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

Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

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December 29, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, and the Division of Children, Youth and Families, to enter into **Retroactive** contracts with the contractors listed below in an amount not to exceed \$8,847,771 to provide home visiting services, with the option to renew for up to four (4) additional years, effective retroactive to October 1, 2022, upon Governor and Council approval through September 30, 2024. 73.67% Federal Funds. 25.11% General Funds. 1.22% Other Funds.

Contractor Name	Vendor Code	Area Served*	Contract Amount
Community Action Partnership of Strafford County	177200-B004	Rochester Catchment Area	\$1,224,446
Granite VNA, Inc.	177244-B002	Conway Catchment Area	\$461,064
The Family Resource Center at Gorham	162412-B001	Berlin and Littleton Catchment Areas	\$1,590,113
Waypoint	177166-B002	Concord, Manchester, Seacoast and Southern Catchment Areas	\$5,572,148
		Total:	\$8,847,771
* Note the Department did not receive vendor responses for some areas of the state and is currently in the process of re-soliciting for those remaining regions to ensure statewide coverage.			

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Years 2024 and 2025, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

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

See attached fiscal details.

EXPLANATION

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

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

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

The Division of Public Health Services will monitor services by:

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

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

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

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

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

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

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

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

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

Respectfully submitted,



Lori A. Weaver
Interim Commissioner

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

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
 PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, HOME VISITING FORMULA GNT

100% FEDERAL CFDA #93.870 FAIN # X1043595, X1046878

Community Action Partnership of Strafford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$192,620.00
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Services	90083208	\$16,995.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$317,640.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$79,410.00
SUBTOTAL:				\$606,665.00

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

Granite VNA - Vendor #177244-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$80,533.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$109,446.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$27,540.00
SUBTOTAL:				\$217,519.00

The Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$269,729.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$378,354.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$92,583.00
SUBTOTAL:				\$740,666.00
Total of AU 5896				\$3,444,600.00

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

100% OTHER FUNDS

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	92057502	\$108,000.00
SUBTOTAL:				\$108,000.00
TOTAL OF AU 3382				\$108,000.00

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

100% GENERAL FUNDS

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

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

100% FEDERAL FUNDS CFDA #93.391 FAIN#NH75OT000031

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

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

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

Community Action Partnership of Strafford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	\$17,532.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$54,231.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$13,558.00
SUBTOTAL:				\$85,321.00

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	\$114,064.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$125,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$142,350.00
SUBTOTAL:				\$381,414.00

Granite VNA - Vendor #177244-B002				
State Fiscal Year	Class / Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	\$11,452.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$0.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$0.00
SUBTOTAL:				\$11,452.00

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

DPHS SUBTOTAL: \$4,705,045.00

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-2958, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
 HUMAN SERVICES DIV, CHILD PROTECTION, CHILD – FAMILY SERVICES
 50% FEDERAL CFDA #93.658 FAIN # 2201NHFOST

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

Granite VNA - Vendor #177244-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$87,035.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$116,046.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$29,012.00
SUBTOTAL:				\$232,093.00

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

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

DCYF SUBTOTAL: \$4,142,726.00

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

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

Project Title Home Visiting Services

	Maximum Points Available	Community Action Partnership of Strafford County	Granite VNA, Inc.	The Family Resource Center at Gorham	Waypoint
Technical					
Experience	30	25	24	30	28
Organizational Capacity	35	30	29	33	30
Performance Improvement	25	20	22	24	24
Subtotal - Technical	90	75	75	87	82
Cost					
Budget Sheet (Appendix F & F-1)	5	3	3	4	3
Program Staff List (Appendix G)	5	3	3	4	4
Subtotal - Cost	10	6	6	8	7
TOTAL POINTS	100	81	81	95	89
TOTAL PROPOSED VENDOR COST		\$1,064,920	\$464,186	\$1,750,754	\$5,880,968

Reviewer Name	Title
1. Gayleen Smith	Administrator III, Finance
2. Lisa Cacciola (Lampron)	Administrator II, DPHS Finance
3. Kristi Hart	Program Specialist IV, DPHS
4. Ashley Janos	Program Specialist IV, DCYF
5. Kelly McCormac	Assessment Supervisor IV, DCYF
6. Aurelia Moran	Supervisor V, DPHS

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

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 Community Action Partnership of Strafford County		1.4 Contractor Address 577 Central Avenue, Suite 10 Dover, NH 03820	
1.5 Contractor Phone Number 603-435-2500, Ext. 8135	1.6 Account Number 05-095-090-902010-5896 05-095-090-902010-2451 05-095-042-421010-2958	1.7 Completion Date 9/30/2024	1.8 Price Limitation \$1,224,446.00
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>Betsy Andrews Parker</i> Date: 12/29/2022		1.12 Name and Title of Contractor Signatory Betsy Andrews Parker CEO	
1.13 State Agency Signature DocuSigned by: <i>Patricia M. Tilley</i> Date: 1/4/2023		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>Polyn Guvino</i> On: 1/5/2023			
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.

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EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

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

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Scope of Services

1. Introduction

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

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

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

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

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

2. Key Definitions & Terminology

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

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

3. Statement of Work

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

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

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

- 3.2. The Contractor must ensure a minimum of 80% of families served using the traditional HFA model are enrolled in services prenatally or by when the child is 3-months old. The Contractor must offer services in compliance with HFA requirements after enrollment. Eligible families for traditional HFA services (as managed by the Division of Public Health Services) must fall within one (1) or more of the federally defined priority populations below:
 - 3.2.1. Are first-time parents.
 - 3.2.2. Have income of less than one hundred eighty-five percent (<185%) of the U.S. Department of Health and Human Services (USDHHS) Poverty Guidelines.
 - 3.2.3. Are less than twenty-one (21) years of age.
 - 3.2.4. Have a history of child abuse or neglect, or have had interactions with child welfare services.
 - 3.2.5. Have a history of substance misuse or need substance use disorder treatment.
 - 3.2.6. Are users of tobacco products in the home.
 - 3.2.7. Have or have had a child(ren) with low student achievement.
 - 3.2.8. Have a child(ren) with developmental delays or disabilities.
 - 3.2.9. Are in families that include individuals who are serving or have formerly served in the armed forces.
- 3.3. The Contractor must service a portion of families utilizing the HFA Child Welfare Protocols (CWP) in the Rochester DCYF Catchment Area, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months old, referred by the child welfare system, who are participating in the service voluntarily. The Contractor must serve no less than four (4) DCYF families during the first six (6) months of the contract period and no less than fourteen (14) families thereafter through the end of the contract period.
- 3.4. The Contractor must serve thirty-two (32) families in the Rochester DCYF Catchment Area under the traditional HFA model.
- 3.5. Eligible families for HFA CWP services must fall within one (1) of more of the following DCYF FFPSA priority populations:
 - 3.5.1. Pregnant or parenting youth in foster care.
 - 3.5.2. Families with an infant born exposed to substances.

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- 3.5.3. Families assessed by DCYF where the assessment will be closed unfounded.
- 3.5.4. Families with an open DCYF case who have recently reunified.
- 3.6. The Contractor must provide services with the goal of reducing risk of maltreatment for children assessed by the DCYF by:
 - 3.6.1. Serving families involved with DCYF through open assessments or open cases, and also beyond their DCYF involvement.
 - 3.6.2. Strengthening parent-child relationships.
 - 3.6.3. Promoting healthy childhood growth.
 - 3.6.4. Enhancing family functioning and protective factors both during and beyond their DCYF involvement with a long-term outcome goal of decreasing future system involvement and the need for out-of-home placement.
- 3.7. The Contractor must provide services that address the diverse needs of children and families in order to improve health and development outcomes for priority populations through evidence-based home visiting programs, with fidelity to the HFA model BPS. The Contractor must:
 - 3.7.1. Be approved through the HFA model to provide services under this Agreement. The Contractor must:
 - 3.7.1.1. Be approved through HFA, to implement the HFA CWP, which allows enrollment into HFA for DCYF referred families up to twenty-four (24) months of age.
 - 3.7.1.2. Have HFA CWP available in the Rochester DCYF Catchment Area within six (6) months of Governor and Executive Council approval of this Agreement.
 - 3.7.1.2.1 Should the Contractor be unable to begin providing services through the HFA CWP by the date specified above, a corrective action plan must be developed by the Contractor and approved by the Department.
 - 3.7.1.2.1.1. In the event that the HFA National Office denies the Contractor use of the CWP, the Contract 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 discharge plan for each family, beginning at the time of admission and continuing throughout service.
 - 3.22.2. The Contractor must not discharge any family referred by the Department without following a protocol specified by the Department.
- 3.23. Extending HFA services:**
 - 3.23.1. The Contractor must offer HFA Services to the child and family for a

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minimum of three (3) years in total.

3.24. Reporting

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

3.25. Background Checks

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

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

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

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

3.26. Confidential Data

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

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3.26.3.4. How individual consent will be achieved and revoked and

3.26.3.5. Privacy practices.

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

3.27. Contract End-of-Life Transition Services

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

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

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

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

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

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

3.28. Website and Social Media

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

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

3.29. Performance Measures

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

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

4. Exhibits Incorporated

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

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

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

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

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

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

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

5.3. Credits and Copyright Ownership

- 5.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."
- 5.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 5.3.3. The Department must retain copyright ownership for any ~~and~~ all

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original materials produced, including, but not limited to:

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

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

5.4. Operation of Facilities: Compliance with Laws and Regulations

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

6. Records

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

6.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

6.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

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- 6.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 6.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder the Department must retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

Attachment 1: DCYF Catchment Area Locations

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

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

Attachment 1: DCYF Catchment Area Locations

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

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

Attachment 1: DCYF Catchment Area Locations

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

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

Attachment 1: DCYF Catchment Area Locations

Concord <i>(40 Terrill Park Drive, Concord, NH 03301)</i>		
Serving the cities, towns, and locations of:		
▪ Allenstown	▪ Epsom	▪ Penacook
▪ Andover	▪ Franconstown	▪ 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	

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

Attachment 1: DCYF Catchment Area Locations

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

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

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

Attachment 2 - Capacity Analysis Report

CASELOAD AND CAPACITY ANALYSIS <i>to be completed for each month of the contract period</i>	
INTRODUCTION & NOTES	<p>This Excel tool has been adapted to streamline the caseload and capacity analysis and reporting processes for both the Local Implementing Agency and the State Team, and to standardize the way metrics are calculated across all LIAs. Please do not copy this workbook to use next month. Instead, open the file named for monthly data you are reporting (i.e., in early January, use the file named "2021 12" to report December 2021 data). Please do not change the name of the file when emailing the report to NH DPHS. The "New Home Visitor" tab has been designed for home visitors in their first 24 months to better accommodate new HFA BPS.</p>
USE	<ol style="list-style-type: none"> 1. Click on a home visitor worksheet (HV) tab, below. Enter the home visitor's information into the GREEN CELLS only: their Name, # hours per week paid by HFA, and % of HFA time as a home visitor. 2. Enter the number of families on each level that the home visitor saw in the reporting month. 3. Repeat Steps 1-2 for each home visitor allocated to HFA Home Visiting during the month, in the separate tabs provided. 4. If you have a home visitor position that is currently vacant, please indicate this using "RECRUITMENT" instead of the home visitor's name. 5. Click the "Capacity Analysis" worksheet tab to review the analysis for your Local Implementing Agency this month. <p>NOTE: to optimize your case-assignment planning, use next month's workbook to model your family and case-weight numbers, and see what your performance results will be!</p>
MAINTENANCE	<p style="text-align: center; background-color: #e0e0e0; margin: 0;">PLEASE FOLLOW IF YOUR FAMILY SERVICE WORKERS CHANGED IN THE REPORTING MONTH</p> <p>If your HFA home visiting staff changed, but the number of HFA home visitors did not exceed 5, simply change the "Name of staff member" in Cell B2. Return to USE, Step 1.</p> <p>If the number of HFA home visitors during the reporting month was greater than 5, contact the State Team for technical assistance, OR:</p> <ol style="list-style-type: none"> 1. Duplicate the last FSW worksheet tab (right-click, select "move or copy", click box "create a copy", move to "before Capacity Analysis") 2. Update formulas in the Capacity Analysis worksheet tab to include the new FSW worksheet: <ol style="list-style-type: none"> a. # families served, per case weight category (cells E3:I3) b. % of monthly home visitor capacity utilized (cells E7, F7) c. Service Utilization % (cells, E10, F10)
<p>Note: The # of hours paid should be the salaried or expected contracted hours for HFA only, regardless of vacation days, out of office, sick, etc.</p> <p>Note: The % of time spent home visiting should be the % of time - of the HFA hours recorded above - doing home visiting work. For FSWs who are NOT also doing FAW work, the % will be 100%</p> <p>Once the green cells are filled, all orange fields and the Capacity Analysis worksheet will auto-calculate for the individual home visitors and for your LIA</p> <p>If the total number of families or the total weighted caseload is above the maximum, the corresponding field will turn red</p>	

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	January 2022	6/28/2022			Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Hire Date (New Hire under 24 months emp)											
Name of staff member											
# hours per week worked for HFA only											
Of the hours above, % time as HFA home visitor		# of families with additional caseweight due to PSCs									
Caseload multiplier	0.00										
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1S5	Crisis intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.				not applicable						
Level CO1	CO families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		2.00	0							
Level CO2			1.00	0							
Level CO3			0.50	0							
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.										
Level TO1			2.00	0							
Level TO2			1.00	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
Level TR			0.50	0							
Actual totals		0		0							Total additional PSC caseweights
Maximum for fidelity		0		0	0						
HFA CAPACITY CALCULATION		#DIV/0!									
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%									

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis		6/28/2022			Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Hire Date (New Hire under 24 months emp)											
Name of staff member											
# hours per week worked for HFA only											
Of the hours above, % time as HFA home visitor											
Caseload multiplier	0.00	# of families with additional caseweight due to PSCs									
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							0
Level 4	Visits once per quarter		0.25	0							0
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one				not applicable						
Level CO1	home visit but became disengaged.		2.00	0							
Level CO2	CO families are given the same caseweight they had prior to going on		1.00	0							
Level CO3	CO, to ensure space if re-engaged.		0.50	0							
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given										
Level TO1	the same caseweight they had prior to going on CO, to ensure space if		2.00	0							
Level TO2	re-engaged.		1.00	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept		0.50	0							
Level TR	voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
Actual totals		0		0	Total additional PSC caseweights						
Maximum for fidelity		0		0	0						
HFA CAPACITY CALCULATION		#DIV/0!									
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%									

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis					Permanent Special Circumstances (PSC) families should be captured above at their level. AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Name of staff member					# of families with additional caseload due to PSCs						
# hours per week worked for HFA only											
Of the hours above, % time as HFA home visitor											
Caseload multiplier					0.00						
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.		2.00	0							
Level CO1	CO families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		1.00	0							
Level CO2			0.50	0							
Level CO3											
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		2.00	0							
Level TO1			1.00	0							
Level TO2			0.50	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
Level TR											
Actual totals		0		0	Total additional PSC caseweights						0
Maximum for fidelity		0		0							
HFA CAPACITY CALCULATION		#DIV/0!									
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%									

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis		Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs									
Name of staff member		# of families with additional caseload due to PSCs									
# hours per week worked for HFA only											
Of the hours above, % time as HFA home visitor											
Caseload multiplier		0.00									
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis intervention - visits weekly, or more if needed		3.00	0							0
Level 4	Visits once per quarter		0.25	0							0
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.		2.00	0							0
Level CO1	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		1.00	0							0
Level CO2			0.50	0							0
Level CO3			0.50	0							0
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		2.00	0							0
Level TO1			1.00	0							0
Level TO2			0.50	0							0
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0							0
Level TR			0.50	0							0
Actual totals				0	not applicable						
Maximum for fidelity			0	0							0
HFA CAPACITY CALCULATION			#DIV/0!								
FSW Contribution to HRSA CAPACITY CALCULATION			0.0%								

Attachment 2 - Capacity Analysis Report

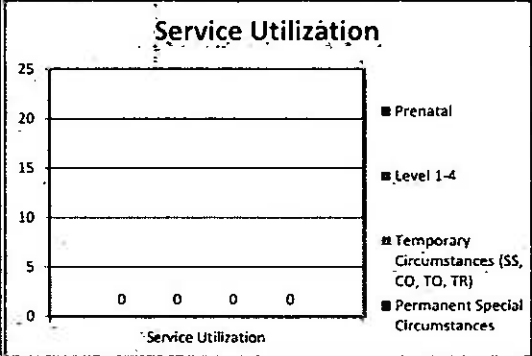
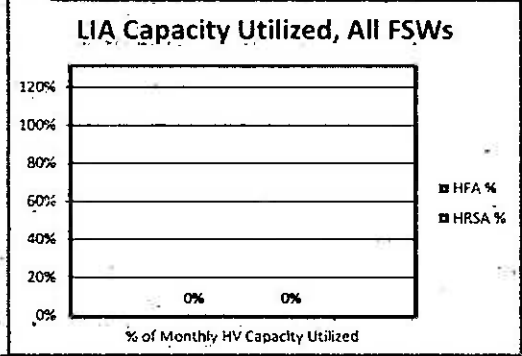
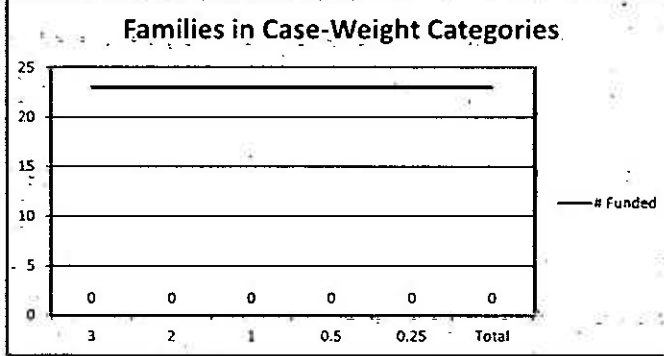
Month for Caseload Analysis					Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Name of staff member					# of families with additional caseload due to PSCs						
# hours per week worked for HFA only											
Of the hours above, % time as HFA home visitor											
Caseload multiplier					0.00						
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.										
Level CO1			2.00	0							
Level CO2	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.										
Level CO3			0.50	0							
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.										
Level TO1			2.00	0							
Level TO2			1.00	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover										
Level TR			0.50	0							
Actual totals		0		0	Total additional PSC caseloads						
Maximum for fidelity		0		0	0						
HFA CAPACITY CALCULATION		#DIV/0!									
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%									

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis		Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs									
Name of staff member		# of families with additional casework due to PSCs									
# hours per week worked for HFA only											
Of the hours above, % time as HFA home visitor											
Caseload multiplier		0.00									
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.		2.00	0							
Level CO1	CO families are given the same casework weight they had prior to going on CO, to ensure space if re-engaged.		1.00	0							
Level CO2			0.50	0							
Level CO3											
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months; families are given the same casework weight they had prior to going on CO, to ensure space if re-engaged.		2.00	0							
Level TO1			1.00	0							
Level TO2			0.50	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover.		0.50	0							
Level TR											
Actual totals		0		0	Total additional PSC caseweights						
Maximum for fidelity		0		0	0						
HFA CAPACITY CALCULATION		#DIV/0!									
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%									

Attachment 2: Capacity Analysis Report

LIA MONTHLY CAPACITY ANALYSIS												
# Families Served per category # Funded	Case-Weight Categories:											
	3	2	1	0.5	0.25	Total						
	0	0	0	0	0	0						
<table border="1"> <thead> <tr> <th>HFA %</th> <th>HRSA %</th> <th>Difference</th> </tr> </thead> <tbody> <tr> <td>#DIV/0!</td> <td>0%</td> <td>#DIV/0!</td> </tr> </tbody> </table>							HFA %	HRSA %	Difference	#DIV/0!	0%	#DIV/0!
HFA %	HRSA %	Difference										
#DIV/0!	0%	#DIV/0!										
% of Monthly HV Capacity Utilized	Service Utilization											
	Prenatal	Level 1-4	Temporary	Permanent								
<table border="1"> <tbody> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td colspan="2"></td> </tr> </tbody> </table>							0	0	0	0		
0	0	0	0									



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Attachment 3 - FORM 1

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

DEMOGRAPHIC, SERVICE UTILIZATION, AND SELECT CLINICAL INDICATORS

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 560 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

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SECTION A: PARTICIPANT DEMOGRAPHICS

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

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

Notes:

Table 2: Unduplicated Count of Households Served by MIECHV

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

Notes:

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

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

Notes:

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Table 4: Adult Participants by Age

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

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

Notes:

Table 5: Index Children by Age

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

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

Notes:

Table 6: Participants by Ethnicity

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

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

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Notes:

Table 7: Participants by Race

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

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

Notes:

Table 8: Adult Participants by Marital Status

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

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

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Notes:

Table 9: Adult Participants by Educational Attainment

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

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

Notes:

Table 10: Adult Participants by Employment Status

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

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

Notes:

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Table 11: Adult Participants by Housing Status

	Not Homeless					Total Not Homeless	Homeless			Total Homeless	Unknown/Did not Report*	Total
	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			
Adult Participants												
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

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

Notes:

Table 12: Primary Language Spoken at Home

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

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

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Notes:

Table 13: Household Income in Relation to Federal Poverty Guidelines

Households	Number of Households	Percent
50% and under		
51-100%		
101-133%		
134-200%		
201-300%		
>300%		
Unknown/Did not Report*		
All Households (Auto Calculate)		100

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

Notes:

Table 14: For Each Household Indicate the Priority Population Characteristics

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

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

Notes:

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SECTION B: SERVICE UTILIZATION

Table 15: Service Utilization

Home Visits	Number
Total Number of Home Visits completed	

Notes:

Table 16: Family Engagement by Household

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

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

Notes:

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

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

Notes:

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SECTION C: INSURANCE AND CLINICAL INDICATORS

Table 18: Participants by Type of Health Insurance Coverage

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

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

Notes:

Table 19: Index Children by Usual Source of Medical Care

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

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

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Table 20: Index Children (≥ 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.

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DEFINITIONS OF KEY TERMS

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Table Number	Field	Key Terms Requiring Definitions
All Tables		<p>MIECHV Household: For the purposes of reporting to HRSA on Form I, a “MIECHV household” is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV household at enrollment. HRSA has identified two different methods that can be used to identify MIECHV households that are described below:</p> <ol style="list-style-type: none"> 1. Home Visitor Personnel Cost Method (preferred method): Households are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all households as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. 2. Enrollment Slot Method (temporary option): Households are designated as MIECHV households based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign households to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV. <p>Once designated as a MIECHV household, the household is tracked for the purposes of data collection through the tenure of household participation in the program.</p>
1	Unduplicated Count of New and Continuing Program Participants Served by MIECHV	<p>New Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Continuing Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who was signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Pregnant women are participants who were either pregnant at enrollment or pregnant at the annual update of information in a subsequent reporting period.</p> <p>Female caregivers are those female household members who are enrolled in the program during the reporting period, are considered a caregiver of the index child, and were not pregnant at the time of enrollment or the annual update of this information (e.g., biological mothers, adoptive mothers, foster mothers, grandmothers).</p>

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

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

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

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		<p>Homeless and sharing housing: individuals who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason</p> <p>Homeless and living in an emergency or transitional shelter: individuals who are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement</p> <p>Homeless and some other arrangement: individuals who are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings²</p>
12	Primary Language Spoken at Home	<p>Primary language: the language used in the home the majority of the time.</p> <p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was served by a trained home visitor implementing services with fidelity to the model who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p>
13	Household Income in Relation to Federal Poverty Guidelines	<p>The appropriate category for a given family will depend both on household income and on the number of household members counted in the household (both home visiting enrollees and non-enrollees). Household income refers to the annual gross income for the household as defined in programmatic guidance, recorded at enrollment and annually thereafter.</p> <p>Federal Poverty Guidelines: Annual income data can be estimated from monthly data (monthly income x 12). The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines.</p>
14	For Each Household Indicate the Priority Population Characteristics	<p>Low-Income: An individual or family with an income determined to be below the Federal Poverty Guidelines. The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines.</p> <p>Pregnant women under 21: Households with expectant mothers who enroll in the program and are under 21 years old during the reporting period.</p> <p>Have a history of child abuse or neglect or have had interactions with child welfare services: Based on self-report, a household with members who have a history of abuse or neglect and have had involvement with child welfare services either as a child or as an adult.</p>

² Administration for Children and Families. Early Childhood Learning and Knowledge Center. 2014. <http://eclkc.ohs.acf.hhs.gov/hslc/ta-system/family/family/Homelessness/hmls/definition/definition-legal.html>

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

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18	Participants by Type of Health Insurance Coverage	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>The insurance coverage categories are mutually exclusive. No insurance coverage indicates that the individual is currently not covered by any source of insurance. This table is intended to capture insurance status, not health care access: receipt of care provided for instance by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center does not constitute insurance coverage.</p>
19	Index Children by Usual Source of Medical Care	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of care: the particular medical professional, doctor's office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health.</p>
20	Index Children (≥ 12 months of age) by Usual Source of Dental Care	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of dental care: a usual source of dental care, or dental home, is a place where a child can receive consistent, comprehensive, compassionate dental care. The concept of the Dental Home reflects the AAPD's clinical guidelines and best principles for the proper delivery of oral health care to all children, with a concentration on infant/age one patients and should be established no later than 12 months of age.³</p>

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

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THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

PERFORMANCE AND SYSTEMS OUTCOME MEASURES

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

July 19, 2018

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OMB No: 0906-0017

Expiration Date: 07/31/2021

MEASURE 1

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

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

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MEASURE 2

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

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MEASURE 3

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

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8. Measurement Tool Utilized

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

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

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MEASURE 4

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

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

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MEASURE 5

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

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

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MEASURE 6

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

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

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MEASURE 7

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

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

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MEASURE 8

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

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

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MEASURE 9

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

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

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MEASURE 10

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

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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 11

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

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

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MEASURE 12

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

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8.

Measurement Tool Utilized

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

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

July 19, 2018

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MEASURE 13

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

Attachment 4 - Form 2

OMB No: 0906-0017

Expiration Date: 07/31/2021

* 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.

July 19, 2018

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

MEASURE 14

1. BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. 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.	6.b. Value – Enter the number of cases missing from measure calculation:

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Expiration Date: 07/31/2021

7.
NOTES

8.
Measurement Tool Utilized

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

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

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

MEASURE 15

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

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

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MEASURE 16

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

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

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OMB No: 0906-0017
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MEASURE 17

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

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7.
NOTES

8.
Measurement Tool Utilized

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

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

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MEASURE 18

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

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

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

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MEASURE 19

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

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

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

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DEFINITIONS OF KEY TERMS

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

¹ Behrman R, Stith Butler A. eds. Preterm Birth: Causes, Consequences, and Prevention. Washington, DC: The National Academies Press, 2007.

² Optimizing postpartum care. Committee Opinion No. 666. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;127:e187-92. Retrieved from <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co666.pdf?dmc=1&ts=20180221T1421452301>

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

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

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

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

⁶ U.S. National Library of Medicine, National Institutes of Health. Psychological Index Terms via Unified Medical Language System, 2015. Retrieved from <http://ghr.nlm.nih.gov/glossary=developmentaldelay>

⁷ Centers for Disease Control and Prevention. Injury Prevention and Control: Division of Violence Prevention, 2015. Retrieved from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

⁸ Home Visiting Collaborative Improvement and Innovation Network.

New Hampshire Department of Health and Human Services
Home Visiting Services

Attachment 5 - DCYF Key Performance Metrics

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

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

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
 - 1.1. 61.5% Federal funds from:
 - 1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC43595.
 - 1.1.2. Maternal, Infant and Early Childhood 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.
6. Audits

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

EXHIBIT C

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

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

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through C-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 the month in which the services were provided. The Contractor shall ensure each invoice:

New Hampshire Department of Health and Human Services
Home Visiting Services

EXHIBIT C

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

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

B. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (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 \$301.85 per client (family) once per week.
 - 9.2. Payment shall be made on a monthly basis and follow a process determined by the Department.
 - 9.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	\$44,372
SFY 2024	\$88,744
SFY 2025	\$66,557
Sub-Total	\$199,673

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

^{DS}
Blp

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

EXHIBIT C

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

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

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

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

State Fiscal Year	Amount
2023	\$155,301
2024	\$177,486
2025	\$0*
Sub-Total	\$332,787
*The Contractor will only bill for direct services in SFY 25.	

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

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

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

New Hampshire Department of Health and Human Services	
Contractor Name: <u>Community Action Partnership of Strafford County</u>	
<u>Home Visiting Services -</u>	
Budget Request for: <u>Home Visiting Formula Grant</u>	
Budget Period <u>SFY 2023 (10/01/2022 - 06/30/2023)</u>	
Indirect Cost Rate (if applicable) <u>14.79%</u>	
Line Item	Program Cost - Funded by, DHHS
1. Salary & Wages	\$152,034
2. Fringe Benefits	
3. Consultants	\$1,650
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	\$675
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$225
6. Travel	\$900
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$800
8. (b) Other - Education and Training	\$4,060
8. (c) Other - Other (specify below)	
<i>Insurance</i>	\$586
<i>audit and legal</i>	\$225
<i>telephone/internet</i>	\$2,250
<i>Occupancy</i>	\$2,250
9. Subrecipient Contracts	\$0
Total Direct Costs	\$165,655
Total Indirect Costs	\$28,757
TOTAL	\$194,412

New Hampshire Department of Health and Human Services	
Contractor Name: <u>Community Action Partnership of Strafford County</u>	
Budget Request for: <u>Home Visiting Services - Home Visiting Formula Grant</u>	
Budget Period: <u>SFY 2024 (07/01/2023 - 06/30/2024)</u>	
Indirect Cost Rate (if applicable): <u>13.61%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$233,117
2. Fringe Benefits	\$23,312
3. Consultants	\$1,200
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$1,500
5.(a) Supplies - Educational	\$900
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$302
6. Travel	\$1,800
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$500
8. (b) Other - Education and Training	\$4,700
8. (c) Other - Other (specify below)	
Insurance	\$778
audit and legal	\$300
telephone/internet	\$3,000
Occupancy	\$3,000
9. Subrecipient Contracts	\$0
Total Direct Costs	\$274,408
Total Indirect Costs	\$43,232
TOTAL	\$317,640

Contractor Initials: DS
Blp

Date: 12/29/2022

New Hampshire Department of Health and Human Services	
Contractor Name: <u>Community Action Partnership of Strafford County</u>	
<u>Home Visiting Services -</u>	
Budget Request for: <u>Home Visiting Formula Grant</u>	
Budget Period <u>SFY 2025 (07/01/2024 - 09/30/2024)</u>	
Indirect Cost Rate (if applicable) <u>13.72%</u>	
Line Item	Program Cost ¹ - Funded by DHHS,
1. Salary & Wages	\$59,488
2. Fringe Benefits	\$5,949
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	\$225
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$54
6. Travel	\$300
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$680
8. (c) Other - Other (specify below)	
<i>Insurance</i>	\$195
<i>audit and legal</i>	\$75
<i>telephone/internet</i>	\$750
<i>Occupancy</i>	\$800
9. Subrecipient Contracts	\$0
Total Direct Costs	\$68,515
Total Indirect Costs	\$10,895
TOTAL	\$79,410

Contractor Initials: DS
BAP

Date: 12/29/2022

New Hampshire Department of Health and Human Services	
Contractor Name: <u>Community Action Partnership of Strafford County</u>	
Home Visiting Services -	
Budget Request for: <u>ARP - MIEC Home Visiting</u>	
Budget Period <u>SFY 2023 (10/01/2022 - 06/30/2023)</u>	
Indirect Cost Rate (if applicable) <u>13.54%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$12,780
2. Fringe Benefits	\$1,278
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$1,100
8. (c) Other - Other (specify below)	
Insurance	\$0
audit and legal	\$0
telephone/internet	\$0
Occupancy	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$15,158
Total Indirect Costs	\$2,374
TOTAL	\$17,532

Contractor Initials: DS
BAP
 Date: 12/29/2022

New Hampshire Department of Health and Human Services Contractor Name: <i>Community Action Partnership of Strafford County</i> <i>Home Visiting Services -</i> Budget Request for: <i>ARP - MIEC Home Visiting</i> Budget Period: <i>SFY 2024 (07/01/2023 - 06/30/2024)</i> Indirect Cost Rate (if applicable): <i>13.09%</i>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$39,686
2. Fringe Benefits	\$3,969
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	
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$478
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)	
Insurance	\$0
audit and legal	\$0
telephone/internet	\$1,800
Occupancy	\$1,200
9. Subrecipient Contracts	\$0
Total Direct Costs	\$47,133
Total Indirect Costs	\$7,098
TOTAL	\$54,231

Contractor Initials:

DS
 BAP

12/29/2022

Date:

New Hampshire Department of Health and Human Services
Contractor Name: Community Action Partnership of Strafford County
Home Visiting Services -
Budget Request for: ARP - MIEC Home Visiting
Budget Period SFY 2025 (07/01/2024 - 09/30/2024)
Indirect Cost Rate (if applicable) 13.72%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$10,112
2. Fringe Benefits	\$1,011
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$35
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)	
Insurance	\$0
audit and legal	\$0
telephone/internet	\$240
Occupancy	\$300
9. Subrecipient Contracts	\$0
Total Direct Costs	\$11,698
Total Indirect Costs	\$1,860
TOTAL	\$13,558

Contractor Initials: DS
BAP
 Date: 12/29/2022

New Hampshire Department of Health and Human Services	
Contractor Name: <i>Community Action Program of Strafford County</i>	
Budget Request for: <i>Home Visiting Services</i>	
Budget Period: <i>SFY 2023 (1/1/23-6/30/23) 6 Months</i>	
Indirect Cost Rate (if applicable): <i>13.72%</i>	
Line Item	Program Cost- Funded by DHHS
1. Salary & Wages	\$95,358
2. Fringe Benefits	\$9,536
3. Consultants	\$1,500
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$4,500
5.(a) Supplies - Educational	\$4,500
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$300
6. Travel	\$1,200
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$311
8. (b) Other - Education and Training	\$10,850
8. (c) Other - Other (specify below)	
<i>Occupancy</i>	\$2,100
<i>Telephone/Internet</i>	\$2,100
<i>Postage</i>	\$300
<i>insurance</i>	\$392
<i>audit and legal</i>	\$150
<i>subscriptions</i>	\$900
9. Subrecipient Contracts	\$0
Total Direct Costs	\$133,996
Total Indirect Costs	\$21,305
TOTAL	\$155,301

Contractor Initials: DS
BAP

12/29/2022

Date: _____

New Hampshire Department of Health and Human Services	
Contractor Name: <i>Community Action Program of Stafford County</i>	
Budget Request for: <i>Home Visiting Services</i>	
Budget Period <i>SFY 2024 (7/1/23-6/30/24) 12 Months</i>	
Indirect Cost Rate (if applicable) <i>13.72%</i>	
Line Item.	Program Cost - Funded by DHHS
1. Salary & Wages	\$128,946
2. Fringe Benefits	\$12,694
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	\$2,100
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$600
6. Travel	\$1,600
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$1,000
8. (c) Other - Other (specify below)	
<i>Occupancy</i>	\$3,000
<i>telephone/internet</i>	\$3,000
<i>Postage</i>	\$300
<i>subscriptions</i>	\$600
<i>audit and legal</i>	\$288
<i>insurance</i>	\$810
9. Subrecipient Contracts	\$0
Total Direct Costs	\$153,138
Total Indirect Costs	\$24,349
TOTAL	\$177,486

Contractor Initials: DS
BAP

Date: 12/29/2022



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: Community Action Partnership of Strafford County

12/29/2022

Date

DocuSigned by:

Betsy Andrews Parker

Name: Betsy Andrews Parker

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-I.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: Community Action Partnership of Strafford Coun

12/29/2022

Date

DocuSigned by:

Betsy Andrews Parker

Name: Betsy Andrews Parker

Title: CEO

DS
BAP

Vendor Initials

12/29/2022

Date



New Hampshire Department of Health and Human Services
Exhibit F

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

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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New Hampshire Department of Health and Human Services
Exhibit F

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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name: Community Action Partnership of Strafford Co

12/29/2022

Date

DocuSigned by:

Betsy Andrews Parker

Name: Betsy Andrews Parker

Title: CEO

DS
BAP



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
BAP

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: Community Action Partnership of Strafford Co

12/29/2022

Date

DocuSigned by:
Betsy Andrews Parker
Name: Betsy Andrews Parker
Title: CEO

Exhibit G

DS
BAP
Contractor Initials

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



New Hampshire Department of Health and Human Services
Exhibit 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: Community Action Partnership of Strafford Co

12/29/2022

Date

DocuSigned by:
Betsy Andrews Parker
Name: Betsy Andrews Parker
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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Contractor Initials

BAP

Date 12/29/2022



New Hampshire Department of Health and Human Services

Exhibit I

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

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

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

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

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

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

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- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services

Community Action Partnership of Strafford County

The State by:

Name of the Contractor

Patricia M. Tilley

Betsey Andrews Parker

Signature of Authorized Representative

Signature of Authorized Representative

Patricia M. Tilley

Betsey Andrews Parker

Name of Authorized Representative
Director

Name of Authorized Representative

CEO

Title of Authorized Representative

Title of Authorized Representative

1/4/2023

12/29/2022

Date

Date

Contractor Initials BP

Date 12/29/2022



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: Community Action Partnership of Strafford Co

12/29/2022

Date

DocuSigned by:

Betsy Andrews Parker

Name: Betsy Andrews Parker

Title: CEO

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Date

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FORM A

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

1. The UEI (SAM.gov) number for your entity is: Z3KKLWND4993

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 X YES

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

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

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

 NO X YES

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

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

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

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____

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Exhibit K

DHHS Information Security Requirements



A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

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DHHS Information Security Requirements



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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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DHHS Information Security Requirements



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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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

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

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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/doi/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
- 16: The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

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DHHS Information Security Requirements



- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

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

V. LOSS REPORTING

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

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

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

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 State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 25, 1965. 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: 65583

Certificate Number: 0005748257



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. 2022.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Alison Dorow, 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 Community Action Partnership of Strafford County
- 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 October 19, 2022, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Betsy Andrews Parker (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Community Action Partnership of Strafford County 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: 12/20/22



Signature of Elected Officer
Name: Alison Dorow
Title: Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/15/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER CGI Insurance, Inc. 5 Dartmouth Drive Auburn NH 03032	CONTACT NAME: Teri Davis PHONE (A/C, No, Ext): (877) 562-8954 FAX (A/C, No): (866) 574-2443 E-MAIL ADDRESS: TDavis@CGIBusinessInsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Hanover Insurance Company NAIC # 22292	
INSURER B: Eastern Alliance 10724	
INSURER C: Philadelphia Indemnity	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 22-23 Master REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation Lib \$1 Million			ZHV A192135	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
OTHER: _____							
A	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			AWVA156930	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							Medical Payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			UHVA192136	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 4,000,000
							AGGREGATE \$ 4,000,000
							\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	01-0000113794-05	07/01/2022	07/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Directors & Officers EPLI and Crime Included			PHSD1725130	07/01/2022	07/01/2023	Per Occurrence \$3,000,000
							Aggregate Limit \$6,000,000
							Employee Dishonesty \$1,000,000

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

Workers Comp 3A State: NH

<p>CERTIFICATE HOLDER</p> <p style="text-align: center;">State of NH, DHHS 129 Pleasant St Concord NH 03301-3857</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;"><i>Teri Davis</i></p>
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MISSION

To reduce barriers to help clients improve their economic stability and well-being through education, advocacy, and partnerships.



VISION

To eliminate poverty.

Financial Statements

COMMUNITY ACTION PARTNERSHIP OF **STRAFFORD COUNTY AND AFFILIATE**

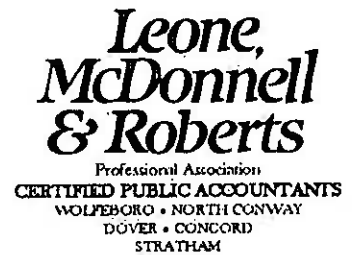
**FOR THE YEARS ENDED
DECEMBER 31, 2020 AND 2019
AND
INDEPENDENT AUDITORS' REPORTS**

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

DECEMBER 31, 2020 AND 2019

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To the Board of Directors of
Community Action Partnership of Strafford County and Affiliate
Dover, New Hampshire

INDEPENDENT AUDITORS' REPORT

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Community Action Partnership of Strafford County (a New Hampshire nonprofit organization) and Affiliate, which comprise the consolidated statements of financial position as of December 31, 2020 and 2019, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Community Action Partnership of Strafford County and Affiliate as of December 31, 2020 and 2019, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

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

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 4, 2021, on our consideration of Community Action Partnership of Strafford County's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Community Action Partnership of Strafford County's internal control over financial reporting and compliance.

