589	Grants for Pub Asst and Rel	90083214	\$0.00	\$34,194.00	\$34,194.00
			<b>Subtotal</b>	<b>\$219,875.00</b>	<b>\$430,539.00</b>	<b>\$650,414.00</b>
			<b>TOTAL</b>	<b>\$537,352.00</b>	<b>\$965,798.00</b>	<b>\$1,503,150.00</b>

**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**

**TLC Family Resource Center - Vendor #170625-B001**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	\$2,454.00	\$0.00	\$2,454.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$9,816.00	\$0.00	\$9,816.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$2,454.00	\$0.00	\$2,454.00
			<b>Subtotal</b>	<b>\$14,724.00</b>	<b>\$0.00</b>	<b>\$14,724.00</b>

**VNA at HCS, Inc. - Vendor #177274-B002**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	\$4,090.00	\$0.00	\$4,090.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$16,361.00	\$0.00	\$16,361.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$4,090.00	\$0.00	\$4,090.00
			<b>Subtotal</b>	<b>\$24,541.00</b>	<b>\$0.00</b>	<b>\$24,541.00</b>
			<b>TOTAL</b>	<b>\$39,265.00</b>	<b>\$0.00</b>	<b>\$39,265.00</b>

**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**

**TLC Family Resource Center - Vendor #170625-B001**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$38,925.00	\$0.00	\$38,925.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$155,700.00	\$0.00	\$155,700.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$38,925.00	\$77,850.00	\$116,775.00
2026	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$116,775.00	\$116,775.00
2027	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$116,775.00	\$116,775.00
2028	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$116,775.00	\$116,775.00
2029	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$38,925.00	\$38,925.00
			<b>Subtotal</b>	<b>\$233,550.00</b>	<b>\$467,100.00</b>	<b>\$700,650.00</b>

**VNA at HCS, Inc. - Vendor #177274-B002**

State Fiscal Year	Class/Account	Class Title	Job Number	Revised Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$44,053.00	\$0.00	\$44,053.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$176,215.00	\$0.00	\$176,215.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$44,053.00	\$22,027.00	\$66,080.00
2026	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$66,080.00	\$66,080.00
2027	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$66,080.00	\$66,080.00
2028	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$66,080.00	\$66,080.00
2029	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$0.00	\$44,053.00	\$44,053.00
			<b>Subtotal</b>	<b>\$264,321.00</b>	<b>\$264,320.00</b>	<b>\$528,641.00</b>
			<b>TOTAL</b>	<b>\$497,871.00</b>	<b>\$731,420.00</b>	<b>\$1,229,291.00</b>
			<b>GRAND TOTAL</b>	<b>\$1,074,488.00</b>	<b>\$1,697,218.00</b>	<b>\$2,771,706.00</b>

**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 VNA at HCS, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 22, 2023 (Item #18), 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 1.7, Completion Date, to read:

September 30, 2028

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

\$1,203,596

3. Modify Exhibit B, Scope of Services, Section 3.3., to read:

3.3. The Contractor must service a portion of families utilizing the Healthy Families America (HFA) Child Welfare Protocols (CWP) in the DCYF Keene 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 of age, referred by the child welfare system, who are participating in the service voluntarily. The Contractor shall exhaust all reasonable efforts to serve eighteen (18) DCYF families in the Keene Catchment Area; serving no less than 70% of the identified number of families for this region before the end of the contract period.

4. Modify Exhibit B, Scope of Services, Section 3.4., to read:

3.4. The Contractor must serve eighteen (18) families in the DCYF Keene Catchment Area under the traditional HFA model.

5. Modify Exhibit B, Scope of Services, Section 3.5.4., to read:

3.5.4. Families with an open DCYF case who have recently reunified, or where the child remains at home with their family and not in an out-of-home placement.

6. Modify Exhibit B, Scope of Services, Section 3.7.1.2., to read:

3.7.1.2. Have HFA CWP available in the DCYF Keene Catchment Area.

3.7.1.2.1. Should the Contractor be unable provide services through the HFA CWP, 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 Contractor is unable to provide services using the CWP, the Contractor must enter into 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 discontinuation.

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

1. This Agreement is funded by:

VNA at HCS, Inc.

A-S-1.3

RFP-2023-DPHS-08-HOMEV-01-A01  
v7.12.23

Page 1 of 4

Contractor Initials Initial  
MM  
Date 9/6/2024

1.1. 76% Federal funds from:

- 1.1.1. 68.37% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the US DHHS Health Resources and Services Administration (HRSA), ALN 93.870, FAIN X10MC43595; and as awarded on September 2, 2022, FAIN X10MC46878; and as awarded on August 29, 2023, FAIN X10MC50315.
- 1.1.2. 2.69% American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the US DHHS HRSA, ALN 93.870, FAIN X11MC41935; and as awarded on October 28, 2021, FAIN X11MC45263.
- 1.1.3. 28.94% Administration of Children Youth & Families (ACYF), as awarded on October 1, 2022, ALN 93.658, FAIN 2201NHFOST.

1.2. 24% General funds.

8. 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 Sheet through Exhibit C-12, Budget Sheet - Amendment #1.

9. Modify Exhibit C, Payment Terms, Sections 9.2 through 9.3, to read:

9.2. Reserved

9.3. The Contractor must not exceed the maximum allotment for weekly rate expenditure by State Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	\$14,597
SFY 2024	\$72,986
SFY 2025	\$66,080
SFY 2026	\$66,080
SFY 2027	\$66,080
SFY 2028	\$66,080
SFY 2029	\$44,053
<b>Total</b>	<b>\$395,856</b>

10. Modify Exhibit C, Payment Terms, by deleting Section 10 in its entirety.

11. Modify Exhibit C-3 Budget Sheet, by replacing it in its entirety with Exhibit C-3, Budget Sheet – Amendment #1, which is attached hereto and incorporated by reference herein.

12. Add Exhibit C-9, Budget Sheet – Amendment #1, which is attached hereto and incorporated by reference herein.

13. Add Exhibit C-10, Budget Sheet – Amendment #1, which is attached hereto and incorporated by reference herein.

14. Add Exhibit C-11, Budget Sheet – Amendment #1, which is attached hereto and incorporated by reference herein.

15. Add Exhibit C-12, Budget Sheet – Amendment #1, which is attached hereto and incorporated by reference herein.

Initial  
MM

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 October 1, 2024, 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

9/9/2024

Date

DocuSigned by:

Iain Watt

0770B003F9704C7...

Name: Iain Watt.

Title: Director - DPHS

VNA at HCS, Inc.

9/6/2024

Date

Signed by:

Maura McQueeney

671000C3AF8744...

Name: Maura McQueeney

Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

9/10/2024

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-3 Budget Sheet - Amendment #1

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name:	VNA at HCS, Inc.
Budget Request for:	Home Visiting Services - DPHS - Home Visiting Formula Grant
Budget Period:	SFY 2025 (7/1/24- 6/30/25)
Indirect Cost Rate (if applicable)	10.00%
Line Item	Program Cost Funded by DHHS
1. Salary & Wages	\$55,747.45
2. Fringe Benefits	\$21,679.58
3. Consultants	\$1,808.63
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	\$1,755.01
5.(b) Supplies - Lab	
5.(c) Supplies - Pharmacy	
5.(d) Supplies - Medical	\$877.51
5.(e) Supplies Office	\$81.94
6. Travel	\$2,580.90
7. Software	\$412.04
8. (a) Other - Marketing/ Communications	
8. (b) Other - Education and Training	\$5,161.80
8. (c) Other - Other (specify below)	
IT Needs	\$1,032.38
Other Concrete Needs	
Membership	\$1,755.01
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
<b>Total Direct Costs</b>	<b>\$92,871.11</b>
<b>Total Indirect Costs</b>	<b>\$10,364.89</b>
<b>TOTAL</b>	<b>\$103,236.00</b>

Contractor Initials Initial  
MM

Date 9/6/2024

Exhibit C-9 Budget Sheet - Amendment #1

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	VNA at HCS, Inc.
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period</b>	SFY 26 7/1/25 - 6/30/26
<b>Indirect Cost Rate (if applicable)</b>	0.100399972
<b>Line Item</b>	<b>Program Cost - Funded by DHHS</b>
1. Salary & Wages	\$54,219.78
2. Fringe Benefits	\$21,085.47
3. Consultants	\$1,757.12
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	\$1,706.92
5.(b) Supplies - Lab	\$0.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$853.46
5.(e) Supplies Office	\$60.24
6. Travel	\$2,510.18
7. Software	\$401.63
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$5,020.35
8. (c) Other - Other (specify below)	\$0.00
Other (please specify)	\$1,004.07
Other (please specify)	\$1,706.92
Other (please specify)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
<b>Total Direct Costs</b>	<b>\$90,326.14</b>
<b>Total Indirect Costs</b>	<b>\$10,080.86</b>
<b>TOTAL</b>	<b>\$100,407.00</b>

Contractor Initials: 