*Leon, McDonnell & Roberts
Professional Association*

November 4, 2021
Wolfeboro, New Hampshire

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE**CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2020 AND 2019**

	<u>ASSETS</u>	
	<u>2020</u>	<u>2019</u>
CURRENT ASSETS		
Cash and cash equivalents	\$ 1,316,311	\$ 1,068,744
Accounts receivable	2,268,903	1,525,775
Contributions receivable	38,400	68,100
Inventory	226,233	19,510
Prepaid expenses	<u>36,318</u>	<u>12,570</u>
Total current assets	<u>3,886,165</u>	<u>2,694,699</u>
NONCURRENT ASSETS		
Security deposits	5,326	5,350
Property, net of accumulated depreciation	5,273,321	4,815,150
Other noncurrent assets	<u>27,500</u>	<u>27,500</u>
Total noncurrent assets	<u>5,306,147</u>	<u>4,848,000</u>
TOTAL ASSETS	<u>\$ 9,192,312</u>	<u>\$ 7,542,699</u>
	<u>LIABILITIES AND NET ASSETS</u>	
CURRENT LIABILITIES		
Demand note payable	\$ 105,377	\$ 105,432
Current portion of long term debt	18,343	-
Accounts payable	1,497,685	455,276
Accrued payroll and related taxes	88,682	193,430
Accrued compensated absences	131,108	84,272
Deferred revenue	107,606	-
Refundable advances	473,291	491,025
Paycheck Protection Program	97,500	-
Other current liabilities	<u>1,318</u>	<u>4,955</u>
Total current liabilities	<u>2,520,910</u>	<u>1,334,390</u>
NONCURRENT LIABILITIES		
Long term debt, less current portion shown above	<u>2,775,919</u>	<u>2,566,846</u>
Total liabilities	<u>5,296,829</u>	<u>3,901,236</u>
NET ASSETS		
Without donor restrictions	3,593,917	3,330,373
With donor restrictions	<u>301,566</u>	<u>311,090</u>
Total net assets	<u>3,895,483</u>	<u>3,641,463</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 9,192,312</u>	<u>\$ 7,542,699</u>

See Notes to Financial Statements

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE**CONSOLIDATED STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2020**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
CHANGE IN NET ASSETS			
REVENUES AND OTHER SUPPORT			
Grant revenue	\$ 11,412,231	\$ -	\$ 11,412,231
Fees for service	1,544,770	-	1,544,770
Rent revenue	15,255	-	15,255
Public support	451,985	255,657	707,642
In-kind donations	630,948	-	630,948
Interest	103	-	103
Fundraising	64,423	-	64,423
Gain on sale of equipment	2,000	-	2,000
	<u>14,121,715</u>	<u>255,657</u>	<u>14,377,372</u>
Total revenues and support			
NET ASSETS RELEASED FROM RESTRICTIONS			
	<u>265,181</u>	<u>(265,181)</u>	<u>-</u>
Total revenues, support, and net assets released from restrictions	<u>14,386,896</u>	<u>(9,524)</u>	<u>14,377,372</u>
EXPENSES			
Program services			
Child services	4,470,403	-	4,470,403
Community services	2,258,463	-	2,258,463
Energy assistance	2,063,659	-	2,063,659
Housing	2,920,930	-	2,920,930
Weatherization	1,347,740	-	1,347,740
Workforce development	92,113	-	92,113
	<u>13,153,308</u>	<u>-</u>	<u>13,153,308</u>
Total program services			
Supporting activities			
Management and general	894,695	-	894,695
Fundraising	75,349	-	75,349
	<u>14,123,352</u>	<u>-</u>	<u>14,123,352</u>
Total expenses			
CHANGE IN NET ASSETS	263,544	(9,524)	254,020
NET ASSETS, BEGINNING OF YEAR	<u>3,330,373</u>	<u>311,090</u>	<u>3,641,463</u>
NET ASSETS, END OF YEAR	<u>\$ 3,593,917</u>	<u>\$ 301,566</u>	<u>\$ 3,895,483</u>

See Notes to Financial Statements

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2019**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
CHANGES IN UNRESTRICTED NET ASSETS			
REVENUES AND OTHER SUPPORT			
Grant revenue	\$ 8,385,228	\$ -	\$ 8,385,228
Fees for service	2,026,319	-	2,026,319
Rent revenue	9,385	-	9,385
Public support	492,204	240,031	732,235
In-kind donations	699,583	-	699,583
Interest	335	-	335
Fundraising	25,334	-	25,334
	<u>11,638,388</u>	<u>240,031</u>	<u>11,878,419</u>
Total revenues and support			
NET ASSETS RELEASED FROM RESTRICTIONS	<u>585,065</u>	<u>(585,065)</u>	<u>-</u>
Total revenues, support, and net assets released from restrictions	<u>12,223,453</u>	<u>(345,034)</u>	<u>11,878,419</u>
EXPENSES			
Program services			
Child services	4,467,961	-	4,467,961
Community services	1,084,934	-	1,084,934
Energy assistance	2,382,868	-	2,382,868
Housing	310,583	-	310,583
Weatherization	1,894,803	-	1,894,803
Workforce development	134,487	-	134,487
	<u>10,275,636</u>	<u>-</u>	<u>10,275,636</u>
Total program services			
Supporting activities			
Management and general	834,730	-	834,730
Fundraising	93,752	-	93,752
	<u>11,204,118</u>	<u>-</u>	<u>11,204,118</u>
Total expenses			
CHANGE IN NET ASSETS BEFORE NONCASH CONTRIBUTION	1,019,335	(345,034)	674,301
NONCASH CONTRIBUTION	<u>1,003,996</u>	<u>-</u>	<u>1,003,996</u>
CHANGE IN NET ASSETS	2,023,331	(345,034)	1,678,297
NET ASSETS, BEGINNING OF YEAR	<u>1,307,042</u>	<u>656,124</u>	<u>1,963,166</u>
NET ASSETS, END OF YEAR	<u>\$ 3,330,373</u>	<u>\$ 311,090</u>	<u>\$ 3,641,463</u>

See Notes to Financial Statements

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE**CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2020**

	<u>Child Services</u>	<u>Community Services</u>	<u>Energy Assistance</u>	<u>Housing</u>	<u>Weatherization</u>	<u>Workforce Development</u>	<u>Total Program Services</u>	<u>Intermediate (Allocation) Pools</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total</u>
Payroll	\$ 2,297,109	\$ 540,856	\$ 227,785	\$ 229,407	\$ 120,813	\$ 47,695	\$ 3,463,665	\$ 102,841	\$ 581,412	\$ 28,548	\$ 4,156,466
Payroll taxes	184,239	44,388	17,229	18,357	8,211	3,599	276,023	7,997	26,065	2,153	312,238
Fringe benefits	226,396	14,882	32,478	11,346	15,430	6,999	307,529	5,789	25,605	1,890	340,813
Weatherization material, fuel and client assistance	41,758	84,178	1,851,570	2,502,858	1,143,419	4,266	5,428,045	-	-	-	5,428,045
In-kind expenses	200,585	430,363	-	-	-	-	630,948	-	-	-	630,948
Consultants and contract labor	252,203	119,717	10,453	32,780	4,518	515	420,184	22,527	82,335	4,410	529,456
Consumable supplies	226,999	745,567	1,208	2,043	6,439	89	982,345	192,687	23,971	3,551	1,202,534
Rent	465,893	85,822	58,320	31,382	8,404	20,860	670,481	(526,032)	30,688	2,394	177,531
Repairs and maintenance	72,495	47,814	13,378	11,090	6,409	752	151,938	214,923	10,523	8,880	388,264
Utilities	120,444	12,453	12,220	23,703	2,569	3,250	174,639	(24,910)	21,270	760	171,759
Insurance	78,188	8,499	1,234	28,753	3,677	854	119,205	13,988	7,688	158	141,039
Meetings, events and training	60,027	21,508	204	180	8,638	-	90,557	215	7,122	1,276	99,170
Depreciation	74,321	26,863	391	4,621	4,328	2,320	112,844	-	69,956	-	182,800
Travel	35,896	6,534	202	477	3,722	500	47,331	(18,292)	1,145	158	30,342
Copying and postage	31,050	592	6,612	262	260	217	38,993	-	4,334	5,201	48,528
Retirement	11,943	3,321	1,015	1,271	314	177	18,041	257	4,764	113	23,175
Equipment and computer	10,001	41,181	11,161	20,307	1,664	20	84,334	2,350	2,276	70	89,030
Interest expense	79,974	5,128	17,816	2,005	8,849	-	113,772	2,168	15,343	1,056	132,339
Other program support	1,082	20,799	385	90	78	-	22,434	3,512	198	14,731	40,875
Total expenses	\$ 4,470,403	\$ 2,258,463	\$ 2,063,659	\$ 2,920,930	\$ 1,347,740	\$ 92,113	\$ 13,153,308	\$ -	\$ 894,695	\$ 75,349	\$ 14,123,352

See Notes to Financial Statements

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY**STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2019**

	<u>Child Services</u>	<u>Community Services</u>	<u>Energy Assistance</u>	<u>Housing</u>	<u>Weatherization</u>	<u>Workforce Development</u>	<u>Total Program Services</u>	<u>Intermediate (Allocation) Pools</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total</u>
Payroll	\$ 2,189,019	\$ 354,869	\$ 277,226	\$ 61,885	\$ 110,799	\$ 78,252	\$ 3,072,050	\$ 106,649	\$ 441,704	\$ 36,580	\$ 3,656,983
Payroll taxes	164,122	27,441	20,586	4,333	7,274	5,911	229,667	8,416	48,879	2,813	289,775
Fringe benefits	188,748	25,710	36,852	6,034	12,536	9,765	279,645	7,497	22,254	4,853	314,249
Weatherization material, fuel and client assistance	46,338	18,514	1,950,305	158,775	1,685,131	1,499	3,858,562	-	-	-	3,858,562
In-kind expenses	290,676	404,468	-	-	500	-	695,644	-	-	3,939	699,583
Consultants and contract labor	263,688	23,990	3,026	15,403	1,110	819	308,036	17,231	93,118	4,995	423,380
Consumable supplies	372,577	115,909	1,105	5,413	5,023	1,607	501,634	25,407	30,977	1,768	559,786
Rent	410,129	28,747	53,052	28,011	6,739	24,103	548,781	(439,922)	28,681	1,649	139,189
Repairs and maintenance	29,287	14,801	9,078	3,639	359	1,478	58,642	132,983	12,568	134	204,327
Utilities	111,389	6,161	12,460	11,403	2,072	5,753	149,238	(12,262)	17,018	517	154,511
Insurance	96,469	5,697	1,699	5,038	1,959	1,128	111,988	11,349	15,137	207	138,681
Meetings, events and training	98,054	17,231	2,915	180	14,722	195	133,297	5,029	21,668	2,385	162,379
Depreciation	64,288	28,918	391	4,621	3,607	2,320	105,145	-	69,956	-	175,101
Travel	98,098	9,027	1,157	1,255	5,852	1,158	116,547	(23,504)	10,948	148	104,139
Copying and postage	22,053	528	9,177	115	40	118	32,031	76	3,336	18,958	54,401
Retirement	13,004	1,578	1,331	280	377	192	16,762	267	11,129	252	28,410
Equipment and computer	8,130	452	2,453	1,197	24,129	189	36,550	10,224	4,190	-	50,964
Interest expense	-	-	-	-	10,439	-	10,439	150,560	2,156	-	163,155
Indirect costs	-	-	-	-	-	-	-	-	945	-	945
Other program support	1,892	3,893	55	34	2,135	-	8,009	-	66	14,554	22,629
Total expenses	\$ 4,467,961	\$ 1,084,934	\$ 2,382,868	\$ 310,583	\$ 1,894,803	\$ 134,487	\$ 10,275,636	\$ -	\$ 834,730	\$ 93,752	\$ 11,204,118

See Notes to Financial Statements

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE**CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 254,020	\$ 1,678,297
Adjustment to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	182,800	175,101
Donated property and equipment	-	(1,003,996)
Gain on the sale of equipment	(2,000)	-
(Increase) decrease in assets:		
Accounts receivable	(743,128)	(419,051)
Contributions receivable	29,700	(4,300)
Tax credits receivable	-	250,000
Inventory	(206,723)	(6,090)
Prepaid expenses	(23,748)	45,696
Security deposits	24	-
Increase (decrease) in liabilities:		
Accounts payable	1,042,409	46,317
Accrued payroll and related taxes	(104,748)	31,864
Accrued compensated absences	46,836	(9,812)
Deferred revenue	107,606	-
Refundable advances	(17,734)	75,690
Paycheck Protection Program	97,500	-
Other current liabilities	(3,637)	(74,466)
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>659,177</u>	<u>785,250</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property and equipment	(640,971)	(158,292)
Proceeds on sale of equipment	2,000	-
NET CASH USED IN INVESTING ACTIVITIES	<u>(638,971)</u>	<u>(158,292)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Borrowings of long-term debt	485,181	-
Payments made on long-term debt	(257,765)	(247,844)
Net repayments on demand note payable	(55)	(60,000)
NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES	<u>227,361</u>	<u>(307,844)</u>
NET INCREASE IN CASH AND CASH EQUIVALENTS	247,567	319,114
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>1,068,744</u>	<u>749,630</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 1,316,311</u>	<u>\$ 1,068,744</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash paid during the year for interest	<u>\$ 130,185</u>	<u>\$ 160,999</u>
SUPPLEMENTAL DISCLOSURE OF NONCASH INVESTING AND FINANCING ACTIVITIES		
Donated property and equipment	<u>\$ -</u>	<u>\$ 1,003,996</u>

See Notes to Financial Statements

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
AND AFFILIATE**

**CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Organization and Principles of Consolidation

Community Action Partnership of Strafford County (the Agency) is a 501(c)(3) private New Hampshire non-profit organization established under the provisions of the Equal Opportunity Act of 1964. Without services provided by the Agency, many local residents would be without a means to provide for their basic needs, including food, education, child care, utilities assistance, transportation, housing, emergency shelter and access to other services. The mission of the Agency is to educate, advocate and assist people in Strafford County to help meet their basic needs and promote self-sufficiency. The vision of the Agency is to eliminate poverty in Strafford County through compassion, education, self-sufficiency, transparency, accountability, team work, client focus and professionalism.

Academy Street Family Housing, LLC (Academy Street) is a limited liability company which is consolidated because the Agency controls 100% of the voting power of Academy Street. Academy Street leases property from the Agency under a lease agreement for an annual rent amount of \$1. The lease commenced on April 21, 2020 and expires April 2045. Unless either party serves the other with a 180 day written notice prior to the expiration of the initial term, at the end of the initial term, the lease shall be automatically extended for an additional 25 year term. All significant intercompany items and transactions have been eliminated from the basic financial statements.

In addition to the Agency's administrative office located in Dover, the Agency maintains its outreach capacity by operating program offices in Farmington, Milton, Rochester, Dover and Somersworth. The Agency is funded by Federal, state, county and local funds, as well as United Way grants, public utilities, foundation and charitable grant funds, fees for service, private business donations, and donations from individuals. The Agency is governed by a tripartite board of directors made up of elected officials, community leaders from for-profit and non-profit organizations and residents who are low income. The board is responsible for assuring that the Agency continues to assess and respond to the causes and conditions of poverty in its community, achieve anticipated family and community outcomes, and remain administratively and fiscally sound. The Agency administers a wide range of coordinated programs to more than 15,000 people annually, and the programs are designed to have a measurable impact on poverty and health status among the most vulnerable residents: those under the age of 6, the elderly and those living in poverty. This coordinated approach is accomplished by providing a broad array of services that are locally defined, planned and managed with community agencies.

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
AND AFFILIATE**

**CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

**NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

Basis of Accounting

The consolidated financial statements have been prepared using the accrual basis of accounting in accordance with Generally Accepted Accounting Principles (GAAP) of the United States

Financial Statement Presentation

The consolidated financial statements have been prepared in accordance with U.S. generally accepted accounting principles (US GAAP), which require the Agency to report information regarding its financial position and activities according to the following net asset classifications:

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

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

Donor restricted contributions are reported as increases in net assets with donor restrictions. When restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of activities.

At December 31, 2020 and 2019, the Agency had net assets without donor and with donor restrictions.

Refundable Advances

Grants received in advance are recorded as refundable advances and recognized as revenue in the period in which the related services are performed or expenditures are incurred.

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
AND AFFILIATE**

**CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

**NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

Contributions

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are restricted by the donor for future periods or for specific purposes are reported as temporarily restricted or permanently restricted support, depending on the nature of the restriction. However, if a restriction is fulfilled in the same period in which the contribution is received, the Agency reports the support as unrestricted.

Contributed Services

Donated services are recognized as contributions in accordance with FASB ASC No. 958, *Accounting for Contributions Received and Contributions Made*, if the services (a) create or enhance non-financial assets or (b) require specialized skills and would otherwise be purchased by the Agency.

Volunteers provided various services throughout the year that are not recognized as contributions in the financial statements since the recognition criteria under FASB ASC No. 958 were not met.

Fair Value of Financial Instruments

Unless otherwise indicated, fair values of all reported assets and liabilities that are financial instruments approximate the carrying values of such amounts.

Inventory

Inventory materials are fixtures for installation and recorded at cost or contributed value, using the first-in, first-out method.

Property and Depreciation

Property and equipment, which have a cost greater than \$5,000, are capitalized at cost or, if donated, at the approximate fair value at the date of donation. Specific grants and awards may have a threshold lower than this amount and that program will abide by those guidelines. Assets are depreciated over their estimated useful lives using the straight-line method as follows:

Buildings and improvements	15 - 40 years
Furniture, equipment and machinery	3 - 10 years
Vehicles	5 - 7 years

Depreciation expense aggregated \$182,800 and \$175,101 for the years ended December 31, 2020 and 2019, respectively.

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
AND AFFILIATE**

**CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

**NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

Accrued Earned Time

The Agency has accrued a liability of \$131,108 and \$84,272 at December 31, 2020 and 2019, respectively, for future compensated leave time that its employees have earned and which is vested with the employee.

Income Taxes

The Agency is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Internal Revenue Service has determined the Agency to be other than a private foundation. The Agency is also exempt from the New Hampshire Business Enterprise Tax.

Accounting Standard Codification No. 740, "Accounting for Income Taxes", establishes the minimum threshold for recognizing, and a system for measuring, the benefits of tax return positions in financial statements. Management has analyzed the Agency's tax position taken on its information returns for the previous three tax years and has concluded that no additional provision for income taxes is necessary in the Agency's financial statements.

Cash and Cash Equivalents

The Agency considers all highly liquid financial instruments with original maturities of three months or less to be cash equivalents.

Revenue Recognition Policy

The Agency derives revenue from grants, fees for services, donations, public support and fundraising. Revenues are recognized when control of these services are transferred to customers, in an amount that reflects the consideration the Agency expects to be entitled to in exchange for those services. Cost incurred to obtain a contract will be expensed as incurred when the amortization period is less than a year.

Use of Estimates

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

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
AND AFFILIATE**

**CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

**NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

Advertising Expenses

The Agency expenses advertising costs as they are incurred. Total advertising costs for the years ended December 31, 2020 and 2019 amounted to \$27,725 and \$12,558, respectively.

Debt Issuance Costs

As required under FASB Accounting Standards Update No. 2015-03, amortization expense for the years ended December 31, 2020 and 2019 amounted to \$2,156 and has been included with interest expense in the consolidated statement of activities for each year. The unamortized deferred financing costs have been included as a reduction of the long term debt (See Note 9).

In-kind Donations

The Agency pays below-market rent for the use of certain facilities. In accordance with generally accepted accounting principles, the difference between amounts paid for the use of the facilities and the fair value of the rental space has been recorded as an in-kind donation and as an in-kind expense in the accompanying financial statements. The estimated fair value of the donation was determined to be \$177,617 and \$177,529 for the years ended December 31, 2020 and 2019, respectively.

The Agency also receives contributed professional services that are required to be recorded in accordance with FASB ASC No. 958. The estimated fair value of these services was determined to be \$17,812 and \$33,857 for the years ended December 31, 2020 and 2019, respectively.

The Agency also receives contributed food commodities and other goods that are required to be recorded in accordance with FASB ASC No. 958. The estimated fair value of these food commodities and goods was determined to be \$415,835 and \$17,665, respectively, for the year ended December 31, 2020. For the year ended December 31, 2019, the estimated fair value of these food commodities and goods was determined to be \$397,292 and \$91,175, respectively.

Functional Allocation of Expenses

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

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
AND AFFILIATE**

**CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

**NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

Functional Allocation of Expenses (Continued)

The expenses that are allocated include the following:

<u>Expense</u>	<u>Method of allocation</u>
Salaries and benefits	Time and effort
Occupancy	Square footage/revenues
Depreciation	Square footage
All other expenses	Approved indirect rate

New Accounting Pronouncement

In May 2014, FASB issued ASU 2014-09 (Topic 606) – Revenue from Contracts with Customers. The ASU and all subsequently issued clarifying ASUs replaced the most existing revenue recognition guidance in U.S. GAAP. The ASU also requires expanded disclosures relating to the nature, amount, timing, and uncertainty of revenue from cash flows arising from contracts with customers. The Agency adopted the new standard effective January 1, 2020, the first day of the Agency's fiscal year using the modified retrospective approach. The adoption did not result in a change to the accounting for any of the applicable revenue streams; as such, no cumulative effect adjustment was recorded. See revenue recognition policy above.

NOTE 2. PROPERTY

As of December 31, 2020 and 2019, property consisted of the following:

	<u>2020</u>	<u>2019</u>
Land, buildings and improvements	\$ 5,499,660	\$ 5,039,871
Furniture, equipment and machinery	646,283	600,526
Vehicles	<u>350,136</u>	<u>327,137</u>
Total	6,496,079	5,967,534
Less accumulated depreciation	<u>1,222,758</u>	<u>1,152,384</u>
Net property	<u>\$ 5,273,321</u>	<u>\$ 4,815,150</u>

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
AND AFFILIATE**

**CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

NOTE 3. LIQUIDITY AND AVAILABILITY

The following represents the Agency's financial assets as of December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Financial assets at year end:		
Cash and cash equivalents	\$ 1,316,311	\$ 1,068,744
Accounts receivable	2,268,903	1,525,775
Contributions receivable	<u>38,400</u>	<u>68,100</u>
Total financial assets	3,623,614	2,662,619
Less amounts not available to be used within one year:		
Board designated funds	<u>307,315</u>	<u>307,315</u>
Financial assets available to meet general expenditures over the next twelve months	<u>\$ 3,316,299</u>	<u>\$ 2,355,304</u>

The Agency's goal is generally to maintain financial assets to meet 30 days of operating expenses. As part of its liquidity plan, excess cash is invested in short-term investments, including money market accounts.

NOTE 4. ACCOUNTS RECEIVABLE

Accounts receivable are stated at the amount management expects to collect from balances outstanding at year end. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. The allowance for uncollectible accounts was estimated to be zero at December 31, 2020 and 2019. The Agency has no policy for charging interest on overdue accounts.

NOTE 5. CONTRIBUTIONS RECEIVABLE

Contributions receivable represent promises to give, which have been made by donors but have not yet been received by the Agency. The Agency considers contributions receivable to be fully collectible; accordingly, no allowance for contributions receivable has been recorded.

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
AND AFFILIATE**

**CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

NOTE 5. CONTRIBUTIONS RECEIVABLE (continued)

Total unconditional promises to give were as follows at December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Within one year	\$ 34,307	\$ 38,057
In two to five years	<u>4,093</u>	<u>30,043</u>
	<u>\$ 38,400</u>	<u>\$ 68,100</u>

NOTE 6. TAX CREDIT PROGRAM

The New Hampshire Community Development Finance Authority's Tax Credit Program allows New Hampshire businesses to contribute to not-for-profit community, housing and economic development projects and receive a 75% New Hampshire state tax credit that can be applied against New Hampshire business profits, business enterprise and insurance premium taxes. The Agency did not recognize any revenue through this Tax Credit Program during the years ended December 31, 2020 and 2019. The total cumulative contribution revenue raised to date is \$250,000 as of December 31, 2020.

NOTE 7. PLEGGED ASSETS

As described in Note 8, all assets of the Agency are pledged as collateral under the Agency's demand note payable agreement. As described in Note 9, the building of the Agency is pledged as collateral under the Agency's mortgage note payable agreement.

NOTE 8. DEMAND NOTE PAYABLE

The Agency has available a revolving line of credit with a bank in the amount of \$250,000. The note is payable upon demand. Interest is stated at the prime rate plus 1% which resulted in an interest rate of 4.25% and 5.75% at December 31, 2020 and 2019, respectively. The note is collateralized by all the assets of the Agency.

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
AND AFFILIATE**

**CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

NOTE 9. LONG TERM DEBT

The long term debt at December 31, 2020 and 2019 consisted of the following:

	<u>2020</u>	<u>2019</u>
4.90% mortgage payable to Kennebunk Savings Bank with interest only payments for 36 months followed by principal and interest payments for 264 months for the first ten years. In 2028 principal and interest payments will adjust to 1.50% above the highest five-year Federal Home Loan Bank of Boston interest rate. The mortgage note payable is collateralized by the building and leases and rents of 577 Central Ave.	\$ 1,929,978	\$ 2,143,096
5.00% mortgage payable to the New Hampshire Community Loan Fund of interest only payments for 36 months followed by principal and interest payments for 264 months. The mortgage note payable is collateralized by the building and leases and rents of 577 Central Ave.	427,975	474,778
Non-interest bearing note payable to the New Hampshire Housing Finance Authority in annual payments in the amount of 50% of annual surplus cash through May 2060 at which time the remaining balance is due. The note is collateralized by certain real estate located at 22-24 Academy Street.	<u>485,181</u>	<u>-</u>
Total long term debt before current portion of long term debt and unamortized debt issuance costs	2,843,134	2,617,874
Current portion of long term debt	(18,343)	-
Unamortized debt issuance costs	<u>(48,872)</u>	<u>(51,028)</u>
Total long term debt	<u>\$ 2,775,919</u>	<u>\$ 2,566,846</u>

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
AND AFFILIATE**

**CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

NOTE 9. LONG TERM DEBT (continued)

The schedule of maturities of long term debt at December 31, 2020 is as follows:

<u>Year Ended December 31</u>	<u>Amount</u>
2021	\$ 18,343
2022	75,657
2023	79,448
2024	83,430
2025	87,612
Thereafter	<u>2,498,644</u>
Total	<u>\$ 2,843,134</u>

NOTE 10. NET ASSETS

At December 31, 2020 and 2019, net assets with donor restrictions consisted of the following:

	<u>2020</u>	<u>2019</u>
Summer meals	\$ 44,438	\$ 11,914
Building campaign	44,712	27,891
Security deposits	-	51,584
Whole family	25,846	163,738
COVID related	111,100	-
Homeless outreach	5,091	-
Fuel assistance	55,902	33,995
Weatherization	14,477	3,434
Coordinated entry	-	8,147
Holiday baskets	-	3,985
Food pantry	-	2,521
Special events	-	<u>3,881</u>
Total	<u>\$ 301,566</u>	<u>\$ 311,090</u>

At December 31, 2020 and 2019, net assets without donor restrictions consisted of the following:

	<u>2020</u>	<u>2019</u>
Undesignated	\$ 3,286,602	\$ 3,023,058
Board designated	<u>307,315</u>	<u>307,315</u>
Total net assets without donor restrictions	<u>\$ 3,593,917</u>	<u>\$ 3,330,373</u>

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
AND AFFILIATE**

**CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

NOTE 11. LEASE COMMITMENTS

Facilities occupied by the Agency for its community service programs are rented under the terms of various leases. For the years ended December 31, 2020 and 2019, the annual lease/rent expense for the leased facilities was \$143,308 and \$111,043, respectively. Certain equipment is leased by the Agency under the terms of various leases.

The approximate future minimum lease payments on the above leases are as follows:

<u>Year Ended December 31</u>	<u>Amount</u>
2021	\$ 63,001
2022	31,501
2023	1
2024	1
2025	1
Thereafter	<u>10</u>
Total	<u>\$ 94,515</u>

NOTE 12. RETIREMENT PLAN

The Agency maintains a 403(b) Plan and Trust (the Plan) covering substantially all employees. Employee contributions to the Plan are made at predetermined rates elected by employees. Additionally, the Agency provides a matching contribution equal to 25% of the employee's contribution up to 5% of the employee's compensation. Effective April 1, 2016, the Agency instituted an auto enrollment feature mandating a minimum 1% employee contribution; however, employees reserve the right to decline the auto enrollment. Employer matching contributions for the years ended December 31, 2020 and 2019 totaled \$23,170 and \$28,408, respectively.

NOTE 13. CONCENTRATION OF RISK

The Agency receives a majority of its support from federal and state governments. For the years ended December 31, 2020 and 2019, approximately 90% and 88%, respectively, of the Agency's total revenue was received from federal and state governments. If a significant reduction in the level of support were to occur, it would have a significant effect on the Agency's programs and activities.

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
AND AFFILIATE**

**CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

NOTE 14. CONCENTRATION OF CREDIT RISK

The Agency maintains its cash balances at several financial institutions in New Hampshire. The balances are insured by the Federal Deposit Insurance Corporation up to \$250,000. The Agency maintains an agreement with its primary financial institution to collateralize the balances in excess of \$250,000.

NOTE 15. CONTINGENCIES

The Agency receives grant funding from various sources. Under the terms of these agreements, the Agency is required to use the funds within a certain period and for purposes specified by the governing laws and regulations. If expenditures were found not to have been made in compliance with the laws and regulations, the Agency might be required to repay the funds. No provisions have been made for this contingency because specific amounts, if any, have not been determined or assessed as of December 31, 2020 and 2019.

NOTE 16. NONCASH CONTRIBUTION

During the year ended December 31, 2019, the Agency received land and property as a contribution. The contribution was recorded at the fair value of the land and property, totaling \$1,003,996. Additionally, the Agency received \$130,000 from the contributor, resulting in a total contribution of \$1,133,996.

NOTE 17. RENTAL INCOME RECEIVABLE

Subsequent to December 31, 2020, Academy Street entered into four separate rental agreements for use of their four apartments. The rental agreements commence in May of 2021 and expire during April of 2022. Monthly payments for the agreements range from \$1,168 to \$1,394 and are due the first day of each month.

The approximate future rental payments owed on the above leases are as follows:

<u>Year Ended December 31</u>	<u>Amount</u>
2021	\$ 42,800
2022	<u>21,400</u>
Total	<u>\$ 64,200</u>

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
AND AFFILIATE**

**CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

NOTE 18. PAYCHECK PROTECTION PROGRAM (PPP) LOAN

During the year ended December 31, 2020 the Agency was able to secure a loan from the Payroll Protection Program (PPP) offered under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The Agency received loan proceeds in the amount of \$97,500.

Subsequent to year end, on July 1, 2021, the Agency received notification of forgiveness of the Agency's PPP loan in full. The Agency classified the loan as a current liability in the accompanying consolidated statements of financial position as of December 31, 2020.

NOTE 19. OTHER MATTERS

The impact of the novel coronavirus (COVID-19) and measures to prevent its spread are affecting the Agency's business. The significance of the impact of these disruptions, including the extent of their adverse impact on the Agency's financial operational results, will be dictated by the length of time that such disruptions continue and, in turn, will depend on the currently unknowable duration of the COVID-19 pandemic and the impact of governmental regulations that might be imposed in response to the pandemic. COVID-19 also makes it more challenging for management to estimate future performance of the Agency, particularly over the near to medium term.

NOTE 20. RECLASSIFICATIONS

Certain reclassifications have been made to the prior year's financial statements, which was taken from the December 31, 2019 financial statements, to conform to the current year presentation.

NOTE 21. SUBSEQUENT EVENTS

Subsequent to year end, the Agency acquired all of the assets and liabilities of Dover Daycare Learning Center (the Center). Total assets and liabilities acquired were approximately \$369,000 and \$264,000, respectively. Since the date of acquisition, the Agency has been running the operations of the Center. Prior to December 31, 2020, the Agency received \$107,606 from the Center relating to the sale. This is included in deferred revenue in the accompanying consolidated statements of financial position.

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
AND AFFILIATE**

**CONSOLIDATED NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019**

NOTE 20. SUBSEQUENT EVENTS (continued)

Subsequent events are events or transactions that occur after the statement of financial position date, but before financial statements are available to be issued. Recognized subsequent events are events or transactions that provide additional evidence about conditions that existed at the statement of financial position date, including the estimates inherent in the process of preparing financial statements. Nonrecognized subsequent events are events that provide evidence about conditions that did not exist at the statement of financial position date but arose after that date. Management has evaluated subsequent events through November 4, 2021, the date the consolidated financial statements were available for issuance.

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE**CONSOLIDATING STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2020**

	<u>CAPSC</u>	<u>Academy Street Family Housing, LLC</u>	<u>Total</u>	<u>Consolidating Adjustments</u>	<u>Consolidated</u>
ASSETS					
CURRENT ASSETS					
Cash and cash equivalents	\$ 1,115,739	\$ 200,572	\$ 1,316,311	\$ -	\$ 1,316,311
Accounts receivable	2,268,903	-	2,268,903	-	2,268,903
Contributions receivable	38,400	-	38,400	-	38,400
Due from affiliate	15,000	-	15,000	(15,000)	-
Inventory	226,233	-	226,233	-	226,233
Prepaid expenses	36,318	-	36,318	-	36,318
Total current assets	<u>3,700,593</u>	<u>200,572</u>	<u>3,901,165</u>	<u>(15,000)</u>	<u>3,886,165</u>
NONCURRENT ASSETS					
Security deposits	5,326	-	5,326	-	5,326
Property, net of accumulated depreciation	4,792,919	480,402	5,273,321	-	5,273,321
Other noncurrent assets	27,500	-	27,500	-	27,500
Total noncurrent assets	<u>4,825,745</u>	<u>480,402</u>	<u>5,306,147</u>	<u>-</u>	<u>5,306,147</u>
TOTAL ASSETS	\$ 8,526,338	\$ 680,974	\$ 9,207,312	\$ (15,000)	\$ 9,192,312
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Demand note payable	\$ 105,377	\$ -	\$ 105,377	\$ -	\$ 105,377
Current portion of long term debt	18,343	-	18,343	-	18,343
Accounts payable	1,313,764	183,921	1,497,685	-	1,497,685
Accrued payroll and related taxes	88,682	-	88,682	-	88,682
Accrued compensated absences	131,108	-	131,108	-	131,108
Due to affiliate	-	15,000	15,000	(15,000)	-
Deferred revenue	107,606	-	107,606	-	107,606
Refundable advances	473,291	-	473,291	-	473,291
Paycheck Protection Program	97,500	-	97,500	-	97,500
Other current liabilities	1,318	-	1,318	-	1,318
Total current liabilities	<u>2,336,989</u>	<u>198,921</u>	<u>2,535,910</u>	<u>(15,000)</u>	<u>2,520,910</u>
NONCURRENT LIABILITIES					
Long term debt, less current portion shown above	2,290,738	485,181	2,775,919	-	2,775,919
Total liabilities	<u>4,627,727</u>	<u>684,102</u>	<u>5,311,829</u>	<u>(15,000)</u>	<u>5,296,829</u>
NET ASSETS					
Without donor restrictions	3,597,045	(3,128)	3,593,917	-	3,593,917
With donor restrictions	301,566	-	301,566	-	301,566
Total net assets	<u>3,898,611</u>	<u>(3,128)</u>	<u>3,895,483</u>	<u>-</u>	<u>3,895,483</u>
TOTAL LIABILITIES AND NET ASSETS	\$ 8,526,338	\$ 680,974	\$ 9,207,312	\$ (15,000)	\$ 9,192,312

See Notes to Financial Statements

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE**CONSOLIDATING STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2020**

	<u>CAPSC</u>	<u>Academy Street Family Housing, LLC</u>	<u>Consolidated</u>
CHANGE IN NET ASSETS			
REVENUES AND OTHER SUPPORT			
Grant revenue	\$ 11,412,231	\$ -	\$ 11,412,231
Fees for service	1,544,770	-	1,544,770
Rent revenue	15,255	-	15,255
Public support	707,642	-	707,642
In-kind donations	630,948	-	630,948
Interest	93	10	103
Fundraising	64,423	-	64,423
Gain on sale of equipment	2,000	-	2,000
	<u>14,377,362</u>	<u>10</u>	<u>14,377,372</u>
Total revenues and support			
EXPENSES			
Program services			
Child services	4,470,403	-	4,470,403
Community services	2,258,463	-	2,258,463
Energy assistance	2,063,659	-	2,063,659
Housing	2,917,792	3,138	2,920,930
Weatherization	1,347,740	-	1,347,740
Workforce development	92,113	-	92,113
	<u>13,150,170</u>	<u>3,138</u>	<u>13,153,308</u>
Total program services			
Supporting activities			
Management and general	894,695	-	894,695
Fundraising	75,349	-	75,349
	<u>14,120,214</u>	<u>3,138</u>	<u>14,123,352</u>
Total expenses			
CHANGE IN NET ASSETS	257,148	(3,128)	254,020
NET ASSETS, BEGINNING OF YEAR	<u>3,641,463</u>	<u>-</u>	<u>3,641,463</u>
NET ASSETS, END OF YEAR	<u>\$ 3,898,611</u>	<u>\$ (3,128)</u>	<u>\$ 3,895,483</u>

See Notes to Financial Statements

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2020**

<u>FEDERAL GRANTOR/ PASS-THROUGH GRANTOR/PROGRAM TITLE</u>	<u>FEDERAL CFDA NUMBER</u>	<u>PASS-THROUGH GRANTOR'S NAME</u>	<u>GRANTOR'S NUMBER</u>	<u>FEDERAL EXPENDITURES</u>
<u>U.S. Department of Agriculture</u>				
Child and Adult Care Food Program	10.558	State of New Hampshire Department of Education	4300-ZZZ	\$ 56,817
Child Nutrition Cluster				
Summer Food Service Program for Children	10.559	State of New Hampshire Department of Education	4300-ZZZ	\$ 1,020,802
National School Lunch Program	10.555	State of New Hampshire Department of Education	At-Risk After School Care Centers	<u>32,522</u> 1,053,324
Food Distribution Cluster				
Emergency Food Assistance Program (Food Commodities)	10.569	Bethnap-Merrimack Community Action Partnership	None	<u>415,835</u>
Total U.S. Department of Agriculture				\$ 1,525,978
<u>U.S. Department of Housing and Urban Development</u>				
Supportive Housing for the Elderly	14.157	Dover Housing Authority	Dover Housing Authority	\$ 28,212
CDBG Entitlement Grants Cluster				
Community Development Block Grants / Entitlement Grants	14.218	City of Dover, New Hampshire	City of Dover	20,046
Community Development Block Grants / Entitlement Grants	14.218	City of Rochester, New Hampshire	City of Rochester	87,224
CV-Community Development Block Grants/Entitlement Grants	14.218	City of Rochester, New Hampshire	City of Rochester	<u>25,000</u> 132,270
Emergency Solutions Grant Program	14.231	State of New Hampshire Department of Health and Human Services	05-95-42-423010-7827-102-500731	58,101
CV-Emergency Solutions Grant Program	14.231	State of New Hampshire Department of Health and Human Services	05-95-42-423010-7827	<u>18,522</u> 74,623
Supportive Housing Program	14.235	State of New Hampshire Department of Health and Human Services	010-092-7176-102-0415	41,062
Supportive Housing Program	14.235	Community Partners / Behavioral Health / Services	Community Partners	<u>-</u> 41,062
Total U.S. Department of Housing and Urban Development				\$ 278,167
<u>U.S. Department of Labor</u>				
WIOA Cluster				
WIOA Adult Program	17.258	Southern New Hampshire Services, Inc.	2016-0003	\$ 45,669
WIOA Dislocated Worker Formula Grants	17.278	Southern New Hampshire Services, Inc.	2016-0003	<u>11,723</u>
Total U.S. Department of Labor/WIOA Cluster				\$ 57,394
<u>U.S. Department of Energy</u>				
Weatherization Assistance for Low-Income Persons	81.042	State of New Hampshire Governor's Office of Energy & Community Services	01-02-02-024010-7708-074-500587	\$ 119,687
Total U.S. Department of Energy				\$ 119,687
<u>U.S. Department of the Treasury</u>				
Coronavirus Relief Fund	21.019	Governor's Office of Emergency Relief & Recovery	NHFA Winter Shelter	\$ 125,167
Coronavirus Relief Fund	21.019	Governor's Office of Emergency Relief & Recovery	Housing Stabilization Fund	<u>2,526,945</u> \$ 2,652,132
Total U.S. Department of the Treasury				\$ 2,652,132
<u>U.S. Department of Transportation</u>				
Transit Services Programs Cluster				
Enhanced Mobility of Seniors & Individuals with Disabilities	20.513	State of New Hampshire Department of Transportation	Small Cutaway Bus	\$ 82,050
Total U.S. Department of Transportation				\$ 82,050
<u>U.S. Department of Health & Human Services</u>				
Aging Cluster				
Special Programs for the Aging - Title III, Part B - Grants for Senior Energy	93.044	State of New Hampshire Division of Elderly and Adult services	010-048-7872-512-0352	\$
Senior Transportation	93.044	State of New Hampshire Department of Health and Human Services, Nutrition & Trans. Services	05-95-48-48010-78720000-512-500352	<u>9,832</u> \$ 9,832

See Notes to Schedule of Expenditures of Federal Awards

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2020**

<u>FEDERAL GRANTOR/ PASS-THROUGH GRANTOR/PROGRAM TITLE</u>	<u>FEDERAL CFDA NUMBER</u>	<u>PASS-THROUGH GRANTOR'S NAME</u>	<u>GRANTOR'S NUMBER</u>	<u>FEDERAL EXPENDITURES</u>
Maternal, Infant, Early Childhood Homevisiting Program	93.870	State of New Hampshire Department of Health and Human Services, DPH, BPHCS, Maternal & Health Section	05-95-90-902010-5896	235,465
Promoting Safe and Stable Families	93.558	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-042-421010-29730000-102-500734-42107308	28,899
Temporary Assistance for Needy Families	93.558	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-045-450010-81480000-502-800891-42108803	182,845
Temporary Assistance for Needy Families	93.558	Southern New Hampshire Services, Inc.	13-DHHS-BWWW-CSP-05	<u>33,389</u>
Low-Income Home Energy Assistance	93.568	State of New Hampshire Governor's Office of Energy & Planning	01-02-02-024010-77050000-074-500587	1,919,818
Low-Income Home Energy Assistance	93.568	State of New Hampshire Governor's Office of Energy & Planning	01-02-02-024010-77050000-074-500587	<u>99,978</u>
Community Services Block Grant	93.569	State of New Hampshire, DHHS, DFA	010-045-7148-093-0415	282,528
CV-Community Services Block Grant	93.569	State of New Hampshire, DHHS, DFA	G-1981NHCSOR	<u>75,925</u>
Head Start Cluster				
Head Start	93.600	Direct Funding	01CH998002 & 01HP000702	3,291,776
CV-Head Start	93.600	Direct Funding	01CH998002 & 01HP000702	<u>152,000</u>
Maternal and Child Health Services Block Grant to States	93.994	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-090-51900000-102-500731-90004009	2,741
Stephanie Tubbs Jones Child Welfare Program	93.845	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-042-421010-29680000-102-500734-42106802	3,830
Social Services Block Grant	93.867	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-042-421010-29680000-102-500734-42106803	<u>71,371</u>
Total U.S. Department of Health & Human Services				<u>\$ 6,389,995</u>
TOTAL				<u>\$ 11,863,401</u>
NON-FEDERAL				
Home Energy Assistance Program		Eversource Energy Service Company		<u>\$ 1,324,112</u>

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

**NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2020**

NOTE 1. BASIS OF PRESENTATION

The accompanying schedule of expenditures of Federal Awards (the Schedule) includes the federal award activity of Community Action Partnership of Strafford County under programs of the federal government for the year ended December 31, 2020. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Community Action Partnership of Strafford County, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Agency.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

NOTE 3. INDIRECT COST RATE

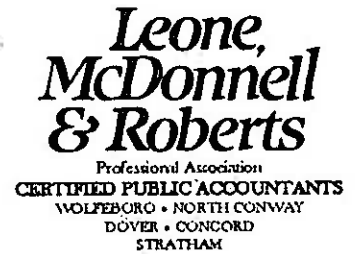
Community Action Partnership of Strafford County has elected not to use the ten percent de minimis indirect cost rate allowed under the Uniform Guidance.

NOTE 4. FOOD DONATION

Nonmonetary assistance is reported in the Schedule at the fair value of the commodities received and disbursed.

NOTE 5. SUBRECIPIENTS

Community Action Partnership of Strafford County had no subrecipients for the year ended December 31, 2020.



COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors of
Community Action Partnership of Strafford County
Dover, New Hampshire

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Community Action Partnership of Strafford County (a New Hampshire nonprofit organization), which comprise the statements of financial position as of December 31, 2020 and 2019, and the related statements of activities, functional expenses, and cash flows, and the related notes to the financial statements, and have issued our report thereon dated November 4, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Community Action Partnership of Strafford County's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Community Action Partnership of Strafford County's internal control. Accordingly, we do not express an opinion on the effectiveness of Community Action Partnership of Strafford County's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Community Action Partnership of Strafford County's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Leon, McDonnell & Roberts
Professional Association*

November 4, 2021
Wolfeboro, New Hampshire

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR
EACH MAJOR PROGRAM AND ON INTERNAL CONTROL
OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

To the Board of Directors of
Community Action Partnership of Strafford County
Dover, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited Community Action Partnership of Strafford County's compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Community Action Partnership of Strafford County's major federal programs for the year ended December 31, 2020. Community Action Partnership of Strafford County's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of Community Action Partnership of Strafford County's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Community Action Partnership of Strafford County's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Community Action Partnership of Strafford County's compliance.

Opinion on Each Major Federal Program

In our opinion, Community Action Partnership of Strafford County complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2020.

Report on Internal Control Over Compliance

Management of Community Action Partnership of Strafford County is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Community Action Partnership of Strafford County's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Community Action Partnership of Strafford County's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented; or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

*Leon, McDannell & Roberts
Professional Association*

November 4, 2021
Wolfeboro, New Hampshire

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED DECEMBER 31, 2020**

A. SUMMARY OF AUDITORS' RESULTS

1. The auditors' report expresses an unmodified opinion on whether the financial statements of Community Action Partnership of Strafford County were prepared in accordance with GAAP.
2. No significant deficiencies relating to the audit of the financial statements are reported in the *Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards*. No material weaknesses are reported.
3. No instances of noncompliance material to the financial statements of Community Action Partnership of Strafford County, which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. No significant deficiencies in internal control over major federal award programs are reported in the *Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance*. No material weaknesses are reported.
5. The auditors' report on compliance for the major federal award programs for Community Action Partnership of Strafford County expresses an unmodified opinion on all major federal programs.
6. Audit findings that are required to be reported in accordance with 2 CFR section 200.516(a) are reported in this Schedule.
7. The programs tested as major were: U.S. Department of Health and Human Services, Low-Income Home Energy Assistance Program, CFDA 93.568, Community Services Block Grant, CFDA 93.569 and U.S. Department of the Treasury, Coronavirus Relief Fund, CFDA 21.019.
8. The threshold used for distinguishing between Type A and B programs was \$750,000.
9. Community Action Partnership of Strafford County was determined to be a low-risk auditee.