Exhibit C-10 Budget Sheet - Amendment #1

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	VNA at HCS, Inc.
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period:</b>	SFY 27-7/1/26 - 6/30/27
<b>Indirect Cost Rate (if applicable)</b>	0.100400032
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$61,001.64
2. Fringe Benefits	\$23,722.86
3. Consultants	\$1,976.91
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	\$1,920.42
5.(b) Supplies - Lab	\$0.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$960.21
5.(e) Supplies Office	\$67.78
6. Travel	\$2,824.15
7. Software	\$451.86
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$5,648.30
8. (c) Other - Other (specify below)	\$0.00
Other (please specify)	\$1,129.66
Other (please specify)	\$1,920.42
Other (please specify)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
<b>Total Direct Costs</b>	<b>\$101,624.21</b>
<b>Total Indirect Costs</b>	<b>\$11,341.79</b>
<b>TOTAL</b>	<b>\$112,966.00</b>

Contractor Initials: Initial  
MM

Exhibit C-11 Budget Sheet - Amendment #1

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	VNA at HCS, Inc.
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period</b>	SFY 28 7/1/27 - 6/30/28
<b>Indirect Cost Rate (if applicable)</b>	0.100399976
<b>Line Item</b>	<b>Program Cost - Funded by DHHS</b>
1. Salary & Wages	\$62,846.28
2. Fringe Benefits	\$24,440.22
3. Consultants	\$2,036.69
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	\$1,978.49
5.(b) Supplies - Lab	\$0.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$989.25
5.(e) Supplies Office	\$69.83
6. Travel	\$2,909.55
7. Software	\$465.53
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$5,819.10
8. (c) Other - Other (specify below)	\$0.00
Other (please specify)	\$1,163.82
Other (please specify)	\$1,978.49
Other (please specify)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
<b>Total Direct Costs</b>	<b>\$104,697.25</b>
<b>Total Indirect Costs</b>	<b>\$11,684.75</b>
<b>TOTAL</b>	<b>\$116,382.00</b>

Contractor Initials: Initial  
MM

Date: 9/6/2024

Exhibit C-12 Budget Sheet - Amendment #1

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	VNA at HCS, Inc.
<b>Budget Request for:</b>	Home Visiting Services - Home Visiting Formula Grant
<b>Budget Period</b>	SFY 29: 7/1/28 - 9/30/28
<b>Indirect Cost Rate (if applicable)</b>	0.10040006
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$18,464.76
2. Fringe Benefits	\$7,180.74
3. Consultants	\$598.40
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	\$581.30
5.(b) Supplies - Lab	\$0.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$290.65
5.(e) Supplies Office	\$20.52
6. Travel	\$854.85
7. Software	\$136.78
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$1,709.70
8. (c) Other - Other (specify below)	\$0.00
Other (please specify)	\$341.94
Other (please specify)	\$581.30
Other (please specify)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
<b>Total Direct Costs</b>	<b>\$30,760.92</b>
<b>Total Indirect Costs</b>	<b>\$3,433.08</b>
<b>TOTAL</b>	<b>\$34,194.00</b>

Contractor Initials: Initial  
MM

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ARC

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Lori A. Weaver  
Interim Commissioner

Patricia M. Tilley  
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: 603-271-4827 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

February 24, 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, and the Division for Children, Youth, and Families to enter into contracts with the Contractors listed below in an amount not to exceed \$1,018,011 to provide home visiting services, with the option to renew for up to four (4) additional years, effective April 1, 2023, upon Governor and Council approval through September 30, 2024. 76% Federal Funds, 24% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
VNA at HCS, Inc.	177274-B002	Keene Catchment Area	\$508,737.00
TLC Family Resource Center	170525-B001	Claremont Catchment Area	\$509,274.00
<b>Total:</b>			<b>\$1,018,011.00</b>
*Note the Department submitted requested actions for other areas of the state which were approved at the G&C Meeting on 2/8/23, thus ensuring statewide coverage is obtained.*			

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.

No purchase order numbers will be assigned to Division for Children, Youth and Families but that the Division of Public Health Services will be using purchase order numbers and New Hampshire First System.

See attached fiscal details.

**EXPLANATION**

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

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
Page 2 of 3

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.<sup>1</sup> 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 100 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-contract 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:

- 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 Health Family America.
  - Proportion of families that are retained in the program over specified periods of time, (three (3) months, six (6) months, and every six (6) months thereafter) after receiving a first home visit.

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<sup>1</sup> [HFA Evidence of Effectiveness 2022 Website.pdf \(healthyfamiliesamerica.org\)](https://www.healthyfamiliesamerica.org/)

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
Page 3 of 3

- o 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.
- o Program Completion
  - o Share of families who do not complete the program, including reason for non-completion and/or discharge.
  - o Share of families that discharged who completed a minimum of specified periods of service. (Starting at six (6) months, and every six (6) months thereafter up until thirty-six (36) months of service.)
- o Short-term Outcomes
  - o Share of families with a new case opened to the Division for Children, Youth and Families, or a new report of maltreatment, within six (6) months after discharge.
  - o Share of children who enter out-of-home placement within six (6) months after discharge, including breakdown of placement type.
  - o Share of children who enter any form of out-of-home placement within twelve (12) months of discharge.
  - o 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 August 30, 2022 through September 23, 2022. The Department received two (2) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

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 35 New Hampshire families will experience a lapse in preventive services they have 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 # CFDA #93.870 FAIN # X1043595, X1046878, X1141935, X1145263; CFDA #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 DETAIL SHEET  
 SFY 23, 24 & 25 HOME VISITING CONTRACTS**

**DIVISION OF PUBLIC HEALTH SERVICES (DPHS) FUNDS**

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN/  
 PUBLIC HEALTH DIV, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES,  
 100% FEDERAL CFDA #93.870 FAIN # X1043595, X104687B

TLC Family Resource Center - Vendor #170625-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	102-500731	Contracts for Prgm Srvs	90083208	\$43,500.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$174,000.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$43,500.00
SUBTOTAL:				\$261,000.00

VNA at HCS, Inc. - Vendor #177274-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	102-500731	Contracts for Prgm Srvs	90083208	\$36,646.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	\$146,583.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	\$36,646.00
SUBTOTAL:				\$219,875.00
Total of AU 5896				\$480,875.00

05-95-90-902010-2451-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND  
 HHS: PUBLIC HEALTH DIV, BUEAU OF COMM & HEALTH SERV, ARP - MIEC HOME  
 100% FEDERAL FUNDS CFDA #93.870, FAIN# X1141935 & X1145263

TLC Family Resource Center - Vendor #170625-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	074-500589	Grants for Pub Asst and Rel	90083206	\$2,454.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$9,816.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$2,454.00
SUBTOTAL:				\$14,724.00

VNA at HCS, Inc. - Vendor #177274-B002.

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	074-500589	Grants for Pub Asst and Rel	90083206	\$4,090.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	\$16,361.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	\$4,090.00
			<b>SUBTOTAL:</b>	<b>\$24,541.00</b>
			<b>Total of AU 2451</b>	<b>\$39,265.00</b>
			<b>DPHS Subtotal</b>	<b>\$520,140.00</b>

**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 - 50% FEDERAL CFDA #93.658 FAIN # 2201NHFOST

TLC Family Resource Center - Vendor #170625-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$38,925.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$155,700.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$38,925.00
			<b>Subtotal</b>	<b>\$233,550.00</b>

VNA at HCS, Inc. - Vendor #177274-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$44,053.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$176,215.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$44,053.00
			<b>SUBTOTAL:</b>	<b>\$264,321.00</b>
			<b>Total of AU 2958</b>	<b>\$497,871.00</b>
			<b>GRAND TOTAL:</b>	<b>\$1,018,011.00</b>

**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-08-~~HOMEV~~  
**Project Title** Home Visiting Services

	Maximum Points Available	VNA at HCS, Inc.	TLC Family Resource Center
<b>Technical</b>			
Experience (Q1 - Q5)	30	28	26
Organizational Capacity (Q6 - Q11 & Appendix J)	35	30	31
Performance Improvement (Q12 - Q16)	25	22	21
<b>Subtotal - Technical</b>	<b>90</b>	<b>80</b>	<b>78</b>
<b>Cost</b>			
Budget Sheet & Budget Narrative (Appendix F)	5	4	4
Program Staff List (Appendix G)	5	4	4
<b>Subtotal - Cost</b>	<b>10</b>	<b>8</b>	<b>8</b>
<b>TOTAL POINTS</b>	<b>100</b>	<b>88</b>	<b>86</b>
<b>TOTAL PROPOSED VENDOR COST</b>		<b>\$520,172</b>	<b>\$956,415</b>

	Reviewer Name
1	Gayleen Smith
2	Pauline Jaslonowski
3	Kristi Hart
4	Ashley Janos
5	Kelly McCormac
7	Paula Gyurcsan

	Title
	Administrator III, Finance
	Finance Manager
	Program Specialist IV, DPHS
	Program Specialist IV, DCYF
	Assessment Supervisor IV, DCYF
	Program Planner I

**FORM NUMBER P-37 (version 12/11/2019)**

**Subject: RFP-2023-DPHS-08-HOMEV-01 / Home Visiting Services**

**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 VNA at HCS, Inc.		1.4 Contractor Address 312 Marlboro Street Keene, NH 03431	
1.5 Contractor Phone Number (603) 352-2253 Ext. 132	1.6 Account Number 05-95-90-902010-5896; 05-95-90-902010-2451; 05-95-42-421010-2958.	1.7 Completion Date 9/30/2024	1.8 Price Limitation \$508,737.00
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: <i>Maura McQueeney</i> Date: 3/7/2023		1.12 Name and Title of Contractor Signatory Maura McQueeney CEO	
1.13 State Agency Signature DocuSigned by: <i>Patricia M. Tilley</i> Date: 3/7/2023		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>Robert Guarnino</i> On: 3/7/2023			
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

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.

Contractor Initials MM  
Date 3/7/2023

**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 April 1, 2023, ("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**

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

**EXHIBIT B**

- 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.<sup>1</sup>
- 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

<sup>1</sup> 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 Keene DCYF Catchment Area Location, 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 six (6) DCYF families during the first six (6) months of the contract period and no less than twelve (12) families thereafter through the end of the contract period.

- 3.4. The Contractor must serve twenty-four (24) families in the Keene DCYF Catchment Area Location 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 Keene DCYF Catchment Area Location 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); 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 service 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 15<sup>th</sup> 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 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 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 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

<b>Berlin</b> <i>(650 Main Street Suite 200, Berlin NH 03570)</i>		
<b>Serving the cities, towns, and locations of:</b>		
▪ 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	

<b>Littleton</b> <i>(80 North Littleton Road, Littleton, NH 03561)</i>	
<b>Serving the cities, towns, and locations of:</b>	
▪ Apthorp	▪ Lisbon
▪ Bath	▪ Littleton
▪ Benton	▪ Livermore
▪ Bethlehem	▪ Lyman
▪ Bethlehem Junction	▪ Monroe
▪ Center Haverhill	▪ North Haverhill
▪ East Haverhill	▪ North Woodstock
▪ Easton	▪ Pierce Bridge
▪ Franconia	▪ Piermont
▪ Glencliff	▪ Pike
▪ Haverhill	▪ Sugar Hill
▪ Landaff	▪ Warren
▪ Lincoln	▪ Woodstock
	▪ Woodsville

## Attachment 1: DCYF Catchment Area Locations

<b>Conway</b> <i>(71 Hobbs Street, Conway NH 03818)</i>		
<b>Serving the cities, towns, and locations of:</b>		
<ul style="list-style-type: none"><li>▫ Albany</li><li>▫ Bartlett</li><li>▫ Brookfield</li><li>▫ Center Conway</li><li>▫ Center Effingham</li><li>▫ Center Ossipee</li><li>▫ Center Sandwich</li><li>▫ Center Tuftonboro</li><li>▫ Chatham</li><li>▫ Chocorua</li><li>▫ Conway</li><li>▫ East Conway</li><li>▫ East Wakefield</li><li>▫ Eaton</li><li>▫ Effingham</li></ul>	<ul style="list-style-type: none"><li>▫ Freedom</li><li>▫ Glen</li><li>▫ Granite</li><li>▫ Hale's Location</li><li>▫ Hart's Location</li><li>▫ Intervale</li><li>▫ Jackson</li><li>▫ Kearsarge</li><li>▫ Madison</li><li>▫ Melvin Village</li><li>▫ Mirror Lake</li><li>▫ Moultonborough</li><li>▫ Moultonville</li><li>▫ North Conway</li><li>▫ North Sandwich</li><li>▫ Ossipee</li></ul>	<ul style="list-style-type: none"><li>▫ Redstone</li><li>▫ Sanbornville</li><li>▫ Sandwich</li><li>▫ Silver Lake</li><li>▫ Snowville</li><li>▫ South Chatham</li><li>▫ South Effingham</li><li>▫ South Tamworth</li><li>▫ Tamworth</li><li>▫ Tuftonboro</li><li>▫ Union</li><li>▫ Wakefield</li><li>▫ West Ossipee</li><li>▫ Wolfeboro</li><li>▫ Wolfeboro Falls</li><li>▫ Wonalancet</li></ul>

<b>Claremont</b> <i>(17 Water Street, Suite 301, Claremont NH 03743)</i>		
<b>Serving the cities, towns, and locations of:</b>		
<ul style="list-style-type: none"><li>▫ Acworth</li><li>▫ Beauregard Village</li><li>▫ Burkehaven</li><li>▫ Canaan</li><li>▫ Charlestown</li><li>▫ Claremont</li><li>▫ Cornish</li><li>▫ Cornish Flat</li><li>▫ Croydon</li><li>▫ East Lempster</li><li>▫ Enfield</li><li>▫ Enfield Center</li><li>▫ Etna</li></ul>	<ul style="list-style-type: none"><li>▫ Georges Mills</li><li>▫ Goshen</li><li>▫ Grafton</li><li>▫ Grantham</li><li>▫ Guild</li><li>▫ Hanover</li><li>▫ Langdon</li><li>▫ Lebanon</li><li>▫ Lempster</li><li>▫ Lyme</li><li>▫ Lyme Center</li><li>▫ Meriden</li><li>▫ Mount Sunapee</li><li>▫ Newport</li></ul>	<ul style="list-style-type: none"><li>▫ Orange</li><li>▫ Orford</li><li>▫ Plainfield</li><li>▫ South Acworth</li><li>▫ South Charlestown</li><li>▫ Springfield</li><li>▫ Sunapee</li><li>▫ Unity</li><li>▫ Washington</li><li>▫ West Canaan</li><li>▫ West Lebanon</li><li>▫ West Springfield</li><li>▫ West Unity</li></ul>

## Attachment 1: DCYF Catchment Area Locations

<b>Keene</b> <i>(111 Key Road, Keene NH 03431)</i>		
<b>Serving the cities, towns, and locations of:</b>		
<input type="checkbox"/> Alstead	<input type="checkbox"/> Harrisville	<input type="checkbox"/> Sharon
<input type="checkbox"/> Antrim	<input type="checkbox"/> Hillsborough	<input type="checkbox"/> Spofford
<input type="checkbox"/> Ashuelot	<input type="checkbox"/> Hillsborough Upper Village	<input type="checkbox"/> Stoddard
<input type="checkbox"/> Bennington	<input type="checkbox"/> Hinsdale	<input type="checkbox"/> Sullivan
<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Jaffrey	<input type="checkbox"/> Surry
<input type="checkbox"/> Deering	<input type="checkbox"/> Keene	<input type="checkbox"/> Swanzey
<input type="checkbox"/> Drewsville	<input type="checkbox"/> Marlborough	<input type="checkbox"/> Temple
<input type="checkbox"/> Dublin	<input type="checkbox"/> Marlow	<input type="checkbox"/> Troy
<input type="checkbox"/> East Sullivan	<input type="checkbox"/> Munsonville	<input type="checkbox"/> Walpole
<input type="checkbox"/> East Swanzey	<input type="checkbox"/> Nelson	<input type="checkbox"/> West Chesterfield
<input type="checkbox"/> East Westmoreland	<input type="checkbox"/> New Ipswich	<input type="checkbox"/> West Deering
<input type="checkbox"/> Fitzwilliam	<input type="checkbox"/> North Swanzey	<input type="checkbox"/> West Peterborough
<input type="checkbox"/> Gilsum	<input type="checkbox"/> North Walpole	<input type="checkbox"/> West Swanzey
<input type="checkbox"/> Greenfield	<input type="checkbox"/> Peterborough	<input type="checkbox"/> Westmoreland
<input type="checkbox"/> Greenville	<input type="checkbox"/> Richmond	<input type="checkbox"/> Westport
<input type="checkbox"/> Hancock	<input type="checkbox"/> Rindge	<input type="checkbox"/> Winchester
	<input type="checkbox"/> Roxbury	<input type="checkbox"/> Windsor