B. FINDINGS – FINANCIAL STATEMENTS AUDIT

None

C. FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL AWARD PROGRAMS AUDIT

None



2022 Board of Directors

Administrative Offices:

577 Central Avenue, Suite 10
Dover, NH 03820
603-435-2500

Early Childhood Centers:

577 Central Avenue, Suite 50
Dover, NH 03820
603-285-9460

120 Main Street
Farmington, NH 03835
603-755-2883

150 Wakefield Street, Suite 117
Rochester, NH 03867
603-285-9461

46 Stackpole Road
Somersworth, NH 03878
603-817-5458

Family Resource Centers:

577 Central Ave, Suite 50
Dover, NH 03820
603-435-2500

150 Wakefield Street, Suite 117
Rochester, NH 03867
603-435-2500

Outreach Office:

577 Central Avenue, Suite 20
Dover, NH 03820
603-435-2500

Food Pantry:

577 Central Avenue, Suite 10
Dover, NH 03820
603-435-2500

Alan Brown, Chair
Terry Jarvis, Vice Chair
Jean Miccolo, Treasurer
Alison Dorow, Secretary
Hope Morrow Flynn
Petros Lazos
Thomas Levasseur
Don Chick
Petros Lazos
Jason Thomas
Maureen Staples
Tori Bird
Mark Brave
Leah Crouser
Nicki Gearwar
Andrew Swanberry
Mark Toussaint
Robert Harrington
Brylye Collins
Robert Hinkel
Breanna Goldsmith

Tanisha Johnson

Director / Operations / Diversity and Inclusion

EXECUTIVE SUMMARY

A rising operational leader and nonprofit innovator who is maximizing excellence and diversity, empowering independence, and inspiring the next generation of enterprise growth. A visionary who is rethinking what's possible and envisions changing the world not only through innovation and mentorship, but by advancing diversity, inclusion, and belonging. A driver of continuous improvement who is transforming complex obstacles into tangible solutions. Applies extraordinary acumen in pushing the boundaries of what's humanly possible.

- Inclusive Excellence Operational Innovator
- Team Mentor / Collaborator
- Strategic and Project Management Alchemist
- Trusted Nonprofit Business Partner
- Transformational Diversity & Inclusion Leader

'AN EXCEPTIONAL DIRECTOR, WITH THE DRIVE FOR PERFECTION...'

"Tanisha is a leader who is set on making a difference within her community and building community within her organization. She understands the difference between leadership and management and knows which is appropriate at the right time - this speaks to her ability to manage the business side of the organization as effectively as the 'people' side. Tanisha will create a community in which youth are not only challenged but supported - a community in which there are high expectations, but one in which the necessary tools are provided for success - and through her personality and skill, there is no doubt that numbers of volunteers, innovative programs, and participation will increase."

- Kyle D. Warren, MA Ed., Adjunct Associate Professor Vice Dean, School of Nursing, Rutgers

PROFESSIONAL HISTORY

- 2020 - Present **Child and Family Services Director**
Community Action Partnership of Strafford County
 - Orchestrates overall operational and fiscal budgeting, grant writing and administration, contractual management, financial analysis, strategic planning, predictive analytics, and cross-functional collaboration and leadership for 2 childcare centers, the Headstart program for Strafford County, 2 Family Resource Centers, and the Home Visiting program.
 - Secured and oversees leadership for over \$4 million dollars in federal funding and grants; actively prepares and writes grant applications.
 - Coaches, trains, and mentors 10 Managers, 2 Program Assistants, and staff members.
 - Charters RFPs; authors and optimizes website and media; researches community needs; cross-functionally collaborates with other child and family service organizations.
 - SME and spokesperson for Child and Family Services and legislative action; ensure program adherence to Head Start/Early Head Start Program Performance Standards, Child Care Licensing Regulations, and the State of NH Home Visiting program compliance.



EDUCATION

- Diversity & Inclusion in the Workplace
- Cornell University
- Master of Business Administration
- Walden University
- Bachelor of Science in Psychology
- Walden University

SKILLS

- Inclusive Leadership
- Program Management
- Strategic Planning
- Building Trust
- Emotional Intelligence
- Humility
- Adaptability / Persuasion
- Critical Thinking / Problem Solving
- Conflict Resolution / Management
- Strategic Capacity & Systems Innovation
- Business Planning
- Financial Modeling, Budgeting & Analysis
- Collaborative Vision & Goal Setting

2020 - 2020 **Branch Director**
Exeter Area YMCA

- Spearheaded all daily operations of The Exeter Area YMCA including 114 team/department members and 7200 membership clients, including strategic planning, program management, and development, fiscal short and long term planning/budgeting (\$2.5 million dollars annually), risk assessment/management, volunteer committee development, member retention and growth, and community relations and collaborations.
- Conceptualized, authored, and secured a \$10,000 dollar Tufts Healthcare grant for a new Senior Initiative.
- Pioneered the creation of a virtual community during the COVID closure; generated a membership retention rate of 70%, developed 35+ virtual programs and classes, and donated to 50+ families in need.
- Post-COVID SME for reopening; authored operational safety plan, staff training, mental health awareness, and adhered to all CDC and state guidelines.

2017 - 2020 **Associate Branch Director**
Exeter Area YMCA

- Championed all daily operations of The Exeter Area YMCA including 78 team/department members and 6800 membership clients, including strategic planning, program management and development, fiscal short and long term planning/budgeting (\$2 million dollars annually), risk assessment/management, volunteer committee development, member retention and growth, community relations and collaborations, and facility maintenance.
- Ignited multiple grant funding through various community sources for programming totaling over \$60,000 dollars from 2018-2019.
- Conceptualized, developed, and implemented a full membership category and rate change along with additional wellness space renovations increasing revenue.
- Architected a 'branch-first' Annual Campaign Week for fundraising - driving \$25,000 in revenue for the Exeter Branch from 2018-2019.

2015 - 2017 **Early Intervention Supervisor**
Service Access & Management

- Pioneered the daily operation of the Early Intervention Service Coordination Unit; provided case management services for children with developmental disabilities.
- Mentored staff members through leading and influencing, improving employee satisfaction and dramatically reducing turnover.
- Orchestrated all training and development for multiple staff members as well as administering all annual performance reviews; mentored high-potential employees, enabling promotions of team members
- Drove team productivity rate by 15% above the monthly standard.
- Revitalized the development of a new therapist and case manager training module on Early Learning Standards.

2012 - 2015 **Early Intervention Program Manager**
Service Access & Management, Inc.

- Shaped and supported program management, strategic and fiscal planning, analysis, budgeting, and administration, for the Early Intervention Department.
- Authored and analyzed all monthly, quarterly, and annual reporting, which included maintaining compliance with state regulations for case management.
- Cut costs by 20% increasing departmental revenue; implemented a Fiscal Payment System to ensure appropriate billing through various agencies.
- Collaborated with state representatives on implementing the system within department processes and regulatory requirements.
- Coached, trained, and developed 6 management staff and 18 case managers on the utilization of a statewide database system.
- Created and implemented an Electronic Referral System for the department and providers; initiated reporting systems for federal regulatory compliance.

SKILLS

Communication / Collaboration
Influence / Resilience / Integrity
Continual Process Improvement
Operational Assessment / Excellence
Execution & Results
Cross-Functional Team Mentorship
Data Analytics
Multitasking
Transformational Leadership/ Coaching
Social Media/Marketing
Creativity
Time Management / Multitasking
Collaborative Thought Leadership

TECHNICAL EXPERTISE

- MS Office
- Constant Contact
- Adobe Systems
- Social Media Marketing
- Database systems
- Thin Soft

CERTIFICATIONS

- Talk Saves Lives, Certified Teacher, AFSP
- More Than Sad: Suicide Prevention, Certified Teacher, AFSP
- Certified Spinning Instructor, Mad Dogg Athletics
- Cycle Instructor Certification, Athletics and Fitness Association (AFAA)
- Pedals for Parkinson Cycle Certification

VOLUNTEER EXPERIENCE

Robinwood Center - Stratham, NH

Board Member (November 2020 - present)

Black Lives Matter – Seacoast Chapter of NH (@blm.seacoast)

Chairman of the Board & Co-Founder (2020 - present)

- Pioneers all events, social media, fiscal administration, and volunteer management.

Racial Unity Team – Exeter, NH (www.racialunityteam.com)

Board Member (2019 - 2020)

- Expands, guides, and advances relationships among people of different racial identities; orchestrates understanding and alleviates community bias.

Racial Unity Team Program Committee Chair (January 2020 - February 2022)

- Conceptualize, develop, and implement monthly events.
- Shapes and supports virtual programs: 'Minneapolis and Beyond', 'Racial Equity and COVID 19', and 'Equity, Justice, and Inclusion within SAU 16'.

Racial Unity Team Project Manager for NH Humanities Grant - Topic: 'Colorism is more than Skin Deep' (March 2020 - November 2020)

- Champions and manages grant funding (\$3000+ dollars), orchestrates 4-week virtual series and optimizes all social media.

Vice-Chair (January 2021-February 2022)

Exeter AreUIn Program – Exeter, NH

Board Member (2018 - 2021)

Interim Board President (April 2019 - November 2020)

- Serves as Board Member & Interim President for organization and responsible for obtaining sponsors, administrative assistance, and other duties.

SAU 16 Diversity Task Force – Exeter, NH

Board Member (2019 - 2021)

SPEAKING ENGAGEMENTS

- Diversity, Equity, and Inclusion within Marriage and Family Therapy, September 2021:
<https://networks.aamft.org/newhampshire/events/event-description?CalendarEventKey=4e28f4cd-8929-439b-bdd4-a70c58335f3c&CommunityKey=67182c1e-f311-48d2-a0c3-bf3fed6aa61f&Home=%2fnewhampshire%2fevents%2fevent-description>
- Standing Up to Racism Presenter, Portsmouth, N.H., September & January 2021:
<https://www.cityofportsmouth.com/library/news/standinguptoracism>
- Project Empathy, Fall 2021
- Creating a Racially Just Community, June 2021:
<https://www.cityofportsmouth.com/library/racial-justice>
- Feminist in Action Series, Rights and Advocacy with UNH, April 2021
- Shared Legacies: The African-American Jewish Civil Rights Alliance, January 2021:
[https://www.nhjewishfilmfestival.com/2021-virtual-winter-festival/Perspectives on Community Colloquium - Training on DEI, November 2020](https://www.nhjewishfilmfestival.com/2021-virtual-winter-festival/Perspectives%20on%20Community%20Colloquium%20-%20Training%20on%20DEIJ) <https://www.youtube.com/watch?v=ftiSLYAMYoM>
- Portsmouth Women's March Speaker, March 2020
- Black Heritage Trail, Black New England Conference 2020

TERA FELIZ



EXPERIENCE

2022 – PRESENT

HFA SUPERVISOR, COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

- Works with the Home Visiting Manager and Outreach and Enrollment Coordinator to ensure full enrollment.
- Provides weekly supervision and support to HFA home visiting staff in Early Childhood Development, Prenatal Services, Family Support, Nutrition and Parenting in accordance with HFA program requirements.
- Participates in the orientation of all new HFA home visiting staff. Directly facilitates the professional growth of the home visitor.
- Maintains accurate and up-to date information about program policies and procedures, shares with HFA Home Visiting staff and ensures adherence to such policies and procedures.
- Ensures that all written and electronic records are complete and up to date.
- Regularly observes and documents the work of the HFA home visitors; monitors and maintains caseloads

2021– 2022

HOME VISITOR, COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

- Promoted healthy growth and development of children by assisting families in identifying and addressing any home or community barriers to children's success in school.
- Empowered families to advocate for themselves and their children, by collaborating with families and community agencies in the development of family centered and culturally diverse services.
- Used relationship-based approach with families that include empathetic understanding, genuine caring, problem solving, support, sensitive communication, and cultural awareness.
- Facilitated parents' participation in the development of an Individual Family Support Plan as a tool for family goal accomplishment. Updated with family on an ongoing basis.
- Supported parents who are experiencing social, emotional, physical and mental health related problems that interfere with their ability to parent.
- Promoted safe, nurturing environments for children by educating parents in child development, child health, safety and parenting skills.
- Helped families learn healthy coping skills that will assist them in their everyday lives.
- Helped families deal with crisis situations.
- Enhanced family development by assisting parents to further their education, find employment and access community resources.

2019 – 2020

CLINICAL SUPERVISOR, YOUTH VILLAGES

- Supervised a team that consisted of 4-5 Family Intervention Specialists and their individual caseloads of 3-5 families.
- Reviewed treatment plans weekly and provided feedback to ensure quality standards and adherence to contractual requirements were being met.
- Participated in weekly meetings with Clinical Consultant and specialists to review treatment plans, share case updates, address case concerns, and discuss treatment plan objectives, interventions, and goals for the upcoming treatment cycle.
- Ensured that specialists met documentation and deadline expectations.
- Provided regular check-ins, reviews, and support for specialists, in addition to weekly development meetings and supervision.
- Conducted monthly field visits with the specialist and the families to ensure needs were being met and problem-solve any issues and concerns.
- Attended monthly team meetings with the specialist, families, and collaterals to review and discuss treatment progress and planning.

2018 – 2019

FAMILY INTERVENTION SPECIALIST, YOUTH VILLAGES

- Provided intensive in-home services for at-risk youth and their families three times a week on assigned caseloads consisting of 5 families.
- Completed initial assessments with the youth and family in order to complete the psycho-social assessment, create individual safety and crisis- response plans, and identify goals to target when creating treatment plans.
- Implemented interventions with the youth, family, schools, and outside community supports in order to increase interpersonal and pro-social skills.
- Provided case management services and customer relations with a focus on collaborative and ongoing contribution and engagement.
- Provided 24/7 on-call crisis response services on a rotating schedule.
- Completed Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) certification program.

2017 – 2018

RECOVERY SUPPORT WORKER, HOPE ON HAVEN HILL

- Provided direct care to pregnant or post-partum women who are seeking recovery from substance use disorder
- Maintained safety and supervised residents while they worked on parenting skills and adhered to program requirements and expectations.
- Worked within policies, procedures, and protocols as they related to the job, such as, but not limited to: Compliance with confidentiality and HIPAA rules as required by federal regulations, familiarity with paper client documentation, and communicating all relevant client concerns and issues to appropriate staff and direct supervisor.

2015 – 2017

ADULT COMMUNITY CASE MANAGER, PSL SERVICES

- Provided Case Management Services for Adults with Intellectual Disabilities and Autism in the State of Maine, by identifying service needs, finding services available to meet those needs, and facilitating access to those services to assist in improving individual opportunities to live a full life.

- Conducted Intake/Assessments, Plan of Care Development, coordination/advocacy for the client, monitoring services and evaluating continuing/changing needs as they occur.
- Coordinating with local agencies and providers to ensure services are implemented as outlined by the Individual Plans of Care, focusing on community inclusion and employment opportunities.
- Overseeing funding sources and assisting clients with the process of applying, implementing, and ensuring eligibility for MaineCare funded services, and/or additional financial supports and resources.

2012 – 2013

FUNCTIONAL SUPPORT SPECIALIST, COMMUNITY PARTNERS

- Conducted weekly home, school and community-based visits to children and families to assist with delivering interventions through Family Support and Therapeutic Behavioral Services specified on individualized service plans
- Supported children and youth from ages 3-21 with a wide range of mental health, behavioral, and developmental issues while conducting assessments, observations, and developing and implementing treatment plan objectives
- Maintained daily client progress notes, quarterly reviews, and annual service plans and eligibilities as required by the State of New Hampshire
- Attended weekly supervision, staff meetings, and psychiatric referral, evaluation and progress meetings

2008 – 2012

DIRECT SUPPORT PROFESSIONAL, COMMUNITY PARTNERS

- Supported adults with disabilities in a day program designed to facilitate community integration, vocational rehabilitation, and skill-building
- Created and adhered to daily client schedules that included vocational, recreational, and social activities
- Maintained daily data reports and monthly anecdotal reports
- Attended required continuing education courses and staff development meetings in order to maintain current certification and learn updated program guidelines

2007 – 2008

ADOLESCENT COUNSELOR, DOVER CHILDREN'S HOME

- Worked as a team member in maintaining individualized treatment plans for coed youth ages 10-17
- Followed the guidelines of a structured behavior modification program and upheld daily charts and record-keeping

EDUCATION

5/2015

MASTER OF ARTS IN HUMAN SERVICES COUNSELING, LIBERTY UNIVERSITY

5/2013

BACHELOR OF SCIENCE IN PSYCHOLOGY, LIBERTY UNIVERSITY

DANIELLE E. BAH

EDUCATION

B.S | May 2015 | Coastal Carolina University

Degree: Public Health

SKILLS

- Interpersonal Communication
- Networking
- Program Analysis
- Relationship Building
- French Language
- Cross-Cultural Sensitivity
- Task Management
- Public Relations
- Advocacy
- Mentoring & Coaching

CERTIFICATIONS

- Licensed Nursing Assistant (LNA)
- Logic Model Certification
- Certified Yoga Instructor
- Peace Corps Stomp Out Malaria Training

WORK EXPERIENCE

Intake Specialist & Family Support Specialist | Waypoint | October 2019- Present

- Conducted initial needs assessments with clients identifying service eligibility and family needs
- Collected family & individual demographic information for families enrolling in services
- Initiated outreach to referral sources facilitating care coordination and networking
- Fostered strength-based, positive, trusting relationships with families ensuring a safe space for client intervention
- Entered client data using: Apricot, Quickbase, NH MMIS Healthcare Portal
- Utilized motivational interviewing during home visits; assessing needs, identifying existing strengths & supports, and encouraging self-efficacy
- Facilitated client led goal, treatment planning, intervention, resource and referral based on need and desired family function
- Maintained a case load of 10-22 clients working with families with children 0-18 years of age

Health Extension Volunteer | Peace Corps Guinea | February 2017- January 2019

- Implemented series of door-to-door mosquito net distributions and conducted malaria education outreach within a village setting to over 100 families
- Initiated maternal health education and counseling programs with 40 women, two groups of 20 women each
- Counseled community members on the symptoms, dangers, prevention and treatment of malaria
- Facilitated pre-natal consultations and assisted with maternal health counseling
- Worked with Community Health Agents and Doctors to distribute Polio vaccines and Malaria prevention medication and education during annual country-wide distribution campaigns
- Initiated door-to-door community wide malaria prevention, symptoms, and treatment education outreach to a community consisting of over 1,200 residents on the village level
- Increased the capacity of trained community members on the topics of malaria and women's rights
- Completed: Stomp Out Malaria two week training (Senegal), Malaria Boot-camp (Guinea), and Let Girls Learn Conference (Guinea)

Behavioral Interventionist & Intake Coordinator | Community Bridges | May 2015- October 2015

- Implemented child behavioral intervention using a variety of behavioral tools, toys, and practices based upon IFSP
- Met monthly with specialists and family members to review child progression
- Responsible for seeking out and educating families about the non-profit organization, Community Bridges, and how program works
- Conducted intake reports and collected qualitative data about family/child medical history and status
- Communicated all family and child intake information collected to behavior team members

Public Health & Pharmacy Intern | Dominica Rotation, West Indies| January 2015- April 2015

- Conducted needs assessment in rural health clinics and communities
- Created Nutritional Health Survey for future data collection tool in local rural communities
- SWOT analysis completion for program administration
- Assisted with grant funding research and writing
- Researching for Non-Profit start up logistics
- Participated in annual Community Health Fair; serving 3 Villages
- Attended discussions regarding pharmaceutical & medicinal uses of natural herbs and resources
- Networked with health representatives & officials of Barbados; including Prime Minister and MOH

Project Officer Intern | Society for Women and Aids in Africa (S.W.A.A.S.L.)| May 2013- July 201

- Counseled patients in clinical setting
- Advised and reviewed existed grant proposals with director
- Distributed patient medication cards
- Implemented medical supply donation services
- Educated patients about appropriate medication and product usage
- Networked and attended meetings with partner organizations

SARA WHITE

PROFESSIONAL SUMMARY

Fervent, compassionate HFA Home Visitor with 11 years of success in collaborating with families to utilize program resources to become stronger and more effective units. Proficient in supporting parents in making key decisions and adopting a proactive approach to their children's developmental and educational needs. Equipped with a Bachelors in Psychology and a Minor in Sociology and extensive knowledge of family services, to positively impact the HFA program and offer participants with expert support and meaningful relationships. Seeking position of Healthy Families America Supervisor to demonstrate leadership and identify ways to improve service implementation, outcomes and compliance of HFA standards to provide families with safe, professional and comprehensive personalized assistance.

SKILLS

- Interdisciplinary Collaboration
- Progress Evaluations
- Written and Verbal Communication
- Skilled Community-Based Case Manager
- Special Needs Education
- Organization and Time Management
- Manage Family Dynamics
- Flexible and Adaptable
- Procedure Compliance
- Identify Community Resources
- Collaboration and Teamwork

WORK HISTORY

HFA Home Visitor / Community Action Partnership Of Strafford County - Dover, NH / 01.2021 - Current

Ensure children receive nurturing care and support from their families by partnering with parents to strengthen their child development and safety knowledge.

- Provided information on developmental milestones to coach families on incorporating modeled interventions into children's

daily routines.

- Created and managed weekly personal schedule to accommodate visits with families, initial evaluations and documentation.
- Completed home required number of home visits to align with HFA standards and program guidelines.
- Built solid and trusting rapport with children and families, fostering trust and communication to meet family's needs.
- Documented data and completed accurate updates to case records.
- Provided community resources and education to families to increase knowledge and advocacy skills.
- Carried and managed a complete caseload of 12-13 families, per HFA standards.

Transition Resource Coordinator / Lakes Region Community Services - Laconia, NH / 05.2016 - 03.2020

- Managed support services and fostered communication among social workers, DHHS, insurance companies, family service agencies, hospital staff and family members to advocate for developmentally disabled teenagers.
- Collaborated with DHHS and Medicaid resource providers to ensure individuals and families had access to community services, financial assistance, applicable supports and completed referrals.
- Research and analyze individual and community needs to determine program direction, treatment plans and goals.
- Visit individuals in homes, schools and attend group meetings to provide information on agency services, community services and supports.
- Built solid and trusting rapport with caseload of 50 children and their families, fostering trust, empathetic relationships and communication to meet case needs.
- Attend students IEP and school meetings to advocate for individuals and families to assist with special education planning.

Community Integration Case Manager / Maine Behavioral Healthcare - Springvale, ME / 11.2010 - 11.2015

- Organized individual referrals to obtain community services and resources that advocated for needs of adults with mental

health disorders and supported their family members.

- Developed and implemented treatment plans based on clinical experience and knowledge of disorder and treatment needs and modified when needed with numerous versions of computer software.
- Trained in substance abuse and co-occurring disorders.
- Completed and maintained confidential client-related paperwork, including federal- and state-mandated forms, client diagnostic records, treatment plans and progress notes.
- Provided comprehensive community based case management services to caseload of 35 adults with mental illness.
- Identified variety of innovative referrals including educational, medical and other treatment strategies to promote client self-sufficiency.

Direct Care Staff / Stepping Stones Inc. - Saco, ME / 01.2008 - 11.2010

- Observed and monitored client behavior and responses to treatment and provided daily collaborative documentation.
- Developed and implemented treatment plans and modified when needed.
- Directed family-centered, strengths-based, culturally competent and individualized intakes and assessments.
- Connected clients with community service and resource agencies, such as state benefits, housing, welfare, career counseling.
- Worked with family members to develop support networks and multifaceted coping techniques focused on client needs.
- Collaborated with counselors, physicians and DHHS case workers and community resources to plan or coordinate treatment, drawing on social work experience and patient needs.

EDUCATION

University of Maine At Farmington - Farmington, ME / 05.2007
Bachelor of Arts: Psychology

- Minored in Sociology
- MHRT-C; Mental Health Rehabilitation Technician, Level C

TRAININGS

- Trauma Informed Care Certificate
- Psychopharmacology professional training
- Tobacco Treatment in the Clinical Setting training
- Healthy Families America training
- Parents as Teachers

Maura Florian



OBJECTIVE

My desire is to find a stable yet challenging position in a professional environment in which to learn new technologies and skills as a human service provider, and to be an active employee in an organization to express and develop my skills for the mutual development of the organization.

EXPERIENCE

Housing Stability Case Manager Lead, Community Action, Dover, NH

December 2021-Present

Create an action plan, based on the barriers that every client has as a family or as an individual. Making sure that all the clients have the right documents needed for any referrals that need to be made. Provide insight information to help the clients who are homeless and reaching the 18 months of the C-19 assistance. Prevent eviction and homelessness by providing resources and screening for prevention services. Provide referrals resources to all our clients and also identify when a client need is urgent and in an emergency services situation, such as domestic violence. Assist with the help of finding employment, applying for SNAP and so on. meet with your client at least twice a month to talk about the action plan and their goals to see if they have done any improvements. Write a case note for every interaction I have with client.

Case Manager, One Sky Community Services, Portsmouth, NH 03801

November 2020-December

Ensure that the individual have a safe and secure place in which to live.

Ensure community opportunities for community involvement and integration. Assisting in finding and obtaining employment or other productive interests. Identifying and implementing supportive solutions to obstacles that prevent them from living meaningful and productive lives in the community. Identify and overcome gaps in resources.

DHHS, DCYF, FAMILY WORKER, Rochester, NH

March 2020-November 2020

Help and develop case plans, goals for reunification between families, file court reports, participate in hearings,

conduct monthly meetings between parents, foster parents, and children.

Testing Center and PAX Center Paraprofessional, Dover High School, Dover, NH

August 2017-March 2020

Assist students in the classroom by providing them individual help with lessons and helping maintain discipline and assist them with emotional support.

SKILLS

Internet Search, Microsoft Word, Microsoft Office (PowerPoint, Excel)

AWARDS/CERTIFICATIONS

Increased Customer Service satisfaction when worked for Amazing Home Care by answering and helping clients over the phone and by texting the clients. This resulted in at least 200 more calls answered and over 300 text messages sent in one day. CPI, CPR, First Aid and BLS certifications.

LANGUAGES

Fluent in Spanish and English.

EDUCATION

Southern New Hampshire University - Hooksett, NH

July. 2021 - Present

Masters in Psychology and Counseling

(Child and Adolescent Development)

Metropolitan College of New York - New York, NY

Sept. 2013 to May. 2015

Bachelor's in Professional Studies

(Human Services)

Reference Available Upon Request

**Community Action Partnership of Strafford County
DHHS – Home Visitors Contract**

Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Tanisha Johnson	Child and Family Services Director	\$5631
Tera Feliz	HFA Program Manager	66102
Danielle Bah	HFA Supervisor	51834
Sarah White	Home Visitor	47008
Maura Florian	Home Visitor	47008

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

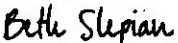

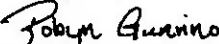
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

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

Contractor Initials 
 Date 1/5/2023

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.

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

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

9. TERMINATION.

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

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and

submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

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

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Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

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

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

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

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

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

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

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

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Subparagraph 3.1, Effective Date/Completion of Services, is amended as follows:

3.1. Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire as indicated in block 1.17, this Agreement, and all obligations of the parties hereunder, shall become effective October 1, 2022, ("Effective Date").

1.2. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up to four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

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Scope of Services

1. Introduction

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

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

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

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

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

2. Key Definitions & Terminology

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

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

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

3. Statement of Work

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

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

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

- 3.2. The Contractor must ensure a minimum of 80% of families served using the traditional HFA model are enrolled in services prenatally or by when the child is 3-months old. The Contractor must offer services in compliance with HFA requirements after enrollment. Eligible families for traditional HFA services (as managed by the Division of Public Health Services) must fall within one (1) or more of the federally defined priority populations below:
 - 3.2.1. Are first-time parents.
 - 3.2.2. Have income of less than one hundred eighty-five percent (<185%) of the U.S. Department of Health and Human Services (USDHHS) Poverty Guidelines.
 - 3.2.3. Are less than twenty-one (21) years of age.
 - 3.2.4. Have a history of child abuse or neglect, or have had interactions with child welfare services.
 - 3.2.5. Have a history of substance misuse or need substance use disorder treatment.
 - 3.2.6. Are users of tobacco products in the home.
 - 3.2.7. Have or have had a child(ren) with low student achievement.
 - 3.2.8. Have a child(ren) with developmental delays or disabilities.
 - 3.2.9. Are in families that include individuals who are serving or have formerly served in the armed forces.
- 3.3. The Contractor must service a portion of families utilizing the HFA Child Welfare Protocols (CWP) in the Conway DCYF Catchment Area, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months old, referred by the child welfare system, who are participating in the service voluntarily. The Contractor must serve no less than three (3) DCYF families during the first six (6) months of the contract period and no less than four (4) families thereafter through the end of the contract period.
- 3.4. The Contractor must serve fourteen (14) families in the Conway DCYF Catchment Area under the traditional HFA model.
- 3.5. Eligible families for HFA CWP services must fall within one (1) of more of the following DCYF FFPSA priority populations:
 - 3.5.1. Pregnant or parenting youth in foster care.
 - 3.5.2. Families with an infant born exposed to substances.

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- 3.5.3. Families assessed by DCYF where the assessment will be closed unfounded.
- 3.5.4. Families with an open DCYF case who have recently reunified.
- 3.6. The Contractor must provide services with the goal of reducing risk of maltreatment for children assessed by the DCYF by:
 - 3.6.1. Serving families involved with DCYF through open assessments or open cases, and also beyond their DCYF involvement.
 - 3.6.2. Strengthening parent-child relationships.
 - 3.6.3. Promoting healthy childhood growth.
 - 3.6.4. Enhancing family functioning and protective factors both during and beyond their DCYF involvement with a long-term outcome goal of decreasing future system involvement and the need for out-of-home placement.
- 3.7. The Contractor must provide services that address the diverse needs of children and families in order to improve health and development outcomes for priority populations through evidence-based home visiting programs, with fidelity to the HFA model BPS. The Contractor must:
 - 3.7.1. Be approved through the HFA model to provide services under this Agreement. The Contractor must:
 - 3.7.1.1. Be approved through HFA, to implement the HFA CWP, which allows enrollment into HFA for DCYF referred families up to twenty-four (24) months of age.
 - 3.7.1.2. Have HFA CWP available in the Conway DCYF Catchment Area within six (6) months of Governor and Executive Council approval of this Agreement.
 - 3.7.1.2.1 Should the Contractor be unable to begin providing services through the HFA CWP by the date specified above, a corrective action plan must be developed by the Contractor and approved by the Department.
 - 3.7.1.2.1.1. In the event that the HFA National Office denies the Contractor use of the CWP, the Contract 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 discharge plan for each family, beginning at the time of admission and continuing throughout service.
 - 3.22.2. The Contractor must not discharge any family referred by the Department without following a protocol specified by the Department.
- 3.23. **Extending HFA services:**
 - 3.23.1. The Contractor must offer HFA Services to the child and family ^{PS} for a

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minimum of three (3) years in total.

3.24. Reporting

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

3.25. Background Checks

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

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

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

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

3.26. Confidential Data

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

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- 3.26.3.4. How individual consent will be achieved and revoked and
- 3.26.3.5. Privacy practices.

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

3.27. Contract End-of-Life Transition Services

- 3.27.1. If applicable, upon termination or expiration of the Agreement, the Parties agree to cooperate in good faith to effectuate a smooth secure transition of the services from the Contractor to the Department and, if applicable, the Contractor engaged by the Department to assume the services previously performed by the Contractor for this section the new Contractor shall be known as ("Recipient"). Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP) on a template provided by the Department.
- 3.27.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and their Affiliates to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with an assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.
- 3.27.3. If a system, database, hardware, software, and/or software license ("Tools") was purchased or created to manage, track, and/or store State Data in relationship to this Contract, said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of State Data is complete.
- 3.27.4. The internal planning of the Transition Services by the Contractor and its Affiliates must be provided to the Department and if applicable, the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Contract.
- 3.27.5. Should the Data Transition extend beyond the end of the Contract, the Contractor and its Affiliates agree Contract Information Security Requirements, and if applicable, the Department's Business Associates Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.

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

3.28. Website and Social Media

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

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

3.29. Performance Measures

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

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

4. Exhibits Incorporated

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

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

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

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

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

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

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

5.3. Credits and Copyright Ownership

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

- 5.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.

- 5.3.3. The Department must retain copyright ownership for any ~~and~~ all

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original materials produced, including, but not limited to:

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

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

5.4. Operation of Facilities: Compliance with Laws and Regulations

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

6. Records

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

6.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

6.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

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- 6.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 6.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder the Department must retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

Attachment 1: DCYF Catchment Area Locations

Berlin <i>(650 Main Street Suite 200, Berlin NH 03570)</i>		
Serving the cities, towns, and locations of:		
▪ Atkinson and Gilmanton Academy Grant	▪ Dummer	▪ Pittsburg
▪ Bean's Grant	▪ Errol	▪ Randolph
▪ Bean's Purchase	▪ Ervings 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	

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

Attachment 1: DCYF Catchment Area Locations

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

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

Attachment 1: DCYF Catchment Area Locations

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

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

Attachment 1: DCYF Catchment Area Locations

Concord <i>(40 Terrill Park Drive, Concord NH 03301)</i>		
Serving the cities, towns, and locations of:		
▪ Allenstown	▪ Epsom	▪ Penacook
▪ Andover	▪ Francestown	▪ 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	

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

Attachment 1: DCYF Catchment Area Locations

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

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

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

Attachment 2 - Capacity Analysis Report

CASELOAD AND CAPACITY ANALYSIS - <i>to be completed for each month of the contract period</i>	
INTRODUCTION & NOTES	<p>This Excel tool has been adapted to streamline the caseload and capacity analysis and reporting processes for both the Local Implementing Agency and the State Team; and to standardize the way metrics are calculated across all LIAs. Please do not copy this workbook to use next month. Instead, open the file named for monthly data you are reporting (i.e., in early January, use the file named "2021.1.2" to report December 2021 data). Please do not change the name of the file when emailing the report to NH DPHS. The "New Home Visitor" tab has been designed for home visitors in their first 24 months to better accommodate new HFA BPS.</p>
USE	<ol style="list-style-type: none"> 1. Click on a home visitor worksheet (HV) tab, below. Enter the home visitor's information into the GREEN CELLS only: their Name, # hours per week paid by HFA, and % of HFA time as a home visitor. 2. Enter the number of families on each level that the home visitor saw in the reporting month. 3. Repeat Steps 1-2 for each home visitor allocated to HFA Home Visiting during the month, in the separate tabs provided. 4. If you have a home visitor position that is currently vacant, please indicate this using "RECRUITMENT" instead of the home visitor's name. 5. Click the "Capacity Analysis" worksheet tab to review the analysis for your Local Implementing Agency this month. <p>NOTE: to optimize your case-assignment planning, use next month's workbook to model your family and case-weight numbers, and see what your performance results will be!</p>
MAINTENANCE	<p style="text-align: center;">PLEASE FOLLOW IF YOUR FAMILY SERVICE WORKERS CHANGED IN THE REPORTING MONTH</p> <p>If your HFA home visiting staff changed, but the number of HFA home visitors did not exceed 5, simply change the "Name of staff member" in Cell B2. Return to USE, Step 1.</p> <p>If the number of HFA home visitors during the reporting month was greater than 5, contact the State Team for technical assistance, OR:</p> <ol style="list-style-type: none"> 1. Duplicate the last FSW worksheet tab (right-click, select "move or copy", click box "create a copy", move to "before Capacity Analysis") 2. Update formulas in the Capacity Analysis worksheet tab to include the new FSW worksheet: <ol style="list-style-type: none"> a. # families served, per case weight category (cells E3:I3) b. % of monthly home visitor capacity utilized (cells E7, F7) c. Service Utilization % (cells, E10, F10)
<p>Notes: The # of hours paid should be the salaried or expected contracted hours for HFA only, regardless of vacation days, out of office, sick, etc.</p> <p>Note: The % of time spent home visiting should be the % of time - of the HFA hours recorded above - doing home visiting work. For FSWs who are NOT also doing FAW work, the % will be 100%</p> <p>Once the green cells are filled, all orange fields and the Capacity Analysis worksheet will auto-calculate for the individual home visitors and for your UA</p> <p>If the total number of families or the total weighted caseload is above the maximum, the corresponding field will turn red</p>	

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	January 2022		6/28/2022		Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Hire Date (New Hire under 24 months emp)											
Name of staff member											
# hours per week worked for MFA only Of the hours above, % time as MFA home visitor											
Caseload multiplier	0.00		# of families with additional caseload due to PSCs								
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.			2.00	0	not applicable					
Level CO1	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.			1.00	0						
Level CO2				0.50	0						
Level CO3				0.25	0						
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.			2.00	0	not applicable					
Level TO1				1.00	0						
Level TO2				0.50	0						
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover			0.50	0						
Level TR				0.50	0						
Actual totals				0	0	Total additional PSC caseloads					
Maximum for fidelity				0	0	0					
HFA CAPACITY CALCULATION				#DIV/0!							
FSW Contribution to HFA CAPACITY CALCULATION				0.0%							

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis		6/28/2022			Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Hire Date (New Hire under 24 months emp)											
Name of staff member											
# hours per week worked for HFA only											
Of the hours above, % time as HFA home visitor											
Caseload multiplier		0.00			# of families with additional caseload due to PSCs						
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed <u>at least one</u> home visit but became disengaged.		2.00	0							
Level CO1			1.00	0							
Level CO2	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		0.50	0							
Level CO3											
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		2.00	0							
Level TO1			1.00	0							
Level TO2			0.50	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
Level TR											
Actual totals		0		0	Total additional PSC caseloads						
Maximum for fidelity		0		0	0						
HFA CAPACITY CALCULATION		#DIV/0!									
FSW Contribution to HFA CAPACITY CALCULATION		0.0%									

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis					Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs							
Name of staff member					# of families with additional caseload due to PSCs							
# hours per week worked for MFA only					0.5	1	1.5	2	2.5	3	Extra Case Weight	
Of the hours above, % time as MFA home visitor												
Caseload multiplier		0.00										
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level								
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0	
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0	
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0	
Level 2	Visits every other week		1.00	0							0	
Level 3	Visits once per month		0.50	0							0	
Level ISS	Crisis Intervention - visits weekly, or more if needed		3.00	0								
Level 4	Visits once per quarter		0.25	0								
Creative Outreach (CO)		Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.										
Level CO1			2.00	0								
Level CO2	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		1.00	0								
Level CO3			0.50	0								
Temporary Assignments (TO, TR)		Temporarily Out of Area (TO): for up to 3 months, families are given the same case weight they had prior to going on CO, to ensure space if re-engaged.										
Level TO1			2.00	0								
Level TO2			1.00	0								
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0								
Level TR			0.50	0								
Actual totals		0		0	Total additional PSC caseloads							
Maximum for fidelity		0		0	0							
MFA CAPACITY CALCULATION												
FSW Contribution to HRSA CAPACITY CALCULATION		# DIV/01 0.0%										

not applicable

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis							Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs					
Name of staff member												
# hours per week worked for HFA only												
Of the hours above, % time as HFA home visitor												
Caseload multiplier		0.00					# of families with additional caseload due to PSC					
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight	
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0	
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0	
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0	
Level 2	Visits every other week		1.00	0							0	
Level 3	Visits once per month		0.50	0							0	
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							0	
Level 4	Visits once per quarter		0.25	0							0	
Creative Outreach (CO)		Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.										
Level CO1	CO families are given the same case weight they had prior to going on CO, to ensure space if re-engaged.		2.00	0								
Level CO2			1.00	0								
Level CO3			0.50	0								
Temporary Assignments (TO, TR)		Temporary Out of Area (TO): for up to 3 months, families are given the same case weight they had prior to going on CO, to ensure space if re-engaged.										
Level TO1			2.00	0								
Level TO2			1.00	0								
Level TO3			0.50	0								
Level TR	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another PSW due to leave or turnover		0.50	0								
Actual totals					0	Total additional PSC caseweights						
Maximum for fidelity				0	0	0						
HFA CAPACITY CALCULATION				#DIV/0!								
PSW Contribution to HRSA CAPACITY CALCULATION				0.0%								

not applicable

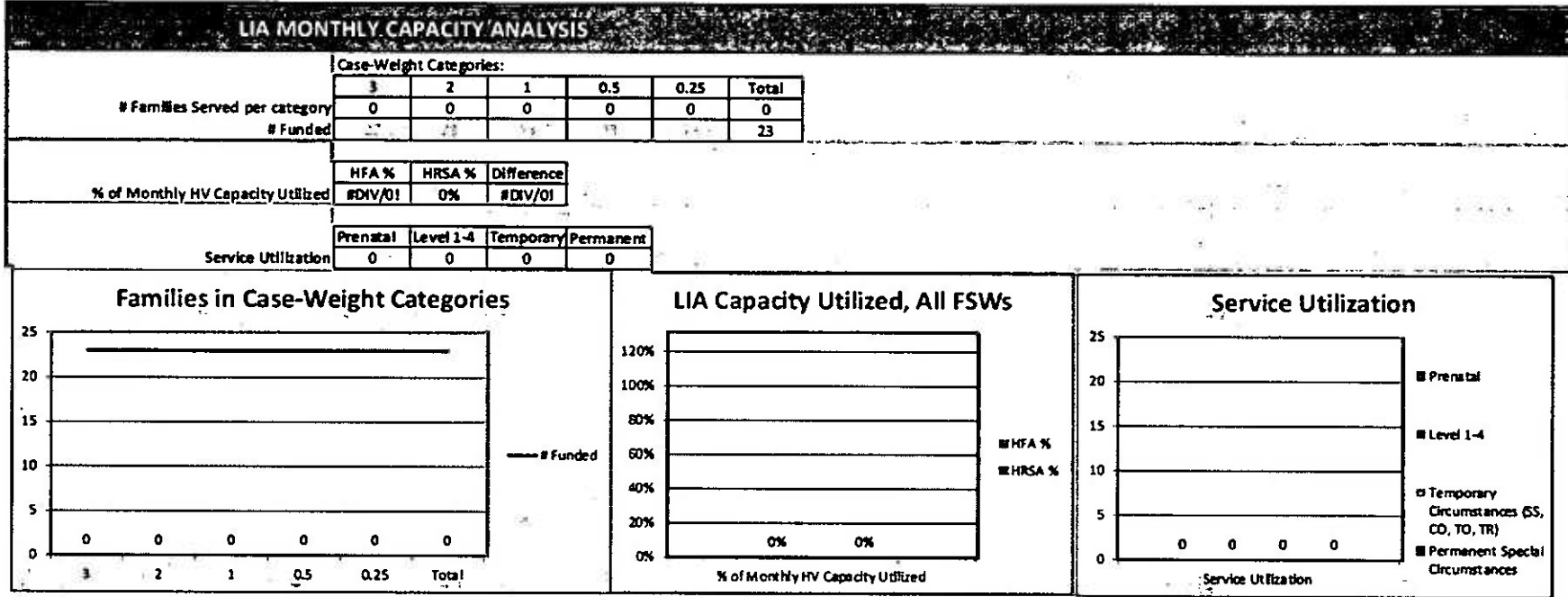
Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis					Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Name of staff member					# of families with additional caseload due to PSC						
# hours per week worked for HFA only											
Of the hours above, % time as HFA home visitor											
Caseload multiplier		0.00									
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 2SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							0
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)		Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.			not applicable						
Level CO1	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		2.00	0							
Level CO2			1.00	0							
Level CO3			0.50	0							
Temporary Assignments (TO, TR)		Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.									
Level TO1			2.00	0							
Level TO2			1.00	0							
Level TO3			0.50	0							
Level TR	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another PSW due to leave or turnover		0.50	0							
Actual totals		0		0							
Maximum for fidelity		0		0	0						
HFA CAPACITY CALCULATION		# DIV/01									
PSW Contribution to HRSA CAPACITY CALCULATION		0.0%									

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis				Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs							
Name of staff member				# of families with additional caseload due to PSC							
# hours per week worked for HFA only											
Of the hours above, % time as HFA home visitor											
Caseload multiplier		0.00									
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weights
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 3S	Crisis Intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)		Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.									
Level CO1			2.00	0							
Level CO2			1.00	0							
Level CO3			0.50	0							
Temporary Assignments (TO, TR)		Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload they had prior to going on CO, to ensure space if re-engaged.									
Level TO1			2.00	0							
Level TO2			1.00	0							
Level TO3			0.50	0							
Level TR	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another PSW due to leave or turnover		0.50	0							
Actual totals		0		0	Total additional PSC caseloads						
Maximum for fidelity		0		0	0						
HFA CAPACITY CALCULATION		#DIV/0!									
PSW Contribution to HRSA CAPACITY CALCULATION		0.0%									

Attachment 2: Capacity Analysis Report



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Attachment 3 - FORM 1

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

DEMOGRAPHIC, SERVICE UTILIZATION, AND SELECT CLINICAL INDICATORS

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 560 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

Attachment 3 - Form 1

SECTION A: PARTICIPANT DEMOGRAPHICS

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

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

Notes:

Table 2: Unduplicated Count of Households Served by MIECHV

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

Notes:

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

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

Notes:

Attachment 3 - Form 1

Table 4: Adult Participants by Age

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

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

Notes:

Table 5: Index Children by Age

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

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

Notes:

Table 6: Participants by Ethnicity

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

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

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Notes:

Table 7: Participants by Race

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

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

Notes:

Table 8: Adult Participants by Marital Status

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

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

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Notes:

Table 9: Adult Participants by Educational Attainment

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

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

Notes:

Table 10: Adult Participants by Employment Status

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

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

Notes:

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Table 11: Adult Participants by Housing Status

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

Notes:

Table 12: Primary Language Spoken at Home

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

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

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Notes:

Table 13: Household Income in Relation to Federal Poverty Guidelines

Households	Number of Households	Percent
50% and under		
51-100%		
101-133%		
134-200%		
201-300%		
>300%		
Unknown/Did not Report*		
All Households (Auto Calculate)		100

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

Notes:

Table 14: For Each Household Indicate the Priority Population Characteristics

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

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

Notes:

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SECTION B: SERVICE UTILIZATION

Table 15: Service Utilization

Home Visits	Number
Total Number of Home Visits completed	

Notes:

Table 16: Family Engagement by Household

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

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

Notes:

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

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

Notes:

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SECTION C: INSURANCE AND CLINICAL INDICATORS

Table 18: Participants by Type of Health Insurance Coverage

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

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

Notes:

Table 19: Index Children by Usual Source of Medical Care

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

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

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.