<b>Laconia</b> <i>(65 Beacon Street West, Laconia NH 03246)</i>		
<b>Serving the cities, towns, and locations of:</b>		
<input type="checkbox"/> Alexandria	<input type="checkbox"/> Ellsworth	<input type="checkbox"/> Meredith Center
<input type="checkbox"/> Alton	<input type="checkbox"/> Gilford	<input type="checkbox"/> New Hampton
<input type="checkbox"/> Alton Bay	<input type="checkbox"/> Gilmanton	<input type="checkbox"/> North Sanbornton
<input type="checkbox"/> Ashland	<input type="checkbox"/> Gilmanton Corners	<input type="checkbox"/> Plymouth
<input type="checkbox"/> Barnstead	<input type="checkbox"/> Gilmanton Iron Works	<input type="checkbox"/> Quincy
<input type="checkbox"/> Bear Island	<input type="checkbox"/> Glendale	<input type="checkbox"/> Rumney
<input type="checkbox"/> Belmont	<input type="checkbox"/> Governor Isle	<input type="checkbox"/> Sanbornton
<input type="checkbox"/> Bridgewater	<input type="checkbox"/> Groton	<input type="checkbox"/> Thornton
<input type="checkbox"/> Bristol	<input type="checkbox"/> Hebron	<input type="checkbox"/> Tilton
<input type="checkbox"/> Campton	<input type="checkbox"/> Holderness	<input type="checkbox"/> Waterville Valley
<input type="checkbox"/> Center Barnstead	<input type="checkbox"/> Laconia	<input type="checkbox"/> Weirs
<input type="checkbox"/> Center Harbor	<input type="checkbox"/> Lakeport	<input type="checkbox"/> Wentworth
<input type="checkbox"/> Dorchester	<input type="checkbox"/> Lochmere	<input type="checkbox"/> West Alton
<input type="checkbox"/> East Holderness	<input type="checkbox"/> Lower Gilmanton	<input type="checkbox"/> West Rumney
	<input type="checkbox"/> Meredith	<input type="checkbox"/> 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"><li>▪ Allenstown</li><li>▪ Andover</li><li>▪ Blodgett Landing</li><li>▪ Boscawen</li><li>▪ Bow</li><li>▪ Bradford</li><li>▪ Canterbury</li><li>▪ Chichester</li><li>▪ Concord</li><li>▪ Contoocook</li><li>▪ Danbury</li><li>▪ Davisville</li><li>▪ Dunbarton</li><li>▪ East Andover</li><li>▪ East Concord</li><li>▪ East Sutton</li><li>▪ Elkins</li></ul>	<ul style="list-style-type: none"><li>▪ Epsom</li><li>▪ Frankestown</li><li>▪ Franklin</li><li>▪ Gerrish</li><li>▪ Goffstown</li><li>▪ Gossville</li><li>▪ Henniker</li><li>▪ Hill</li><li>▪ Hooksett</li><li>▪ Hopkinton</li><li>▪ Loudon</li><li>▪ New Boston</li><li>▪ New London</li><li>▪ Newbury</li><li>▪ North Sutton</li><li>▪ North Wilmot</li><li>▪ Northfield</li><li>▪ Pembroke</li></ul>	<ul style="list-style-type: none"><li>▪ Penacook</li><li>▪ Pinardville</li><li>▪ Pittsfield</li><li>▪ Potter Place</li><li>▪ Salisbury</li><li>▪ Short Falls</li><li>▪ South Danbury</li><li>▪ South Sutton</li><li>▪ Suncook</li><li>▪ Sutton</li><li>▪ Warner</li><li>▪ Weare</li><li>▪ Webster</li><li>▪ Webster Lake</li><li>▪ West Franklin</li><li>▪ Wilmot</li><li>▪ Wilmot Flat</li></ul>

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

# Attachment 1: DCYF Catchment Area Locations

<b>Rochester</b> <i>(150 Wakefield Street Suite 22, Rochester NH 03607)</i>	
<b>Serving the cities, towns, and locations of:</b>	
<ul style="list-style-type: none"> <li>▫ Barrington</li> <li>▫ Center Strafford</li> <li>▫ Dover</li> <li>▫ Durham</li> <li>▫ East Rochester</li> <li>▫ Farmington</li> <li>▫ Gonic</li> <li>▫ Lee</li> </ul>	<ul style="list-style-type: none"> <li>▫ Madbury</li> <li>▫ Middleton</li> <li>▫ Milton</li> <li>▫ Milton Mills</li> <li>▫ New Durham</li> <li>▫ Rochester</li> <li>▫ Rollinsford</li> <li>▫ Strafford</li> </ul>

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

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

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### Attachment 2 - Capacity Analysis Report

CASELOAD AND CAPACITY ANALYSIS - <i>to be completed for each month of the contract period</i>	
INTRODUCTION	This Excel tool has been adopted to streamline the caseload and capacity analysis and reporting processes for both the Local Implementing Agencies and the State Team and to standardize the way each agency is submitting reports of LIA. Please do not copy this workbook to use for monthly analysis, open this file and for monthly data you are reporting (i.e. for each January, use the file named "010116" to report December 2015 data). Please do not change the name of the file when emailing the report to HHS. The "New Home Visits" tab has been designed for home visitors to enter data for the first 2 home visits.
INSTRUCTIONS	<ol style="list-style-type: none"> <li>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 MFA time as a home visitor.</li> <li>2. Enter the number of families on each level that the home visitor saw in the reporting month.</li> <li>3. Repeat steps 1-2 for each home visitor allocated to MFA Home Visiting during the month, in the separate tabs provided.</li> <li>4. If you have a home visitor position that is currently vacant, please indicate this using "RECRUITMENT" instead of the home visitor's name.</li> <li>5. Click the "Capacity Analysis" worksheet tab to review the analysis for your Local Implementing Agency this month.</li> </ol> <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>
ADDITIONAL INFORMATION	<p>If your MFA home visiting staff changed, but the number of MFA home visitors did not exceed 5, simply change the "Name of staff member" in Cell B4. Return to Step 1.</p> <p>If the number of MFA 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"> <li>1. Duplicate the last FSW worksheet tab (right-click, select "move or copy", click box "create a copy", move to "before Capacity Analysis")</li> <li>2. Update formulas in the Capacity Analysis worksheet tabs to include the new FSW worksheets:             <ol style="list-style-type: none"> <li>a. # families served, per case weight category (cells E3:J3)</li> <li>b. % of monthly home visitor capacity utilized (cells E7, F7)</li> <li>c. Service Utilization % (cells E10, F10)</li> </ol> </li> </ol>
NOTES	<p>Note: The # of hours paid should be the calendar or expected contracted hours for MFA 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 MFA hours received 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>

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### Attachment 2 - Capacity Analysis Report

Agency for Careland Analysis		6/28/2022		Permanent level of classes (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							
Agency Name (New Hire only) (4 months emp)	Stacy (D)			# of families with additional overweight due to PSC							
Name of staff member				0.5	1	1.5	2	2.5	3	Extra Case Weight	
# hours per week worked for HSA only											
OT the hours above, N/A if at home station											
Case load multiplier	0.00										
Level	Description	Number of Families on Level	Weight	Weighted Case Load per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 1P	Practical - visits every other week during first and second trimester		1.00	0							0
Level 1P	Practical - visits every week in third trimester (or earlier if needed)		1.00	0							0
Level 3	Post 6 months after birth or enrollment - visits every week		1.00	0							0
Level 3	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 3.5	Child in transition - visits weekly or more if needed		1.00	0							0
Level 4	Visits once per quarter		0.25	0							0
Level 4	Cr visits Once per (CO) is for families that completed a level 4 visit.		1.00	0							0
Level CO1	Parents visit but become disengaged.		1.00	0							0
Level CO1	CO families are given the same case-weight they had prior to going on CT, so entire share if re-eligible.		0.50	0							0
Level CO1	Temporary Out of Area (TO) for up to 3 months, families are given the same case-weight they had prior to going on CO, so entire share if re-eligible.		1.00	0							0
Level TO1	Temporary Re-Assignment (TR) for up to 3 months, families accept voluntary re-assignment to another PSW due to leave of 180 days.		0.50	0							0
Level TR			0.50	0							0
		Actual total	0	0	Total addition of PSC to survey (N/A)						
		N/A shown for Defer	0	0							
		N/A CAPACITY CALCULATION	0.00%								
		PSW Contribution to HSA CAPACITY CALCULATION	0.0%								

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### Attachment 2 - Capacity Analysis Report

Needs for Continued 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 below tags noted on the roster, have multiple types (birth, illness, etc.), have significant additional travel time, or a child with special needs							
Days Bars (time bars under 24 months range)											
Days of staff members											
2 hours per week worked for MFA only											
Of the hours above, % time as MFA home visitor											
Current multiplier		0.00		# of families with additional coverage due to PSC							
Level	Description	Number of Families on Level	WV%	Weighted Category (per level)	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 22	Prostate - visits every other week during first and second trimester		2.00	0							0
Level 21	Prostate - visits every week in third trimester (or earlier if needed)		1.00	0							0
Level 20	First 6 months after birth or completion - visits every week		2.00	0							0
Level 19	Visits every other week		1.50	0							0
Level 18	Visits once per month		0.50	0							0
Level 17	Child intervention - visits weekly, or more if needed		1.00	0							0
Level 16	Visits once per quarter		0.25	0							0
Crucial Outreach (CO)	Crucial Outreach (CO) is for families that completed at least one home visit but became disengaged.		2.00	0							0
Level CO1	CO families are given the same caseload they had prior to going on CO, to ensure space if re-engaged.		1.00	0							0
Level CO2	CO, to ensure space if re-engaged.		0.50	0							0
Temporary Assignments (TA, TR)	Temporary Out of Area (TO) for up to 3 months, limited but gives the same caseload they had prior to going on CO, to ensure space if re-engaged.		2.00	0							0
Level TO1	Temporary Re-Assignment (TR) for up to 3 months, families accept voluntary re-assignment to another FSW due to loss of caregiver.		1.00	0							0
Level TO2			0.50	0							0
Level TR			0.50	0							0
Actual Total:		0	0	0	Total additional PSC caseloads						
Maximum for Report		0	0	0	0						
MFA CAPACITY CALCULATION		207/0									
FSW Contribution to MFA CAPACITY CALCULATION		0/0									

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**Attachment 2 - Capacity Analysis Report**

Month for Capacity Analysis				Prevalence Special Circumstances (PSC) Levels should be captured above if their level, AND in B33 if either if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc), have significant and chronic illness, or a child with special needs or a family with additional carework due to PSC							Error Code
Start of full payover	End of full payover	Number of Functions per Level	Weight	Weighted Costload per Level	0.5	1	1.5	2	2.5	3	
Level 2P	Present - visits every other week during first and second trimester		2.00	0							0
Level 1P	Present - visits every week in third trimester (or earlier if needed)		1.00	0							0
Level 1	First 6 months (first birth or special care) - 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 3LS	Child Information - visits weekly, or more if needed		3.00	0							0
Level 4	Visits once per quarter		0.25	0							0
Level CO1	On other duties with (CO) in for families in a completed (1) last time		2.00	0							
Level CO2	Home visit but become discharged		1.00	0							
Level CO3	CO families but given the same amount of weight they had prior to going on CO, to ensure there is no net loss		0.50	0							
Temporary Assignment (TA, TR)	Temporary Out of Area (TO): for up to 3 months, families are given the same amount of weight they had prior to going on CO, to ensure there is no net loss		2.00	0							
Level TO1	Temporary Re-Assignment (TR): for up to 3 months, families are given the same amount of weight they had prior to going on CO, to ensure there is no net loss		1.00	0							
Level TO2	Temporary Re-Assignment (TR): for up to 3 months, families are given the same amount of weight they had prior to going on CO, to ensure there is no net loss		0.50	0							
Level TR	Temporary Re-Assignment (TR): for up to 3 months, families are given the same amount of weight they had prior to going on CO, to ensure there is no net loss		0.50	0							
Actual total		0	0	0	Total of all Special PSC circumstances						
Headcount for capacity		0	0	0							
MFA CAPACITY CALCULATION (MFA)											
P3W Contribution to MFA CAPACITY CALCULATION		0.0%									

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### Attachment 2 - Capacity Analysis Report

Items for Capacity Analysis		Perinatal Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following need to birth prior, have multiple births (twins, triplets, etc.), have clinical need additional care time, or a child with special needs: # of families with additional care/weight due to PSCs									
Level	Description	Number of Families on Level	Weights	Weighted Count per Level	0.5	1	1.5	2	2.5	3	Live Care Weight
Level 2P	Prenatal - visits every other week during first and second trimester		1.50	0							0
Level 2P	Prenatal - visits every week in third trimester (or earlier if needed)		1.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		1.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visit once per month		0.50	0							0
Level 1S	Oral intervention - visits weekly or more if needed		1.00	0							0
Level 2	Visits once per quarter		0.33	0							0
Level CO1	Coastal Outreach (CO) for families that completed at least one home visit but became discontinuous		1.00	0							0
Level CO2	CO families are given the same care-weight they had prior to going on CO, up to a max weight of 1.00 per level		1.00	0							0
Level CO3	CO families are given the same care-weight they had prior to going on CO, up to a max weight of 0.50 per level		0.50	0							0
Level TD1	Temporary Out of Area (TO) for up to 3 months, families are given the same care-weight they had prior to going on TO, to ensure access if re-req need		1.00	0							0
Level TD2	Temporary Re-Assignment (TR) for up to 3 months, to utilize perinatal voluntary re-assignment to a provider FSW due to leave or turnover		1.00	0							0
Level TD3	Temporary Re-Assignment (TR) for up to 3 months, to utilize perinatal voluntary re-assignment to a provider FSW due to leave or turnover		0.50	0							0
Level TR	Temporary Re-Assignment (TR) for up to 3 months, to utilize perinatal voluntary re-assignment to a provider FSW due to leave or turnover		0.50	0							0
Maximum for Levels			0	0	Total additional PSC care/weights						0
MHA CAPACITY CALCULATION			FDV/BI								
PSC Contribution to MHA CAPACITY CALCULATION			0.0%								

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### Attachment 2 - Capacity Analysis Report

Search for Circled Anomaly		Permanent Load Circumstances (PLC) Levels should be captured above or below level, AND in this section if they have any of the following: need an interpreter, have multiple birth/travel, etc. have significant personal travel time, or a child with special needs						0.5	1	1.5	2	2.5	3	Cum. Case Mix
Name of staff member	Number of staff member	0.5	1	1.5	2	2.5	3							
Level LP	Prepart - Vets every other week during first and second trimester	1.00	0										0	
Level LP	Prepart - Vets every week in 3rd trimester (or earlier if needed)	1.00	0										0	
Level 1	1st 6 months after birth or enrollment - visits every week	1.00	0										0	
Level 2	Visits every other week	1.00	0										0	
Level 3	Visits once per month	0.50	0										0	
Level 3.5	Child's last revision - visits weekly, or more if needed	1.00	0										0	
Level 4	Visits once per quarter	0.25	0										0	
Orphaned Children (OC)	Orphaned Children (OC) is for families that completed a visit and have not had a visit because they are out of area	1.00	0										0	
Level CO1	CO (levels are given the same as level they had prior to going on CO, to ensure space if re-assigning)	1.00	0										0	
Level CO2	CO (levels are given the same as level they had prior to going on CO, to ensure space if re-assigning)	1.00	0										0	
Level CO3	CO (levels are given the same as level they had prior to going on CO, to ensure space if re-assigning)	0.50	0										0	
Temporary Assignment (TA)	Temporary Out of Area (TO) for up to 3 months, families are given the same circumstance they had prior to going on CO, to ensure space if re-assigning	1.00	0										0	
Level TD1	Temporary Re-Assignment (TR) for up to 3 months, families accept when they re-assign to another FSW due to being on temporary	1.00	0										0	
Level TD2	Temporary Re-Assignment (TR) for up to 3 months, families accept when they re-assign to another FSW due to being on temporary	0.50	0										0	
Level TR	Temporary Re-Assignment (TR) for up to 3 months, families accept when they re-assign to another FSW due to being on temporary	0.50	0										0	
Actual capacity		0	0										0	
Maximum for facility		0	0										0	
NFA CAPACITY CALCULATION		NFA CAPACITY CALCULATION												
FSW Contribution to NFA CAPACITY CALCULATION		FSW Contribution to NFA CAPACITY CALCULATION												

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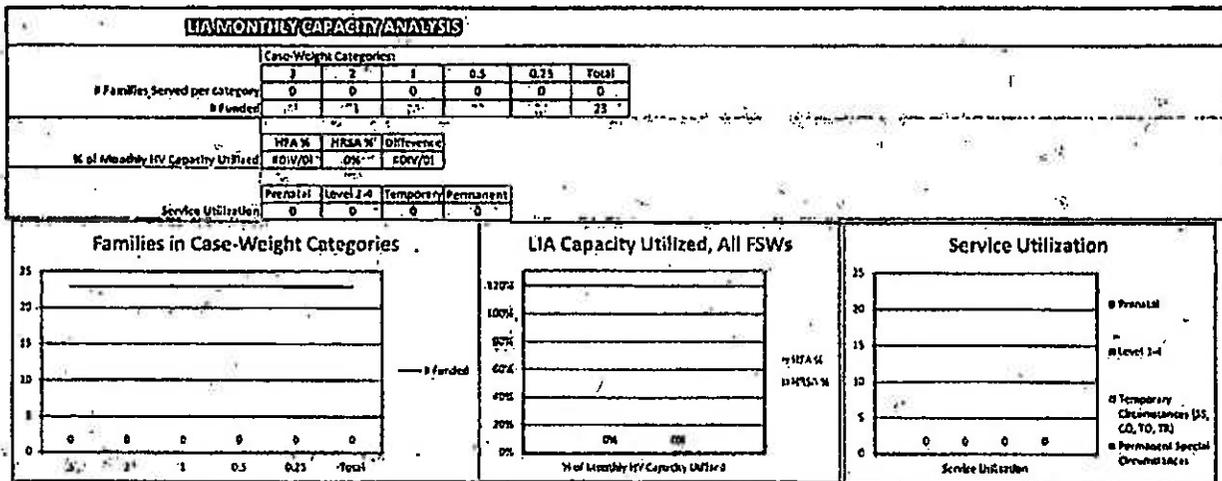
### Attachment 2 - Capacity Analysis Report