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DEFINITIONS OF KEY TERMS

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Table Number	Field	Key Terms Requiring Definitions
All Tables		<p>MIECHV Household: For the purposes of reporting to HRSA on Form 1, a "MIECHV household" is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV household at enrollment. HRSA has identified two different methods that can be used to identify MIECHV households that are described below:</p> <ol style="list-style-type: none"> 1. Home Visitor Personnel Cost Method (preferred method): Households are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all households as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. 2. Enrollment Slot Method (temporary option): Households are designated as MIECHV households based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign households to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV. <p>Once designated as a MIECHV household, the household is tracked for the purposes of data collection through the tenure of household participation in the program.</p>
1	Unduplicated Count of New and Continuing Program Participants Served by MIECHV	<p>New Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Continuing Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who was signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Pregnant women are participants who were either pregnant at enrollment or pregnant at the annual update of information in a subsequent reporting period.</p> <p>Female caregivers are those female household members who are enrolled in the program during the reporting period, are considered a caregiver of the index child, and were not pregnant at the time of enrollment or the annual update of this information (e.g., biological mothers, adoptive mothers, foster mothers, grandmothers).</p>

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

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

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

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		<p>Homeless and sharing housing: individuals who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason</p> <p>Homeless and living in an emergency or transitional shelter: individuals who are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement</p> <p>Homeless and some other arrangement: individuals who are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings²</p>
12	Primary Language Spoken at Home	<p>Primary language: the language used in the home the majority of the time.</p> <p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was served by a trained home visitor implementing services with fidelity to the model who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p>
13	Household Income in Relation to Federal Poverty Guidelines	<p>The appropriate category for a given family will depend both on household income and on the number of household members counted in the household (both home visiting enrollees and non-enrollees). Household income refers to the annual gross income for the household as defined in programmatic guidance, recorded at enrollment and annually thereafter.</p> <p>Federal Poverty Guidelines: Annual income data can be estimated from monthly data (monthly income x 12). The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines.</p>
14	For Each Household Indicate the Priority Population Characteristics	<p>Low-Income: An individual or family with an income determined to be below the Federal Poverty Guidelines. The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines.</p> <p>Pregnant women under 21: Households with expectant mothers who enroll in the program and are under 21 years old during the reporting period.</p> <p>Have a history of child abuse or neglect or have had interactions with child welfare services: Based on self-report, a household with members who have a history of abuse or neglect and have had involvement with child welfare services either as a child or as an adult.</p>

² Administration for Children and Families. Early Childhood Learning and Knowledge Center, 2014. <http://eclkc.ohs.acf.hhs.gov/hslc/ta-system/family/family/Homelessness/hmls/definition/definition-legal.html>

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

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18	Participants by Type of Health Insurance Coverage	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>The insurance coverage categories are mutually exclusive. No insurance coverage indicates that the individual is currently not covered by any source of insurance. This table is intended to capture insurance status, not health care access: receipt of care provided for instance by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center does not constitute insurance coverage.</p>
19	Index Children by Usual Source of Medical Care	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of care: the particular medical professional, doctor's office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health.</p>
20	Index Children (≥ 12 months of age) by Usual Source of Dental Care	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of dental care: a usual source of dental care, or dental home, is a place where a child can receive consistent, comprehensive, compassionate dental care. The concept of the Dental Home reflects the AAPD's clinical guidelines and best principles for the proper delivery of oral health care to all children, with a concentration on infant/age one patients and should be established no later than 12 months of age.³</p>

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

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THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

PERFORMANCE AND SYSTEMS OUTCOME MEASURES

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

July 19, 2018

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MEASURE 1

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

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

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MEASURE 2

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

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MEASURE 3

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

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7.
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8. Measurement Tool Utilized

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

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

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MEASURE 4

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

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

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MEASURE 5

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

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MEASURE 6

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: TOBACCO CESSATION REFERRALS	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE 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.	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment DENOMINATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: <hr/> Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether 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.	6.b. Value – Enter the number of cases missing from measure calculation:

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

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MEASURE 7

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

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

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MEASURE 8

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

* Note: When the percent of missing data is $\geq 10\%$, 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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1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS CONSTRUCT: CHILD MALTREATMENT	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period	
4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period DENOMINATOR: Number of children (index child) enrolled in home visiting	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

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

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MEASURE 10

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

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8.
Measurement Tool Utilized

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

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

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MEASURE 11

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

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MEASURE 12

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

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8.

Measurement Tool Utilized

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

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

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MEASURE 13

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

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MEASURE 14

1. BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. 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.	6.b. Value – Enter the number of cases missing from measure calculation:

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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 15

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

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

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MEASURE 16

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

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

Attachment 4 - Form 2

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

MEASURE 17

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

Attachment 4 - Form 2

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

7.
NOTES

8.
Measurement Tool Utilized

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

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

Attachment 4 - Form 2

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

MEASURE 18

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

Attachment 4 - Form 2

OMB No: 0906-0017

Expiration Date: 07/31/2021

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

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

Attachment 4 - Form 2

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

MEASURE 19

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

Attachment 4 - Form 2

OMB No: 0906-0017

Expiration Date: 07/31/2021

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

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

Attachment 4 - Form 2

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

DEFINITIONS OF KEY TERMS

July 19, 2018

Attachment 4 - Form 2

OMB No: 0906-0017

Expiration Date: 07/31/2021

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

¹ Behman R, Stith Butler A. eds. Preterm Birth: Causes, Consequences, and Prevention. Washington, DC: The National Academies Press, 2007.

² Optimizing postpartum care. Committee Opinion No. 666. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;127:e187-92. Retrieved from <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co666.pdf?dmc=1&ts=20180221T1421452301>

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

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

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

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

⁶ U.S. National Library of Medicine, National Institutes of Health. Psychological Index Terms via Unified Medical Language System, 2015. Retrieved from <http://ghr.nlm.nih.gov/glossary=developmentaldelay>.

⁷ Centers for Disease Control and Prevention. Injury Prevention and Control: Division of Violence Prevention, 2015. Retrieved from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

⁸ Home Visiting Collaborative Improvement and Innovation Network.

New Hampshire Department of Health and Human Services
Home Visiting Services

Attachment 5 - DCYF Key Performance Metrics

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

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

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
 - 1.1. 61.5% Federal funds from:
 - 1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC43595.
 - 1.1.2. Maternal, Infant and Early Childhood 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.
6. Audits

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

EXHIBIT C

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

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

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through C-4, Budget.
8. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:

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

EXHIBIT C

- 8.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
- 8.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
- 8.3. Identifies and requests payment for allowable costs incurred in the previous month.
- 8.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
- 8.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
- 8.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSCContractBilling@dhhs.nh.gov or mailed to:
Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

B. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (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 \$338.33 per client (family) once per week.
 - 9.2. Payment shall be made on a monthly basis and follow a process determined by the Department.
 - 9.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

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

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

^{DS}
BJS

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

EXHIBIT C

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

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

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

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

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

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

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

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

New Hampshire Department of Health and Human Services

Contractor Name: Granite VNA, Inc.

Budget Request for: Home Visiting Services -
Home Visiting Formula Grant

Budget Period: SFY 2023 (10/01/2022 - 06/30/2023)

Indirect Cost Rate (If applicable) 1.59%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$50,372
2. Fringe Benefits	\$14,104
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$800
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$300
5.(e) Supplies Office	\$250
6. Travel	\$2,000
7. Software	\$2,375
8. (a) Other - Marketing/ Communications	\$1,500
8. (b) Other - Education and Training	\$6,750
8. (c) Other - Other (specify below)	
HFA Affiliation Fee	\$800
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$79,251
Total Indirect Costs	\$1,282
TOTAL	\$80,533

Contractor Initials: OS
BJS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>Granite VNA, Inc.</u>	
Budget Request for: <u>Home Visiting Services - Home Visiting Formula Grant</u>	
Budget Period: <u>SFY 2024 (07/01/2023 - 06/30/2024)</u>	
Indirect Cost Rate (If applicable) <u>3.91%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$68,626
2. Fringe Benefits	\$19,215
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$1,176
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$368
5.(e) Supplies Office	\$588
6. Travel	\$3,430
7. Software	\$4,900
8. (a) Other - Marketing/ Communications	\$980
8. (b) Other - Education and Training	\$4,900
8. (c) Other - Other (specify below)	
HFA Affiliation Fee	\$980
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$105,163
Total Indirect Costs	\$4,283
TOTAL	\$109,446

Contractor Initials: DS
BJS
 Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <i>Granite VNA, Inc.</i>	
Budget Request for: <i>Home Visiting Services - Home Visiting Formula Grant</i>	
Budget Period: <i>SFY 2025 (07/01/2024 - 09/30/2024)</i>	
Indirect Cost Rate (If applicable) 3.62%	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$16,806
2. Fringe Benefits	\$4,706
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$288
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$90
5.(e) Supplies Office	\$144
6. Travel	\$840
7. Software	\$1,989
8. (a) Other - Marketing/ Communications	\$240
8. (b) Other - Education and Training	\$1,200
8. (c) Other - Other (specify below)	
<i>HFA Affiliation Fee</i>	\$240
<i>Other (please specify)</i>	\$0
<i>Other (please specify)</i>	\$0
<i>Other (please specify)</i>	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$26,543
Total Indirect Costs	\$997
TOTAL	\$27,540

Contractor Initials: DS
BJS
 Date: 1/5/2023

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

Contractor Initials: DS
BJS

Date: 1/5/2023

New Hampshire Department of Health and Human Services Contractor Name: <u>Granite VNA, Inc.</u> Budget Request for: <u>Home Visiting Services</u> Budget Period: <u>SFY 2023 (1/1/23-6/30/23) 6 Months</u> Indirect Cost Rate (If applicable): <u>6.61%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$36,057
2. Fringe Benefits	\$10,095
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$622
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$155
5.(e) Supplies Office	\$310
6. Travel	\$1,865
7. Software	\$2,487
8. (a) Other - Marketing/ Communications	\$995
8. (b) Other - Education and Training	\$4,974
8. (c) Other - Other (specify below)	
HFA Affiliation Fee	\$497
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$58,057
Total Indirect Costs	\$4,111
TOTAL	\$62,168

Contractor Initials DS
BJS

New Hampshire Department of Health and Human Services	
Contractor Name: <i>Granite VNA, Inc.</i>	
Budget Request for: <i>Home Visiting Services</i>	
Budget Period: <i>SFY 2024 (7/1/23-6/30/24) 12 Months</i>	
Indirect Cost Rate (if applicable): <i>6.61%</i>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$33,653
2. Fringe Benefits	\$9,423
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$580
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$145
5.(e) Supplies Office	\$280
6. Travel	\$1,741
7. Software	\$2,321
8. (a) Other - Marketing/ Communications	\$928
8. (b) Other - Education and Training	\$4,642
8. (c) Other - Other (specify below)	
<i>HFA Affiliation Fee</i>	\$464
<i>Other (please specify)</i>	\$0
<i>Other (please specify)</i>	\$0
<i>Other (please specify)</i>	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$54,187
Total Indirect Costs	\$3,835
TOTAL	\$58,022

Contractor Initials DS
BJS



New Hampshire Department of Health and Human Services
Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

Vendor Initials DS
BJS
Date 1/5/2023



New Hampshire Department of Health and Human Services
Exhibit D

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

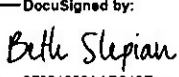
Place of Performance (street address, city, county, state, zip code) (list each location)


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

Vendor Name: Granite VNA dba Concord Regional VNA

1/5/2023

Date

DocuSigned by:

 Name: Beth Stepan
 Title: President/CEO

DS

 Vendor Initials
 Date 1/5/2023



New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

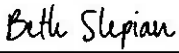
The undersigned certifies, to the best of his or her knowledge and belief, that:


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

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

Vendor Name: Granite VNA dba Concord Regional VNA

1/5/2023
Date

DocuSigned by:

 Name: Beth Stepien
 Title: President/CEO

DS

 Vendor Initials
 Date 1/5/2023



**New Hampshire Department of Health and Human Services
Exhibit F**

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

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive 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 (I)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- 12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

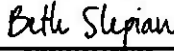
LOWER TIER COVERED TRANSACTIONS


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

Contractor Name: Granite VNA dba Concord Regional VNA

1/5/2023

Date

DocuSigned by:

 Name: Beth Stepien
 Title: President/CEO

Contractor Initials 
 Date 1/5/2023



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
BJS

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



New Hampshire Department of Health and Human Services
Exhibit G

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

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

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

Contractor Name: Granite VNA dba Concord Regional VNA

1/5/2023
Date

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

Exhibit G

Contractor Initials DS
BJS

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: Granite VNA dba Concord Regional VNA

1/5/2023
Date

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

Contractor Initials DS
BJS
Date 1/5/2023



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.

3/2014

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

Contractor Initials

BJS

Date 1/5/2023



New Hampshire Department of Health and Human Services

Exhibit I

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

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

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



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



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

3/2014

Contractor Initials

BJS

Date 1/5/2023



New Hampshire Department of Health and Human Services

Exhibit I

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

(4) **Obligations of Covered Entity**

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

(5) **Termination for Cause**

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

(6) **Miscellaneous**

- a. **Definitions and Regulatory References.** All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. **Amendment.** Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. **Data Ownership.** The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. **Interpretation.** The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

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New Hampshire Department of Health and Human Services

Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services

 The State by:
Patricia M. Tilley

 Signature of Authorized Representative
 Patricia M. Tilley

 Name of Authorized Representative
 Director

 Title of Authorized Representative
 1/5/2023

 Date

Granite VNA dba Concord Regional VNA

 Name of the Contractor
Beth Slepian

 Signature of Authorized Representative
 Beth Slepian

 Name of Authorized Representative
 President/CEO

 Title of Authorized Representative
 1/5/2023

 Date



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: Granite VNA dba Concord Regional VNA

1/5/2023

Date

DocuSigned by:

Beth Stepien

Name: Beth Stepien

Title: President/CEO

DS
BJS

Contractor Initials

Date 1/5/2023



New Hampshire Department of Health and Human Services
Exhibit J

FORM A

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

1. The UEI (SAM.gov) number for your entity is: J1GJSEM4BJ97
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 X YES

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

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

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

_____ NO X YES

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

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

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

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____

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

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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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

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 State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that GRANITE VNA, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 18, 1899. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 63116

Certificate Number: 0005846311



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 15th day of August A.D. 2022.

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

David M. Scanlan
Secretary of State



CERTIFICATE OF AUTHORITY

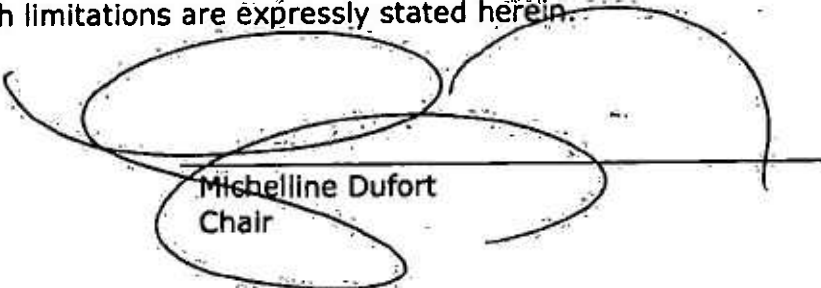
I, Michelline Dufort, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Granite VNA dba Concord Regional Visiting Nurse Association, 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 **December 13, 2022**, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Beth J. Slepian is duly authorized on behalf of Granite VNA dba Concord Regional Visiting Nurse Association, Inc. to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

Dated: 12/13/22


Michelline Dufort
Chair



Granite VNA

Mission

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



FINANCIAL STATEMENTS

September 30, 2022 and 2021

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Granite VNA, Inc.

Opinion

We have audited the accompanying financial statements of Granite VNA, Inc., which comprise the statements of financial position as of September 30, 2022 and 2021, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Granite VNA, Inc. as of September 30, 2022 and 2021, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Board of Trustees
Granite VNA, Inc.
Page 2

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Granite VNA, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Granite VNA, Inc.'s ability to continue as a going concern for a reasonable period of time.

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

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 13, 2022

GRANITE VNA, INC.
Statements of Financial Position
September 30, 2022 and 2021

ASSETS

	<u>2022</u>	<u>2021</u>
Current assets		
Cash and cash equivalents	\$ 2,398,472	\$ 8,903,547
Patient accounts receivable, net	10,652,489	7,240,565
Other receivables	312,802	161,179
Prepaid expenses	<u>851,571</u>	<u>359,804</u>
Total current assets	14,215,334	16,665,095
Investments	30,148,510	43,043,055
Beneficial interest in perpetual trusts	1,524,162	1,560,040
Property and equipment, net	5,720,642	6,077,151
Other assets	<u>102,150</u>	<u>156,082</u>
Total assets	<u>\$ 51,710,798</u>	<u>\$ 67,501,423</u>

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable	\$ 459,829	\$ 517,522
Accrued payroll and related expenses	2,882,485	2,959,971
Deferred revenue	16,500	20,196
Medicare accelerated payments	-	3,864,006
Refundable advance	<u>766,557</u>	<u>-</u>
Total current liabilities	4,125,371	7,361,695
Other liabilities	<u>102,150</u>	<u>156,082</u>
Total liabilities	<u>4,227,521</u>	<u>7,517,777</u>
Net assets		
Without donor restrictions	40,676,386	52,037,115
With donor restrictions	<u>6,806,891</u>	<u>7,946,531</u>
Total net assets	<u>47,483,277</u>	<u>59,983,646</u>
Total liabilities and net assets	<u>\$ 51,710,798</u>	<u>\$ 67,501,423</u>

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

GRANITE VNA, INC.

Statements of Operations

Years Ended September 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Operating revenue		
Net patient service revenue	\$ 34,963,551	\$ 36,058,675
COVID-19 relief funding and other revenue	3,216,199	9,642,518
Spending policy appropriations	827,554	669,862
Net assets released from restrictions for operations	<u>42,488</u>	<u>52,302</u>
Total operating revenue	<u>39,049,792</u>	<u>46,423,357</u>
Operating expenses		
Salaries and wages	28,894,723	25,956,565
Employee benefits	7,933,834	7,657,121
Purchased services	3,453,324	3,019,564
Supplies and other expenses	4,830,024	4,735,731
Depreciation	<u>557,273</u>	<u>456,144</u>
Total operating expenses	<u>45,669,178</u>	<u>41,825,125</u>
Operating (loss) surplus	<u>(6,619,386)</u>	<u>4,598,232</u>
Nonoperating revenue (losses) and other support		
Contributions	741,070	548,963
Net assets acquired from Central New Hampshire VNA & Hospice	-	17,942,232
Investment activity, net of fees and spending policy appropriation	<u>(5,482,413)</u>	<u>2,815,873</u>
Total nonoperating revenue (losses) and other support	<u>(4,741,343)</u>	<u>21,307,068</u>
(Deficit) excess of revenue and other support over expenses and (decrease) increase in net assets without donor restrictions	<u>\$ (11,360,729)</u>	<u>\$ 25,905,300</u>

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

GRANITE VNA, INC.

Statements of Changes in Net Assets

Years Ended September 30, 2022 and 2021

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Balances, September 30, 2020	\$ <u>26,131,815</u>	\$ <u>6,984,221</u>	\$ <u>33,116,036</u>
Excess of revenue and other support over expenses	25,905,300	-	25,905,300
Net appreciation on investments	-	737,954	737,954
Investment income, net of fees	-	57,291	57,291
Net assets acquired from Central New Hampshire VNA & Hospice		194,275	194,275
Change in fair value of beneficial interest in perpetual trusts held by others	-	196,954	196,954
Net assets released from restrictions for operations	-	(52,302)	(52,302)
Spending policy appropriation	-	(171,862)	(171,862)
Change in net assets	<u>25,905,300</u>	<u>962,310</u>	<u>26,867,610</u>
Balances, September 30, 2021	<u>52,037,115</u>	<u>7,946,531</u>	<u>59,983,646</u>
Deficit of revenue and other support over expenses	(11,360,729)	-	(11,360,729)
Net depreciation on investments	-	(990,098)	(990,098)
Investment income, net of fees	-	100,687	100,687
Contribution of beneficial interest in perpetual trust held by others	-	189,624	189,624
Change in fair value of beneficial interest in perpetual trusts held by others	-	(225,503)	(225,503)
Net assets released from restrictions for operations	-	(42,488)	(42,488)
Spending policy appropriation	-	(171,862)	(171,862)
Change in net assets	<u>(11,360,729)</u>	<u>(1,139,640)</u>	<u>(12,500,369)</u>
Balances, September 30, 2022	<u>\$ 40,676,386</u>	<u>\$ 6,806,891</u>	<u>\$ 47,483,277</u>

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

GRANITE VNA, INC.

Statements of Cash Flows

Years Ended September 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Cash flows from operating activities		
Change in net assets	\$(12,500,369)	\$ 26,867,610
Adjustments to reconcile change in net assets to net cash used by operating activities		
Depreciation	557,273	456,144
Loss on disposal of property and equipment	-	4,507
Net depreciation (appreciation) on investments	6,469,586	(3,766,639)
Contribution of beneficial interest in perpetual trust held by others	(189,624)	-
Change in fair value of beneficial interest in perpetual trusts	225,503	(196,954)
Net assets acquired from Central New Hampshire VNA & Hospice, net of cash and cash equivalents of \$1,969,356	-	(16,167,151)
Decrease (increase) in the following assets		
Patient accounts receivable	(3,411,924)	(1,483,566)
Other receivables	(151,623)	(30,433)
Prepaid expenses	(491,767)	8,017
Increase (decrease) in the following liabilities		
Accounts payable	(57,693)	(52,474)
Accrued payroll and related expenses	(77,486)	(457,850)
Deferred revenue	(3,696)	(13,583)
Medicare accelerated payments	(3,864,006)	(2,299,065)
Refundable advance	766,557	(1,860,176)
Paycheck Protection Program Funds	-	(6,169,200)
Net cash used by operating activities	<u>(12,729,269)</u>	<u>(5,160,813)</u>
Cash flows from investing activities		
Acquisition of property and equipment	(200,764)	(472,830)
Purchases of investments	(16,918,804)	(7,762,559)
Proceeds from sale of investments	<u>23,343,762</u>	<u>7,997,370</u>
Net cash provided (used) by investing activities	<u>6,224,194</u>	<u>(238,019)</u>
Net decrease in cash and cash equivalents	(6,505,075)	(5,398,832)
Cash and cash equivalents, beginning of year	<u>8,903,547</u>	<u>14,302,379</u>
Cash and cash equivalents, end of year	<u>\$ 2,398,472</u>	<u>\$ 8,903,547</u>

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

GRANITE VNA, INC.**Notes to Financial Statements****September 30, 2022 and 2021****1. Summary of Significant Accounting Policies****Organization**

Granite VNA, Inc., formerly known as Concord Regional Visiting Nurse Association, Inc., (the Association) is a non-stock, non-profit corporation organized in New Hampshire. The Association's primary purposes are to provide home health care, hospice, and community health services to residents of Concord, New Hampshire and surrounding communities. Credit is extended at regular terms without collateral.

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

Central New Hampshire VNA & Hospice Acquisition

Effective April 1, 2021, Central New Hampshire VNA & Hospice (CNH) merged into the Association. This resulted in the Association acquiring substantially all assets and liabilities of CNH. The acquisition occurred in order to better serve the community. The acquisition resulted in a contribution of net assets of \$18,136,507, as follows:

Cash and cash equivalents	\$ 1,969,356
Patient accounts receivable, net	724,347
Investments	13,728,492
Other receivables	20,604
Other current assets	83,290
Beneficial interest in perpetual trust	179,098
Property and equipment, net	2,216,979
Accounts payable	(67,311)
Accrued payroll and related expenses	(247,324)
Provider Relief Funds	<u>(471,024)</u>
Fair value of net assets acquired	<u>\$18,136,507</u>

The acquisition resulted in a contribution because the fair value of the identifiable assets exceeds the fair value of the liabilities assumed and no consideration was transferred from the Association. The governing boards of the entities believed the merger presented an opportunity to provide enhanced services to the CNH community by merging into a larger home health provider (the Association); therefore, no consideration was given.

The acquisition agreement provided that the Association is the surviving entity, and would change its name to Granite VNA, Inc.

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2022 and 2021

Use of Estimates

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

Basis of Statement Presentation

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

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

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

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of operations and changes in net assets. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire property and equipment are reported as support with donor restrictions. Absent explicit donor stipulations as to how long-lived assets must be maintained, satisfactions of donor restrictions are reported when the property and equipment are acquired and placed in service.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding investments.

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

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2022 and 2021

Patient Accounts Receivable

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

Patient accounts receivable, net amounted to \$10,652,489; \$7,240,565; and \$5,032,652 as of September 30, 2022, 2021, and 2020, respectively.

Investments

The Association reports investments at fair value, and has elected to report all gains and losses in the (deficit) excess of revenue and other support over expenses to simplify the presentation of these amounts in the statements of operations, unless otherwise stipulated by the donor or State law. All gains and losses related to investments stipulated by the donor or State law are reported in the statement of changes in net assets.

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

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

Property and Equipment

Purchased property and equipment are recorded at cost. Owned property and equipment are depreciated on the straight-line method over the estimated useful lives of the respective assets. Leasehold improvements are amortized by the straight-line method over the lesser of the lease term or the estimated useful life of the related 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.

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2022 and 2021

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.

Income Taxes

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

COVID-19 and Relief Funding

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

GRANITE VNA, INC.**Notes to Financial Statements****September 30, 2022 and 2021**

Local, U.S., and world governments encouraged self-isolation to curtail the spread of COVID-19, by mandating the temporary shut-down of business in many sectors and imposing limitations on travel and the size and duration of group meetings. Many sectors are experiencing disruption to business operations and may feel further impacts related to delayed government reimbursement, volatility in investment returns, and reduced philanthropic support. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and any government actions to mitigate them.

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

CARES Act Provider Relief Stimulus Funds

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

The PRF is being administered by the U.S. Department of Health and Human Services. These funds are to be used for qualifying expenses and to cover lost revenue due to COVID-19. The PRF are considered conditional contributions and are recognized as revenue when qualifying expenditures or lost revenues have been incurred. The following table outlines the distributions received, period of availability and revenue recognized during the years ended September 30, 2022 and 2021.

<u>Distribution Period</u>	<u>Distribution Amount</u>	<u>Funds Available for Use Through</u>	<u>Revenue Recognized in 2022</u>	<u>Revenue Recognized in 2021</u>
Period 1 (4/10/2020 to 6/30/2020)	\$ 1,947,624	6/30/2021	\$ -	\$ 1,860,176
Period 4 (7/1/2021 to 12/31/2021)	<u>1,705,658</u>	12/31/2022	<u>1,705,658</u>	-
Total	<u>\$ 3,653,282</u>		<u>\$ 1,705,658</u>	<u>\$ 1,860,176</u>

The Association received advance funding from CMS totaling \$6,163,071 as of September 30, 2020, which was to be paid back over an eighteen month period beginning in April 2021. The balance remaining at September 30, 2021 was \$3,864,006 reflected in current liabilities in the statement of financial position. The full balance was paid back as of September 30, 2022.

The Association also received and recognized \$357,000 of CARES Act money passed through the State of New Hampshire for hazard pay during the year ended September 30, 2021.

GRANITE VNA, INC.**Notes to Financial Statements****September 30, 2022 and 2021****CARES Act Paycheck Protection Program**

On April 16, 2020, the Association received a loan from the U.S. Small Business Administration (SBA) within the CARES Act under the Paycheck Protection Program (PPP) in the amount of \$6,169,200. The loan proceeds were to be used for payroll and other allowable costs authorized in the PPP rules, and forgiveness of the loan balances was dependent upon compliance with this and other terms and conditions of the CARES Act. The Association received notification of forgiveness from the SBA on June 29, 2021. The Association followed the conditional contribution model to account for the PPP loan and, accordingly, recorded the forgiveness of the loan as COVID-19 relief funding and other revenue in the statement of operations for the year ended September 30, 2021.

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 \$895,185 in grant funding under ARPA during the year ended September 30, 2022 for the purpose of workforce investment. As of September 30, 2022, the Association had incurred qualifying recruitment and retention expenses in the amount of \$128,628 that was recorded as revenue as COVID-19 relief funding and other revenue in the statement of operations for the year ended September 30, 2022. The remaining unspent ARPA funds of \$766,557 are reported as a refundable advance on the statement of financial position.

2. Availability and Liquidity of Financial Assets

The Association had working capital of \$10,089,963 as of September 30, 2022 and average days (based on normal expenditures) of cash and cash equivalents and liquid investments on hand of 32 and 92 at September 30, 2022 and 2021, respectively.

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

	<u>2022</u>	<u>2021</u>
Cash and cash equivalents, less donor restricted funds	\$ 2,382,985	\$ 8,888,060
Patient accounts receivable, net	10,652,489	7,240,565
Other receivables	312,802	161,179
Investments without donor restrictions or Board designations	810,300	868,239
Estimated spending policy appropriation - donor restricted	172,000	172,000
Estimated spending policy appropriation - board designated	<u>625,000</u>	<u>498,000</u>
Financial assets available to meet general expenditures within one year	<u>\$ 14,955,576</u>	<u>\$ 17,828,043</u>

GRANITE VNA, INC.**Notes to Financial Statements****September 30, 2022 and 2021**

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

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

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

3. Investments

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

	<u>2022</u>	<u>2021</u>
Without donor restrictions and undesignated	\$ 810,300	\$ 868,239
Without donor restrictions - designated by Board		
Functions as endowment	15,932,621	20,249,780
Hospice House	495,850	560,110
Hospice House replacement reserve	284,218	314,013
30 Pillsbury Street replacement reserve	331,250	368,471
Donahue Fund	40,442	46,910
Leadership Fund	23,260	30,041
Operating reserve	-	7,499,863
Contribute to operating budget	-	3,224,628
Information Technology special projects	-	560,000
Strategic mission	-	950,000
Workforce development	6,363,330	500,000
Mission enhancement	-	400,000
Community initiatives	-	500,000
Building capital improvements and maintenance	600,000	600,000
With donor restrictions		
Temporary in nature	1,893,833	2,402,263
Perpetual in nature (income of which is expendable) and appreciation thereon	<u>3,373,406</u>	<u>3,968,737</u>
	<u>\$ 30,148,510</u>	<u>\$ 43,043,055</u>

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2022 and 2021

Investment (loss) income consisted of the following:

	<u>2022</u>	<u>2021</u>
Interest and dividends, net of fees	\$ 753,454	\$ 342,479
Net (depreciation) appreciation on investments	(6,469,586)	3,766,639
	<u>\$ (5,716,132)</u>	<u>\$ 4,109,118</u>

Investment management fees were \$200,868 for 2022 and \$171,791 for 2021.

Endowment

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

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

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Endowment net assets, September 30, 2020	\$ 18,188,638	\$ 3,755,341	\$21,943,979
Investment return			
Investment income, net of fees	178,263	27,808	206,071
Net appreciation	<u>2,380,879</u>	<u>357,450</u>	<u>2,738,329</u>
Total investment return	<u>2,559,142</u>	<u>385,258</u>	<u>2,944,400</u>
Spending policy appropriations	<u>(498,000)</u>	<u>(171,862)</u>	<u>(669,862)</u>
Endowment net assets, September 30, 2021	<u>20,249,780</u>	<u>3,968,737</u>	<u>24,218,517</u>
Investment return			
Investment income, net of fees	460,718	47,843	508,561
Net depreciation	<u>(3,623,881)</u>	<u>(471,312)</u>	<u>(4,095,193)</u>
Total investment losses	<u>(3,163,163)</u>	<u>(423,469)</u>	<u>(3,586,632)</u>
Release to operations	(498,304)	-	(498,304)
Spending policy appropriations	<u>(655,692)</u>	<u>(171,862)</u>	<u>(827,554)</u>
Endowment net assets, September 30, 2022	<u>\$ 15,932,621</u>	<u>\$ 3,373,406</u>	<u>\$19,306,027</u>

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2022 and 2021

Return Objectives and Strategies Employed for Achieving Objectives

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

Funds with Deficiencies

From time to time, the fair value of assets associated with donor-restricted endowment funds may fall below the level that the donor or the State of New Hampshire Uniform Prudent Management of Institutional Funds Act (the Act) requires the Association to retain as a fund of perpetual duration ("underwater"). The Board's policy does permit spending from underwater endowment. Any deficiencies are reported in net assets with donor restrictions. At September 30, 2022, donor endowment funds with a fair value of \$3,373,406 were below the donor's original gift or stipulated levels by \$34,163. There were no such deficiencies at September 30, 2021.

Spending Policy

The Association has interpreted the Act as allowing the Board to appropriate for expenditure for the uses and purposes for which the endowment fund is established, unless otherwise specified by the donor, so much of the net appreciation, realized and unrealized, in the fair value of the assets of the endowment fund over the historic dollar value of the fund as is prudent. In doing so, the Board must consider the long and short-term needs of the Association in carrying out its purpose, its present and anticipated financial requirements, expected total return on its investments, price level trends, and general economic conditions. For the years ended September 30, 2022 and 2021, the Board retained all appreciation over 7% of the original gift value on donor-restricted endowment funds in net assets with donor restrictions, excluding three funds.

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

GRANITE VNA, INC.**Notes to Financial Statements****September 30, 2022 and 2021****4. Beneficial Interest in Perpetual Trusts**

The Association is a beneficiary of the Benjamin and Gertrude Couch, George Griffin, Jeanne C. and Walter W. Dwyer, and Thelma A. Larson Trusts, the assets of which are not in the possession of the Association. In addition, as a result of the CNH acquisition, the Association is a beneficiary of the Muriel Devens Bond Fund, Leo and Marguerite LaFrance Fund, and Fernald-Gilman-Leavitt VNA Hospice Continuing Education Fund. The Association has legally enforceable rights and claims to such assets, including the right to income therefrom. Consistent with the provisions of FASB ASC Subtopic 958-605 related to accounting for contributions received, these funds are included in the Association's financial statements. The fair value of the trust assets is reflected as an estimate of the present value of the future cash flows from the trusts and is reported as net assets with donor restrictions. Appreciation of the trusts is not available for expenditure by the Association unless the trustee decides to appropriate it. Total distributions from these trusts were \$63,094 in 2022 and \$54,764 in 2021.

5. Property and Equipment

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

	<u>2022</u>	<u>2021</u>
Land	\$ 306,000	\$ 306,000
Buildings and improvements	5,745,191	5,745,191
Leasehold improvements	1,160,818	1,160,818
Furniture and equipment	2,287,269	2,287,269
Information system equipment	<u>1,340,032</u>	<u>1,139,268</u>
	10,839,310	10,638,546
Less accumulated depreciation	<u>5,118,668</u>	<u>4,561,395</u>
Property and equipment, net	<u>\$ 5,720,642</u>	<u>\$ 6,077,151</u>

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2022 and 2021

6. Net Assets

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

	<u>2022</u>	<u>2021</u>
Funds maintained with donor restrictions temporary in nature:		
Slusser Fund - scholarships	\$ 104,231	\$ 123,245
Audrey Lindgren Fund - financial assistance	1,314,862	1,568,242
Barstow Trust	2,131	2,131
Special Needs Bearded Men	13,046	13,046
Bishop Scholarship - nursing education	3,329	8,527
Ruby Raine Nydegger Fund - pediatric education	20,210	29,920
Penacook Village Fund - homemaker services for residents of Penacook and Lower Boscawen	451,200	672,329
Hospice preparatory course and certification	<u>314</u>	<u>314</u>
	<u>\$ 1,909,323</u>	<u>\$ 2,417,754</u>
Funds subject to the Association's spending policy and appropriation Perpetual in nature, the income of which is expendable to support:		
General	1,136,359	1,136,359
Hospice House	823,377	823,377
Bishop Scholarship	20,543	20,543
Heston Hospice	463,242	463,242
Donahue Fund	32,199	32,199
Ruby Raine Nydegger Fund	32,282	32,282
Penacook Village Fund	899,567	899,567
(Deficit) appreciation of net assets with perpetual donor restrictions	<u>(34,163)</u>	<u>561,168</u>
	<u>3,373,406</u>	<u>3,968,737</u>
Funds maintained in perpetuity		
Beneficial interest in perpetual trusts, income without restrictions	<u>1,524,162</u>	<u>1,560,040</u>
Total	<u>\$ 6,806,891</u>	<u>\$ 7,946,531</u>

GRANITE VNA, INC.**Notes to Financial Statements****September 30, 2022 and 2021****7. Net Patient Service Revenue**

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

	<u>2022</u>	<u>2021</u>
Gross patient service revenue		
Medicare	\$ 32,259,909	\$ 32,120,411
Medicaid	2,176,499	3,016,365
Private patient	598,359	739,240
Other third-party	<u>3,826,286</u>	<u>3,756,959</u>
	38,861,053	39,632,975
Less contractual adjustments and charity care	<u>3,897,502</u>	<u>3,574,300</u>
Net patient service revenue	<u>\$ 34,963,551</u>	<u>\$ 36,058,675</u>

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

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

8. Charity Care

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

The amount of home care charges foregone for services furnished under the Association's charity care policy was \$89,300 and \$166,000 for 2022 and 2021, respectively. Costs incurred for these activities approximated \$62,700 and \$169,700 for 2022 and 2021, respectively.

GRANITE VNA, INC.**Notes to Financial Statements****September 30, 2022 and 2021**

The Association also provided services in other health-related activities, primarily to indigent patients, at rates substantially below cost. Costs incurred for these activities, for services to Medicaid patients, approximated \$991,000 and \$1,863,000 for 2022 and 2021, respectively.

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

In 2022 and 2021, approximately 1% of nongovernmental home health and hospice clients served received services on a discounted basis.

9. Concentrations of Credit Risk

The Association generated approximately 89% of its gross patient service revenues from the New Hampshire Medicaid and federal Medicare programs in 2022 and 2021. Under these programs, the provider is reimbursed for the care of the qualified clients at amounts which may differ from its standard charges.

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

	<u>2022</u>	<u>2021</u>
Medicare	64 %	64 %
Medicaid, other third-party payors and patients	<u>36</u>	<u>36</u>
	<u>100 %</u>	<u>100 %</u>

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

10. Commitments and Contingencies**Malpractice Insurance**

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

GRANITE VNA, INC.**Notes to Financial Statements****September 30, 2022 and 2021**

Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured. The Association intends to renew its coverage on a claims-made basis and has no reason to believe that it may be prevented from renewing such coverage. The Association is subject to complaints, claims, and litigation due to potential claims which arise in the normal course of business. U.S. GAAP requires the Association to accrue the ultimate cost of malpractice claims when the incident that gives rise to the claim occurs, without consideration of insurance recoveries. Expected recoveries are presented as a separate asset. The Association has evaluated its exposure to losses arising from potential claims and determined that no such accrual is necessary for the years ended September 30, 2022 and 2021.

Lease

The Association has entered into a 30-year building lease, expiring February 2024, for a cost of \$1 per year with CRHC. The lease is for the building that the Association utilizes for the hospice house.

11. Functional Expenses

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

	<u>2022</u>	<u>2021</u>
Program services		
Salaries and benefits	\$ 29,449,556	\$ 29,722,013
Other operating expenses		
Supplies	2,056,313	2,158,360
Purchased services	1,180,789	1,683,724
Transportation	930,847	855,742
Other	143,625	322,853
Depreciation	<u>295,242</u>	<u>273,865</u>
Total program services	<u>34,056,372</u>	<u>35,016,557</u>
Administrative and general		
Salaries and benefits	7,379,001	3,891,673
Other operating expenses		
Supplies	130,718	158,277
Purchased services	2,272,535	1,335,840
Transportation	41,137	28,466
Other	1,527,384	1,212,033
Depreciation	<u>262,031</u>	<u>182,279</u>
Total administrative and general	<u>11,612,806</u>	<u>6,808,568</u>
Total	<u>\$ 45,669,178</u>	<u>\$ 41,825,125</u>

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2022 and 2021

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

12. Retirement Plan

The Association sponsors a 401(k) profit sharing plan (Plan) that includes an Association match covering employees who meet certain age and time requirements. Contributions to the Plan were \$1,059,290 for 2022 and \$1,026,332 for 2021.

13. Deferred Compensation Plan

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

14. Related Party Transactions

The Association engages in activities with CRHC and its subsidiaries on a regular basis. Services provided to affiliates by the Association include nursing services of \$114,540 for 2022 and \$103,375 for 2021. Services purchased from affiliates by the Association include information system support, telephone services, and supplies of \$245,456 for 2022 and \$457,141 for 2021. The Association owed Concord Hospital \$46,435 and \$124,536 as of September 30, 2022 and 2021, respectively. These amounts are included in accounts payable in the statements of financial position.

15. Fair Value Measurement

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

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

GRANITE VNA, INC.

Notes to Financial Statements

September 30, 2022 and 2021

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

	2022			
	<u>Carrying Amount</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments				
Cash and cash equivalents	\$ 2,014,706	\$ 2,014,706	\$ -	\$ -
Equities	18,074,539	18,074,539	-	-
Commodities	474,748	474,748		
Corporate bonds and notes	<u>9,584,517</u>	<u>-</u>	<u>9,584,517</u>	<u>-</u>
	30,148,510	20,563,993	9,584,517	-
Beneficial interest in perpetual trusts	1,524,162	-	-	1,524,162
Assets to fund deferred compensation	<u>102,150</u>	<u>102,150</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 31,774,822</u>	<u>\$ 20,666,143</u>	<u>\$ 9,584,517</u>	<u>\$ 1,524,162</u>
	2021			
	<u>Carrying Amount</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments				
Cash and cash equivalents	\$ 1,096,098	\$ 1,096,098	\$ -	\$ -
Mutual funds	4,392,019	4,392,019	-	-
U.S. Government bonds	4,741,361	4,741,361	-	-
Equities	27,356,843	27,356,843	-	-
Commodities	811,394	811,394	-	-
Corporate bonds and notes	<u>4,645,340</u>	<u>-</u>	<u>4,645,340</u>	<u>-</u>
	43,043,055	38,397,715	4,645,340	-
Beneficial interest in perpetual trusts	1,560,040	-	-	1,560,040
Assets to fund deferred compensation	<u>156,082</u>	<u>156,082</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 44,759,177</u>	<u>\$ 38,553,797</u>	<u>\$ 4,645,340</u>	<u>\$ 1,560,040</u>

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

GRANITE VNA, INC.**Notes to Financial Statements****September 30, 2022 and 2021**

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

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

Balance, September 30, 2020	\$ 1,183,988
Acquired from CNH	179,098
Change in value	<u>196,954</u>
Balance, September 30, 2021	1,560,040
Addition	189,624
Change in value	<u>(225,502)</u>
Balance, September 30, 2022	<u>\$ 1,524,162</u>

16. Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through December 13, 2022, the date which the financial statements were available to be issued.