Month for Capacity Analysis					Permanent Special Circumstances (PSC) families should be captured there if they level AVO in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have 14+ kids or additional level time, or a child with special needs							Extra Care Waiver
Name of FSW Provider	Number of Families on Level	Weight	Weighted Coefficient per Level	0.5	1	1.5	2	2.5	3			
Continued multiplier	0.00											
Level 1P	Personal - visits every other week during first and second trimester	3.00	0								0	
Level 2P	Personal - visits every week in third trimester (or earlier if needed)	2.00	0								0	
Level 3	2 hrs of prenatal care birth or equivalent - visits every week	2.00	0								0	
Level 3	Visits every other week	1.00	0								0	
Level 3	Visits once per month	0.50	0								0	
Level 3P	2 hrs prenatal care - visits weekly, or more if needed	2.00	0								0	
Level 4	Visits once per quarter	0.25	0								0	
Level CD	Overdue (Overdue (CD) is for families that completed at least one home visit but became delinquent.	1.00	0								0	
Level CD	CD families are given the same oversight they had prior to going on CD, to ensure space CD to ensure space for a CD level.	1.00	0								0	
Level CD	CD to ensure space for a CD level.	0.50	0								0	
Temporary Absentment (TA)	Temporarily Out of Area (TOA) for up to 2 months, families are given the same oversight they had prior to going on CD, to ensure space for a CD level.	1.00	0								0	
Level TO	Temporarily Absentment (TA) for up to 2 months, families are given the same oversight they had prior to going on CD, to ensure space for a CD level.	1.00	0								0	
Level TO	Temporarily Absentment (TA) for up to 2 months, families are given the same oversight they had prior to going on CD, to ensure space for a CD level.	0.50	0								0	
Level TO	Temporarily Absentment (TA) for up to 2 months, families are given the same oversight they had prior to going on CD, to ensure space for a CD level.	0.50	0								0	
Level TR	Temporary Re-Assignment (TRA) for up to 2 months, families are given the same oversight they had prior to going on CD, to ensure space for a CD level.	1.00	0								0	
Level TR	Temporary Re-Assignment (TRA) for up to 2 months, families are given the same oversight they had prior to going on CD, to ensure space for a CD level.	0.50	0								0	
Actual total				0	0	0	0	0	0	0	0	
30 columns for the rest				0	0	0	0	0	0	0	0	
PWA CAPACITY CALCULATION				0.00/0.00								
FSW Contribution to PSC CAPACITY CALCULATION				0.00								

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### Attachment 2 - Capacity Analysis Report



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

## 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, 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**

OID No: 0906-0017  
 Expiration Date: 07/27/2021

**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 1

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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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### Attachment 3 - FORM 1

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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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### Attachment 3 - FORM 1

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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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**Attachment 3 - FORM 1**

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**Table 11: Adult Participants by Housing Status**

Adult Participants	Not Homeless					Total Not Homeless	Homeless			Total Homeless	Unknown/Did not Report*	Total
	Owens 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			
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**

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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	Priority Population Characteristics		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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### Attachment 3 - FORM 1

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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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**Attachment 3 - FORM 1**

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**SECTION C: INSURANCE AND CLINICAL INDICATORS**

**Table 18: Participants by Type of Health Insurance Coverage**

Participants	No Insurance Coverage	Medical 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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### Attachment 3 - FORM 1

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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*	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

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## DEFINITIONS OF KEY TERMS

July 24, 2018

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**Attachment 3 - FORM 1**

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

Table Number	Field	Key Terms Requiring Definitions
All Tables		<p><b>MIECHV Household:</b> 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"> <li>1. <b>Home Visitor Personnel Cost Method (preferred method):</b> 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.</li> <li>2. <b>Enrollment Slot Method (temporary option):</b> 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.</li> </ol> <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><b>New Participant:</b> 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><b>Continuing Participant:</b> 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><b>Index Child (Birth – Kindergarten Entry):</b> 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><b>New Household:</b> 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><b>Continuing Household:</b> 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><b>Participant Served by a State Home Visiting Program (non-MIECHV):</b> 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><b>Adult Participants:</b> 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><b>Index Child (Birth – Kindergarten Entry):</b> 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><b>Adult Participants:</b> 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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### Attachment 3 - FORM 1

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		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.
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 week<sup>1</sup></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>

<sup>1</sup> Healthcare.gov Glossary, <https://www.healthcare.gov/glossary/full-time-employee/>

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		<p><b>Homeless and sharing housing:</b> individuals who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason</p> <p><b>Homeless and living in an emergency or transitional shelter:</b> Individuals who are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement</p> <p><b>Homeless and some other arrangement:</b> 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 settings<sup>2</sup></p>
12	Primary Language Spoken at Home	<p><b>Primary language:</b> the language used in the home the majority of the time.</p> <p><b>Index Child (Birth – Kindergarten Entry):</b> 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><b>Federal Poverty Guidelines:</b> 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 <a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a>.</p>
14	For Each Household Indicate the Priority Population Characteristics	<p><b>Low-Income:</b> 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 <a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a>.</p> <p><b>Pregnant women under 21:</b> Households with expectant mothers who enroll in the program and are under 21 years old during the reporting period.</p> <p><b>Have a history of child abuse or neglect or have had interactions with child welfare services:</b> 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>

<sup>2</sup> Administration for Children and Families, Early Childhood Learning and Knowledge Center, 2014. <http://eclkc.ohs.acf.hhs.gov/hhs-data-system/family/family/ homelessness/child-welfare-services/definition>. [Accessed 7/24/2018].

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		<p><b>Have a history of substance abuse or need substance abuse treatment:</b> 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><b>Are users of tobacco products in the home:</b> 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><b>Have, or have children with, low student achievement:</b> Based on self-report, a household with members who have perceived themselves or their child(ren) as having low student achievement.</p> <p><b>Have a child or children with developmental delays or disabilities:</b> 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><b>Are in families that are or have served in the armed forces:</b> 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><b>Index Child (Birth – Kindergarten Entry):</b> 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><b>Index Child (Birth – Kindergarten Entry):</b> 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><b>Index Child (Birth – Kindergarten Entry):</b> 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.<sup>3</sup></p>

<sup>3</sup> American Academy of Pediatric Dentistry. Dental Home Resource Center. <http://www.aapd.org/resources/dentalhome/>

## Attachment 4 - FORM 2

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

## Attachment 4 - FORM 2

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

### MEASURE 1

<b>1.</b> <b>BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b>  <b>CONSTRUCT: PRETERM BIRTH</b>	
<b>2.</b> <b>TYPE OF MEASURE</b>  Systems Outcome	
<b>3.</b> <b>PERFORMANCE MEASURE</b>  Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment	
<b>4.</b> <b>SPECIFICATION</b>  <b>NUMERATOR:</b> 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  <b>DENOMINATOR:</b> Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks	
<b>5.</b> <b>VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6.</b> <b>MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value -</b> Enter the number of cases missing from measure calculation:
<b>7.</b> <b>NOTES</b>	

\* 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

<b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b>  <b>CONSTRUCT: BREASTFEEDING</b>	
<b>2. TYPE OF MEASURE</b>  Systems: Outcome	
<b>3. PERFORMANCE MEASURE</b>  Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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  <b>DENOMINATOR:</b> 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	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>
<b>7. NOTES</b>	

\* 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><b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b></p> <p><b>CONSTRUCT: DEPRESSION SCREENING</b></p>	
<p><b>2. TYPE OF MEASURE</b></p> <p>Performance Indicator</p>	
<p><b>3. PERFORMANCE MEASURE</b></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><b>4. SPECIFICATION</b></p> <p><b>NUMERATOR:</b> 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><b>DENOMINATOR:</b> 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><b>5. VALUE FOR REPORTING PERIOD (percentage)</b></p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p><b>6. MISSING DATA*</b></p> <p><b>6.a. Definition</b></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><b>6.b. Value – Enter the number of cases missing from measure calculation:</b></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

<b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b>  <b>CONSTRUCT: WELL CHILD VISIT</b>	
<b>2. TYPE OF MEASURE</b>  Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>  Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> Number of children (index child) enrolled in home visiting who received the last recommended well child visit based on the AAP schedule  <b>DENOMINATOR:</b> Number of children (index child) enrolled in home visiting.	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:
	Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>
<b>7. NOTES</b>	

\* 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

<b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b>  <b>CONSTRUCT: POSTPARTUM CARE</b>	
<b>2. TYPE OF MEASURE</b>  Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>  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	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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  <b>DENOMINATOR:</b> 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	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  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:
<b>7. NOTES</b>	

\* 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><b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b></p> <p><b>CONSTRUCT: TOBACCO CESSATION REFERRALS</b></p>	
<p><b>2. TYPE OF MEASURE</b></p> <p>Performance Indicator</p>	
<p><b>3. PERFORMANCE MEASURE</b></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><b>4. SPECIFICATION</b></p> <p><b>NUMERATOR:</b> 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><b>DENOMINATOR:</b> 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><b>5. VALUE FOR REPORTING PERIOD (percentage)</b></p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p><b>6. MISSING DATA*</b></p> <p><b>6.a. Definition</b></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><b>6.b. Value – Enter the number of cases missing from measure calculation:</b></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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### MEASURE 7

<b>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</b>  <b>CONSTRUCT: SAFE SLEEP</b>	
<b>2. TYPE OF MEASURE</b>  Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>  Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing and without soft bedding	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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  <b>DENOMINATOR:</b> Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>
<b>7. NOTES</b>	

\* 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

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

\* 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

OMD No: 0906-0017  
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### MEASURE 9

<b>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</b>  <b>CONSTRUCT: CHILD MALTREATMENT</b>	
<b>2. TYPE OF MEASURE</b>  Systems Outcome	
<b>3. PERFORMANCE MEASURE</b>  Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period  <b>DENOMINATOR:</b> Number of children (index child) enrolled in home visiting	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value -- Enter the number of cases missing from measure calculation:</b>
<b>7. NOTES</b>	

\* 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.