On October 1, 2022, the Association renewed the hospice house lease with CRHC for 10 years, expiring September 2032, with an automatic 10 year renewal period, for a cost of \$1 per year.

Granite VNA Board of Trustees

Michelline Dufort	Chair
Michael T. Griffin	Vice-Chair
James Mullins, CFA	Treasurer
Mark Edelstein	Secretary
Beth J. Slepian, MBA, PT	President/CEO
Andrea M. Stevenson, RN, BSN	Rep at-Large
J. Kristen Gardiner, Esq.	ex-officio
Melvin J. Severence, III, CFP, AAMS	ex-officio
Daniel L. Andrus	
Joel Arsenault, AAMS	
Patricia Bourgault	
Deacon Winton DeRosia	
Brian D. Duffy, Esq.	
David F. Green, MD, FACS	
Paul Greenan	
David Huot	
Lyn Lindpaintner, MD	
Andrew Livernois, Esq.	
Robin Michaud, RN	
Natalya Pearl, CFP	
Corrine Smith, RN, BSN, MS	
Steven Whitley, Esq.	

Jennifer Brechtel

Objective

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

Employment History

Community Benefit Manager

March 2007 – Present Granite VNA, Concord, NH

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

Operations Trainer

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

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

Store Manager

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

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

Professional Affiliations

Penacook Community Center Board of Directors

September 2013 – August 2020

GoodLife Programs & Activities Board of Directors

June 2018 – June 2021

Education

Bachelor of Science; Plymouth State University, Plymouth, NH

Health Education; Focus: Wellness Management

Certificates

Certified Health Education Specialist (CHES)

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

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

Master Trainer – "Powerful Tools for Caregivers"

References

References are available on request.

Schelley Rondeau, R.N.



Experience:

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

Responsible for student health

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

Responsible for pediatric home care clients

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

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

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

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

Responsible for Children and adults' immunization clinics

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

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

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

Supervision and Staff Nurse on a Pediatric Ward

Education and Awards

Bachelor's in Nursing Norwich University, Northfield, Vermont	1982 -1986
U.S. Army, Commander's Award for Public Service- Superior Performance Award from Gorgas Army Community Hospital	June 1995
Certified as Lactation Counselor	June 1995
Certified in Parents as Teachers program	1997-Present
Certified in Growing Great Kids Program	2012-Present

Amy Gardner

Licensed Nursing Assistant | Compassionate | Organized

Summary

Resourceful and detailed nurturer with 20 years of experience caring for children, adults with disabilities and the elderly; knowledgeable about childhood development. Proficient office manager with tech support, organizational and compassionate customer service skills. Self-identified science nerd and lover of problem solving. Thrives in team settings where hard work, being a self-starter, and attention to providing friendly patient/client centered care are valued.

Trauma Informed | Friendly | Compassionate | Ambitious | Positive Attitude
Written & Verbal Communications | Team Worker | Financial and Office Management
Organized | Problem Solver | Tech-Savvy | Life-long Learner | Empathetic | Cooperative

Professional Experience

License Nursing Assistant, Med/Surg | Huggins Hospital | Wolfeboro, NH | 2021-Present
Assists patients with activities of daily living, takes vital signs, monitors glucose levels, assists with repositioning and safe transfers, and serves as liaison for health concerns to the rest of the healthcare team, advocating for patient and family needs/wishes.

Office & Financial Manager | Moose Mountain Regional Greenways | Union, NH | 2017 - 2021
Managed all office operations and financial reporting for a land trust focused on conservation and education throughout eastern NH.

Office Manager | 2 years

As Office Manager gained responsibility for accurately and regularly reporting directly to the Board of Directors on financials and ultimately fostering an efficient working environment, ensuring the successful, accurate, and timely reconciliation of all accounts payable and receivable. Managed HR for employee benefits, insurance, and timecard review.

Assistant | 2 years

- Provided general operations support focused on setting up the local network, maintaining the membership database, online accounts, and all grant databases.
- Worked to ensure that all donations were coded properly in accordance with the donors' wishes, GAAP best practices and the organization's policies.

Administrative Assistant | Good Shepherd Lutheran Church | Laconia, NH | 2020 - 2022
Assisted congregation with website, bulletins, various forms of communications, newsletters.

Missionary | Village Missions | Middleton, NH | 2011 - 2020

Worked in a partnership to foster a loving community with a missions organization dedicated to providing pastoral care and social support in rural, under-served areas.

Supported mission programs by providing organization, coordination, fundraising, and planning to ensure operations are smooth and people who need care could receive it.

Music Teacher | Wesley Elementary School | Wesley, ME | 2014 - 2015

Taught music to children in kindergarten through fifth grade in a rural, impoverished area.

- Taught recorder and glockenspiel to students. Created lesson plans for 7 individual students. Produced Christmas and Spring concerts/plays.
- Utilized trauma-informed practices to create ideal group setting where students could find success in a flexible approach to allow students to overcome various learning obstacles, such as literacy.

Planning Board Clerk | Town of Middleton | Middleton, NH | 2016 - 2018
Administrative Assistant | Willow Grove United Methodist | Willow Grove, PA | 2010-2011
Office Manager | Greenwood Financial Services | Glenside, PA | 2009-2010
Customer Service Representative | Administrative Concepts | King of Prussia, PA | 2009
Worked with customers directly to help them understand billing and claims status.

Education & Certifications

LNA Health Careers | Licensed Nursing Assist. | Manchester, NH | October 2021 | #066370-24
NHCPR Safety Services | Basic Life Support | Exeter, NH | September 2021 | #215415290476
Cairn University | Certificate of Science, Biblical Studies | Langhorne, PA | 2004-2005 | 3.35 GPA

Volunteer Experience

Middleton Gospel Chapel | Middleton, NH | 2015 - 2020

- Helped families with young children in a variety of family systems with significant trauma and disenfranchisement, maintained relationships with both foster and biological parents.
- Provided one on one support to parishioners to provide home stabilization, assisted individuals with transportation, maintained a safe home environment, ensured basic food needs were met, helped community members with paperwork to gain aid in various forms.
- Served as Music Director to bring joy to the community through choir.

Middleton Elementary School | Middleton, NH | 2016 - 2020

- Implemented gardening club to teach kindergarten to second graders about growing plants and vegetables. Created comprehensive age-appropriate curriculum to support self-sufficiency and understanding the farm to table process.
- Participated in weekly after-school program for kindergarten through sixth grades, supporting students struggling to focus, having difficulties at home, or who had behavioral challenges in a 1:1 capacity through activities such as games, role play/skits, and snack time.

Wesley Community Church | Wesley, ME | 2012-2015

Provided social support for impoverished families, helping with children from infant to 9th grade through positive affirmation, respite care, safety planning etc.

Liberty Chapel | Crawfordsville, IN | 2010 - 2012

- Assisted and provided social support for aging population through social gatherings, in home care, and consultation.
- Launched and managed town-wide survey to assess community needs, worked with leaders to address needs through Bible School activity planning and coaching / mentoring students.

Willow Grove UMC | Willow Grove, PA | 2008 - 2010

Assisted Youth Group Director in planning and executing activities, events, and maintaining safety standards. Created a safe environment for special needs person to help with Youth Group, providing transportation, guidance and offering encouragement.

Granite VNA

Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Jennifer Brechtel	Director	50764
Schelley Rondeau	HFA Supervisor	52473
Amy Gardner	Family Support Specialist	69505
YTBD	Family Support Specialist	44222

Subject: Home Visiting Services / RFP-2023-DPHS-01-HOMEV-03

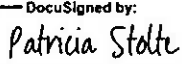
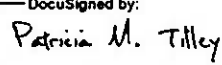
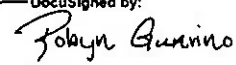
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

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 The Family Resource Center at Gorham		1.4 Contractor Address 123 Main Street Gorham, NH 03851	
1.5 Contractor Phone Number 603-466-5190	1.6 Account Number 05-095-090-902010-5896 05-095-090-902010-5190 05-095-090-902010-2451 05-095-042-421010-2958 05-095-090-901010-5771	1.7 Completion Date 9/30/2024	1.8 Price Limitation \$1,590,113.00
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by:  Date: 1/5/2023		1.12 Name and Title of Contractor Signatory Patricia Stolte Executive Director	
1.13 State Agency Signature DocuSigned by:  Date: 1/6/2023		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 1/6/2023			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete

compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

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

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

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

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

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

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

9. TERMINATION.

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

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and

submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

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

Contractor Initials

PS

Date

1/5/2023

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

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

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

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

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

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

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

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

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Subparagraph 3.1, Effective Date/Completion of Services, is amended as follows:

3.1. Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire as indicated in block 1.17, this Agreement, and all obligations of the parties hereunder, shall become effective October 1, 2022, ("Effective Date").

1.2. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up to four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

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EXHIBIT B

Scope of Services

1. Introduction

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

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

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

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

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

2. Key Definitions & Terminology

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

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

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

3. Statement of Work

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

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

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

- 3.2. The Contractor must ensure a minimum of 80% of families served using the traditional HFA model are enrolled in services prenatally or by when the child is 3-months old. The Contractor must offer services in compliance with HFA requirements after enrollment. Eligible families for traditional HFA services (as managed by the Division of Public Health Services) must fall within one (1) or more of the federally defined priority populations below:
 - 3.2.1. Are first-time parents.
 - 3.2.2. Have income of less than one hundred eighty-five percent (<185%) of the U.S. Department of Health and Human Services (USDHHS) Poverty Guidelines.
 - 3.2.3. Are less than twenty-one (21) years of age.
 - 3.2.4. Have a history of child abuse or neglect, or have had interactions with child welfare services.
 - 3.2.5. Have a history of substance misuse or need substance use disorder treatment.
 - 3.2.6. Are users of tobacco products in the home.
 - 3.2.7. Have or have had a child(ren) with low student achievement.
 - 3.2.8. Have a child(ren) with developmental delays or disabilities.
 - 3.2.9. Are in families that include individuals who are serving or have formerly served in the armed forces.
- 3.3. The Contractor must service a portion of families utilizing the HFA Child Welfare Protocols (CWP) in the Berlin and Littleton DCYF Catchment Areas, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months old, referred by the child welfare system, who are participating in the service voluntarily. The Contractor must serve no less than four (4) DCYF families during the first six (6) months of the contract period and no less than eight (8) families thereafter through the end of the contract period.
- 3.4. The Contractor must serve families under the traditional HFA model by DCYF Catchment Area as follows: Berlin - 25, Littleton - 20.
- 3.5. Eligible families for HFA CWP services must fall within one (1) of more of the following DCYF FFPSA priority populations:
 - 3.5.1. Pregnant or parenting youth in foster care.
 - 3.5.2. Families with an infant born exposed to substances.

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- 3.5.3. Families assessed by DCYF where the assessment will be closed unfounded.
- 3.5.4. Families with an open DCYF case who have recently reunified.
- 3.6. The Contractor must provide services with the goal of reducing risk of maltreatment for children assessed by the DCYF by:
 - 3.6.1. Serving families involved with DCYF through open assessments or open cases, and also beyond their DCYF involvement.
 - 3.6.2. Strengthening parent-child relationships.
 - 3.6.3. Promoting healthy childhood growth.
 - 3.6.4. Enhancing family functioning and protective factors both during and beyond their DCYF involvement with a long-term outcome goal of decreasing future system involvement and the need for out-of-home placement.
- 3.7. The Contractor must provide services that address the diverse needs of children and families in order to improve health and development outcomes for priority populations through evidence-based home visiting programs, with fidelity to the HFA model BPS. The Contractor must:
 - 3.7.1. Be approved through the HFA model to provide services under this Agreement. The Contractor must:
 - 3.7.1.1. Be approved through HFA, to implement the HFA CWP, which allows enrollment into HFA for DCYF referred families up to twenty-four (24) months of age.
 - 3.7.1.2. Have HFA CWP available in the Berlin and Littleton DCYF Catchment Areas within six (6) months of Governor and Executive Council approval of this Agreement.
 - 3.7.1.2.1 Should the Contractor be unable to begin providing services through the HFA CWP by the date specified above, a corrective action plan must be developed by the Contractor and approved by the Department.
 - 3.7.1.2.1.1. In the event that the HFA National Office denies the Contractor use of the CWP, the Contract 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~~ ^{multiple}

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

- 3.19.2.1. DCYF Juvenile Justice Services.
- 3.19.2.2. DCYF Child Protective Services (CPS).
- 3.19.3. The Contractor must adhere to all specifications and requirements, in compliance with NH DCYF's 5-year prevention plan and the Family First Prevention Service Act (FFPSA), for HFA CWP cases, including but not limited to:
 - 3.19.3.1. All data reporting;
 - 3.19.3.2. Record keeping and retention;
 - 3.19.3.3. Fiscal compliance;
 - 3.19.3.4. Maintenance of an evidence-based program identified as well-supported through the Title IV-E Clearinghouse;
 - 3.19.3.5. Documented prevention type on the DCYF service authorization (which will be completed by the Department); and

Submitting a completed prevention plan every twelve (12) months for every DCYF- referred family. DCYF staff will complete the initial prevention plan for families, and the Contractor must update the plans at the 12-month mark and annually. The Department will distribute associated guidance after DCYF's 5-year plan is reviewed and approved.
- 3.19.4. The Contractor must collaborate with the Department to ensure that all program policies, procedures, and documents align with NH DCYF and DPHS policies, NH state law, and Department needs.
- 3.19.5. The Contractor must identify staff responsible for submitting reports and data to the Department within 30 days of the Agreement effective date.

3.20. Staffing:

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

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

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

3.23. Extending HFA services:

- 3.23.1. The Contractor must offer HFA Services to the child and family for a

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minimum of three (3) years in total.

3.24. Reporting

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

3.25. Background Checks

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

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

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

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

3.26. Confidential Data

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

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- 3.26.3.4. How individual consent will be achieved and revoked and
- 3.26.3.5. Privacy practices.

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

3.27. Contract End-of-Life Transition Services

- 3.27.1. If applicable, upon termination or expiration of the Agreement, the Parties agree to cooperate in good faith to effectuate a smooth secure transition of the services from the Contractor to the Department and, if applicable, the Contractor engaged by the Department to assume the services previously performed by the Contractor for this section the new Contractor shall be known as ("Recipient"). Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP) on a template provided by the Department.
- 3.27.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and their Affiliates to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with an assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.
- 3.27.3. If a system, database, hardware, software, and/or software license ("Tools") was purchased or created to manage, track, and/or store State Data in relationship to this Contract, said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of State Data is complete.
- 3.27.4. The internal planning of the Transition Services by the Contractor and its Affiliates must be provided to the Department and if applicable, the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Contract.
- 3.27.5. Should the Data Transition extend beyond the end of the Contract, the Contractor and its Affiliates agree Contract Information Security Requirements, and if applicable, the Department's Business Associates Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.

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

3.28. Website and Social Media

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

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

3.29. Performance Measures

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

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

4. Exhibits Incorporated

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

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

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

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

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

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

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

5.3. Credits and Copyright Ownership

- 5.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."
- 5.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 5.3.3. The Department must retain copyright ownership for any ~~and~~ all

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original materials produced, including, but not limited to:

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

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

5.4. Operation of Facilities: Compliance with Laws and Regulations

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

6. Records

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

6.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

6.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

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- 6.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 6.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder the Department must retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

Attachment 1: DCYF Catchment Area Locations

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

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

Attachment 1: DCYF Catchment Area Locations

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

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

Attachment 1: DCYF Catchment Area Locations

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

Laconia		
<i>(65 Beacon Street West, Laconia NH 03246)</i>		
Serving the cities, towns, and locations of:		
▪ Alexandria	▪ Ellsworth	▪ Meredith Center
▪ Alton	▪ Gilford	▪ New Hampton
▪ Alton Bay	▪ Gilmanton	▪ North Sanbornton
▪ Ashland	▪ Gilmanton Corners	▪ Plymouth
▪ Barnstead	▪ Gilmanton Iron Works	▪ Quincy
▪ Bear Island	▪ Glendale	▪ Rumney
▪ Belmont	▪ Governor Isle	▪ Sanbornton
▪ Bridgewater	▪ Groton	▪ Thornton
▪ Bristol	▪ Hebron	▪ Tilton
▪ Campton	▪ Holderness	▪ Waterville Valley
▪ Center Barnstead	▪ Laconia	▪ Weirs
▪ Center Harbor	▪ Lakeport	▪ Wentworth
▪ Dorchester	▪ Lochmere	▪ West Alton
▪ East Holderness	▪ Lower Gilmanton	▪ West Rumney
	▪ Meredith	▪ Winnisquam

Attachment 1: DCYF Catchment Area Locations

Concord <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	

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

Attachment 1: DCYF Catchment Area Locations

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

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

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

Attachment 2 - Capacity Analysis Report

CASELOAD AND CAPACITY ANALYSIS to be completed for each month of the contract period	
INTRODUCTION & NOTES	<p>This Excel tool has been adapted to streamline the caseload and capacity analysis and reporting processes, for both the Local Implementing Agency and the State Team, and to standardize the way metrics are calculated across all LIAs. Please do not copy this workbook to use next month. Instead, open the file named for monthly data you are reporting (i.e., in early January, use the file named "2021_12" to report December 2021 data). Please do not change the name of the file when emailing the report to NH DPHS. The "New Home Visitor" tab has been designed for home visitors in their first 24 months to better accommodate new HFA BPS.</p>
USE	<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 "RECRUITMENT" instead of the home visitor's name.</p> <p>5. Click the "Capacity Analysis" worksheet tab to review the analysis for your Local Implementing Agency this month.</p> <p>NOTE: to optimize your case-assignment planning, use next month's workbook to model your family and case-weight numbers, and see what your performance results will be!</p>
MAINTENANCE	<p style="text-align: center;">PLEASE FOLLOW IF YOUR FAMILY SERVICE WORKERS CHANGED IN THE REPORTING MONTH</p> <p>If your HFA home visiting staff changed, but the number of HFA home visitors did not exceed 5, simply change the "Name of staff member" in Cell B2. Return to USE, Step 1.</p> <p>If the number of HFA home visitors during the reporting month was greater than 5, contact the State Team for technical assistance, OR:</p> <ol style="list-style-type: none"> 1. Duplicate the last FSW worksheet tab (right-click, select "move or copy", click box "create a copy", move to "before Capacity Analysis") 2. Update formulas in the Capacity Analysis worksheet tab to include the new FSW worksheet: <ol style="list-style-type: none"> a. # families served, per case weight category (cells E3:13) b. % of monthly home visitor capacity utilized (cells E7, F7) c. Service Utilization % (cells, E10, F10)
<p>Note: The # of hours paid should be the salaried or expected contracted hours for HFA only, regardless of vacation days, out of office, sick, etc.</p> <p>Note: The % of time spent home visiting should be the % of time - of the HFA hours recorded above - doing home visiting work. For FSWs who are NOT also doing FAW work, the % will be 100%</p> <p>Once the green cells are filled, all orange fields and the Capacity Analysis worksheet will auto-calculate for the individual home visitors and for your LIA</p> <p>If the total number of families or the total weighted caseload is above the maximum, the corresponding field will turn red</p>	

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	January 2022	6/28/2022			Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Hire Date (New Hire under 24 months emp)											
Name of staff member											
# hours per week worked for HFA only Of the hours above, % time as HFA home visitor											
Caseload multiplier	0.00	# of families with additional caseweight due to PSCs									
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.		2.00	0							
Level CO1	CO families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		1.00	0							
Level CO2			0.50	0							
Level CO3											
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		2.00	0							
Level TO1			1.00	0							
Level TO2			0.50	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
Level TR											
Actual totals		0		0	Total additional PSC caseweights						
Maximum for fidelity		0		0	0						
HFA CAPACITY CALCULATION		#DIV/0!									
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%									

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis		6/28/2022			Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs.							
Hire Date (New Hire under 24 months emp)												
Name of staff member												
# hours per week worked for HFA only												
Of the hours above, % time as HFA home visitor												
Caseload multiplier	0.00	# of families with additional caseload due to PSCs										
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight	
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0	
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0	
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0	
Level 2	Visits every other week		1.00	0							0	
Level 3	Visits once per month		0.50	0							0	
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0								
Level 4	Visits once per quarter		0.25	0								
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.		2.00	0	not applicable							
Level CO1	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		1.00	0								
Level CO2			0.50	0								
Level CO3												
Level CO4												
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		2.00	0	not applicable							
Level TO1			1.00	0								
Level TO2			0.50	0								
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0								
Level TR												
Actual totals		0		0	Total additional PSC caseloads							
Maximum for fidelity		0		0	0							
HFA CAPACITY CALCULATION		#DIV/0!										
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%										

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis					Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Name of staff member					# of families with additional caseweight due to PSCs						
# hours per week worked for HFA only											
Of the hours above, % time as HFA home visitor											
Caseload multiplier					0.00						
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							0
Level 4	Visits once per quarter		0.25	0							0
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.		2.00	0							
Level CO1	CO families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		1.00	0							
Level CO2			0.50	0							
Level CO3											
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		2.00	0							
Level TO1			1.00	0							
Level TO2			0.50	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
Level TR											
Actual totals		0		0	Total additional PSC caseweights						
Maximum for fidelity		0		0	0						
HFA CAPACITY CALCULATION		#DIV/0!									
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%									

not applicable

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis					Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Name of staff member					# of families with additional caseload due to PSCs						
# hours per week worked for HFA only					0.5	1	1.5	2	2.5	3	Extra Case Weight
Of the hours above, % time as HFA home visitor											
Caseload multiplier					0.00						
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level							
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
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Level 4	Visits once per quarter		0.25	0							0
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.		2.00	0	not applicable						
Level CO1	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		1.00	0							
Level CO2			0.50	0							
Level CO3											
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		2.00	0	Total additional PSC caseloads						
Level TO1			1.00	0							
Level TO2	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover.		0.50	0							
Level TO3			0.50	0							
Level TR											
Actual totals					0						
Maximum for fidelity					0						0
HFA CAPACITY CALCULATION				#DIV/0!							
FSW Contribution to HRSA CAPACITY CALCULATION					0.0%						

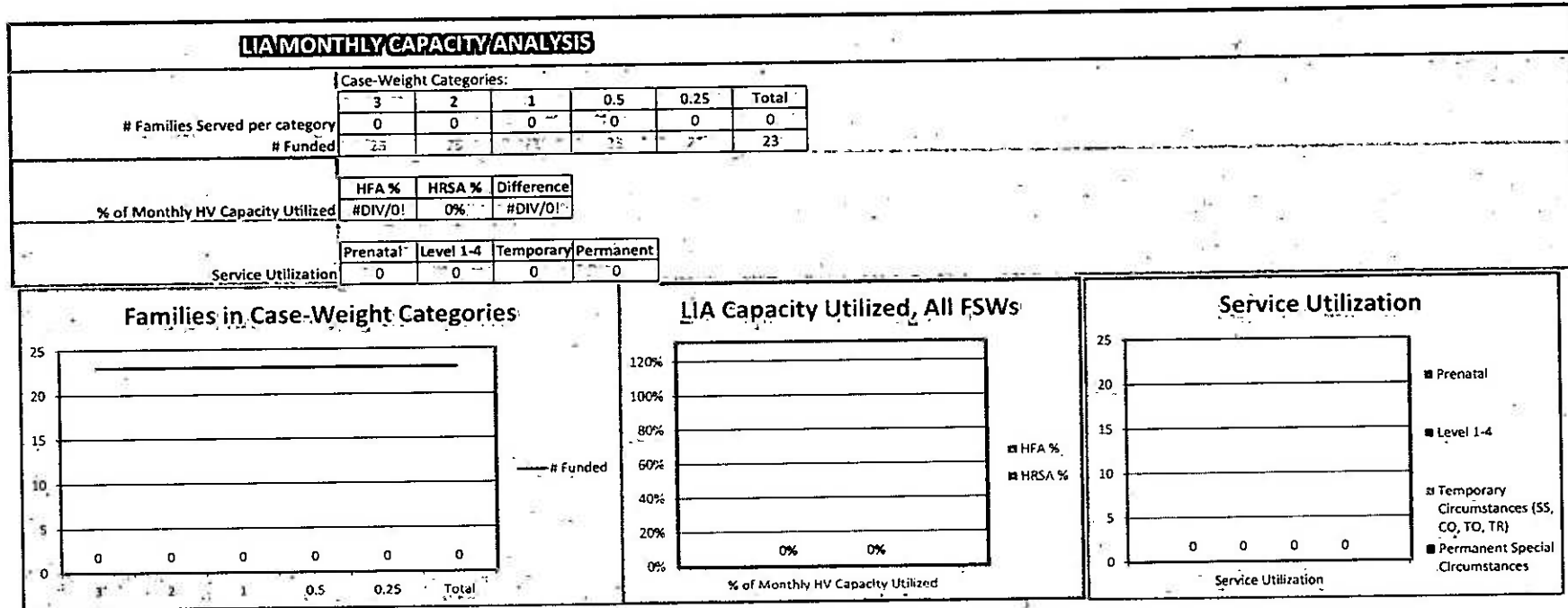
Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis					Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs							
Name of staff member					# of families with additional caseweight due to PSCs							
# hours per week worked for HFA only					0.5	1	1.5	2	2.5	3	Extra Case Weight	
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Caseload multiplier		0.00										
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level								
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Creative Outreach (CO)		Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.			not applicable							
Level CO1	CO families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.			2.00								0
Level CO2				1.00								0
Level CO3				0.50								0
Temporary Assignments (TO, TR)		Temporarily Out of Area (TO): for up to 3 months, families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.			not applicable							
Level TO1				2.00								0
Level TO2				1.00								0
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover.			0.50								0
Level TR				0.50	0							
Actual totals		0		0	Total additional PSC caseweights							
Maximum for fidelity		0		0	0							
HFA CAPACITY CALCULATION		#DIV/0!										
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%										

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis					Permanent Special Circumstances (PSC) families should be captured above, at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Name of staff member					# of families with additional caseweight due to PSCs						
# hours per week worked for HFA only					0.5	1	1.5	2	2.5	3	Extra Case Weight
Of the hours above, % time as HFA home visitor											
Caseload multiplier		0.00									
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level							
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							
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Level 2	Visits every other week		1.00	0							
Level 3	Visits once per month		0.50	0							
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.		2.00	0	not applicable						
Level CO1	CO families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		1.00	0							
Level CO3			0.50	0							
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		2.00	0	not applicable						
Level TO1			1.00	0							
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Level TR			0.50	0							
Actual totals		0	0	0	Total additional PSC caseweights						
Maximum for fidelity		0	0	0	0						
HFA CAPACITY CALCULATION		#DIV/0!									
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%									

Attachment 2: Capacity Analysis Report



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 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.

Attachment 3 - Form 1

SECTION A: PARTICIPANT DEMOGRAPHICS

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

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

Notes:

Table 2: Unduplicated Count of Households Served by MIECHV

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

Notes:

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

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

Notes:

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Attachment 3 - Form 1

Table 4: Adult Participants by Age

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

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

Notes:

Table 5: Index Children by Age

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

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

Notes:

Table 6: Participants by Ethnicity

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

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

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Notes:

Table 7: Participants by Race

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

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

Notes:

Table 8: Adult Participants by Marital Status

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

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

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Notes:

Table 9: Adult Participants by Educational Attainment

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

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

Notes:

Table 10: Adult Participants by Employment Status

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

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

Notes:

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Table 11: Adult Participants by Housing Status

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

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

Notes:

Table 12: Primary Language Spoken at Home

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

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

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Notes:

Table 13: Household Income in Relation to Federal Poverty Guidelines

Households	Number of Households	Percent
50% and under		
51-100%		
101-133%		
134-200%		
201-300%		
>300%		
Unknown/Did not Report*		
All Households (Auto Calculate)		100

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

Notes:

Table 14: For Each Household Indicate the Priority Population Characteristics

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

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

Notes:

Attachment 3 - Form 1

SECTION B: SERVICE UTILIZATION

Table 15: Service Utilization

Home Visits	Number
Total Number of Home Visits completed	

Notes:

Table 16: Family Engagement by Household

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

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, 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:

Attachment 3 - Form 1

SECTION C: INSURANCE AND CLINICAL INDICATORS

Table 18: Participants by Type of Health Insurance Coverage

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

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

Notes:

Table 19: Index Children by Usual Source of Medical Care

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

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

Notes:

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Attachment 3 - Form 1

Table 20: Index Children (≥ 12 months of age) by Usual Source of Dental Care

Index Children	Have a Usual Source of Dental Care	Do not have a Usual Source of Dental Care	Unknown/Did not Report*	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

DEFINITIONS OF KEY TERMS

OMB No: 0906-0017

Expiration Date: 07/31/2021

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Table Number	Field	Key Terms Requiring Definitions
All Tables		<p>MIECHV Household: For the purposes of reporting to HRSA on Form 1, a “MIECHV household” is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV household at enrollment. HRSA has identified two different methods that can be used to identify MIECHV households that are described below:</p> <ol style="list-style-type: none"> 1. Home Visitor Personnel Cost Method (preferred method): Households are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all households as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. 2. Enrollment Slot Method (temporary option): Households are designated as MIECHV households based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign households to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV. <p>Once designated as a MIECHV household, the household is tracked for the purposes of data collection through the tenure of household participation in the program.</p>
I	Unduplicated Count of New and Continuing Program Participants Served by MIECHV	<p>New Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Continuing Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who was signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Pregnant women are participants who were either pregnant at enrollment or pregnant at the annual update of information in a subsequent reporting period.</p> <p>Female caregivers are those female household members who are enrolled in the program during the reporting period, are considered a caregiver of the index child, and were not pregnant at the time of enrollment or the annual update of this information (e.g., biological mothers, adoptive mothers, foster mothers, grandmothers).</p>

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

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		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 week¹</p> <p>Not Employed: indicates that the person is not working for pay (this category may include, for example, students, homemakers and those enrollees actively seeking work but currently not employed)</p>
11	Adult Participants by Housing Status	<p>Not homeless: individuals who have a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and</p> <p>Not homeless and lives in public housing: individuals who live in a public housing unit that is administered by a public housing agency (excludes individuals who utilize housing voucher programs)</p> <p>Homeless: individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and</p>

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

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		<p>Homeless and sharing housing: individuals who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason</p> <p>Homeless and living in an emergency or transitional shelter: individuals who are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement</p> <p>Homeless and some other arrangement: individuals who are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings²</p>
12	Primary Language Spoken at Home	<p>Primary language: the language used in the home the majority of the time.</p> <p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was served by a trained home visitor implementing services with fidelity to the model who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p>
13	Household Income in Relation to Federal Poverty Guidelines	<p>The appropriate category for a given family will depend both on household income and on the number of household members counted in the household (both home visiting enrollees and non-enrollees). Household income refers to the annual gross income for the household as defined in programmatic guidance, recorded at enrollment and annually thereafter.</p> <p>Federal Poverty Guidelines: Annual income data can be estimated from monthly data (monthly income x 12). The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines.</p>
14	For Each Household Indicate the Priority Population Characteristics	<p>Low-Income: An individual or family with an income determined to be below the Federal Poverty Guidelines. The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines.</p> <p>Pregnant women under 21: Households with expectant mothers who enroll in the program and are under 21 years old during the reporting period.</p> <p>Have a history of child abuse or neglect or have had interactions with child welfare services: Based on self-report, a household with members who have a history of abuse or neglect and have had involvement with child welfare services either as a child or as an adult.</p>

² Administration for Children and Families. Early Childhood Learning and Knowledge Center. 2014. <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/family/Homelessness/htmls/definition/definition-legal.html>

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

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18	Participants by Type of Health Insurance Coverage	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>The insurance coverage categories are mutually exclusive. No insurance coverage indicates that the individual is currently not covered by any source of insurance. This table is intended to capture insurance status, not health care access: receipt of care provided for instance by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center does not constitute insurance coverage.</p>
19	Index Children by Usual Source of Medical Care	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of care: the particular medical professional, doctor's office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health.</p>
20	Index Children (≥ 12 months of age) by Usual Source of Dental Care	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of dental care: a usual source of dental care, or dental home, is a place where a child can receive consistent, comprehensive, compassionate dental care. The concept of the Dental Home reflects the AAPD's clinical guidelines and best principles for the proper delivery of oral health care to all children, with a concentration on infant/age one patients and should be established no later than 12 months of age.³</p>

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

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THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

PERFORMANCE AND SYSTEMS OUTCOME MEASURES

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

July 19, 2018

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MEASURE 1

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

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

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MEASURE 2

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

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

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MEASURE 3

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

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7.
NOTES

8. Measurement Tool Utilized

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

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

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MEASURE 4

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

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

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MEASURE 5

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

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

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MEASURE 6

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

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

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

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

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MEASURE 8

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

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

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MEASURE 9

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

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

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MEASURE 10

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

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7.
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8.
Measurement Tool Utilized

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

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MEASURE 11

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

* Note: When the percent of missing data is $\geq 10\%$, 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

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

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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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Expiration Date: 07/31/2021**MEASURE 13**

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

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

July 19, 2018

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MEASURE 14

1. BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. 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.	6.b. Value – Enter the number of cases missing from measure calculation:

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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

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

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

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MEASURE 16

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

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

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MEASURE 17

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

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7.
NOTES

8.
Measurement Tool Utilized

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

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

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MEASURE 18

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

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

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

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MEASURE 19

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

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

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DEFINITIONS OF KEY TERMS

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

¹ Behrman R, Stith Butler A. eds. Preterm Birth: Causes, Consequences, and Prevention. Washington, DC: The National Academies Press, 2007.

² Optimizing postpartum care. Committee Opinion No. 666. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;127:e187-92. Retrieved from <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co666.pdf?dmc=1&ts=20180221T1421452301>

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

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

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

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

⁶ U.S. National Library of Medicine, National Institutes of Health. Psychological Index Terms via Unified Medical Language System, 2015. Retrieved from <http://ghr.nlm.nih.gov/glossary=developmentaldelay>

⁷ Centers for Disease Control and Prevention. Injury Prevention and Control: Division of Violence Prevention, 2015. Retrieved from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

⁸ Home Visiting Collaborative Improvement and Innovation Network.

New Hampshire Department of Health and Human Services
Home Visiting Services

Attachment 5 - DCYF Key Performance Metrics

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

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

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
 - 1.1. 61.5% Federal funds from:
 - 1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC43595.
 - 1.1.2. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC46878.
 - 1.1.3. American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC41935.
 - 1.1.4. American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC45263.
 - 1.1.5. New Hampshire Initiative to Address COVID-19 Health Disparities, as awarded on May 27, 2021, by the DHHS Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH75OT000031.
 - 1.1.6. Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, CFDA 93.658, FAIN 2201NHFOST.
 - 1.2. 38.5% General funds.
2. For the purposes of this Agreement the Department has identified:
 - 2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
 - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
4. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
5. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the

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

EXHIBIT C

Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

6. Audits

6.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

6.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

6.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.

6.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

6.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

6.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

6.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

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

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

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with

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

EXHIBIT C

the approved line items, as specified in Exhibits C-1, Budget through C-10, Budget.

8. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
 - 8.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
 - 8.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
 - 8.3. Identifies and requests payment for allowable costs incurred in the previous month.
 - 8.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
 - 8.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
 - 8.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:
Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

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

9. Payment shall be for services provided in fulfillment of this Agreement, as specified in Exhibit B, Scope of Work Section 3.4, and in accordance with the following:
 - 9.1. Weekly Rate: For the purposes of this Agreement, a weekly rate shall be paid in the amount of \$404.39 per client (family) once per week.
 - 9.2. Payment shall be made on a monthly basis and follow a process determined by the Department.
 - 9.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	\$89,168
SFY 2024	\$108,983

DS
PS

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

EXHIBIT C

SFY 2025	\$54,711
Sub-Total	\$252,862

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

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

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

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

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

State Fiscal Year	Amount
2023	\$74,965
2024	\$109,862
2025	\$0*
Sub-Total	\$184,827
*The Contractor will only bill for direct services in SFY 25.	

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

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

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

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
<u>Home Visiting Services -</u>	
Budget Request for: <u>Home Visiting Formula Grant</u>	
Budget Period: <u>SFY 2023 (10/01/2022 - 06/30/2023)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	157731.00
2. Fringe Benefits	34932.00
3. Consultants	4500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	5000.00
5.(a) Supplies - Educational	
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	2000.00
6. Travel	15000.00
7. Software	999.73
8. (a) Other - Marketing/ Communications	1000.00
8. (b) Other - Education and Training	5000.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	12000.00
Other (Liability Insurance)	1200.00
Other (Postage)	300.00
Other (Audit & Legal)	1200.00
Other (Telephone)	3000.00
Other (Annual Fees)	1800.00
9. Subrecipient Contracts	0.00
Total Direct Costs	245662.73
Total Indirect Costs	24066.27
TOTAL	269729.00

Contractor Initials:

DS
PS

New Hampshire Department of Health and Human Services Contractor Name: <i>The Family Resource Center at Gorham</i> Budget Request for: <i>Home Visiting Services - Home Visiting Formula Grant</i> Budget Period: <i>SFY 2024 (07/01/2023 - 06/30/2024)</i> Indirect Cost Rate (if applicable): 9%	
Line Item	Program Cost.- Funded by DHHS
1. Salary & Wages	252236.00
2. Fringe Benefits	56052.00
3. Consultants	5000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	500.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	715.64
6. Travel	5000.00
7. Software	150.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	550.00
8. (c) Other - Other (specify below)	
<i>Other (Occupancy)</i>	14000.00
<i>Other (Liability Insurance)</i>	2000.00
<i>Other (Postage)</i>	400.00
<i>Other (Telephone)</i>	4000.00
<i>Other (Audit & Legal)</i>	1500.00
<i>Other (Annual Fees)</i>	1800.00
9. Subrecipient Contracts	0.00
Total Direct Costs	344003.64
Total Indirect Costs	34350.36
TOTAL	378354.00

Contractor Initials: DS
PS

New Hampshire Department of Health and Human Services Contractor Name: <i>The Family Resource Center at Gorham</i> Budget Request for: <i>Home Visiting Services - Home Visiting Formula Grant</i> Budget Period: <i>SFY 2025 (07/01/2024 - 09/30/2024)</i> Indirect Cost Rate (if applicable): 9%	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	71369.09
2. Fringe Benefits	5098.00
3. Consultants	2572.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	250.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	250.00
6. Travel	1000.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	100.00
8. (c) Other - Other (specify below)	
<i>Other (Occupancy)</i>	2500.00
<i>Other (Telephones)</i>	700.00
<i>Other (Liability Insurance)</i>	0.00
<i>Other (Annual Fees)</i>	100.00
<i>Other (Audit)</i>	100.00
<i>Other (Postage)</i>	50.00
9. Subrecipient Contracts	0.00
Total Direct Costs	84189.09
Total Indirect Costs	8393.91
TOTAL	92583.00

Contractor Initials: DS
PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
<u>Home Visiting Services -</u>	
Budget Request for: <u>ARP - MIEC Home Visiting</u>	
Budget Period: <u>SFY 2023 (10/01/2022 - 06/30/2023)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	45809.00
2. Fringe Benefits	3272.00
3. Consultants	4000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	500.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	431.73
6. Travel	5000.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	100.00
8. (c) Other - Other (specify below)	
<i>Other (audit)</i>	100.00
<i>Other (Occupancy)</i>	3000.00
<i>Other (Telephone)</i>	200.00
<i>Other (please specify)</i>	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	62512.73
Total Indirect Costs	6201.27
TOTAL	68714.00

Contractor Initials: DS
PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services Contractor Name: <i>The Family Resource Center at Gorham</i> Budget Request for: <i>Home Visiting Services - ARP - MIEC Home Visiting</i> Budget Period: <i>SFY 2024 (07/01/2023 - 06/30/2024)</i> Indirect Cost Rate (if applicable): <i>9%</i>	
Line/Item	Program Cost - Funded by DHHS
1. Salary & Wages	33124.00
2. Fringe Benefits	2279.00
3. Consultants	1679.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	300.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	499.82
6. Travel	2000.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	200.00
8. (b) Other - Education and Training	300.00
8. (c) Other - Other (specify below)	
<i>Other (occupancy)</i>	4500.00
<i>Other (audit)</i>	300.00
<i>Other (telephone)</i>	300.00
<i>Other (please specify)</i>	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	45481.82
Total Indirect Costs	4518.18
TOTAL	50000.00

Contractor Initials: DS
PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
Home Visiting Services -	
Budget Request for: <u>ARP - MIEC Home Visiting</u>	
Budget Period: <u>SFY 2025 (07/01/2024 - 09/30/2024)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item:	Program Cost - Funded by DHHS
1. Salary & Wages	45567.70
2. Fringe Benefits	3395.03
3. Consultants	
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	0.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	100.00
6. Travel	1000.00
7. Software	100.00
8. (a) Other - Marketing/ Communications	0.00
8. (b) Other - Education and Training	100.00
8. (c) Other - Other (specify below)	
<i>Other (Occupancy)</i>	1000.00
<i>Other (Telephones)</i>	100.00
<i>Other (audit)</i>	30.00
<i>Other (please specify)</i>	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	51392.73
Total Indirect Costs	5139.27
TOTAL	56532.00

Contractor Initials: _____

DS
PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
<u>Home Visiting Services -</u>	
Budget Request for: <u>Child Health, Health Div</u>	
Budget Period: <u>SFY 2023 (10/01/2022 - 06/30/2023)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	36000.00
2. Fringe Benefits	2389.00
3. Consultants	3000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	1200.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	1531.00
6. Travel	1650.00
7. Software	275.00
8. (a) Other - Marketing/ Communications	500.00
8. (b) Other - Education and Training	1000.00
8. (c) Other - Other (specify below)	
<i>Other (occupancy)</i>	3000.00
<i>Other (Telephone)</i>	500.00
<i>Other (Audit & Legal)</i>	100.45
<i>Other (Dues & Fees)</i>	100.00
9. Subrecipient Contracts	0.00
Total Direct Costs	51245.45
Total Indirect Costs	5004.55
TOTAL	56250.00

Contractor Initials:

DS
PS

New Hampshire Department of Health and Human Services	
Contractor Name: <i>The Family Resource Center at Gorham</i>	
<i>Home Visiting Services -</i>	
Budget Request for: <i>Child Health, Health Div</i>	
Budget Period: <i>SFY 2024 (07/01/2023 - 06/30/2024)</i>	
Indirect Cost Rate (if applicable): 9%	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	56965.00
2. Fringe Benefits	4725.91
3. Consultants	500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	100.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	500.00
6. Travel	4000.00
7. Software	100.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	550.00
8. (c) Other - Other (specify below)	
<i>Other (Occupancy)</i>	200.00
<i>Other (Telephone)</i>	300.00
<i>Other (Audit)</i>	
<i>Other (Dues & Fees)</i>	150.00
9. Subrecipient Contracts	0.00
Total Direct Costs	68190.91
Total Indirect Costs	6809.09
TOTAL	75000.00

Contractor Initials: DS
PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
<u>Home Visiting Services -</u>	
Budget Request for: <u>Child Health, Health Div</u>	
Budget Period: <u>SFY 2025 (07/01/2024 - 09/30/2024)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item:	Program Cost - Funded by DPHS:
1. Salary & Wages	6498.00
2. Fringe Benefits	1120.00
3. Consultants	500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	250.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	500.00
6. Travel	3500.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	500.18
8. (b) Other - Education and Training	1500.00
8. (c) Other - Other (specify below)	
<i>Other (Occupancy)</i>	1500.00
<i>Other (Telephone)</i>	700.00
<i>Other (Annual Fees)</i>	500.00
<i>Other (please specify)</i>	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	17068.18
Total Indirect Costs	1681.82
TOTAL	18750.00

Contractor Initials:

DS
PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
<u>Home Visiting Services -</u>	
Budget Request for: <u>PH COVID-19 Health Disparities</u>	
Budget Period: <u>SFY 2023 (10/01/2022 - 06/30/2023)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	58313.00
2. Fringe Benefits	4267.00
3. Consultants	3000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	2164.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	2000.00
6. Travel	4000.00
7. Software	500.00
8. (a) Other - Marketing/ Communications	200.00
8. (b) Other - Education and Training	2000.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	2000.00
Other (Phone)	200.00
Other (Postage)	200.00
Other (please specify)	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	78844.00
Total Indirect Costs	7668.00
TOTAL	86512.00

Contractor Initials:

DS
PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services Contractor Name: <u>The Family Resource Center at Gorham</u> Budget Request for: <u>Home Visiting Services</u> Budget Period: <u>SFY 2023 (1/1/23-6/30/23) 6 Months</u> Indirect Cost Rate (if applicable): <u>9.87%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	39462.02
2. Fringe Benefits	7547.92
3. Consultants	2000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	1000.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	2500.00
6. Travel	6958.56
7. Software	0.00
8. (a) Other - Marketing/ Communications	1700.00
8. (b) Other - Education and Training	2500.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	2200.00
Other (Phone)	1500.00
Other (Postage)	200.00
9. Subrecipient Contracts	0.00
Total Direct Costs	67568.50
Total Indirect Costs	7396.50
TOTAL	74965.00

DS
PS
 Contractor Initials _____

Date 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
Budget Request for: <u>Home Visiting Services</u>	
Budget Period: <u>SFY 2024 (7/1/23-6/30/24) 12 Months</u>	
Indirect Cost Rate (if applicable): <u>9.77%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	50370.58
2. Fringe Benefits	10355.22
3. Consultants	4500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	2500.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	4500.00
6. Travel	10000.00
7. Software	
8. (a) Other - Marketing/ Communications	2500.00
8. (b) Other - Education and Training	4000.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	6500.00
Other (Phone)	2300.00
Other (Postage)	300.00
Other (Liability Insurance)	1300.00
9. Subrecipient Contracts	0.00
Total Direct Costs	99125.80
Total Indirect Costs	10736.20
TOTAL	109862.00

DS
PS
 Contractor Initials _____

Date 1/5/2023



New Hampshire Department of Health and Human Services
Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 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.

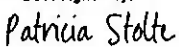
Place of Performance (street address, city, county, state, zip code) (list each location)


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

Vendor Name: Tha Family Resource Center at Gorham

1/5/2023

Date

DocuSigned by:

 Name: Patricia Stolte
 Title: Executive Director

Vendor Initials 
 Date 1/5/2023



New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

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

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

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

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

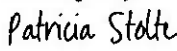
1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection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


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

Vendor Name: Tha Family Resource Center at Gorham

1/5/2023

Date

DocuSigned by:

 Name: Patricia Stolte
 Title: Executive Director

DS

 Vendor Initials
 Date 1/5/2023



**New Hampshire Department of Health and Human Services
Exhibit F**

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

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive 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 (l)(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: Tha Family Resource Center at Gorham

1/5/2023
Date

DocuSigned by:
Patricia Stolte
Name: Patricia Stolte
Title: Executive Director

DS
PS
Contractor Initials
1/5/2023
Date



New Hampshire Department of Health and Human Services
Exhibit G

**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

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

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 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
PS

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



New Hampshire Department of Health and Human Services
Exhibit G

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

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

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

Contractor Name: Tha Family Resource Center at Gorham

1/5/2023

Date

DocuSigned by:
Patricia Stolte
Name: Patricia stolte
Title: Executive Director

Exhibit G

Contractor Initials PS

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



New Hampshire Department of Health and Human Services
Exhibit 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: Tha Family Resource Center at Gorham

1/5/2023

Date

DocuSigned by:

Patricia Stolte

Name: Patricia Stolte

Title: Executive Director

DS
PS

Contractor Initials

1/5/2023

Date



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



New Hampshire Department of Health and Human Services

Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

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

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



New Hampshire Department of Health and Human Services

Exhibit I

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

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

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Contractor Initials

PS

Date 1/5/2023



New Hampshire Department of Health and Human Services

Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule. PS

3/2014

Contractor Initials

Date 1/5/2023



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

The Family Resource Center at Gorham

The State by:

Name of the Contractor

Patricia M. Tilley

Patricia Stolte

Signature of Authorized Representative

Signature of Authorized Representative

Patricia M. Tilley

Patricia Stolte

Name of Authorized Representative
Director

Name of Authorized Representative

Executive Director

Title of Authorized Representative

Title of Authorized Representative

1/6/2023

1/5/2023

Date

Date

Contractor Initials PS

Date 1/5/2023



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: Tha Family Resource Center at Gorham

1/5/2023

Date

DocuSigned by:
Patricia Stolte

Name: Patricia Stolte

Title: Executive Director



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: 019150817/504Q2
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

X NO YES

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

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

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

NO YES

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

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

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

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

New Hampshire Department of Health and Human Services

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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/doiit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

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DHHS Information Security Requirements



- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

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

V. LOSS REPORTING

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

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

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

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DHHS Information Security Requirements



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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

Business Information

Business Details

Business Name:	THE FAMILY RESOURCE CENTER AT GORHAM	Business ID:	270161
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	04/03/1997	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	04/03/1997		
Principal Office Address:	123 Main Street, Gorham, NH, 03581, USA	Mailing Address:	123 Main St, Gorham, NH, 03581, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Nonprofit Report Year:	2020
		Next Report Year:	2025
Duration:	Perpetual		
Business Email:	pstolte@frc123.org	Phone #:	NONE
Notification Email:	pstolte@frc123.org	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	Educational Services	All Other Miscellaneous Schools and Instruction
2	NOT REQUIRED	

Page 1 of 1, records 1 to 2 of 2

Principals Information

Name/Title	Business Address
Linda Lamirande Mrs / President	837 West Milan Rd, Milan, NH, 03588, USA
Vicky McGillicuty / Vice President	123 Main Street, Gorham, NH, 03581, USA
James Gibbons / Treasurer	123 Main Street, Gorham, NH, 03581, USA

Page 1 of 1, records 1 to 3 of 3

Registered Agent Information

Name: Not Available

Registered Office: Not Available

Address:

Registered Mailing: Not Available

Address:

Trade Name Information

Business Name

Business ID

Business Status

ABID

Expired

(/online/BusinessInquire/TradeNameInformation? businessID=486459) 666705

Trade Name Owned By

Name

Title

Address

Trademark Information

Trademark Number

Trademark Name

Business Address

Mailing Address

No records to view.

[Filing History](#)

[Address History](#)

[View All Other Addresses](#)

[Name History](#)

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[Businesses Linked to Registered Agent](#)

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CERTIFICATE OF AUTHORITY

I, Christian Corriveau, hereby certify that:

1. I am a duly elected President of The Family Resource Center at Gorham.

2. The following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on November 16, 2022 at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Patti Stolte is duly authorized on behalf of The Family Resource Center at Gorham to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in 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: 1/6/23


Signature of Elected Officer

Name: Christian Corriveau

Title: President, Board of Directors



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/04/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

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

COVERAGES **CERTIFICATE NUMBER: 23** **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 INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MAC 3793560 16	05/10/2022	05/10/2023	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 AbMol Daycare, Inc/AnoPA \$ 1,000,000
A	AUTOMOBILE LIABILITY <input 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			MAC 3793560 16	05/10/2022	05/10/2023	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 type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UMB113778408	05/10/2022	05/10/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	6JUB4N33995323	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER State of NH Dept. of Health & Human Services 129 Pleasant Street Concord NH 03301-3857	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

the family resource center

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

Mission

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

Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

**FOR THE YEARS ENDED JUNE 30, 2022 AND 2021
AND
INDEPENDENT AUDITORS' REPORT AND REPORTS ON
COMPLIANCE AND INTERNAL CONTROL**

*Leone,
McDonnell
& Roberts*
PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS

FAMILY RESOURCE CENTER AT GORHAM
FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Family Resource Center at Gorham

Opinion

We have audited the accompanying financial statements of Family Resource Center at Gorham (a New Hampshire nonprofit organization), which comprise the statements of financial position as of June 30, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Family Resource Center at Gorham as of June 30, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Family Resource Center at Gorham's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Family Resource Center at Gorham's ability to continue as a going concern for a reasonable period of time.

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

Supplementary Information

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

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 19, 2022, on our consideration of Family Resource Center at Gorham's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Family Resource Center at Gorham's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Family Resource Center at Gorham's internal control over financial reporting and compliance.

Leone McDonnell Roberts,
Professional Association

North Conway, New Hampshire
October 19, 2022

FAMILY RESOURCE CENTER AT GORHAM**STATEMENTS OF FINANCIAL POSITION
AS OF JUNE 30, 2022 AND 2021**

	<u>ASSETS</u>	
	<u>2022</u>	<u>2021</u>
CURRENT ASSETS		
Cash and cash equivalents	\$ 1,001,201	\$ 820,554
Certificates of deposit	83,677	83,511
Grants receivable	607,171	523,750
Prepaid expenses	<u>15,603</u>	<u>79,030</u>
Total current assets	<u>1,707,652</u>	<u>1,506,845</u>
PROPERTY		
Leasehold improvements	88,452	74,932
Furniture and equipment	51,575	51,575
Buildings	<u>70,015</u>	<u>70,015</u>
Total	210,042	196,522
Less: accumulated depreciation	<u>(113,185)</u>	<u>(106,735)</u>
Property, net	<u>96,857</u>	<u>89,787</u>
OTHER ASSETS		
Investments	225,995	248,442
Agency deposits - cash	<u>30,574</u>	<u>340</u>
Total other assets	<u>256,569</u>	<u>248,782</u>
TOTAL ASSETS	<u>\$ 2,061,078</u>	<u>\$ 1,845,414</u>
	<u>LIABILITIES AND NET ASSETS</u>	
CURRENT LIABILITIES		
Accounts payable	\$ 20,146	\$ 15,119
Accrued expenses	102,296	94,899
Due to State of New Hampshire	32,257	-
Agency deposits	30,574	340
Refundable advances	<u>33,332</u>	<u>302,055</u>
Total current liabilities	<u>218,605</u>	<u>412,413</u>
NET ASSETS		
Without donor restrictions		
Designated for long-term building maintenance	55,083	26,472
Undesignated	<u>1,529,925</u>	<u>1,127,916</u>
Total net assets without donor restrictions	1,585,008	1,154,388
With donor restrictions	<u>257,465</u>	<u>278,613</u>
Total net assets	<u>1,842,473</u>	<u>1,433,001</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 2,061,078</u>	<u>\$ 1,845,414</u>

See Notes to Financial Statements

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

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
REVENUE AND SUPPORT			
Grants	\$ 2,503,575	\$ -	\$ 2,503,575
Medicaid	1,530,768	-	1,530,768
In-kind contributions	111,319	-	111,319
Contributions	35,794	15,000	50,794
Agency rents	43,698	-	43,698
Investment return	-	(22,628)	(22,628)
Interest income	798	-	798
Other income	804	-	804
Net assets released from restrictions	<u>13,520</u>	<u>(13,520)</u>	<u>-</u>
Total revenue and support	<u>4,240,276</u>	<u>(21,148)</u>	<u>4,219,128</u>
EXPENSES			
Program services	3,338,322	-	3,338,322
Management and general	<u>471,334</u>	<u>-</u>	<u>471,334</u>
Total expenses	<u>3,809,656</u>	<u>-</u>	<u>3,809,656</u>
CHANGE IN NET ASSETS	430,620	(21,148)	409,472
NET ASSETS, BEGINNING OF YEAR	<u>1,154,388</u>	<u>278,613</u>	<u>1,433,001</u>
NET ASSETS, END OF YEAR	<u>\$ 1,585,008</u>	<u>\$ 257,465</u>	<u>\$ 1,842,473</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM**STATEMENT OF ACTIVITIES**
FOR THE YEAR ENDED JUNE 30, 2021

	<u>Without Donor</u> <u>Restrictions</u>	<u>With Donor</u> <u>Restrictions</u>	<u>Total</u>
REVENUE AND SUPPORT			
Grants	\$ 3,067,269	\$ 12,000	\$ 3,079,269
Medicaid	367,667	-	367,667
In-kind contributions	62,000	-	62,000
Contributions	19,373	15,000	34,373
Agency rents	38,256	-	38,256
Investment return	-	44,518	44,518
Interest income	543	-	543
Other income	23,259	-	23,259
	<u>3,578,367</u>	<u>71,518</u>	<u>3,649,885</u>
Total revenue and support			
EXPENSES			
Program services	2,919,283	-	2,919,283
Management and general	320,297	-	320,297
	<u>3,239,580</u>	<u>-</u>	<u>3,239,580</u>
Total expenses			
CHANGE IN NET ASSETS	338,787	71,518	410,305
NET ASSETS, BEGINNING OF YEAR	<u>815,601</u>	<u>207,095</u>	<u>1,022,696</u>
NET ASSETS, END OF YEAR	<u>\$ 1,154,388</u>	<u>\$ 278,613</u>	<u>\$ 1,433,001</u>

See Notes to Financial Statements

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

	<u>Program</u> <u>Services</u>	<u>Management</u> <u>and</u> <u>General</u>	<u>Total</u>
Personnel Costs			
Salaries and wages	\$ 1,989,734	\$ 248,433	\$ 2,238,167
Payroll taxes	164,123	20,603	184,726
Employee benefits	261,219	27,951	289,170
Food and supplies	223,819	2,778	226,597
Program activities	224,287	245	224,532
Travel	189,434	1,203	190,637
Contractors and consultants	92,880	11,935	104,815
Training	76,476	1,389	77,865
Technology	3,551	71,491	75,042
Occupancy	27,315	26,870	54,185
Telephone and internet	31,702	2,378	34,080
Legal and professional fees	6,658	20,914	27,572
Liability insurance	19,497	3,397	22,894
Advertising	18,593	219	18,812
Repairs and maintenance	-	12,839	12,839
Small equipment	6,800	984	7,784
Depreciation	-	6,450	6,450
Payroll processing service	-	5,656	5,656
Printing	1,491	1,985	3,476
Property insurance	-	1,987	1,987
Conferences and meetings	160	796	956
Other	25	829	854
Postage and shipping	408	2	410
Bank charges	150	-	150
	<u> </u>	<u> </u>	<u> </u>
Total	\$ 3,338,322	\$ 471,334	\$ 3,809,656

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM**STATEMENT OF FUNCTIONAL EXPENSES**
FOR THE YEAR ENDED JUNE 30, 2021

	<u>Program Services</u>	<u>Management and General</u>	<u>Total</u>
Personnel Costs			
Salaries and wages	\$ 1,831,914	\$ 147,800	\$ 1,979,714
Payroll taxes	125,775	17,151	142,926
Employee benefits	206,991	34,335	241,326
Food and supplies	163,028	-	163,028
Travel	142,515	1,531	144,046
Contractors and consultants	103,897	38,396	142,293
Program activities	109,388	4,985	114,373
Training	65,864	1,715	67,579
Advertising	43,549	25	43,574
Small equipment	33,023	2,433	35,456
Heat and utilities	-	34,926	34,926
Telephone, internet, fax and cable	20,656	117	20,773
Rent	19,464	-	19,464
Accounting fees	4,035	12,812	16,847
Other	12,586	4,067	16,653
Conferences and meetings	10,882	-	10,882
Printing	8,095	2,572	10,667
Technology	31	9,049	9,080
Property insurance	6,807	1,201	8,008
Liability insurance	4,684	2,310	6,994
Depreciation	4,330	1,083	5,413
Payroll processing service	-	3,550	3,550
Postage and shipping	1,605	21	1,626
Bank charges	164	218	382
	<u> </u>	<u> </u>	<u> </u>
Total	\$ 2,919,283	\$ 320,297	\$ 3,239,580

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 409,472	\$ 410,305
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Unrealized (gain) loss on investments	33,135	(37,666)
Realized gains on investments	(6,213)	(3,433)
Depreciation	6,450	5,413
(Increase) decrease in assets:		
Grants receivable	(83,421)	(382,543)
Prepaid expenses	63,427	(65,251)
Increase (decrease) in liabilities:		
Accounts payable	5,027	9,301
Accrued expenses	7,397	42,477
Due to State of New Hampshire	32,257	-
Agency deposits	30,234	340
Refundable advances	(268,723)	294,712
	<u>229,042</u>	<u>273,655</u>
NET CASH PROVIDED BY OPERATING ACTIVITIES		
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from the sale of investments	36,151	44,110
Purchase of investments and certificates of deposit	(40,792)	(48,725)
Additions to property and equipment	(13,520)	-
	<u>(18,161)</u>	<u>(4,615)</u>
NET CASH USED IN INVESTING ACTIVITIES		
NET INCREASE IN CASH AND EQUIVALENTS AND RESTRICTED CASH	210,881	269,040
CASH AND EQUIVALENTS AND RESTRICTED CASH, BEGINNING OF YEAR	<u>820,894</u>	<u>551,854</u>
CASH AND EQUIVALENTS AND RESTRICTED CASH, END OF YEAR	<u>\$ 1,031,775</u>	<u>\$ 820,894</u>
CASH BALANCES		
Cash and equivalents, operating	\$ 1,001,201	\$ 820,554
Agency deposits - cash	<u>30,574</u>	<u>340</u>
Total cash and equivalents and restricted cash	<u>\$ 1,031,775</u>	<u>\$ 820,894</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

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

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

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

Basis of Accounting

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

Basis of Presentation

The financial statements of the Resource Center have been prepared in accordance with U.S. generally accepted accounting principles (US GAAP), which require the Resource Center to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions – Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Resource Center. These net assets may be used at the discretion of the Resource Center's management and board of directors.

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

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

Other Events

The impact of the novel coronavirus (COVID-19) and measures to prevent its spread continue to affect the Resource Center's operations. The significance of the impact of these disruptions, including the extent of their adverse impact on the Resource Center's financial and operational results, will be dictated by the length of time that such disruptions continue and, in turn, will depend on the currently unknowable duration of the COVID-19 pandemic and the impact of governmental regulations that might be imposed in response to the pandemic. The Resource Center's operations could also be impacted by COVID-19 by service disruption that causes decreases to Medicaid revenue as well as leading to changes in client and donor behavior. The COVID-19 impact on the capital markets could also impact the Resource Center's cost of borrowing. There are certain limitations on the Resource Center's ability to mitigate the adverse financial impact of these items. COVID-19 also makes it more challenging for management to estimate future performance of the operations, particularly over the near to medium term.

Use of Estimates

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

Cash and Cash Equivalents

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

Investments

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

Property and Equipment

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

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

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

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

Contributions

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

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

Functional Allocation of Expenses

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

The expenses that are allocated include the following:

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

Refundable Advances

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

Income Taxes

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

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

Grants Receivable

Grants receivable from various public and other nonprofit organizations at June 30, 2022 and 2021 were considered fully collectable and therefore no provisions for bad debts have been made in these financial statements.

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

Advertising

Advertising costs are expensed as incurred.

Reclassifications

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

Fair Value of Financial Instruments

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

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

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

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

At June 30, 2022 and 2021, the Resource Center's investments were all classified as Level 1 and were based on fair value.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2022 and 2021.

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

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

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

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

Revenue Recognition

In May of 2014, the FASB issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This ASU is a comprehensive revenue recognition model that requires an organization to recognize revenue to depict the transfer of goods or services to a customer at an amount that reflects the consideration it expects to receive in exchange for those goods or services. The Resource Center adopted this ASU on July 1, 2020, using the modified retrospective approach and applied this ASU only to contracts not completed as of July 1, 2020. Contracts and transactions with customers predominantly contain a single performance obligation. The impact of adopting this ASU was not material to the financial statements.

The Resource Center records the following exchange transaction revenue in its statements of activities for the years ended June 30, 2022 and 2021:

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

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

New Accounting Pronouncement

As of July 1, 2021, the Resource Center adopted the provisions of the Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets (Topic 958)*, as amended. ASU 2020-07 applied to the presentation and disclosure of nonfinancial assets received by not-for-profit organizations and increases transparency of such contributions. Results for reporting the years ended June 30, 2022 and 2021 are presented under FASB ASC Topic 958. The ASU has been applied retrospectively to all periods presented, with no material effect on previously issued financial statements.

FAMILY RESOURCE CENTER AT GORHAM**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021****2. LIQUIDITY AND AVAILABILITY**

The following represents the Resource Center's financial assets as of June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 1,001,201	\$ 820,554
Certificates of deposit	83,677	83,511
Grants receivable	607,171	523,750
Investments	225,995	248,442
Agency deposits - cash	<u>30,574</u>	<u>340</u>
Total financial assets	<u>\$ 1,948,618</u>	<u>\$ 1,676,597</u>
Less amounts not available to be used within one year:		
Net assets with donor restrictions	\$ 257,465	\$ 278,613
Amount board designated for long-term maintenance	55,083	26,472
Agency deposits - cash	<u>30,574</u>	<u>340</u>
Amounts not available within one year	<u>343,122</u>	<u>305,425</u>
Financial assets available to meet general expenditures over the next twelve months	<u>\$ 1,605,496</u>	<u>\$ 1,371,172</u>

The Resource Center's goal is generally to maintain financial assets to meet 90 days of operating expenses (approximately \$920,000). As part of its liquidity plan, excess cash is invested in short-term investments, including money market accounts.

3. INVESTMENTS

Investments presented in the financial statements are stated at fair value. Realized gains and losses are determined on the specific identification method. Gains and losses (realized and unrealized) are reported in the statement of activities as increases or decreases to net assets without donor restrictions, except for those investments for which their use is restricted. Information on investments at June 30, 2022 and 2021 is presented as follows:

	<u>2022</u>		<u>2021</u>	
	<u>Cost</u>	<u>Market Value</u>	<u>Cost</u>	<u>Market Value</u>
Equities	\$ 125,284	\$ 118,904	\$ 106,045	\$ 128,052
Mutual Funds	<u>99,515</u>	<u>107,091</u>	<u>108,267</u>	<u>120,390</u>
Totals	<u>\$ 224,799</u>	<u>\$ 225,995</u>	<u>\$ 214,312</u>	<u>\$ 248,442</u>

FAMILY RESOURCE CENTER AT GORHAM**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021****Components of Investment Return:**

	<u>2022</u>	<u>2021</u>
Interest and dividends	\$ 8,817	\$ 7,634
Unrealized gain (loss)	(33,135)	37,666
Realized gain	6,213	3,433
Investment fees	<u>(4,523)</u>	<u>(4,215)</u>
Total investment return	<u>\$ (22,628)</u>	<u>\$ 44,518</u>

4. AGENCY DEPOSITS

During the year ended June 30, 2022, the Resource Center began serving as a fiscal agent for Small Acts North, a Northern New Hampshire not-for-profit volunteer group that supports the community by providing small acts of kindness. The amount held on behalf of Small Acts North as of June 30, 2022 and 2021 was \$30,574 and \$340, respectively.

5. DEMAND NOTE PAYABLE

In April 2013, the Resource Center entered into a revolving line of credit agreement with a bank. The revolving line of credit agreement provides for maximum borrowings up to \$75,000 and is collateralized by a certificate of deposit held at the same bank. The revolving line of credit and the certificate of deposit both renew every six months. At June 30, 2022 and 2021, the interest rate on the revolving line of credit was stated at the bank's prime rate of 4.75% and 3.15%, respectively. There were no balances outstanding as of June 30, 2022 and 2021.

6. CONCENTRATION OF CREDIT RISK - CASH

The Resource Center maintains cash balances that, at times, may exceed federally insured limits. The cash balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per bank at June 30, 2022 and 2021. The Resource Center has not experienced any losses in such accounts and believes it is not exposed to any significant risk with these accounts. Cash balances in excess of FDIC insured limits amounted to \$874,727 and \$719,479 at June 30, 2022 and June 30, 2021, respectively.

7. NET ASSETS

Net assets with donor restrictions were as follows for the years ended June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Purpose restrictions:		
Flooring/carpeting	\$ 13,480	\$ 27,000
Community events	15,000	-
Restrictions in perpetuity:		
Endowment	<u>228,985</u>	<u>251,613</u>
Total net assets with donor restrictions	<u>\$ 257,465</u>	<u>\$ 278,613</u>

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

Net assets without donor restrictions for the years ended June 30, 2022 and 2021 are as follows:

	<u>2022</u>	<u>2021</u>
Undesignated	\$ 1,529,925	\$ 1,127,916
Board designated	<u>55,083</u>	<u>26,472</u>
Total net assets without donor restrictions	<u>\$ 1,585,008</u>	<u>\$ 1,154,388</u>

8. NET ASSETS WITHOUT DONOR RESTRICTIONS – BOARD DESIGNATED

By vote of the Board of Directors, funds have been designated for long-term building maintenance. Net assets without donor restrictions designated by the board was \$55,083 and \$26,472 at June 30, 2022 and 2021, respectively.

9. ENDOWMENT FUND

In 2007, the Resource Center established a permanent endowment fund for the organization with the intent of accumulating donations and interest earnings of one million dollars. Per the laws of the State of New Hampshire (RSA 292-B:4), 7% of the fair market value of the endowment fund, calculated on the basis of fair market value determined at least quarterly and averaged over a period of not less than three years may be appropriated for operating account expenditures. No distributions were taken during the years ended June 30, 2022 and 2021.

The Not-for-Profit Entities Topic of the FASB ASC (ASC 958-205 and subsections) intends to improve the quality of consistency of financial reporting of endowments held by not-for-profit organizations. This Topic provides guidance on classifying the net assets associated with donor-restricted endowment funds held by organizations that are subject to an enacted version of the Uniform Prudent Management Institutional Funds Act (UPMIFA). New Hampshire has adopted UPMIFA. The Topic also requires additional financial statement disclosures on endowments and related net assets.

The Resource Center has followed an investment and spending policy to ensure a total return (income plus capital change) necessary to preserve the principal of the fund and at the same time, provide a dependable source of support to help build healthier families and stronger communities.

In recognition of the prudence required of fiduciaries, the Resource Center only invests the fund in cash and mutual funds. The Resource Center has taken a risk adverse approach to managing the endowment fund in order to mitigate financial market risk such as interest rate, credit and overall market volatility, which could substantially impact the fair value of the endowment fund at any given time.

FAMILY RESOURCE CENTER AT GORHAM**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

Fund activity for June 30, 2022 and 2021 was as follows:

	<u>Balances as of June 30, 2021</u>	<u>Activity for the Year Ended June 30, 2022</u>	<u>Balances as of June 30, 2022</u>
Permanent gifts	\$ 175,809	\$ -	\$ 175,809
Investment earnings	66,023	8,817	74,840
Realized gain	62,713	6,213	68,926
Transfer to unrestricted	(41,590)	-	(41,590)
Investment expense	(45,472)	(4,523)	(49,995)
Unrealized gain (loss)	<u>34,130</u>	<u>(33,135)</u>	<u>995</u>
	<u>\$ 251,613</u>	<u>\$ (22,628)</u>	<u>\$ 228,985</u>

	<u>Balances as of June 30, 2020</u>	<u>Activity for the Year Ended June 30, 2021</u>	<u>Balances as of June 30, 2021</u>
Permanent gifts	\$ 175,809	\$ -	\$ 175,809
Investment earnings	58,389	7,634	66,023
Realized gain	59,280	3,433	62,713
Transfer to unrestricted	(41,590)	-	(41,590)
Investment expense	(41,257)	(4,215)	(45,472)
Unrealized gain (loss)	<u>(3,536)</u>	<u>37,666</u>	<u>34,130</u>
	<u>\$ 207,095</u>	<u>\$ 44,518</u>	<u>\$ 251,613</u>

10. LEASE AGREEMENTS

The Resource Center leases its current facility from the Town of Gorham. In lieu of rent, the Resource Center is responsible for the cost of repairs and maintenance, insurance, utilities and rubbish removal. The lease expired on June 30, 2020. The lease continues under the same terms on a month-to-month basis.

The Resource Center in turn sublets space in the facility to other nonprofit and community agencies at an average rate of approximately \$10 - \$16 per square foot. All participating organizations must provide services to a client base that is at least 66% low and moderate income.

During the year ended June 2021, the Resource Center entered into a lease agreement for office space in Littleton, New Hampshire with John & Paul Tuite Partnership. The terms of the lease call for monthly payments of \$1,000 through October 31, 2026. Rent expense under this agreement aggregated \$12,000 and \$8,000 for the years ended June 30, 2022 and 2021, respectively.

FAMILY RESOURCE CENTER AT GORHAM**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

The future minimum lease payments at June 30, 2022 are as follows:

<u>Year Ending June 30</u>	<u>Amount</u>
2023	\$ 12,000
2024	12,000
2025	12,000
2026	12,000
2027	<u>4,000</u>
Total	<u>\$ 52,000</u>

11. PAYCHECK PROTECTION PROGRAM LOAN

During the year ended June 30, 2020, the Resource Center applied for and was awarded a first draw Paycheck Protection Program loan through the Small Business Administration (SBA). Loan forgiveness was possible if certain criteria were met. Any amounts not forgiven were to be repaid over a five-year period, with payments deferred for the first six months. Interest would be stated at 1%. The loan amounted to \$298,000. During the year ended June 30, 2021, the Resource Center received loan forgiveness in the amount of \$258,674. The amount is recorded as grant revenue on the accompanying statement of activities. The portion of the loan that was not forgiven was repaid to the SBA in June of 2021.

12. IN-KIND CONTRIBUTIONS

The Resource Center received the following in-kind contributions during the years ended June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Donated clothing, toys, and household supplies	\$ <u>111,319</u>	\$ <u>62,000</u>

The Resource Center's policy related to in-kind contributions is to utilize the assets given to carry out the mission of the Resource Center. If an asset is provided that does not allow the Resource Center to utilize it in its normal course of business, the asset will be sold at its fair value as determined by appraisal or specialist depending on the type of asset. Donated supplies for the years ended June 30, 2022 and 2021 were considered contributions without donor restrictions.

13. SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of financial position date, but before financial statements are available to be issued. Recognized subsequent events are events or transactions that provide additional evidence about conditions that existed at the statement of financial position date, including the estimates inherent in the process of preparing financial statements. Non recognized subsequent events are events that provide evidence about conditions that did not exist at the statement of financial position date, but arose after that date. Management has evaluated subsequent events through October 19, 2022, the date the June 30, 2022 financial statements were available for issuance.

FAMILY RESOURCE CENTER AT GORHAM**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2022**

<u>FEDERAL GRANTOR/ PASS-THROUGH GRANTOR/ PROGRAM TITLE</u>	<u>FEDERAL ALN</u>	<u>PASS THROUGH GRANTOR NUMBER</u>	<u>FEDERAL EXPENDITURES</u>
<u>U.S. DEPT. OF HEALTH AND HUMAN SERVICES</u>			
Passed through State of New Hampshire			
Department of Health and Human Services, Office of Human Services, Division of Children, Youth and Families			
Stephanie Tubbs Jones Child Welfare Services Program	93.645	2001NHCWSS	\$ 7,994
Promoting Safe and Stable Families	93.556	2001FPSS	36,605
Social Services Block Grant	93.667	2001NHSOSR	74,472
Temporary Assistance for Needy Families	93.558	19NHTANF	398,380
Maternal & Child Health Services Block Grant for States	93.994	90CA1858	10,284
Maternal, Infant and Early Childhood Home Visiting Program	93.870	05-95-90-902010-5896	168,769
Maternal, Infant and Early Childhood Home Visiting Program	93.870	05-95-90-902010-5896	195,296
			<u>364,065</u>
Activities to Support (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	010-090-57710000-500589	11,417
Activities to Support (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	010-090-57710000-500589	53,097
			<u>64,514</u>
Division of Behavioral Health, Bureau of Drug and Alcohol Services Opioid STR	93.788	05-95-92-920510-7040	<u>154,638</u>
New Hampshire Children's Trust			
Every Student Succeeds Act/Preschool Development Grants	93.434		15,466
Coos Coalition for Children, Youth and Families			
Every Student Succeeds Act/Preschool Development Grants	93.434		<u>35,250</u>
			<u>50,716</u>
MEDICAID CLUSTER			
State of New Hampshire DHHS, North Country Health Consortium Medical Assistance Program	93.778	IDN	<u>19,092</u>
Total U.S. Department of Health and Human Services			<u>\$ 1,180,760</u>
<u>U.S. DEPARTMENT OF THE TREASURY</u>			
Passed through Governor's Office of Emergency Relief & Recovery Coronavirus Relief Fund	21.019		<u>\$ 81,396</u>
Total U.S. Department of the Treasury			<u>\$ 81,396</u>
<u>U.S. DEPARTMENT OF EDUCATION</u>			
Passed through State of New Hampshire Department of Education Twenty-First Century Community Learning Centers	84.287	20220276	<u>\$ 98,665</u>
Total U.S. Department of Education			<u>\$ 98,665</u>
Total expenditures of federal awards			<u>\$ 1,360,821</u>

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2022**

NOTE A - BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Family Resource Center at Gorham under programs of the federal government for the year ended June 30, 2022. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Family Resource Center at Gorham, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Family Resource Center.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Uniform Guidance, where in certain types of expenditures are not allowable or are limited to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

NOTE C - INDIRECT COST RATE

Family Resource Center at Gorham has elected to use the 10-percent de minimis indirect cost rate allowed under Uniform Guidance.

**INDEPENDENT AUDITORS' REPORT
ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON
COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS
PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

To the Board of Directors of
Family Resource Center at Gorham

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Family Resource Center at Gorham (a New Hampshire nonprofit organization), which comprise the statements of financial position as of June 30, 2022 and 2021, and the related statements of activities, and cash flows for the years then ended, and the related notes to the financial statements, and have issued our report thereon dated October 19, 2022.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Family Resource Center at Gorham's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Family Resource Center at Gorham's internal control. Accordingly, we do not express an opinion on the effectiveness of Family Resource Center at Gorham's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements, on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Family Resource Center at Gorham's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Leahy McDonnell & Roberts,
Professional Association*

North Conway, New Hampshire
October 19, 2022

**INDEPENDENT AUDITORS' REPORT
ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL
OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

To the Board of Directors of
Family Resource Center at Gorham

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Family Resource Center at Gorham's compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Family Resource Center at Gorham's major federal programs for the year ended June 30, 2022. Family Resource Center at Gorham's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, Family Resource Center at Gorham complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2022.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Family Resource Center at Gorham and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Family Resource Center at Gorham's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Family Resource Center at Gorham's federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Family Resource Center at Gorham's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Family Resource Center at Gorham's compliance with the requirements of each major federal program as a whole.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Family Resource Center at Gorham's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Family Resource Center at Gorham's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Family Resource Center at Gorham's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

*Leone McDonnell & Roberts,
Professional Association*

North Conway, New Hampshire
October 19, 2022

FAMILY RESOURCE CENTER AT GORHAM
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2022

A. SUMMARY OF AUDITORS' RESULTS

1. The auditors' report expresses an unmodified opinion on whether the financial statements of Family Resource Center at Gorham were prepared in accordance with GAAP.
2. No significant deficiencies relating to the audit of the financial statements are reported in the *Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards*. No material weaknesses are reported.
3. No instances of noncompliance material to the financial statements of Family Resource Center at Gorham, which would be required to be reported in accordance with Government Auditing Standards, were disclosed during the audit.
4. No significant deficiencies in internal control over major federal award programs are reported in the *Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by Uniform Guidance*. No material weaknesses are reported.
5. The auditors' report on compliance for the major federal award programs for Family Resource Center at Gorham expresses an unmodified opinion on all major federal programs.
6. There were no audit findings that are required to be reported in accordance with 2 CFR 200.516(a).
7. The programs tested as major programs were: U.S. Department of Health and Human Services, Opioid STR, ALN – 93.788, Activities to Support (STLT) Health Department Response to Public Health or Healthcare Crises, ALN – 93.391, U.S. Department of the Treasury, Coronavirus Relief Fund, ALN – 21.019.
8. The threshold for distinguishing between Type A and B programs was \$750,000.
9. Family Resource Center at Gorham Family Resource Center at Gorham was determined to be a low-risk auditee.

B. FINDINGS – FINANCIAL STATEMENTS AUDIT

None

C. FINDINGS AND QUESTIONED COSTS—MAJOR FEDERAL AWARD PROGRAM AUDIT

None

the family resource center

The Family Resource Center at Gorham
2022-23 BOARD OF DIRECTORS

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Heidi Barker, Vice President



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Cathy Roy



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Bronson Paradis



bparadis@gorhamnh.org

PATRICIA STOLTE

PROFESSIONAL SKILLS

ADMINISTRATIVE

Over thirty-five years' experience in positions requiring administrative responsibility and problem solving abilities including; nonprofit agencies, marketing departments and human service programs:

- Knowledge of all aspects of operational, financial and compliance for non-profit and for-profit businesses
- Responsible for managing resources, developing annual budgets, monitoring and managing budgets and overseeing contracts and compliance with DHHS.
- Supervision and leadership for multiple non-profit programs with 50+ staff members
- Program design and implementation
- Development; grant writing, annual appeals and donor program implementation
- Human Resources creating policies & procedures, job descriptions, orientation and training for several agencies
- Initiated Strategic Planning process and Board Development within agencies
- Agency delegate for several state conferences, involved in coordination of all aspects of annual events, fundraising projects and marketing campaigns
- Facility and building management for several site locations
- Volunteer management, recruitment and recognition

FISCAL MANAGEMENT

- Managing agency budget of \$2+million with multiple program budgets
- Budget management of 3 programs with reporting to Board of Directors and agency CEO overseeing \$1.3million budget
- Budget management of advertising campaigns from \$500k to \$6 million for businesses
- Proposals for funding to state, federal and local governments for annual contracts
- Fiscal management of annual grants from NH Charitable Trust and other foundations.

SKILLS:

- Work collaboratively with board members, staff and colleagues
- Create partnerships within the community to combine and extend resources
- Possess solid presentation, communication and organizational skills
- Knowledge of Microsoft Office, graphics programs and social media

PROFESSIONAL EXPERIENCE:

- The Family Resource Center,**
Gorham NH - Executive Director August 2015 to present
- Tri-County Community Action Programs, Inc., Berlin, NH -**
ServiceLink Resource Center Director - 2004 to 2006 August 2004 to August 2015
TCCAP Division Director - 2006 to 2015
- Mountain View Grand Resort**
Whitefield, NH Public Relations Director January 2003 to July 2004
- Berlin Main Street Program**
Berlin, NH Executive Director November 1997 to January 2003
- Zale Corporation/Karten's**
Dallas/New Bedford, MA - Marketing Manager
1991 to 1997
- Pierce-Cote Advertising Agency**
Osterville, MA - PR & Media Manager
1989 to 1991
- Shreve, Crump & Low,**
Boston - Marketing Director - 1984 to 1989
- Wolfe Publishing,** Pittsford NY - Advertising Sales Representative - 1984

EDUCATION & TRAINING

State University of New York at Fredonia, BA in Mass Communications & Business
Monroe Community College, Rochester, New York, Associates in Business Administration
Brighton High School, Rochester, New York

VOLUNTEER ENGAGEMENT - PAST & PRESENT

- Involved on area non-profit boards, community groups and projects with organizations such as Coos Country Health Services, Androscoggin Valley Home Care, AV Economic Recovery Committee, Head Start Board of Advisors, The Main Street Program and Androscoggin Valley Hospital Wellness Committee
- Member of NH Wellness & Prevention Council, Leadership NH North Country, Statewide Coalition of Aging Services, the Planning Committee for NH State Conference on Aging, the Cpos County Coalition for Families & Children, The Endowment for Health Planning Committee and the Androscoggin Valley Community Partners

GABRIELLE FLANDERS

OBJECTIVE

Highly skilled and empathetic professional with experience leading, managing and supervising professional staff in social services. Past work has included supervisory support; coaching; program planning and development and educational parenting support. Active listener with a knack for building lasting professional relationships.

EXPERIENCE

MARCH 2016– PRESENT

THE FAMILY RESOURCE CENTER

DIRECTOR OF FAMILY SUPPORT

NOVEMBER 2022- PRESENT

ASSOCIATE DIRECTOR OF FAMILY SUPPORT

JUNE 2018- NOVEMBER 2022

PROGRAM MANAGER

MARCH 2016- JUNE 2018

- Manage and develop home visiting and family support programs in Coos and Upper Grafton county

DECEMBER 2018 – DECEMBER 2019

PYRAMID MODEL COACH, I-SOCIAL NH DOE, BUREAU OF STUDENT SUPPORT

- Provide social emotional learning practice-based coaching to designated implementation sites across northern and southern New Hampshire.
- Responsible for maintaining and submitting electronic and paper-based records in a secure manner to preserve confidentiality and document successes and progress.
- Observed workers performance and provided feedback while having tough conversations when necessary.

MARCH 2016– PRESENT

SEL COACHING COORDINATOR, COOS COALITION FOR YOUNG CHILDREN & FAMILIES

- Created and maintained an effective and efficient Coaching System around SEL to support the growing needs of the local organizations.
- Scheduled and planned meetings and conferences, including site-to-site video conferencing calls, which helped to streamline business operations.
- Created and offered additional materials to enhance coaching around SEL. Reduced process gaps by supporting the effective coaching of new practitioners on best practices and protocols through supporting and creating a process.
- Delivered instruction on a broad range of topics, integrating audio-visual presentations and training materials.

- Mentored and coached new coaches by offering insight into successful procedures and implementation of program training. Created systems to facilitate in-house training and coaching; overseeing all registrations for training and professional development for all local organizations.
- Overseeing ongoing coaching in Pyramid Model, Growing Great Kids, and Mind in the Making.
- Linked with local agencies to learn their coaching needs in regards to Social Emotional Learning and supporting their engagement.

EDUCATION

MAY 2015

BACHELOR OF SCIENCE, NEW ENGLAND COLLEGE

Dean's List

SKILLS

- Reliable & Flexible
- Self-starter and Quick learner
- Ability to analyze data & be creative with outcomes
- Strength based & growth minded
- Experience supervising/managing & coaching a team
- Active Listener
- Effective public speaker
- Strategy & system thinker
- Proficient computer skills including MS Word, Excel, PowerPoint and Outlook
- Ability to multi-task, be versatile and deal with crisis situations while maintaining excellent time management skills and professionalism
- Knack for learning new technology & software

BOARDS, COMMITTEES, VOLUNTEERING, ETC.

- North Country Maternity Network Board
2022- Present
- Raising Strong Families Steering Committee
2021- Present
- Substance Exposed Infant Pilot Project
2019-2020
- Coos Coalition for Young Children
Leadership Workgroup

TRAINING, CERTIFICATIONS, SKILLS

- Peer Recovery Support Worker- Certified RCA
- Circle of Security- Facilitator
- Boundary Spanning Leadership
- Policy & Procedure writing
- Motivational Interviewing
- Practice-Based Coach
- Reflective Supervision
- ASQ: Watch Me Grow- Facilitator

Briana M. Shannon

Work Experience

Program Manager-Healthy Families America

The Family Resource Center of Northern New Hampshire - Gorham, NH

July 2018 to Present

- Manage day to day program operations for the Healthy Families America Program.
- Track visit completion rates, and update tracking forms
- Oversee program supervisor's day to day performance while providing opportunities for growth.
- Provide high quality reflective supervision and support other program leaders
- Recruit, train, supervise, coach, evaluate, and support program staff
- Maintain program fidelity and accreditation, in accordance with national standards
- Draft and manage program budget
- Ensure program compliance with state and local contracts
- Assess program performance, prepare reports, and deliver data
- Oversee referral process
- Build and strengthen relationships with health providers and other referral sources
- Assist in securing program funding

Family Support Specialist

The Family Resource Center of Northern New Hampshire - Gorham, NH

February 2016 to July 2018

- Provide parent education to referred families by use of visuals and specialized educational tools.
- Document client contact notes and complete data updates.
- Meet regularly with supervisor for supervision and case consultation.
- Utilize all professional development opportunities provided
- Communicate openly with referral sources

Licensed Cosmetologist

Mary's New You

2007 to February 2016

Interviewing the customers about their beauty concerns and suggesting useful tips.

- Fully completing customer's service previously discussed to the best of my ability.
- Assist client in finding desired cosmetic and then using the HairMax to process the sale.
- Answer phones to assist customers with scheduling/re scheduling appointments.