# Attachment 4 - FORM 2

OMB No: 0906-0017  
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## MEASURE 10

<p><b>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</b></p> <p><b>CONSTRUCT: PARENT-CHILD INTERACTION</b></p>	
<p><b>2. TYPE OF MEASURE</b></p> <p>Performance Indicator</p>	
<p><b>3. PERFORMANCE MEASURE</b></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><b>4. SPECIFICATION</b></p> <p><b>NUMERATOR:</b> 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><b>DENOMINATOR:</b> Number of primary caregivers enrolled in home visiting with children reaching the target age range</p>	
<p><b>5. VALUE FOR REPORTING PERIOD (percentage)</b></p> <p>Value:</p>	Numerator:
	Denominator:
<p><b>6. MISSING DATA*</b></p> <p><b>6.a. Definition</b></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><b>6.b. Value – Enter the number of cases missing from measure calculation:</b></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: 0986-0017  
Expiration Date: 07/31/2021

**MEASURE 11**

<b>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</b>  <b>CONSTRUCT: EARLY LANGUAGE AND LITERACY ACTIVITIES</b>	
<b>2. TYPE OF MEASURE</b>  Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>  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	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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  <b>DENOMINATOR:</b> Number of children (index child) enrolled in home visiting	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  <hr/> Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>
<b>7. NOTES</b>	

\* 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

<b>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</b>  <b>CONSTRUCT: DEVELOPMENTAL SCREENING</b>	
<b>2. TYPE OF MEASURE</b>  Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>  Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> Number of children (index child) enrolled in home visiting with at least one screening within the AAP-defined age groups during the reporting period  <b>DENOMINATOR:</b> Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>
<b>7. NOTES</b>	

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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

<b>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</b>  <b>CONSTRUCT: BEHAVIORAL CONCERNS</b>	
<b>2. TYPE OF MEASURE</b>  Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>  Percent of postnatal home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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  <b>DENOMINATOR:</b> Total number of postnatal home visits during the reporting period	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  <hr/> Denominator:
<b>6. MISSING DATA</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value - Enter the number of cases missing from measure calculation:</b>
<b>7. NOTES</b>	

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### MEASURE 14

<b>1. BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE</b> <b>CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING</b>	
<b>2. TYPE OF MEASURE</b> Performance Indicator	
<b>3. PERFORMANCE MEASURE</b> 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	
<b>4. SPECIFICATION</b> <b>NUMERATOR:</b> Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment <b>DENOMINATOR:</b> Number of primary caregivers enrolled in home visiting for at least 6 months	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>

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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

<b>1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY</b>  <b>CONSTRUCT: PRIMARY CAREGIVER EDUCATION</b>	
<b>2. TYPE OF MEASURE</b>  Systems Outcome	
<b>3. PERFORMANCE MEASURE</b>  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	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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)  <b>DENOMINATOR:</b> Number of primary caregivers without a high school degree or equivalent at enrollment	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>
<b>7. NOTES</b>	

\* 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

<b>1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY</b>  <b>CONSTRUCT: CONTINUITY OF INSURANCE COVERAGE</b>	
<b>2. TYPE OF MEASURE</b>  Systems Outcome	
<b>3. PERFORMANCE MEASURE</b>  Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> 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  <b>DENOMINATOR:</b> Number of primary caregivers enrolled in home visiting for at least 6 months	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>
<b>7. NOTES</b>	

\* 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 17

<b>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</b>  <b>CONSTRUCT: COMPLETED DEPRESSION REFERRALS</b>	
<b>2. TYPE OF MEASURE</b>  Systems Outcome	
<b>3. PERFORMANCE MEASURE</b>  Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator)  <b>DENOMINATOR:</b> 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	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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.	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>

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<p>7. <b>NOTES</b></p>
<p>8. <b>Measurement Tool Utilized</b></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 18**

<p><b>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</b></p> <p><b>CONSTRUCT: COMPLETED DEVELOPMENTAL REFERRALS</b></p>	
<p><b>2. TYPE OF MEASURE</b></p> <p>Systems Outcome</p>	
<p><b>3. PERFORMANCE MEASURE</b></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><b>4. SPECIFICATION</b></p> <p><b>NUMERATOR:</b> 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><b>DENOMINATOR:</b> Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)</p>	
<p><b>5. VALUE FOR REPORTING PERIOD (percentage)</b></p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p><b>6. MISSING DATA*</b></p> <p><b>6.a. Definition</b></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><b>6.b. Value – Enter the number of cases missing from measure calculation:</b></p>

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eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	
<b>7.</b> <b>NOTES</b>	
<b>8.</b> <b>Measurement Tool Utilized</b>  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

<b>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</b>  <b>CONSTRUCT: INTIMATE PARTNER VIOLENCE REFERRALS</b>	
<b>2. TYPE OF MEASURE</b>  Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>  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	
<b>4. SPECIFICATION</b>  <b>NUMERATOR:</b> Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator)  <b>DENOMINATOR:</b> Number of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment	
<b>5. VALUE FOR REPORTING PERIOD (percentage)</b>  Value:	Numerator:  <hr/> Denominator:
<b>6. MISSING DATA*</b>  <b>6.a. Definition</b>  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	<b>6.b. Value – Enter the number of cases missing from measure calculation:</b>

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missing data should be excluded from the measure calculation.	
<b>7.</b> NOTES	
<b>8.</b> 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

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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). <sup>1</sup>
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 <a href="https://www.aap.org/en-us/Documents/periodicity_schedule.pdf">https://www.aap.org/en-us/Documents/periodicity_schedule.pdf</a>
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. <sup>2</sup>
6.	Tobacco Cessation Referrals	Tobacco Use: combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chev, 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. <sup>3</sup>
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. <sup>4</sup> A screened-in report is one that is accepted for investigation or assessment based on the state's screen-in criteria. <sup>5</sup>
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,

<sup>1</sup> Behrman R, Suth Butler A, eds. Preterm Birth: Causes, Consequences, and Prevention. Washington, DC: The National Academies Press, 2007.

<sup>2</sup> Optimizing postpartum care. Committee Opinion No. 666. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;127:187-92. Retrieved from <https://www.acog.org/clinical/committees/Committee-on-Obstetric-Practice/666.pdf?dmc=1&cr=20140221T1421432301>

<sup>3</sup> Centers for Disease Control and Prevention. National Action Plan for Child Injury Prevention. 2012. Retrieved from <http://www.cdc.gov/naip/child/NAP/background.html#main>

<sup>4</sup> Child Welfare Information Gateway. Child Maltreatment 2015: Summary of Key Findings. Retrieved from <https://www.childwelfare.gov/pubs/factsheets/2015/cm2015/>

<sup>5</sup> Child Welfare Information Gateway. Screening and Intake. Retrieved from <https://www.childwelfare.gov/topics/responding/intake/screening/>

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		and emotional development. <sup>4</sup>
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. <sup>5</sup>
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. <sup>6</sup>
18.	Completed Developmental Referrals	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory, and emotional development. <sup>6</sup>
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. <sup>7</sup>

<sup>4</sup> U.S. National Library of Medicine, National Institutes of Health. Psychological Index Terms via Unified Medical Language System, 2015. Retrieved from <http://che.nlm.nih.gov/psyc/terms/csl/term.html#delay>

<sup>5</sup> Centers for Disease Control and Prevention. Injury Prevention and Control: Division of Violence Prevention, 2015. Retrieved from <http://www.cdc.gov/injury/prevention/definitions/interpersonalviolence/definitions.html>

<sup>6</sup> Home Visiting Collaborative Improvement and Innovation Network.