Front Desk Receptionist

Cabot Motor Inn - Lancaster, NH

October 2010 to June 2011

Front Desk Reception

- Answer phones to schedule room reservations and/or cancellations.
- Collect and process payments made using the hotel computer system.
- Using an electronic key programmer, make room keys.
- Correctly file guest information by room number.
- Handling customer Complaints

Education

High School Diploma

Groveton High School
June 2007

Skills

- Microsoft Office
- Microsoft Word
- Microsoft Excel
- Microsoft Powerpoint
- Program Management
- Budgeting
- Project / Program Management
- Project Management
- Process Improvement
- Reflective Practice/Reflective Supervision
- Strategic Planning
- Motivational Interviewing
- PTSD Care

Certifications and Trainings

Growing Great Kids Curriculum--- July 2016

Motivational Interviewing--- March 2016

Recovery Coach Academy--- June 2019

Infant Mental Health First Aide--- March 2016

Standards of Quality--- November 2020 to November 2022

Integrated Strategies for Family Support--- September 2016

Parent Survey and Community Outreach training--- April 2017

Families, Resiliency and Opportunities for Growth training--- December 2021

Families, Resiliency, and Opportunities for Growth Supervisor Training--- January 2022

Peer Reviewer Training--- June 2022 to Present

Healthy Families America National Peer Reviewer Training--- June 2022

Solution Based Casework Training--- February 2021

Transforming Trauma & PTSD--- July 2020

ANN-MARIE E. SMITH

Experience

2017 - Present

HFA Supervisor/Family Support Specialist - Colebrook, NH

Oversee Family Support Specialists, provide weekly reflective supervision, ensure accuracy of client notes, and reviews time sheets and mileage Providing in home support to at-risk families. Creating support plans based on family's needs including budgeting assistance, parenting skills, child development, and referrals to outside services. Using reflective and active listening skills, practice high confidentiality, record keeping, and offer creative and flexibility with planning for each family.

2008 - 2017

Child and Family Services - Colebrook, NH

Family Support Worker and Home Visits. I have been providing in-home education as well as parenting, child development, budgeting, personal communication along with household and stress management. I also assist in accessing community and state resources.

1999 - ~~2008~~ **Wingswood Regional Middle and High School - Wolfeboro, NH**

- **Inter-Lakes Middle School - Meredith, NH**
- **Governor Wentworth Regional School District - Wolfeboro, NH**
- **Bartlett Community Preschool NH - Bartlett, NH**

Teaching in a general classroom setting for all age groups to One-on-One Special Assistant. Encouraging physically handicapped student develop social skills, academic comprehension, and communication through facial, body, and sign language. Helping with mental and developmental disabilities with various curriculum and techniques. Involved in confidential mediations alongside behavioral councilors, aiding students to deal with relationships, family issues and peer conflicts. Successfully preventing and resolving negative confrontations and behavior by setting appropriate boundaries creating positive resolutions

Skills and Interests

- Through workshops and other ventures in my life, I have gained techniques to motivate and aide behavioral problems and learning disabilities.
- I am certified in NH Healthy Kids Training and am an Accredited provider of Level 4 Positive Parenting Program. I am also certified in Growing Great Kids-Tier 1, prenatal to 36 mos. skill developmental program. I am trained in ASQ-ASQ-SE and am on the steering committees for "Watch me Grow", and Maternal Depression, promoting MD awareness in Coos County
- I like to stay active, both professionally and physically. I walk daily and am always looking at furthering my personal knowledge and education to invest in our Coos kids.

Education

Hesser Business College - Manchester, NH

Graduated in 1984

- Major in Travel Management
- Minor in Social Science, Psychology, Sociology, Human Development and Public Speaking

References and Certifications are available upon request

Merrilee Turgeon

[REDACTED]
[REDACTED]
[REDACTED]

Work Experience

Coos County Family Health Services - Berlin, NH
October 2020 to October 2020

- RN
- Clinic nurse for both family practice and assisted with prenatal program
- Active partner/preceptor for the CCMA Apprenticeship Program at CCFHS
- Training new employees
- One on one patient care
- Medication reconciliation
- Tracking and charting patients' preventative health care
- Assisting with minor surgery
- Patient education
- Triage nurse (January 2013 to October 2014)
- Assessing adult and pediatric acute illnesses
- HIPPA compliance

Androscoggin Valley Hospital - Berlin, NH
February 2020 to October 2020

- RN
 - Surgical Services
- June 2017-February 2020

- RN
- Medical/Surgical Unit
- One on one patient care
- Medication reconciliation
- Charting patients' health care
- Assisting with minor surgery
- Patient education
- Assessing adult and pediatric illnesses
- IV management

RN

St. Vincent de Paul Rehabilitation/Nursing Facility - Berlin, NH
August 2011 to January 2012

- Skilled nursing
- Assess patients, charting and reporting changes in patients' conditions, such as adverse reactions to medication or treatment, and taking any necessary action.
- Work as part of a health care team to assess patient needs, plan and modify care and implement interventions.

- Supervise nurses' aides and assistants.

Customer Service Manager, Human Resources Manager

Shaw's Supermarkets - Gorham, NH

March 1999 to February 2009

- Directly manage approximately 40+ associates
- Recruiting and training
- Prepare and deliver performance evaluations to develop well informed, productive, efficient employees
- Resolve customer complaints regarding sales and service.
- Consult with department managers to plan advertising services and to secure information on equipment and customer specifications.
- Prepare and approve budget expenditures.

Education

Associate Degree in Nursing

White Mountains Community College - Berlin, NH

May 2012

Skills

- Detail oriented and organized
- Ability to work well with a team as well as independently
- Skilled in Microsoft Office (Word, Outlook, Excel, PowerPoint)

Certifications and Licenses

RN License

PALS Certification

CCMA Certification

LPN

ACLS Certification

Tikatia Morris

Family
Support
Specialist

Tikatia Morris

[REDACTED]

[REDACTED]

Skills

client needs assessment; Microsoft Office Suite; file management; community resources; conflict resolution; 70 wpm typing speed; case management; organized; effective public speaker; reliable; strategic thinker; event planning; team player; marketing and media relations; computer-savvy; logo design; website graphics; branding strategies; atypical problem solving; classical education tutoring methods; attention to detail; creativity

Experience

The Family Resource Center / Family Support Specialist

November 2018 - PRESENT, Gorham

Built solid and trusting rapport with children and families, fostering trust and communication to meet case needs. Worked to improve and enhance client lives through effective and compassionate care. Developed rapport to create a safe and trusting environment for care. Documented data and completed accurate updates to case records. Collaborated with community program leaders and advocates to make resources accessible to those in need. Interviewed individuals and families to assess needs and provide informational resources. Referred clients to appropriate team members, community agencies and organizations to meet treatment needs. Photographed to produce high-quality images for both print and Internet distribution. Developed creative design for marketing packages, including print materials, brochures, banners and signs. Used publisher and photoshop to develop product mockups and prototype designs.

NH Homeschooling Families / Private Tutor

September 2013 - January 2018, Throughout NH & VT

Tutored over 20 struggling, average and advanced students in elementary through high school Classical Education course materials in Mathematics, Grammar and Language Arts, History, Science, Latin, and Logic. Created special handouts, study guides and assessments to evaluate and boost student knowledge. Spearheaded group tutoring sessions to help students struggling in similar areas. Coached and mentored junior tutors on successful classical education teaching strategies and time management. Educated students on strategies for effective studying, note taking and test taking.

Self-Employed / Freelance Photographer and Graphic Design

April 2012 - September 2018, Throughout NH

Planned and prepared for all on-location shoots. Inspected proofs to ensure quality of prints, adjusting and retouching as necessary. Defined and recommended detailed solutions to capture images. Applied digital styling techniques to enhance photos. Archived photographs on computers and servers. Maintained consistent use of graphic imagery in materials and other marketing outreach. Edited existing

PowerPoint slides to enhance corporate message. Updated computer graphic files using graphics software programs. Generated computer graphics and page-layout software, graphic elements and photography. Provided high quality results in a timely manner. Planned, organized and scheduled work. Developed marketing and sales strategies to maximize organizational success

Education

Plymouth State University / English Education

August 1999 - June 2000, Plymouth

Laconia High School/ High School Diploma

August 1998 - June 1999, Laconia

**Certifications and
Trainings**

2019-02

HIV Trends and Treatments

2019-03

Pyramid Model Infant/Toddler Module 2

ASQ:Introduction to Watch Me Grow for Coos County Early Childhood Professionals

Pyramid Model Peer-to-Peer Practice Based Coaching

2019-04

Pyramid Model Infant/Toddler Module 3

Parents Interacting with Infants (PIWI)

Pyramid Model Preschool Module 1

Pyramid Model Preschool Module 2

2019-05

CCAR Ethical Considerations for Recovery Coaches

Growing Great Kids:Prenatal to 36 Months Tier 1

2019-06

Pyramid Model Preschool Module 3

2019-07

Certified TIPITOS Observer

Certified TPOTS Observer

LEAH J. WHITE

Education

University of New Hampshire

Bachelor of Arts: Psychology, December 2008

Bachelor of Arts: Justice Studies, December 2008

Work Experience

Quality Assurance Manager, February 2022-present

Family Resource Center, Gorham, NH

Quality Assurance Coordinator, March 2020 –February 2022

Family Resource Center, Gorham, NH

Analyze and track data; identify and communicate areas in need of improvement; develop continuous quality improvement plans; assure program is adhering to Best Practice Standards; provide ongoing support to staff through training and providing professional development opportunities.

Family Support Specialist, August 2017-Present

Family Resource Center, Gorham, NH

Initiate and maintain regular and long-term contact/support with families within the family's home. Provide interventions that are family-centered, strength-based, and directed at: establishing a trusting relationship; assisting in strengthening the parent-child relationship; assisting parents in improving their skills to optimize the home environment; improving the family support system; and increasing the family's ability to problem solve and assume the role of advocate for themselves and their children.

Respite Provider, October 2015-2017

Provide relief for home care provider.

Home Care Provider, May 2012-October 2015

Contracted with Northern Human Services, Berlin, NH

Welcomed an individual with disabilities to reside in personal residence. Provided supports in all aspects of daily living, including personal care and medication administration. Attended trainings specific to individual's medical needs to provide informed care catered to the specific needs of the individual. Completed a minimum of 10 hours of training per year. Advocated for individual's wants and needs with a focus on human rights. Transferred individual utilizing a barrier free hooyer lift. Maintained all medical documentation. Assisted individual in meeting goals and documented in monthly progress notes.

Residential Program Manager, June 2011-May 2012

Easter Seals, Lancaster, NH

Managed operation of therapeutic residential placement for adolescent boys. Arranged daily schedules and activities for residents. Assured completion of all essential documentation. Provided weekly staff supervisions, monthly staff meetings and completed performance evaluations as necessary. Interviewed, hired and trained staff in accordance to the agency's mission and state regulations. Handled all petty cash. Focused on maintaining a positive and professional work environment to ensure all needs of individuals were met.

Residential Instructor, October 2010-June 2011

Easter Seals, Lancaster, NH

Supervised and counseled residents in a living environment. Assisted residents with activities of daily living focused on treatment plans and completed all necessary documentation in accordance with state regulations.

Assistant Program Director, March 2010-October 2010

Bridgewell, Beverly, MA

Assisted in daily operation of a residential home for individuals with disabilities. Managed medical, clinical and financial needs of individuals. Conducted interviews. Trained and supervised staff by providing leadership with a focus on team building.

Direct Support Professional, January 2009-March 2010

Bridgewell, Haverhill, MA

Provided support and assisted individuals with activities of daily living in a residential home. Provided services to individuals according to DMR regulatory standards, administered medications according to MAP regulations and maintained core training certifications. Worked at DMH program for initial 7 months with adults afflicted with mental illness.

Respite/Relief Residential Youth Counselor, October 2008-January 2009

Odyssey House, Hampton, NH

Supervised and counseled residents in a living environment, participated in groups, planned and assisted residents with daily therapeutic activities, behavioral tracking and documentation.

Front-End Assistant Manager, June 2002-January 2009

Market Basket, Plaistow, NH

Assisted front-end manager with maintaining smooth operation of check-out area, handled money transactions, addressed customer complaints in a professional manner and supervised cashiers.

Internships

Sexual Assault Support Services, Summer 2008

165 hour internship. Completed 36 hours of crisis intervention training with SASS. Provided support to sexual assault survivors and their families at child advocacy centers for their interviews with police departments, crisis counseled survivors on crisis hotline and provided referrals to victims of sexual assault to community services.

New Outlook Teen Center, Fall 2006

20 hour internship. Served as role model for young teenagers and organized donations for annual Christmas party.

Certifications

- Certified Lactation Counselor
- Peer recovery Support Worker-certified
- Growing Great Kids Curriculum tier 1(0-3) certified
- Trained in Motivational Interviewing-evidenced based counseling approach to health care
- Health Families of America-Evidenced based model certified Family Support Worker
- Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children trained

Joanne Bevins



Authorized to work in the US for any employer

Add your headline or summary

Work Experience

Add a description of your job

Edit

Disml...

Family Support Specialist



The Family Resource Center - Gorham, NH
March 2022 to Present

PVD Driver



UPS - Twin, WA
November 2021 to January 2022
Delivered packages for UPS on rural routes.

Case Manager



Northeast Family Services - Littleton, NH
May 2021 to November 2021
Treatment meetings, Transportation
Comp Assessments, Carelogic
Monthly reports, Computer / Word, Excel, PowerPoint.
Supervised Visits, Team meetings,
Skills Building training, Cans Assessments,
Co-Parenting training, Parenting Skills training,

Developed Work Schedule

Working on Master of Arts in Marriage and Family Counseling

Liberty University - Virginia
May 2021 to Present

BACHELORS in PSYCHOLOGY

LIBERTY UNIVERSITY - Lynchburg, VA
May 2020

Associate in Social Science

NH VOCATIONAL TECHNICAL COLLEGE - Berlin, NH

Skills

Do you have any of these top skills employers are looking for?

Child & Family Counseling

Individual / Group Counseling

Group Therapy

Hospital Experience

Nursing

Mental Health Counseling

Administrative Experience

Help Desk

Dismiss

Conflict Resolution

Excellent communication Skills

Extensive experience working with mental health disorders, their symptoms, and cognitive effects

Knowledge of EMR Software

Multitasking and teamwork

Proficient in Microsoft Office: PowerPoint, Word, and Excel

Experience with Crisis Intervention, intake, and assessment

Primary Care Experience

Alzheimer's Care

Dementia Care

Case Management

Social Work

Medication Administration

Vital Signs

Supervising experience

Documentation review

Hospice Care

Crisis Management

Intake Experience

Working with individuals with developmental disabilities - 10+ years

Advocacy - 10+ years

Home Care

Languages

Spanish - Beginner

English - Expert

Certifications / Licenses

Basic First Aid and Adult,child, Infant CPR

June 2020 to June 2022

Certificate in Basic First Aid-

- General Guidelines
- Occupational Safety and Health Organization (OSHA) guidelines
- Burns

- Fractures, Sprains, and Strains
- Breathing problems and Choking
- Bleeding, Cuts, and Scrapes
- Non-Bleeding Wounds
- Head, Neck, and Spine Injury

Certificate in Cardio-Pulmonary Resuscitation- Infant, Children, Adult-
Chest compressions and Mouth to Mouth.

Opioid Crisis

June 2020 to Present

Opioid products and their effects
Effects, treatment, and recovery

Certificate in medication administration and management

November 2020 to Present

Certified in medication administration and management
reporting any discrepancies and documenting all relevant information in the EMAR

Assessments

Case management & social work - Highly Proficient

October 2021

[View Full Score Report](#)

Active listening - Highly Proficient

May 2021

[View Full Score Report](#)

Work Style: Reliability - Highly Proficient

August 2020

[View Full Score Report](#)

Case Management & Social Work - Highly Proficient

June 2019

[View Full Score Report](#)

Active Listening - Highly Proficient

June 2019

[View Full Score Report](#)

Groups

Omega Nu Lambda



April 2019 to Present

National Honor Society- Liberty University, Alpha Chapter

JULIE KINERSON

EXPERIENCE

NANNY

- For the Roy's (April 2013-September 2013)
- For the Dobson's (May 2016-October 2017)
- For the Post's (February 2018- 2019)

AUGUST 2016 -- PRESENT

HOME SCHOOLED CHILDREN

EDUCATION

2013- PRESENT

BACHELORS DEGREE, POST UNIVERSITY

- Post University, Connecticut
- BA in Human Services, concentration in counseling
- Current GPA - 3.9
- Graduation year – 2020

SKILLS

- Verbal and Non-Verbal Communication
- Time Management
- Organization
- Flexibility
- Multi-tasking
- Technology

ACTIVITIES

- Volunteer at church events for family
- Served in church nursery
- Volunteer at bible camp

My career objective is to provide needed services to those living in the community. I have excellent communication and organizational skills that I have developed over the years. I plan to use my skills to make a positive difference in the community by helping families. When it comes to my goals, I do what I can to attain them. I don't let a challenge stop me and will grow by seeking new ideas and help from other sources when necessary. I keep going until I can accomplish my goal.

Kailee Guevin

Authorized to work in the US for any employer

Work Experience

Crisis Intervention Advocate

Coos County Family Health Services - Coos County, NH
January 2020 to Present

The Response Direct Services Advocate is responsible for providing direct services to survivors of sexual and domestic violence or stalking, outreach to potential victims and their families in the community and networking with area professionals including police, legal, judicial and social services.

Provides direct client service including but not limited to: crisis intervention, court, medical and social advocacy, peer support, transportation, information and referrals to victims of domestic and sexual violence or stalking and their families.

Maintains client records according to policy.

Develops relationship with local resources for clients including police, legal, judicial and social service professionals.

Residential Aide

The Morrison Nursing Home - Whitefield, NH
January 2019 to Present

- Assisting residents with daily personal routines, including bathing, dressing, grooming, eating, and using the bathroom.
- Providing companionship to residents and establishing a trusting relationship with them.
- Ensuring that residents are taking their prescribed medication.
- Reporting any concerns or medical issues.
- Ensuring that the residents' living quarters are safe and well-organized.
- Keeping records of resident activity, behavior, and moods.
- Performing any reasonable requests that residents ask for.
- Collaborating with management and coworkers to ensure residents receive the best quality of life possible.

Respite Care Provider

Kelly Bona (private) - Littleton, NH
March 2017 to Present

I provide day and weekend respite for a 59 year old developmentally ill women. This is provided in the space of my very own home. Because of this, my family, and I now consider her part of the family.

I provide one on one care with my client that includes a variety of things such as driving and running errands. A respite caregivers help with tasks like taking the patient to a doctor's appointment, picking up prescriptions or grocery shopping. In addition, I also assist with meal preparation and light housekeeping duties, when the family goes on vacations.

"Respite care is an essential part of the overall support that families may need to keep their family member with a disability at home. The word "respite" means to take a break from the daily challenges of caring for a child or a parent with special needs. It can be planned for a few hours or for as long as a weekend."

Management Assistant/ Keyholder

Olympia Sports - Littleton, NH
March 2011 to August 2018

- Attracts potential customers by answering product and service questions; suggesting information about other products and services.
- Maintains customer records by updating account information.
- Resolves product or service problems by clarifying the customer's complaint; determining the cause of the problem; selecting and explaining the best solution to solve the problem; expediting correction or adjustment; following up to ensure resolution.
- Recommends potential products or services to management by collecting customer information and analyzing customer needs.
- Contributes to team effort by accomplishing cleaning and product promotion as required.
- Clean and tidy the store for closing.
- Audit tills, prepare cash and deposit the required daily amounts.

Education

Associate in Human Services

White Mountains Community College
August 2020 to Present

Medical Office Management in Medical office

White Mountains Community College - Littleton, NH
August 2011 to June 2015

Billing Certificate in Medical office

White Mountains Community College - Littleton, NH
August 2011 to June 2015

Associate

Skills

- Customer Service Skills (10+ years)
- Management (8 years)
- Receptionist (2 years)
- Critical thinking/problem solving (10+ years)

- Professional Services (10+ years)
- Microsoft Office (4 years)
- Caregiving (10+ years)
- Leadership Experience (3 years)
- ICD-10
- Medical Coding
- Medical Office Management
- Meal Preparation
- Social Work
- Retail management
- Customer service
- Crisis Intervention

Certifications and Licenses

Medical Billing Certificate

Present

Assessments

Direct Care — Highly Proficient

December 2019

Showing sensitivity and enthusiasm while providing care to patients.

Full results: Highly Proficient

First Aid — Proficient

December 2019

Treating common medical emergencies.

Full results: Proficient

Case Management & Social Work — Highly Proficient

September 2020

Prioritizing case tasks, gathering information, and providing services without judgment

Full results: Highly Proficient

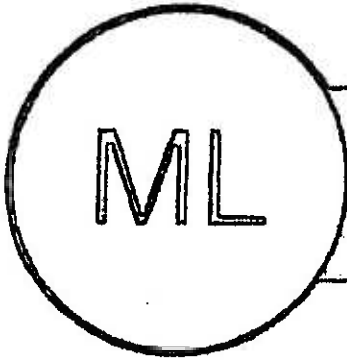
Supervisory Skills: Motivating & Assessing Employees — Proficient

October 2020

Motivating others to achieve objectives and identifying improvements or corrective actions

Full results: Proficient

Indeed Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.



MICHELLE LUCAS

OBJECTIVE

My interests are to work with children and families to support them to become skillful parents.

SKILLS

My best skills would include but are not limited to:

- Organizational skills
- Time management skills
- Motivated
- Personable
- Delegating skills
- Scheduling
- Hiring
- Interviewing
- Communicational skills
- Empathetic
- Supportive
- Great work ethic

EXPERIENCE

MANAGER • OLYMPIA SPORTS • 2005 - PRESENT

Responsible for Schedules, delegating, training, end of the month paperwork, supply orders, inventory counts, opening/closing the store, handling money, hiring, interviewing, and having 10 -12 employees reporting to me at a time.

BARISTA AND TAKE OUT ORDERS • CHEESECAKE FACTORY • 2004 - 2005

Responsible for making coffee drinks, and desserts. Also, responsible for taking orders over the phone, handling money, knowing every aspect of the menu and all the speculations for all of the food in the restaurant. Making sure any modifications for special allergies were made to the food.

EDUCATION

HIGH SCHOOL DIPLOMA

GRADUATED IN 2002

WHITE MOUNTAINS COMMUNITY COLLEGE

GENERAL EDUACTION COURSES

Melissa Vashaw

Experience

March 2021-Present

Children's Dentistry- Dental Assistant for Littleton, Plymouth and North Conway offices.

- Greeting and welcoming new and returning patients, ages 0-18, and families to their restorative and cleaning appointments with a positive, caring and supportive attitude.
- Working closely with patients to ensure they are relaxed, informed and prepared for their appointments.
- Preparing and setting up operative rooms for restorative treatments with proper tools, instruments and materials.
- Assisting doctors during restorative treatment appointments with children ages 1-18.
- Preparing and setting up hygiene chairs for cleaning appointments. Providing full mouth coronal polishing (cleanings), instructions and demonstrations for proper oral hygiene home care and diet.
- Assisting with X-rays and admission of N20.
- Placing sealants ages 6-18.
- Updating patient's charts and keeping detailed appointment notes.
- Scheduling appointments.
- Proper sterilization of tools, instruments, materials and rooms.
- Actively support team members and doctors in a timely manner to help keep the day's schedule on track.

February 2018-March 2021

Tri County Community Action Program (Tri County CAP)- Homeless Intervention and Prevention Specialist for Coos County

Homeless Outreach including PATH (Projects for Assistance in Transition from Homelessness) outreach and case management. Assist in obtaining shelter and providing basic needs by donations or community organizations. PATH outreach services are aimed specifically at supporting those who are homeless and suffering with severe and persistent mental illness with securing and stabilizing housing.

- Complete assessments to determine eligibility for programs and services. Knowledgeable in Coordinated Entry and HMIS database.
- Provide support and assistance to those experiencing homelessness, or at risk of homelessness, with the goal of obtaining and maintaining stable housing.
- Work with clients to complete applications for housing and rental assistance within the program as well as provide landlord mediation and education around tenant rights and responsibilities.
- Provide case management using the evidenced-based CTI (Critical Time Intervention) model, providing intensive support and coaching upon program entry decreasing in intensity over time. This includes supporting clients with creating an action plan and achieving individual goals related to obtaining and/or maintaining stable housing, recovering from SUD, improving financial management skills, obtaining/maintaining mainstream benefits, improving physical and/or mental health, obtaining gainful employment and/or increasing education, improving parenting skills, and engaging in activities of daily living.
- Provide referrals for clients to access benefits, programs and services to improve their current situations.

- Connect clients to community resources and benefits while communicating with collateral contacts as needed to coordinate appropriate level of care, support with navigating systems, and facilitate stable housing.
- Maintain caseload files and document services in a timely manner.
- Network with community members and partner organizations, including attending monthly community network meetings, to better assist and support clients' current situations and improve overall service delivery within the community.

June 2015-October 2018

Centennial View Childcare and Enrichment, Lancaster NH - After School Coordinator/ Preschool & Pre-K Teacher

- Created and implemented daily lesson plans, activities and projects using developmentally appropriate practices.
- Documented milestones, skill set achievements and emerging skills per each child.
- Facilitated a safe and healthy environment that encouraged and nurtured young children's learning and natural curiosities.
- CPR/First Aid certified

AUGUST 2012-JUNE 2017

White Mountains Regional School District, Whitefield & Lancaster NH - 1:1 Special Education Paraeducator

- Provided social, instructional and emotional support to young children with special needs in the classroom and overall school environment.
- Taught and supported essential and general life skills.
- Worked closely with Special Education teachers and classroom teachers to assure student's success.
- CPI Trained.

JANUARY 2012-AUGUST 2012

Cherry St Playcare, St. Johnsbury VT - Preschool Teacher/After School Program Coordinator

- Documented milestones, skill set achievements and emerging skills per each child.
- Facilitated a safe and healthy environment that encouraged and nurtured young children's learning and natural curiosities.
- Created and implemented daily lesson plans, activities and projects using developmentally appropriate practices.

AUGUST 2007-JANUARY 2012

Georgetown Community School, Georgetown Colorado - Pre-K Teacher/Pre-K Program Coordinator and Co-Creator

- Created and implemented daily lesson plans, activities and projects using developmentally appropriate practices.

- Documented milestones, skill set achievements and emerging skills per each child.
- Facilitated a safe and healthy environment that encouraged and nurtured young children's learning and natural curiosities.
- Worked closely and collaborated with the Kindergarten teacher and Principal to co-create a brand new Pre-K program that I also facilitated.
- Introduced our new Pre-K classes to various community events and functions that were traditions for Georgetown Community School as a whole for decades.

SEPTEMBER 1998-AUGUST 2007

End of the Line LLC, Georgetown Colorado - Retail Assistant Manager

- Daily duties included opening business, providing quality service to customers, checking in merchandise, updating displays in the store, merchandising, window displays, training and overseeing employees, scheduling, billing, bill pay, ordering merchandise, operating cash register and completing end of day sales paperwork.

Education

Red Rock Community College, Golden Colorado - earned 16 credits in Early Childhood Education

White Mountain Regional High School- Graduated. Class of 1994

Certificates/Trainings

Motivational Interviewing

30 CEU's Recovery Coach Academy

Mental Health First Aid

Suicide Prevention

Behavioral Health-Focused Outreach and Engagement

Trauma Informed Care

Recognizing and Responding to Human Trafficking

CONTRACTOR NAME- The Family Resource Center at Gorham

Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Patricia Stolte	Executive Director	\$4,439.76
Gabrielle Flanders	Director of Family Support Services	\$22,230.00
Briana Shannon	Program Manager	\$43,680.00
Ann-Marie Smith	Supervisor	\$38,402.00
Open Position	Clinician	\$7,800.00
Merrilee Turgeon	HFA Nurse	\$67,340.00
Tikatia Morris	Training Manager	\$5,525.00
Leah White	QA Manager	\$5,720.00
Joanne Bevins	Family Support Specialist	\$32,760.00
Julie Kinerson	Family Support Specialist	\$34,580.00
Kailee Gauvin	Family Support Specialist	\$33,743.00
Michelle Lucas	Family Support Specialist	\$34,580.00
Melissa Vashaw	Family Support Specialist	\$32,760.00
Open Position	Family Support Specialist	\$32,760.00
Open Position	Family Support Specialist	\$32,760.00
Open Position	QA Data Entry	\$14,040.00

Subject: Home Visiting Services / RFP-2023-DPHS-01-HOMEV-04

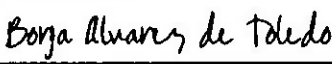
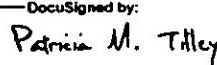
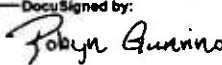
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Waypoint		1.4 Contractor Address 464 Chestnut Street, PO Box 448 Manchester, NH 03105	
1.5 Contractor Phone Number 603-518-4212	1.6 Account Number 05-095-090-902010-5896 05-095-092-920510-3382 05-095-090-901010-5771 05-095-090-902010-2451 05-095-042-421010-2958	1.7 Completion Date 9/30/2024	1.8 Price Limitation \$5,572,148.00
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by:  Date: 1/17/2023		1.12 Name and Title of Contractor Signatory Borja Alvarez de Toledo president and CEO	
1.13 State Agency Signature DocuSigned by:  Date: 1/17/2023		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 1/25/2023			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

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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.

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8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

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

9. TERMINATION.

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

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and

submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

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

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Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Subparagraph 3.1, Effective Date/Completion of Services, is amended as follows:

3.1. Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire as indicated in block 1.17, this Agreement, and all obligations of the parties hereunder, shall become effective October 1, 2022, ("Effective Date").

1.2. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up to four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

New Hampshire Department of Health and Human Services
Home Visiting Services

EXHIBIT B

Scope of Services

1. Introduction

- 1.1. The Contractor must provide services in accordance with Department requirements and the Healthy Families America (HFA) program, which is designed to reduce the risk of child maltreatment by strengthening parent-child relationships, promoting healthy childhood growth, and enhancing family functioning and protective factors. Families enroll voluntarily with HFA, and meet regularly with a Family Support Specialist and receive services tailored to their needs.

HFA is both culturally-inclusive and trauma-informed, and teaches parents about healthy child development and appropriate activities for keeping their child(ren) healthy and thriving. The Contractor must provide services to assist in:

- Increasing caregivers' ability to build attachments with their child(ren);
- Creating foundations for nurturing relationships;
- Enhancing family functioning through reducing risk and increasing protective factors; and
- Developing connections to additional resources, which include, but are not limited to:
 - Housing.
 - Food.
 - Various forms of treatment.
 - School readiness.
 - Childcare.
 - Access to diapers and other supplies.

- 1.2. The Department, through this Agreement, seeks to assess needs more holistically, and to create crucial linkages across systems that touch vulnerable populations to seamlessly connect them to supports and enhance available services at all levels of needs. The Department's Division of Public Health Services (DPHS) in conjunction with the Division for Children, Youth and Families (DCYF) are collaborating their efforts to achieve this goal. The Contractor must provide services using the HFA program to children and families on behalf of both Divisions.

- 1.3. For the purposes of this Agreement, all references to day(s) mean Monday through Friday, business days, excluding state and federal holidays.

2. Key Definitions & Terminology

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- 2.1. **Begin Date of Services** –The date the Contractor initiated contact with the client/family, and corresponds with the date listed as “begin date of services” on the Division for Children, Youth and Families (DCYF) Service Authorization Form.
- 2.2. **CPS** – Child Protective Services.
- 2.3. **CQI** – Continuous Quality Improvement.
- 2.4. **Cultural Humility** – Maintaining a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture. Rather what you learn about a participant’s culture stems from being open to what they themselves have determined is their personal expression of their heritage and culture.
- 2.5. **CWP** – Child Welfare Protocols.
- 2.6. **DCYF** – Division for Children, Youth and Families.
- 2.7. **DHHS** – Department of Health and Human Services.
- 2.8. **DPHS** – Division of Public Health Services.
- 2.9. **DO** – District Office.
- 2.10. **Face-to-face** – An in-person or virtual interaction or home visit (defined below) following the date on which the referral was made in which a provider begins working with the families to deliver HFA.
- 2.11. **FFPSA** – Family First Prevention Services Act.
- 2.12. **FTE** – Full time equivalent is a figure calculated from the number of full-time and part-time employees in an organization that represents these workers as a comparable number of full-time employees.
- 2.13. **GGK** – Growing Healthy Kids is a user friendly and truly comprehensive strength-based approach to growing nurturing parent-child relationships and supporting healthy childhood development.
- 2.14. **HFA** – Healthy Families America.
- 2.15. **HFA model** – A well-supported practice that provides home visiting designed to work with families who may have histories of trauma, intimate partner violence, mental health challenge, and/or substance use disorders. HFA services are delivered voluntarily, intensively, and over the long-term.
- 2.16. **HFA BPS** – Healthy Families America Best Practice Standards.
- 2.17. **HFA CWP model** – A set of protocols that requires the existing model requirements be provided, while offering additional guidance related to enrollment, caseload management, and establishing a formal MOU with child welfare in order to best serve families. Services are offered for a minimum of three years, regardless of the age of the child at intake, and supports families

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with children through age five, which allows sites to enroll families referred by child welfare up to age twenty-four months.

- 2.18. **HRSA** – Health Resource and Services Administration is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable and the funding source of the MIECHV.
- 2.19. **MIECHV** – Maternal, Infant and Early Childhood Home Visiting – a program that supports pregnant individuals and families and helps at-risk parents of children from birth to kindergarten entry to tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn.
- 2.20. **MOU/MOA** – Memorandum of Understanding/Memorandum of Agreement – a written agreement between two (2) parties to provide certain services.
- 2.21. **Open Assessment** – Any report of concern received by DCYF that is screened in by DCYF’s central intake, and is being investigated by child protection staff.
- 2.22. **Open Case** – Any case opened to DCYF, including community-based/internal voluntary cases.
- 2.23. **Out-of-Home Placement** – The removal of a child from their normal place of residence to reside in a court-ordered substitute care setting under the placement and care responsibility of DCYF.
- 2.24. **PAT** – Parents As Teachers – a foundational curriculum used as an approach to working with families that is relationship-based and parenting-focused.
- 2.25. **PII** – Personally Identifiable Information.
- 2.26. **QA** – Quality Assurance.
- 2.27. **Virtual Home Visit** - A home visit, as described in an applicable service delivery model that is conducted solely by the use of electronic information and telecommunications technologies.¹
- 2.28. **Well-supported practice** – An evidence-based service that has at least two (2) contrasts, with non-overlapping samples in studies carried out in usual care or practice settings that achieve a rating of moderate or high on design and execution and demonstrate favorable effects in a target outcome domain. At least one (1) of the contrasts must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one (1) target outcome.

3. Statement of Work

- 3.1. The Contractor must provide face-to-face voluntary home visiting services to

¹ [Text - H.R.133 - 116th Congress \(2019-2020\): Consolidated Appropriations Act, 2021 | Congress.gov | Library of Congress](#)

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pregnant individuals and families with children up to age five (5) by utilizing the evidence-based home visiting model from HFA.

3.2. The Contractor must ensure a minimum of 80% of families served using the traditional HFA model are enrolled in services prenatally or by when the child is 3-months old. The Contractor must offer services in compliance with HFA requirements after enrollment. Eligible families for traditional HFA services (as managed by the Division of Public Health Services) must fall within one (1) or more of the federally defined priority populations below:

- 3.2.1. Are first-time parents.
- 3.2.2. Have income of less than one hundred eighty-five percent (<185%) of the U.S. Department of Health and Human Services (USDHHS) Poverty Guidelines.
- 3.2.3. Are less than twenty-one (21) years of age.
- 3.2.4. Have a history of child abuse or neglect, or have had interactions with child welfare services.
- 3.2.5. Have a history of substance misuse or need substance use disorder treatment.
- 3.2.6. Are users of tobacco products in the home.
- 3.2.7. Have or have had a child(ren) with low student achievement.
- 3.2.8. Have a child(ren) with developmental delays or disabilities.
- 3.2.9. Are in families that include individuals who are serving or have formerly served in the armed forces.

3.3. The Contractor must service a portion of families utilizing the HFA Child Welfare Protocols (CWP) in the Concord, Manchester, Seacoast and Southern DCYF Catchment Areas, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months old, referred by the child welfare system, who are participating in the service voluntarily. The Contractor must serve no less than 24 DCYF families during the first six (6) months of the contract period and no less than 89 families thereafter through the end of the contract period.

3.4. The Contractor must serve families under the traditional HFA model by DCYF Catchment Area as follows: Concord - 16 families, Manchester - 36 families, Seacoast - 24 families, and Southern - 25 families.

3.5. Eligible families for HFA CWP services must fall within one (1) of more of the following DCYF FFPSA priority populations:

- 3.5.1. Pregnant or parenting youth in foster care.

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- 3.5.2. Families with an infant born exposed to substances.
- 3.5.3. Families assessed by DCYF where the assessment will be closed unfounded.
- 3.5.4. Families with an open DCYF case who have recently reunified.
- 3.6. The Contractor must provide services with the goal of reducing risk of maltreatment for children assessed by the DCYF by:
 - 3.6.1. Serving families involved with DCYF through open assessments or open cases, and also beyond their DCYF involvement.
 - 3.6.2. Strengthening parent-child relationships.
 - 3.6.3. Promoting healthy childhood growth.
 - 3.6.4. Enhancing family functioning and protective factors both during and beyond their DCYF involvement with a long-term outcome goal of decreasing future system involvement and the need for out-of-home placement.
- 3.7. The Contractor must provide services that address the diverse needs of children and families in order to improve health and development outcomes for priority populations through evidence-based home visiting programs, with fidelity to the HFA model BPS. The Contractor must:
 - 3.7.1. Be approved through the HFA model to provide services under this Agreement. The Contractor must:
 - 3.7.1.1. Be approved through HFA, to implement the HFA CWP, which allows enrollment into HFA for DCYF referred families up to twenty-four (24) months of age.
 - 3.7.1.2. Have HFA CWP available in the Concord, Manchester, Seacoast and Southern DCYF Catchment Areas within six (6) months of Governor and Executive Council approval of this Agreement.
 - 3.7.1.2.1 Should the Contractor be unable to begin providing services through the HFA CWP by the date specified above, a corrective action plan must be developed by the Contractor and approved by the Department.
 - 3.7.1.2.1.1. In the event that the HFA National Office denies the Contractor use of the CWP, the Contract must develop a subcontract or MOA with an approved, accredited HFA provider to provide this service, no later than

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- thirty (30) business days from the date of the denial.
- 3.7.2. Select and implement an evidence-based curriculum to support prenatal individuals and newly parenting families. Family Support Specialists (FSS) must be trained within six (6) months of hire on the following:
 - 3.7.2.1. Parents as Teachers (PAT), as an annually trained "Approved user;" or
 - 3.7.2.2. Growing Great Kids (GGK) with certification of training.
 - 3.7.3. Collaborate with other early childhood and social service agencies to support linkages to services beneficial to families.
 - 3.7.4. Ensure the twelve (12) critical elements that make up the essential components of the HFA model are addressed in agency policies.
 - 3.7.5. Enter personally identifiable information (PII) for all participants served under this Agreement into the Department's designated Home Visiting Data System.
- 3.8. The Contractor must identify positive ways to establish relationships with each family and keep families engaged and connected over time, as participants may be reluctant to engage in services and may have difficulty building trusting relationships. The Contractor must use creative outreach strategies, such as Motivational Interviewing, to re-engage families who have disengaged.
 - 3.9. The Contractor must adhere to HFA's site requirements by ensuring weekly individual supervision is received by all direct service staff.
 - 3.10. The Contractor must provide monthly reflective consultation groups for direct service staff and supervisors with a skilled Infant Mental Health consultant.
 - 3.11. The Contractor must offer home visits by licensed nurses (registered nurse (RN) or greater education level) during the prenatal and post-partum periods at a frequency of once per trimester prenatally, and once per quarter during the first year post-partum.
 - 3.12. The Contractor must offer services that are comprehensive and focus on supporting the parent/caregiver, as well as supporting the parent-child interaction and child development. Additionally, all families must be linked to a medical provider and other services, as appropriate.
 - 3.13. The Contractor must obtain all necessary authorizations for release of information. All forms developed for authorization for release of information must be made available for review by the Department during site visits for selected case reviews.
 - 3.14. The Contractor must coordinate, where possible, with other local service providers including, but not limited to:

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- 3.14.1. Health care providers.
- 3.14.2. Social workers.
- 3.14.3. Social services.
- 3.14.4. Early interventionists.
- 3.15. The Contractor must develop and maintain an advisory group comprised of community partners, family participants, and agency staff with a wide range of skills and abilities, including representatives with diverse skills, strengths, community knowledge, professions, and cultural diversity. The Contractor must:
 - 3.15.1. Promote equity in all facets of operations with families, staff, and community.
 - 3.15.2. Maintain policy or other written guidance expressing the Contractor's commitment to respectful staff interactions and supporting staff to continually strengthen their relational skills focused on diversity, equity, and inclusion.
 - 3.15.3. Gather information to reflect on and better understand issues impacting staff and families served and to examine the effectiveness of its equity strategies.
 - 3.15.4. Develop an equity plan based on what it learns about itself, from an equity perspective, in the way it supports its staff, the families it serves, and the community it works within to set a course for continuous improvement to achieve greater equity in all facets of its work.
- 3.16. The Contractor must evaluate the progress of each program participant, as well as the performance of programs and services provided.
- 3.17. The Contractor must ensure that they:
 - 3.17.1. Collaborate with relevant DCYF staff and related stakeholders when a valid release of information has been signed or a subpoena has been issued by the court.
 - 3.17.2. Make reports to DCYF Central Intake if they suspect child abuse or neglect, consistent with their responsibility, as mandated reporters under New Hampshire law.
- 3.18. The Contractor must actively and regularly collaborate monthly, with both Divisions, to enhance contract management, improve results, and adjust program delivery and policy, based on successful outcomes.
- 3.19. Compliance Standards**
 - 3.19.1. The Contractor must offer services to all families referred by the Department unless that family is identified as ineligible for HFA under

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model specifications and requirements.

3.19.2. The Contractor must ensure referrals are accepted from multiple sources within the child welfare system including, but not limited to:

3.19.2.1. DCYF Juvenile Justice Services.

3.19.2.2. DCYF Child Protective Services (CPS).

3.19.3. The Contractor must adhere to all specifications and requirements, in compliance with NH DCYF's 5-year prevention plan and the Family First Prevention Service Act (FFPSA), for HFA CWP cases, including but not limited to:

3.19.3.1. All data reporting;

3.19.3.2. Record keeping and retention;

3.19.3.3. Fiscal compliance;

3.19.3.4. Maintenance of an evidence-based program identified as well-supported through the Title IV-E Clearinghouse;

3.19.3.5. Documented prevention type on the DCYF service authorization (which will be completed by the Department); and

Submitting a completed prevention plan every twelve (12) months for every DCYF-referred family. DCYF staff will complete the initial prevention plan for families, and the Contractor must update the plans at the 12-month mark and annually. The Department will distribute associated guidance after DCYF's 5-year plan is reviewed and approved.

3.19.4. The Contractor must collaborate with the Department to ensure that all program policies, procedures, and documents align with NH DCYF and DPHS policies, NH state law, and Department needs.

3.19.5. The Contractor must identify staff responsible for submitting reports and data to the Department within 30 days of the Agreement effective date.

3.20. Staffing:

3.20.1. The Contractor must follow all HFA Essential and Safety standards for staffing, hiring, training, and supervision, as outlined in HFA BPS.

3.20.2. The Contractor must ensure HFA home visiting staff have at least a high school diploma or equivalent, experience providing services to families, and knowledge of child development. Supervisors and Program Managers must have at least a Bachelor's degree with three (3) years prior experience.