**New Hampshire Department of Health and Human Services  
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**Attachment 5 - DCYF Key Performance Metrics**

<b>Key Performance Metrics</b>
<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  
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**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 (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 Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

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

**EXHIBIT C**

**6. Audits**

6.1. The Contractor must email an annual audit to [dhhs.act@dhhs.nh.gov](mailto: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](mailto: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-6, 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

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

**EXHIBIT C**

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](mailto: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 \$149.84 per client (family) once per week.
  - 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.
  - 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	\$14,597
SFY 2024	\$72,986
SFY 2025	\$44,053
<b>Sub-Total</b>	<b>\$131,636</b>

Contractor Initials <sup>DS</sup> *MM*  
Date 3/7/2023

New Hampshire Department of Health and Human Services  
Home Visiting Services

**EXHIBIT C**

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. 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-7, Budget and Exhibit C-8, Budget. The Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	\$29,456
2024	\$103,229
2025	\$0*
<b>Sub-Total</b>	<b>\$132,685</b>
<b>*The Contractor will only bill for direct services in SFY 25.</b>	

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

DS  
MM  
3/7/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <i>VNA at HCS, Inc.</i>	
Budget Request for: <i>Home Visiting Services - DPHS - Home Visiting Formula Grant</i>	
Budget Period: <i>SFY 2023 (April 1, 2023 - June 30, 2023)</i>	
Indirect Cost Rate (If applicable): <i>10.00%</i>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$19,382
2. Fringe Benefits	\$5,621
3. Consultants	\$261
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	\$1,559
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$1,548
5.(e) Supplies Office	\$18
6. Travel	\$721
7. Software	\$174
8. (a) Other - Marketing/ Communications	\$17
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	
IT Needs	\$3,879
Bus Passes	\$135
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$33,315</b>
<b>Total Indirect Costs</b>	<b>\$3,331</b>
<b>TOTAL</b>	<b>\$36,646</b>

Contractor Initials DS  
MM

New Hampshire Department of Health and Human Services	
Contractor Name: <i>VNA at HCS, Inc.</i>	
Budget Request for: <i>Home Visiting Services - DPHS - Home Visiting Formula Grant</i>	
Budget Period: <i>SFY 2024 (July 1, 2023 - June 30, 2024)</i>	
Indirect Cost Rate (if applicable): <i>10.00%</i>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$85,018
2. Fringe Benefits	\$24,655
3. Consultants	\$1,044
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	\$2,580
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$1,534
5.(e) Supplies Office	\$87
6. Travel	\$2,883
7. Software	\$696
8. (a) Other - Marketing/ Communications	\$69
8. (b) Other - Education and Training	\$9,976
8. (c) Other - Other (specify below)	
<i>IT Needs</i>	\$1,566
<i>Bus Passes</i>	\$539
<i>Membership</i>	\$2,610
<i>Other (please specify)</i>	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$133,257</b>
<b>Total Indirect Costs</b>	<b>\$13,326</b>
<b>TOTAL</b>	<b>\$146,583</b>

Contractor Initials DS  
MM

New Hampshire Department of Health and Human Services Complete one budget form for each budget period.	
Contractor Name: <u>VNA at HCS, Inc.</u>	
Budget Request for: <u>Home Visiting Services - DPHS - Home Visiting Formula Grant</u>	
Budget Period <u>SFY 2025 (July 1, 2024 - September 30, 2024)</u>	
Indirect Cost Rate (if applicable) <u>10.00%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$24,515
2. Fringe Benefits	\$6,864
3. Consultants	\$261
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	\$721
7. Software	\$174
8. (a) Other - Marketing/ Communications	\$17
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	
IT Needs	\$828
Bus Passes	\$135
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$33,315</b>
<b>Total Indirect Costs</b>	<b>\$3,331</b>
<b>TOTAL</b>	<b>\$36,646</b>

Contractor Initials DS  
MM

New Hampshire Department of Health and Human Services	
Contractor Name: <u>VNA at HCS, Inc.</u>	
Budget Request for: <u>Home Visiting Services - DPHS - ARP - MIEC HOME VISITING</u>	
Budget Period <u>SFY 2023 (April 1, 2023 - June 30, 2023)</u>	
Indirect Cost Rate (if applicable) <u>10.00%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$1,208
2. Fringe Benefits	\$350
3. Consultants	\$261
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	\$516
5.(e) Supplies Office	\$17
6. Travel	\$721
7. Software	\$174
8. (a) Other - Marketing/ Communications	\$17
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	
IT Needs	\$319
Bus Passes	\$135
Membership - HFA Affiliation	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$3,718</b>
<b>Total Indirect Costs</b>	<b>\$372</b>
<b>TOTAL</b>	<b>\$4,090</b>

Contractor Initials MA

New Hampshire Department of Health and Human Services	
Contractor Name: <u>VNA at HCS, Inc.</u>	
Budget Request for: <u>Home Visiting Services - DPHS - ARP - MIEC HOME VISITING</u>	
Budget Period: <u>SFY 2024 (July 1, 2023 - June 30, 2024)</u>	
Indirect Cost Rate (If applicable) <u>10.00%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$3,360
2. Fringe Benefits	\$974
3. Consultants	\$1,044
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	\$2,580
5.(e) Supplies Office	\$87
6. Travel	\$3,604
7. Software	\$870
8. (a) Other - Marketing/ Communications	\$88
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	
IT Needs	\$1,594
Bus Passes	\$673
Membership - HFA Affiliation	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$14,874</b>
<b>Total Indirect Costs</b>	<b>\$1,487</b>
<b>TOTAL</b>	<b>\$16,361</b>

1-2

Contractor Initials DS  
MM

New Hampshire Department of Health and Human Services	
Contractor Name: <u>VNA at HCS, Inc.</u>	
Home Visiting Services - DPHS - ARP - MIEC HOME	
Budget Request for: <u>VISITING</u>	
Budget Period <u>SFY 2025 (July 1, 2024 - September 30, 2024)</u>	
Indirect Cost Rate (If applicable) <u>10.00%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$2,701
2. Fringe Benefits	\$756
3. Consultants	\$261
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
<b>Total Direct Costs</b>	<b>\$3,718</b>
<b>Total Indirect Costs</b>	<b>\$372</b>
<b>TOTAL</b>	<b>\$4,090</b>

Contractor Initials

ds  
MM

New Hampshire Department of Health and Human Services	
Contractor Name: <i>VNA at HCS, Inc.</i>	
Budget Request for: <i>Home Visiting Services - DCYF</i>	
Budget Period: <i>SFY 2023 (April 1 - June 30, 2023)</i>	
Indirect Cost Rate (if applicable): <i>10.00%</i>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$14,036
2. Fringe Benefits	\$4,070
3. Consultants	\$454
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	\$1,204
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$899
5.(e) Supplies Office	\$30
6. Travel	\$1,253
7. Software	\$302
8. (a) Other - Marketing/ Communications	\$30
8. (b) Other - Education and Training	\$3,900
8. (c) Other - Other (specify below)	
<i>Communication</i>	\$366
<i>Transportation for Families</i>	\$234
<i>Other (please specify)</i>	\$0
<i>Other (please specify)</i>	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$26,778</b>
<b>Total Indirect Costs</b>	<b>\$2,678</b>
<b>TOTAL</b>	<b>\$29,456</b>

Contractor Initials OS  
MM

New Hampshire Department of Health and Human Services	
Contractor Name: <i>VNA at HCS, Inc.</i>	
Budget Request for: <i>Home Visiting Services - DCYF</i>	
Budget Period: <i>SFY 2024 (July 1 - June 30, 2024)</i>	
Indirect Cost Rate (if applicable): <i>10.00%</i>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$52,900
2. Fringe Benefits	\$15,754
3. Consultants	\$1,814
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	\$5,407
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$3,673
5.(e) Supplies Office	\$120
6. Travel	\$5,011
7. Software	\$1,210
8. (a) Other - Marketing/ Communications	\$121
8. (b) Other - Education and Training	\$3,900
8. (c) Other - Other (specify below)	
Communication	\$1,109
Transportation for Families	\$936
Membership	\$1,890
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$93,845</b>
<b>Total Indirect Costs</b>	<b>\$9,384</b>
<b>TOTAL</b>	<b>\$103,229</b>

Contractor Initials MM

Page 2 of 2 Date 3/7/2023

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

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: Home Healthcare, Hospice and Community Services

3/7/2023

Date

DocuSigned by:

*Maura McQueeney*

Name: Maura McQueeney

Title: 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
  - \*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: Home Healthcare, Hospice and Community Service

3/7/2023

Date

DocuSigned by:

*Maura McQueeny*

Name: MAURA McQUEENY

Title: CEO

DS  
*MM*

Vendor Initials

3/7/2023

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

MM

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: Home Healthcare, Hospice and Community Serv

3/7/2023

Date

DocuSigned by:
Maurya McQueeney
Name: MAURYA McQueeney
Title: CEO

DS
MM
Contractor Initials
Date 3/7/2023

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

DS  
MM

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: Home Healthcare, Hospice and Community Serv

3/7/2023

Date

DocuSigned by:

*Maura McQueeney*

Name: Maura McQueeney

Title: CEO

Exhibit G

Contractor Initials

DS  
MM

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 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: Home Healthcare, Hospice and Community Servi

3/7/2023

Date

DocuSigned by:

Maura McQuecney

Name: Maura McQuecney

Title: 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

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Contractor Initials

Date 3/7/2023

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.**

va. 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 3/7/2023

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

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Contractor Initials MM

Date 3/7/2023

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

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Date 3/7/2023

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) 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

Home Healthcare, Hospice and Community Services, Inc.

~~The State of~~

~~Name of the Contractor~~

Patricia M. Tilley

Maura McQueeney

Signature of Authorized Representative

Signature of Authorized Representative

Patricia M. Tilley

Maura McQueeney

Name of Authorized Representative  
Director

Name of Authorized Representative

CEO

Title of Authorized Representative

Title of Authorized Representative

3/7/2023

3/7/2023

Date

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. Principal 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: Home Healthcare, Hospice and Community Servi

3/7/2023  
Date

DocuSigned by:  
Maura McQueeney  
Name: Maura McQueeney  
Title: CEO

Contractor Initials MM  
Date 3/7/2023



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: K76NXGVN1XX3
- 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(e) 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

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

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

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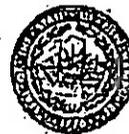
3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events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

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

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