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- 3.20.3. The Contractor must ensure FSSs receive extensive training in the program model before delivering the service and on a recurring basis. Training must comply with all HFA model specifications and requirements, including but not limited to:
- 3.20.3.1. Attending a four-day core training that is specialized based on role (assessors, home visitors, and supervisors).
 - 3.20.3.2. Supervisors attending one (1) additional day for the core training and an optional three (3) days of training that focuses on building reflective supervision skills.
 - 3.20.3.3. Program managers are required to attend core training plus three (3) days of training focused on how to implement the model to fidelity using the HFA BPS.
- 3.20.4. The Contractor must ensure additional available training is beneficial to the staff in delivering HFA. Training and conferences topics must include but are not limited to:
- 3.20.4.1. Substance use.
 - 3.20.4.2. Childhood Maltreatment (Abuse/Neglect).
 - 3.20.4.3. Parenting techniques.
 - 3.20.4.4. Cultural competence/humility.
 - 3.20.4.5. Childhood and generational trauma (Trauma-Informed).
 - 3.20.4.6. Engagement strategies.
- 3.20.5. The Contractor must ensure each Family Support Specialist (FSS) maintains a caseload of no more than ten (10) to twelve (12) families per one (1) FTE for the first two (2) years of employment and no more than fifteen (15) to twenty (20) families per one (1) FTE after completing 24 months of employment for traditional HFA; and no more than ten (10) to twelve (12) families at any time for HFA CWP. These caseload maximums shall be prorated per HFA requirements for staff with less than 40 hours per week dedicated to the role of FSS.
- 3.21. The Contractor must maintain HFA accreditation and follow all BPS related to hiring, staffing levels, training, and supervision among other components of the model.
- 3.22. Discharge from HFA services:**
- 3.22.1. The Contractor must develop a discharge plan for each family, beginning at the time of admission and continuing throughout service.
 - 3.22.2. The Contractor must not discharge any family referred by the Department without following a protocol specified by the Department.

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3.23. Extending HFA services:

3.23.1. The Contractor must offer HFA Services to the child and family, for a minimum of three (3) years in total.

3.24. Reporting

3.24.1. The Contractor must complete a Monthly Capacity Analysis Report, which is attached as Attachment 2 on a form provided by the Department. This document must be submitted to DPHS no later than the 15th of each month, containing the prior month's data.

3.24.2. The Contractor, on a quarterly (January, April, July, and October) and annual (October) basis, must submit to DCYF:

3.24.2.1. Form 1, which is attached as Attachment 3.

3.24.2.2. Form 2, which is attached as Attachment 4.

3.24.3. The Contractor may be required to provide new data reporting requirements, or other key data and metrics including client-level demographic, performance, and service data to the Department in a format specified by the Department.

3.25. Background Checks

3.25.1. For all Contractor employees, interns, volunteers, and any subcontractor employees, interns, and volunteers providing services under this Agreement, the Contractor must, at its own expense, after obtaining a signed and notarized authorization form from the individual(s) for whom information is being sought:

3.25.1.1. Submit the person's name for review against the Bureau of Elderly Adult Services (BEAS) state registry maintained pursuant to RSA 161-F:49;

3.25.1.2. Submit the person's name for review against the Division for Children, Youth and Families (DCYF) center registry pursuant to RSA 169-C:35;

3.25.1.3. Complete a criminal records check to ensure that the person has no history of:

3.25.1.3.1. Felony conviction; or

3.25.1.3.2. Any misdemeanor conviction involving:

3.25.1.3.2.1. Physical or sexual assault;

3.25.1.3.2.2. Violence;

3.25.1.3.2.3. Exploitation;

3.25.1.3.2.4. Child pornography;

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- 3.25.1.3.2.5. Threatening or reckless conduct;
 - 3.25.1.3.2.6. Theft;
 - 3.25.1.3.2.7. Driving under the influence of drugs or alcohol; or
 - 3.25.1.3.2.8. Any other conduct that represents evidence of behaviors that could endanger the well-being of any individual served under this Agreement; and
- 3.25.2. Unless approval is granted by the Department, the Contractor must not permit any employee, volunteer, intern, or subcontractor to provide services under this Agreement until the Contractor has confirmed:
- 3.25.2.1. The individual's name is not on the BEAS state registry;
 - 3.25.2.2. The individual's name is not on the DCYF central registry;
 - 3.25.2.3. The individual does not have a record of a felony conviction; or
 - 3.25.2.4. The individual does not have a record of any misdemeanors as specified above.

3.26. Confidential Data

- 3.26.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department's Exhibit K, DHHS Information Security Requirements.
- 3.26.2. The Contractor must ensure any staff and/or volunteers involved in delivering services through this Agreement, sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Exhibit K. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.
- 3.26.3. Upon request, the Contractor must allow the Department to conduct a Privacy Impact Assessment (PIA) of its system. To conduct the PIA the Contractor must provide the Department access to applicable systems and documentation sufficient to allow the Department to assess, at minimum, the following:
 - 3.26.3.1. How PII is gathered and stored;

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- 3.26.3.2. Who will have access to PII;
- 3.26.3.3. How PII will be used in the system;
- 3.26.3.4. How individual consent will be achieved and revoked and
- 3.26.3.5. Privacy practices.

3.26.4. The Department may conduct follow-up PIAs in the event there are either significant process changes or new technologies impacting the collection, processing or storage of PII.

3.27. Contract End-of-Life Transition Services

- 3.27.1. If applicable, upon termination or expiration of the Agreement, the Parties agree to cooperate in good faith to effectuate a smooth secure transition of the services from the Contractor to the Department and, if applicable, the Contractor engaged by the Department to assume the services previously performed by the Contractor for this section the new Contractor shall be known as ("Recipient"). Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP) on a template provided by the Department.
- 3.27.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and their Affiliates to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with an assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.
- 3.27.3. If a system, database, hardware, software, and/or software license ("Tools") was purchased or created to manage, track, and/or store State Data in relationship to this Contract, said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of State Data is complete.
- 3.27.4. The internal planning of the Transition Services by the Contractor and its Affiliates must be provided to the Department and if applicable, the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Contract.
- 3.27.5. Should the Data Transition extend beyond the end of the Contract, the Contractor and its Affiliates agree Contract Information Security

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Requirements, and if applicable, the Department's Business Associates Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.

- 3.27.6. In the event where the Contractor has comingled Department Data and the destruction of Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction.

3.28. Website and Social Media

- 3.28.1. Contractor agrees that if performance of services on behalf of the Department involves using social media or a website to solicit information of individuals, or Confidential data, the Contractor must work with the Department's Communication Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all of the Department's and NH Department of Information Technology's website and social media requirements and policies.
- 3.28.2. Contractor agrees that protected health information (PHI), personal identifiable information (PII), or other confidential information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed, unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other confidential information is subject to the Information Security Requirements Exhibit, the Business Associates Agreement Exhibit and all applicable state rules and state and federal laws. Unless specifically required by the Contract and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation will not be tracked, disclosed or used for website or social medial analytics or marketing.

3.29. Performance Measures

- 3.29.1. For services provided for DPHS, the Department will monitor Contractor performance by reviewing indicated reporting requirements on Form 1, which is attached as Attachment 3, and Form 2, which is attached as Attachment 4, and working with the Contractor to select areas to improve upon utilizing CQI strategies through a data driven process.
- 3.29.2. For services provided for DCYF, the Department will focus on specific data points collected through its internal data systems, monthly, quarterly and annual submissions via email, and existing HFA data collection reports on DCYF Key Performance Metrics, which are attached as Attachment 5.

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4. Exhibits Incorporated

- 4.1. The Contractor must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.
- 4.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 4.3. The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

- 5.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

5.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

- 5.2.1. The Contractor must submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

5.3. Credits and Copyright Ownership

- 5.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

- 5.3.2. All materials produced or purchased under the Agreement must have

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prior approval from the Department before printing, production, distribution or use.

5.3.3. The Department must retain copyright ownership for any and all original materials produced, including, but not limited to:

5.3.3.1. Brochures.

5.3.3.2. Resource directories.

5.3.3.3. Protocols or guidelines.

5.3.3.4. Posters.

5.3.3.5. Reports.

5.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

5.4. Operation of Facilities: Compliance with Laws and Regulations

5.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

6. Records

6.1. The Contractor must keep records that include, but are not limited to:

6.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

6.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original

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evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

6.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

6.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder the Department must retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

Attachment 1: DCYF Catchment Area Locations

Berlin <i>(650 Main Street Suite 200, Berlin NH 03570)</i>		
Serving the cities, towns, and locations of:		
▪ Atkinson and Gilmanston	▪ Dummer	▪ Pittsburg
▪ Academy Grant	▪ Errol	▪ Randolph
▪ Bean's Grant	▪ Erving's Location	▪ Riverton
▪ Bean's Purchase	▪ Fabyan Gorham	▪ Sargent's Purchase
▪ Berlin	▪ Grange Greens Grant	▪ Second College Grant
▪ Bretton Woods	▪ Groveton	▪ Shelburne
▪ Cambridge	▪ Hadley's Purchase	▪ South Lancaster
▪ Carroll	▪ Jefferson	▪ Stark
▪ Cascade	▪ Kilkenny	▪ Stewartstown
▪ Chandlers Purchase	▪ Lancaster	▪ Stratford
▪ Clarksville	▪ Low and Burbank's Grant	▪ Stratford Hollow
▪ Colebrook	▪ Maplewood	▪ Success
▪ Columbia	▪ Martin's Location	▪ Thompson & Meserve's Purchase
▪ Coos Junction	▪ Milan	▪ Twin Mountain
▪ Crawford's Purchase	▪ Millsfield	▪ Wentworth's Location
▪ Crystal	▪ North Stratford	▪ West Milan
▪ Cutt's Grant	▪ Northumberland	▪ West Stewartstown
▪ Dalton	▪ Odell	▪ Whitefield
▪ Dix's Grant	▪ Percy	
▪ Dixville	▪ Pinkham's Grant	

Littleton <i>(80 North Littleton Road, Littleton, NH 03561)</i>	
Serving the cities, towns, and locations of:	
▪ Apthorp	▪ Lisbon
▪ Bath	▪ Littleton
▪ Benton	▪ Livermore
▪ Bethlehem	▪ Lyman
▪ Bethlehem Junction	▪ Monroe
▪ Center Haverhill	▪ North Haverhill
▪ East Haverhill	▪ North Woodstock
▪ Easton	▪ Pierce Bridge
▪ Franconia	▪ Piermont
▪ Glenciff	▪ Pike
▪ Haverhill	▪ Sugar Hill
▪ Landaff	▪ Warren
▪ Lincoln	▪ Woodstock
	▪ Woodsville

Attachment 1: DCYF Catchment Area Locations

Conway <i>(71 Hobbs Street, Conway NH 03818)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none"> ▪ Albany ▪ Bartlett ▪ Brookfield ▪ Center Conway ▪ Center Effingham ▪ Center Ossipee ▪ Center Sandwich ▪ Center Tuftonboro ▪ Chatham ▪ Chocorua ▪ Conway ▪ East Conway ▪ East Wakefield ▪ Eaton ▪ Effingham 	<ul style="list-style-type: none"> ▪ Freedom ▪ Glen ▪ Granite ▪ Hale's Location ▪ Hart's Location ▪ Intervale ▪ Jackson ▪ Kearsarge ▪ Madison ▪ Melvin Village ▪ Mirror Lake ▪ Moultonborough ▪ Moultonville ▪ North Conway ▪ North Sandwich ▪ Ossipee 	<ul style="list-style-type: none"> ▪ Redstone ▪ Sanbornville ▪ Sandwich ▪ Silver Lake ▪ Snowville ▪ South Chatham ▪ South Effingham ▪ South Tamworth ▪ Tamworth ▪ Tuftonboro ▪ Union ▪ Wakefield ▪ West Ossipee ▪ Wolfeboro ▪ Wolfeboro Falls ▪ Wonalancet

Claremont <i>(17 Water Street, Suite 301, Claremont NH 03743)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none"> ▪ Acworth ▪ Beauregard Village ▪ Burkehaven ▪ Canaan ▪ Charlestown ▪ Claremont ▪ Cornish ▪ Cornish Flat ▪ Croydon ▪ East Lempster ▪ Enfield ▪ Enfield Center ▪ Etna 	<ul style="list-style-type: none"> ▪ Georges Mills ▪ Goshen ▪ Grafton ▪ Grantham ▪ Guild ▪ Hanover ▪ Langdon ▪ Lebanon ▪ Lempster ▪ Lyme ▪ Lyme Center ▪ Meriden ▪ Mount Sunapee ▪ Newport 	<ul style="list-style-type: none"> ▪ Orange ▪ Orford ▪ Plainfield ▪ South Acworth ▪ South Charlestown ▪ Springfield ▪ Sunapee ▪ Unity ▪ Washington ▪ West Canaan ▪ West Lebanon ▪ West Springfield ▪ West Unity

Attachment 1: DCYF Catchment Area Locations

Keene <i>(111 Key Road, Keene, NH 03431)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none"> ▪ Alstead ▪ Antrim ▪ Ashuelot ▪ Bennington ▪ Chesterfield ▪ Deering ▪ Drewsville ▪ Dublin ▪ East Sullivan ▪ East Swanzey ▪ East Westmoreland ▪ Fitzwilliam ▪ Gilsum ▪ Greenfield ▪ Greenville ▪ Hancock 	<ul style="list-style-type: none"> ▪ Harrisville ▪ Hillsborough ▪ Hillsborough Upper Village ▪ Hinsdale ▪ Jaffrey ▪ Keene ▪ Marlborough ▪ Marlow ▪ Munsonville ▪ Nelson ▪ New Ipswich ▪ North Swanzey ▪ North Walpole ▪ Peterborough ▪ Richmond ▪ Rindge ▪ Roxbury 	<ul style="list-style-type: none"> ▪ Sharon ▪ Spofford ▪ Stoddard ▪ Sullivan ▪ Surry ▪ Swanzey ▪ Temple ▪ Troy ▪ Walpole ▪ West Chesterfield ▪ West Deering ▪ West Peterborough ▪ West Swanzey ▪ Westmoreland ▪ Westport ▪ Winchester ▪ Windsor

Laconia <i>(65 Beacon Street West, Laconia NH 03246)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none"> ▪ Alexandria ▪ Alton ▪ Alton Bay ▪ Ashland ▪ Barnstead ▪ Bear Island ▪ Belmont ▪ Bridgewater ▪ Bristol ▪ Campton ▪ Center Barnstead ▪ Center Harbor ▪ Dorchester ▪ East Holderness 	<ul style="list-style-type: none"> ▪ Ellsworth ▪ Gilford ▪ Gilmanton ▪ Gilmanton Corners ▪ Gilmanton Iron Works ▪ Glendale ▪ Governor Isle ▪ Groton ▪ Hebron ▪ Holderness ▪ Laconia ▪ Lakeport ▪ Lochmere ▪ Lower Gilmanton ▪ Meredith 	<ul style="list-style-type: none"> ▪ Meredith Center ▪ New Hampton ▪ North Sanbornton ▪ Plymouth ▪ Quincy ▪ Rumney ▪ Sanbornton ▪ Thornton ▪ Tilton ▪ Waterville Valley ▪ Weirs ▪ Wentworth ▪ West Alton ▪ West Rumney ▪ Winnisquam

Attachment 1: DCYF Catchment Area Locations

Concord: <i>(40 Terrill Park Drive, Concord NH 03301)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none">▪ Allentown▪ Andover▪ Blodgett Landing▪ Boscawen▪ Bow▪ Bradford▪ Canterbury▪ Chichester▪ Concord▪ Contoocook▪ Danbury▪ Davisville▪ Dunbarton▪ East Andover▪ East Concord▪ East Sutton▪ Elkins	<ul style="list-style-type: none">▪ Epsom▪ Francestown▪ Franklin▪ Gerrish▪ Goffstown▪ Gossville▪ Henniker▪ Hill▪ Hooksett▪ Hopkinton▪ Loudon▪ New Boston▪ New London▪ Newbury▪ North Sutton▪ North Wilmot▪ Northfield▪ Pembroke	<ul style="list-style-type: none">▪ Penacook▪ Pinardville▪ Pittsfield▪ Potter Place▪ Salisbury▪ Short Falls▪ South Danbury▪ South Sutton▪ Suncook▪ Sutton▪ Warner▪ Weare▪ Webster▪ Webster Lake▪ West Franklin▪ Wilmot▪ Wilmot Flat

Manchester: <i>(1050 Perimeter, Suite 501, Manchester. NH 03103)</i>
Serving the city of: Manchester

Attachment 1: DCYF Catchment Area Locations

Rochester <i>(150 Wakefield Street Suite 22, Rochester NH 03867)</i>	
Serving the cities, towns, and locations of:	
<ul style="list-style-type: none"> ▪ Barrington ▪ Center Strafford ▪ Dover ▪ Durham ▪ East Rochester ▪ Farmington ▪ Gonic ▪ Lee 	<ul style="list-style-type: none"> ▪ Madbury ▪ Middleton ▪ Milton ▪ Milton Mills ▪ New Durham ▪ Rochester ▪ Rollinsford ▪ Strafford

Seacoast <i>(19 Rye St. Portsmouth; NH 03801)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none"> ▪ Auburn ▪ Brentwood ▪ Candia ▪ Danville ▪ Deerfield ▪ East Kingston ▪ Epping ▪ Exeter ▪ Fremont ▪ Greenland ▪ Hampton 	<ul style="list-style-type: none"> ▪ Hampton Beach ▪ Hampton Falls ▪ Kensington ▪ Kingston ▪ New Castle ▪ Newfields ▪ Newington ▪ Newmarket ▪ Newton ▪ Newton Junction ▪ North Hampton 	<ul style="list-style-type: none"> ▪ Northwood ▪ Nottingham ▪ Portsmouth ▪ Raymond ▪ Rye ▪ Rye Beach ▪ Seabrook ▪ Somersworth ▪ South Hampton ▪ Stratham ▪ West Nottingham

Southern <i>(26 Whipple St. Nashua, NH 03060)</i>		
<u>District Office</u> serving the cities, towns, and locations of: <ul style="list-style-type: none"> ▪ Amherst ▪ Bedford ▪ Brookline ▪ Hollis ▪ Hudson ▪ Litchfield ▪ Lyndeborough ▪ Mason ▪ Merrimack 	<ul style="list-style-type: none"> ▪ Milford ▪ Mont Vernon ▪ Nashua ▪ North Salem ▪ Pelham ▪ Reeds Ferry ▪ Salem ▪ Wilton ▪ Windham 	<u>Southern Telework</u> serving the cities, towns, and locations of: <ul style="list-style-type: none"> ▪ Atkinson ▪ Chester ▪ Derry ▪ East Derry ▪ East Hampstead ▪ Hampstead ▪ Londonderry ▪ Plaistow ▪ Sandown

Attachment 2 - Capacity Analysis Report

CASELOAD AND CAPACITY ANALYSIS - <i>to be completed for each month of the contract period</i>	
INTRODUCTION & NOTES	<p>This Excel tool has been adapted to streamline the caseload and capacity analysis and reporting processes for both the Local Implementing Agency and the State Team; and to standardize the way metrics are calculated across all LIAs. Please do not copy this workbook to use next month! Instead, open the file named for monthly data you are reporting (i.e. in early January, use the file named "2021_12" to report December 2021 data). Please do not change the name of the file when emailing the report to NH DPHS. The "New Home Visitor" tab has been designed for home visitors in their first 24 months to better accommodate new HFA BPS.</p>
USE	<ol style="list-style-type: none"> 1. Click on a home visitor worksheet (HV) tab, below. Enter the home visitor's information into the GREEN CELLS only: their Name, # hours per week paid by HFA, and % of HFA time as a home visitor. 2. Enter the number of families on each level that the home visitor saw in the reporting month. 3. Repeat Steps 1-2 for each home visitor allocated to HFA Home Visiting during the month, in the separate tabs provided. 4. If you have a home visitor position that is currently vacant, please indicate this using "RECRUITMENT" instead of the home visitor's name. 5. Click the "Capacity Analysis" worksheet tab to review the analysis for your Local Implementing Agency this month. <p>NOTE: to optimize your case-assignment planning, use next month's workbook to model your family and case-weight numbers, and see what your performance results will be!</p>
PLEASE FOLLOW IF YOUR FAMILY SERVICE WORKERS CHANGED IN THE REPORTING MONTH	
MAINTENANCE	<p>If your HFA home visiting staff changed, but the number of HFA home visitors did not exceed 5, simply change the "Name of staff member" in Cell B2. Return to USE, Step 1.</p> <p>If the number of HFA home visitors during the reporting month was greater than 5, contact the State Team for technical assistance, OR:</p> <ol style="list-style-type: none"> 1. Duplicate the last FSW worksheet tab (right-click, select "move or copy", click box "create a copy", move to "before Capacity Analysis") 2. Update formulas in the Capacity Analysis worksheet tab to include the new FSW worksheet: <ol style="list-style-type: none"> a. # families served, per case weight category (cells E3:I3) b. % of monthly home visitor capacity utilized (cells E7, F7) c. Service Utilization % (cells, E10, F10)
<p>Note: The # of hours paid should be the salaried or expected contracted hours for HFA only, regardless of vacation days, out of office, sick, etc.</p> <p>Note: The % of time spent home visiting should be the % of time - of the HFA hours recorded above - doing home visiting work. For FSWs who are NOT also doing FAW work, the % will be 100%</p> <p>Once the green cells are filled, all orange fields and the Capacity Analysis worksheet will auto-calculate for the individual home visitors and for your LIA</p> <p>If the total number of families or the total weighted caseload is above the maximum, the corresponding field will turn red</p>	

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	January 2022	6/28/2022			Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Hire Date (New Hire under 24 months emp)											
Name of staff member											
# hours per week worked for HFA only											
Of the hours above, % time as HFA home visitor											
Caseload multiplier	0.00	# of families with additional caseload due to PSCs									
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							0
Level 4	Visits once per quarter		0.25	0							0
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.		2.00	0	not applicable						
Level CO1	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		1.00	0							
Level CO2	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		0.50	0							
Level CO3	CO families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		0.50	0							
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		2.00	0							
Level TO1	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		1.00	0							
Level TO2	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		0.50	0							
Level TO3	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseload weight they had prior to going on CO, to ensure space if re-engaged.		0.50	0							
Level TR	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
	Actual totals	0		0							
	Maximum for fidelity	0		0	0						
HFA CAPACITY CALCULATION		#DIV/0!									
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%									

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis		6/28/2022			Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Hire Date (New Hire under 24 months emp)											
Name of staff member											
# hours per week worked for HFA only											
Of the hours above, % time as HFA home visitor											
Caseload multiplier	0.00	# of families with additional caseload due to PSCs									
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							0
Level 4	Visits once per quarter		0.25	0							0
Creative Outreach (CO)		Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.									
Level CO1	CO families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		2.00	0							
Level CO2	CO families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		1.00	0							
Level CO3	CO, to ensure space if re-engaged.		0.50	0							
Temporary Assignments (TO, TR)		Temporarily Out of Area (TO): for up to 3 months, families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.									
Level TO1	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		2.00	0							
Level TO2	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		1.00	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
Level TR	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
Actual totals		0		0	Total additional PSC caseweights						
Maximum for fidelity		0		0	0						
HFA CAPACITY CALCULATION		#DIV/0!									
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%									

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis					Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Name of staff member					# of families with additional caseweight due to PSCs						
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Of the hours above, % time as HFA home visitor											
Caseload multiplier					0.00						
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
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Level 4	Visits once per quarter		0.25	0							0
Creative Outreach (CO) Creative Outreach (CO) is for families that completed <u>at least one</u> home visit but became disengaged.					not applicable						
Level CO1	CO families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		2.00	0							
Level CO2	CO, to ensure space if re-engaged.		1.00	0							
Level CO3			0.50	0							
Temporary Assignments (TO, TR) Temporarily Out of Area (TO): for up to 3 months, families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.					not applicable						
Level TO1			2.00	0							
Level TO2			1.00	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
Level TR			0.50	0							
Actual totals		0		0	Total additional PSC caseweights						
Maximum for fidelity		0		0	0						
HFA CAPACITY CALCULATION		#DIV/0!									
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%									

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis					Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Name of staff member					# of families with additional caseload due to PSCs						
# hours per week worked for HFA only					0.5	1	1.5	2	2.5	3	Extra Case Weight
Of the hours above, % time as HFA home visitor											
Caseload multiplier		0.00									
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level							
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
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Level TO2			1.00	0							
Level TO3			0.50	0							
Level TR			0.50	0							
Actual totals				0	Total additional PSC caseloads						
Maximum for fidelity			0	0	0						
HFA CAPACITY CALCULATION			#DIV/0!								
FSW Contribution to HRSA CAPACITY CALCULATION			0.0%								

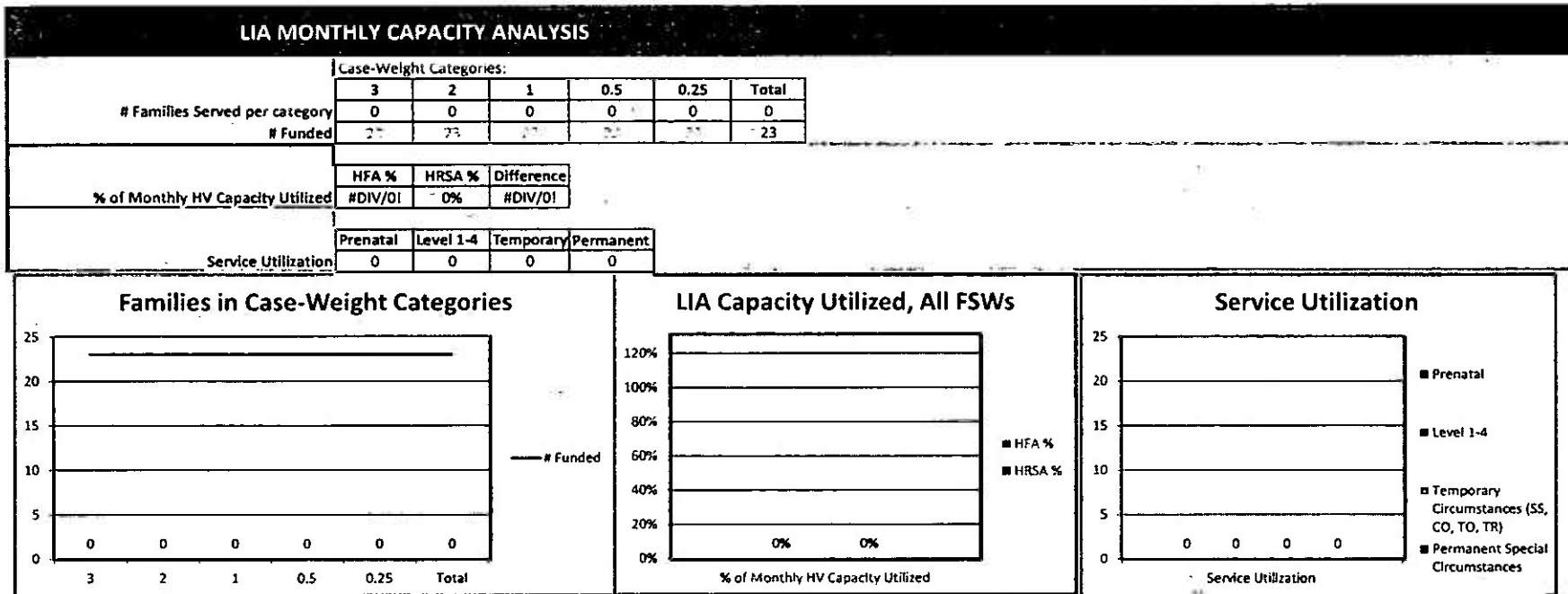
Attachment 2 - Capacity Analysis Report

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Level TR					not applicable											
Actual totals		0		0							Total additional PSC caseweights					0
Maximum for fidelity		0		0												0
HFA CAPACITY CALCULATION		#DIV/0!														
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%														

Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis							Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs								
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Level 2	Visits every other week		1.00	0							0				
Level 3	Visits once per month		0.50	0							0				
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Level 4	Visits once per quarter		0.25	0							0				
Creative Outreach (CO)		Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.					not applicable								
Level CO1	CO families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		2.00	0											
Level CO2			1.00	0											
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Level TO3			0.50	0											
Level TR			0.50	0											
Actual totals		0		0	Total additional PSC caseweights										
Maximum for fidelity		0		0	0										
HFA CAPACITY CALCULATION		#DIV/0!													
FSW Contribution to HRSA CAPACITY CALCULATION		0.0%													

Attachment 2: Capacity Analysis Report



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 560 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

July 24, 2018

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Attachment 3 - Form 1

SECTION A: PARTICIPANT DEMOGRAPHICS

Table 1: Unduplicated Count of New and Continuing Program Participants Served by MIECHV

Participants	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Pregnant Women			
Female Caregivers			
Male Caregivers			
All Adults (Auto Calculate)			
Female Index Children			
Male Index Children			
All Index Children (Auto Calculate)			

Notes:

Table 2: Unduplicated Count of Households Served by MIECHV

Households	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Number of Households			

Notes:

Table 3: Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)

Participants and Households	Total Number Served during Reporting Period
Pregnant Women	
Female Caregivers	
Male Caregivers	
All Adults (Auto Calculate)	
Female Index Children	
Male Index Children	
All Index Children (Auto Calculate)	
Number of Households	

Notes:

Attachment 3 - Form 1

Table 4: Adult Participants by Age

Adult Participants	≤17	18-19	20-21	22-24	25-29	30-34	35-44	45-54	55-64	≥65	Unknown/Did not Report*	Total
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 5: Index Children by Age

Index Children	<1 year	1-2 years	3-4 years	5-6 years	Unknown/Did not Report*	Total
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 6: Participants by Ethnicity

Participants	Hispanic or Latino	Not Hispanic or Latino	Unknown/Did not Report*	Total
Pregnant Women				
Female Caregivers				
Male Caregivers				
All Adults (Auto Calculate)				
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Notes:

Table 7: Participants by Race

Participants	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than one race	Unknown/Did not Report*	Total
Pregnant Women								
Female Caregivers								
Male Caregivers								
All Adults (Auto Calculate)								
Female Index Children								
Male Index Children								
All Index Children (Auto Calculate)								

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 8: Adult Participants by Marital Status

Adult Participants	Never Married (Excluding Not Married but Living Together with Partner)	Married	Not Married but Living Together with Partner	Separated/Divorced/Widowed	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 3 - Form 1

Notes:

Table 9: Adult Participants by Educational Attainment

Adult Participants	Less than HS diploma	HS Diploma/GED	Some college/training	Technical training or certification	Associate's Degree	Bachelor's Degree or higher	Other	Unknown/Did not Report*	Total
Pregnant Women									
Female Caregivers									
Male Caregivers									
All Adults (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 10: Adult Participants by Employment Status

Adult Participants	Employed Full Time	Employed Part-Time	Not employed	Unknown/Did not Report*	Total
Pregnant Women					
Female Caregivers					
Male Caregivers					
All Adults (Auto Calculate)					

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Attachment 3 - Form 1

Table 11: Adult Participants by Housing Status

Adult Participants	Not Homeless					Total Not Homeless	Homeless			Total Homeless	Unknown/Did not Report*	Total
	Owns or shares own home, condominium, or apartment	Rents or shares own home or apartment	Lives in public housing	Lives with parent or family member	Some other arrangement		Homeless and sharing housing	Homeless and living in an emergency or transitional shelter	Some other arrangement			
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 12: Primary Language Spoken at Home

Index Children	Number	Percent
English		
Spanish		
Other		
Unknown/Did Not Report*		
All Index Children (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 3 - Form 1

Notes:

Table 13: Household Income in Relation to Federal Poverty Guidelines

Households	Number of Households	Percent
50% and under		
51-100%		
101-133%		
134-200%		
201-300%		
>300%		
Unknown/Did not Report*		
All Households (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 14: For Each Household Indicate the Priority Population Characteristics

Households	Yes	No	Unknown/Did not Report*	Total
1. Low income household				
2. Household contains an enrollee who is pregnant and under age 21				
3. Household has a history of child abuse or neglect or has had interactions with child welfare services				
4. Household has a history of substance abuse or needs substance abuse treatment				
5. Someone in the household uses tobacco products in the home				
6. Someone in the household has attained low student achievement or has a child with low student achievement				
7. Household has a child with developmental delays or disabilities				
8. Household includes individuals who are serving or formerly served in the US armed forces				

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Attachment 3 - Form 1

SECTION B: SERVICE UTILIZATION

Table 15: Service Utilization

Home Visits	Number
Total Number of Home Visits completed	

Notes:

Table 16: Family Engagement by Household

Households	Number of Households	Percent
Currently receiving services		
Completed program		
Stopped services before completion		
Enrolled but not currently receiving services/Other		
Unknown/Did not Report*		
All Categories (Auto Calculate)		

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, 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:

Attachment 3 - Form 1

SECTION C: INSURANCE AND CLINICAL INDICATORS

Table 18: Participants by Type of Health Insurance Coverage

Participants	No Insurance Coverage	Medicaid or CHIP	Tri-Care	Private or Other	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 19: Index Children by Usual Source of Medical Care

Index Children	Doctor's/Nurse Practitioner's Office	Hospital Emergency Room	Hospital Outpatient	Federally Qualified Health Center	Retail Store or Minute Clinic	Other	None	Unknown/Did not Report*	Total
Female Index Children									
Male Index Children									
All Index Children (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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

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Table Number	Field	Key Terms Requiring Definitions
All Tables		<p>MIECHV Household: For the purposes of reporting to HRSA on Form 1, a “MIECHV household” is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV household at enrollment. HRSA has identified two different methods that can be used to identify MIECHV households that are described below:</p> <ol style="list-style-type: none"> 1. Home Visitor Personnel Cost Method (preferred method): Households are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all households as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. 2. Enrollment Slot Method (temporary option): Households are designated as MIECHV households based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign households to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV. <p>Once designated as a MIECHV household, the household is tracked for the purposes of data collection through the tenure of household participation in the program.</p>
1	Unduplicated Count of New and Continuing Program Participants Served by MIECHV	<p>New Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Continuing Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who was signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Pregnant women are participants who were either pregnant at enrollment or pregnant at the annual update of information in a subsequent reporting period.</p> <p>Female caregivers are those female household members who are enrolled in the program during the reporting period, are considered a caregiver of the index child, and were not pregnant at the time of enrollment or the annual update of this information (e.g., biological mothers, adoptive mothers, foster mothers, grandmothers).</p>

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		<p>Male caregivers include those male household members (e.g. expectant fathers, biological fathers, step-fathers, and partners) who also meet the definition of an enrollee.</p> <p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p>
2	Unduplicated Count of Household Served by MIECHV	<p>New Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who signs up to participate in the home visiting program at any time during the reporting period. The household may include multiple caregivers depending on model-specific definitions.</p> <p>Continuing Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period. The household may include multiple caregivers depending on model-specific definitions.</p>
3	Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)	Participant Served by a State Home Visiting Program (non-MIECHV): A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a non-MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).
4	Adult Participants by Age	Adult Participants: includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.
5	Index Children by Age	Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.
6	Participants by Ethnicity	The responses regarding ethnicity should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. If ethnicity is unknown or not reported for some participants, enter that count in the respective “Unknown/Did not report” column.
7	Participants by Race	The responses regarding race should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. Participants who select more than one race should be reported in the “More than one race” category. If ethnicity and race are unknown or not reported for some participants, enter that count in the respective “Unknown/Did not Report” columns.
8	Adult Participants by Marital Status	Adult Participants: includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.

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		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 week¹</p> <p>Not Employed: indicates that the person is not working for pay (this category may include, for example, students, homemakers and those enrollees actively seeking work but currently not employed)</p>
11	Adult Participants by Housing Status	<p>Not homeless: individuals who have a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and</p> <p>Not homeless and lives in public housing: individuals who live in a public housing unit that is administered by a public housing agency (excludes individuals who utilize housing voucher programs)</p> <p>Homeless: individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and</p>

¹ Healthcare.gov Glossary. <https://www.healthcare.gov/glossary/full-time-employee/>

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		<p>Homeless and sharing housing: individuals who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason</p> <p>Homeless and living in an emergency or transitional shelter: individuals who are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement</p> <p>Homeless and some other arrangement: individuals who are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings²</p>
12	Primary Language Spoken at Home	<p>Primary language: the language used in the home the majority of the time.</p> <p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was served by a trained home visitor implementing services with fidelity to the model who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p>
13	Household Income in Relation to Federal Poverty Guidelines	<p>The appropriate category for a given family will depend both on household income and on the number of household members counted in the household (both home visiting enrollees and non-enrollees). Household income refers to the annual gross income for the household as defined in programmatic guidance, recorded at enrollment and annually thereafter.</p> <p>Federal Poverty Guidelines: Annual income data can be estimated from monthly data (monthly income x 12). The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines.</p>
14	For Each Household Indicate the Priority Population Characteristics	<p>Low-Income: An individual or family with an income determined to be below the Federal Poverty Guidelines. The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines.</p> <p>Pregnant women under 21: Households with expectant mothers who enroll in the program and are under 21 years old during the reporting period.</p> <p>Have a history of child abuse or neglect or have had interactions with child welfare services: Based on self-report, a household with members who have a history of abuse or neglect and have had involvement with child welfare services either as a child or as an adult.</p>

² Administration for Children and Families. Early Childhood Learning and Knowledge Center. 2014. <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/family/Homelessness/html/definition/definition-legal.html>

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		<p>Have a history of substance abuse or need substance abuse treatment: Based on self-report, a household with members who have a history of substance abuse or who have been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.</p> <p>Are users of tobacco products in the home: Based on self-report, a household with members who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS).</p> <p>Have, or have children with, low student achievement: Based on self-report, a household with members who have perceived themselves or their child(ren) as having low student achievement.</p> <p>Have a child or children with developmental delays or disabilities: Based on self-report or home visitor/staff observation, a household with members who have a child or children suspected of having a developmental delay or disability.</p> <p>Are in families that are or have served in the armed forces: Based on self-report, households that include individuals who are serving or formerly served in the Armed Forces, including such households that have members of the Armed Forces who have had multiple deployments outside of the United States. For this criterion, definition includes a military member's dependent acquired through marriage, adoption, or other action during the course of a member's current tour of assigned duty.</p>
15	Service Utilization	<p>Home visit refers to the definition of a completed home visit enacted by the various evidence-based home visiting models approved for implementation through the MIECHV program or a Promising Approach. Please refer to model-specific guidance for specific definitions.</p>
16	Family Engagement by Household	<p>Currently receiving services refers to families that are participating in services at the end of the reporting period.</p> <p>Completed program refers to families who have completed the program according to model-specific definitions and criteria during the reporting period.</p> <p>Stopped services before completion refers to families who left the program for any reason prior to completion.</p> <p>Enrolled but not currently receiving services/Other refers to those families who do not fall into the previous categories and may include unreachable participants (i.e. the family is not regularly participating but did not actively sever ties, etc.)</p>
17	Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach	<p>A Household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of or during the reporting period and continues enrollment during the reporting period. The household may include multiple caregivers depending on model-specific definitions.</p>

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18	Participants by Type of Health Insurance Coverage	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>The insurance coverage categories are mutually exclusive. No insurance coverage indicates that the individual is currently not covered by any source of insurance. This table is intended to capture insurance status, not health care access: receipt of care provided for instance by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center does not constitute insurance coverage.</p>
19	Index Children by Usual Source of Medical Care	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of care: the particular medical professional, doctor's office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health.</p>
20	Index Children (≥ 12 months of age) by Usual Source of Dental Care	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of dental care: a usual source of dental care, or dental home, is a place where a child can receive consistent, comprehensive, compassionate dental care. The concept of the Dental Home reflects the AAPD's clinical guidelines and best principles for the proper delivery of oral health care to all children, with a concentration on infant/age one patients and should be established no later than 12 months of age.³</p>

³ American Academy of Pediatric Dentistry. Dental Home Resource Center. <http://www.aapd.org/advocacy/dentalhome/>

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THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

PERFORMANCE AND SYSTEMS OUTCOME MEASURES

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 200 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

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MEASURE 1

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: PRETERM BIRTH	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment	
4. SPECIFICATION NUMERATOR: Number of live births (index child or subsequent children among mothers who enrolled in home visiting prenatally before 37 weeks) born before 37 completed weeks of gestation and after enrollment DENOMINATOR: Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 2

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: BREASTFEEDING</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age</p> <p>DENOMINATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Expiration Date: 07/31/2021**MEASURE 3**

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: DEPRESSION SCREENING	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE 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)	
4. SPECIFICATION NUMERATOR: For those not enrolled prenatally, number of primary caregivers enrolled in home visiting who are screened for depression within the first 3 months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery DENOMINATOR: For those not enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least three months post delivery	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. 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.	6.b. Value – Enter the number of cases missing from measure calculation:

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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

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: WELL CHILD VISIT	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule	
4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting who received the last recommended well child visit based on the AAP schedule DENOMINATOR: Number of children (index child) enrolled in home visiting	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if a home visit occurred but the home visitor did not collect the data. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 5

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: POSTPARTUM CARE	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	
4. SPECIFICATION NUMERATOR: Number of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery DENOMINATOR: Number of mothers who enrolled in home visiting prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 6

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: TOBACCO CESSATION REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the primary caregiver used tobacco or cigarettes at enrollment since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are known and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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All cases of missing data should be excluded from the measure calculation.	
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 7

<p>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</p> <p>CONSTRUCT: SAFE SLEEP</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing and without soft bedding</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of infants (index child aged less than 1 year) enrolled in home visiting whose primary caregiver reports that they are always placed to sleep on their backs, without bed-sharing and without soft bedding</p> <p>DENOMINATOR: Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 8

<p>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</p> <p>CONSTRUCT: CHILD INJURY</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Rate of injury-related visits to the Emergency Department (ED) during the reporting period among children enrolled in home visiting</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of parent-reported nonfatal injury-related visits to the ED during the reporting period among children (index child) enrolled in home visiting</p> <p>DENOMINATOR: Number of children (index child) enrolled in home visiting</p>	
<p>5. VALUE FOR REPORTING PERIOD (rate)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 9

1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS CONSTRUCT: CHILD MALTREATMENT	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period	
4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period DENOMINATOR: Number of children (index child) enrolled in home visiting	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 10

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: PARENT-CHILD INTERACTION	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool DENOMINATOR: Number of primary caregivers enrolled in home visiting with children reaching the target age range	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. 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.	6.b. Value – Enter the number of cases missing from measure calculation:

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<p>7. NOTES</p>
<p>8. Measurement Tool Utilized</p> <p>Indicate the validated measurement tool(s) utilized to address this measure</p>

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 11

<p>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</p> <p>CONSTRUCT: EARLY LANGUAGE AND LITERACY ACTIVITIES</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of children (index child) enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day</p> <p>DENOMINATOR: Number of children (index child) enrolled in home visiting</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 12

<p>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</p> <p>CONSTRUCT: DEVELOPMENTAL SCREENING</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of children (index child) enrolled in home visiting with at least one screening within the AAP-defined age groups during the reporting period</p> <p>DENOMINATOR: Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

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8.

Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: BEHAVIORAL CONCERNS	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of postnatal home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	
4. SPECIFICATION NUMERATOR: Number of postnatal home visits where primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior, or learning DENOMINATOR: Total number of postnatal home visits during the reporting period	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. If a home visit occurred, but there is no documentation of whether the primary caregiver was asked about behavioral concerns, then the home visit should be included in the denominator (if eligible – i.e., postnatal visit), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

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* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 14

<p>1. BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE</p> <p>CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool (including if a screening did not occur because the caregiver was male and they only have validated tools for use among female caregivers), but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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7.
NOTES

8.
Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 15

<p>1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY</p> <p>CONSTRUCT: PRIMARY CAREGIVER EDUCATION</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in or maintained continuous enrollment in middle school or high school, or completed high school or equivalent during their participation in home visiting</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers who enrolled in or maintained continuous enrollment in middle school or high school, or completed a high school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator)</p> <p>DENOMINATOR: Number of primary caregivers without a high school degree or equivalent at enrollment</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 16

<p>1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY</p> <p>CONSTRUCT: CONTINUITY OF INSURANCE COVERAGE</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who reported having health insurance coverage for at least 6 consecutive months since enrollment in home visiting</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 17

<p>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</p> <p>CONSTRUCT: COMPLETED DEPRESSION REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator)</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. Data are also considered missing if there is no documentation of whether a referral was provided. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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7.
NOTES

8.
Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 18

<p>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</p> <p>CONSTRUCT: COMPLETED DEVELOPMENTAL REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of children enrolled in home visiting who a) received individualized developmental support from a home visitor; b) were referred to early intervention services and receive an evaluation within 45 days; OR c) were referred to other community services who received services within 30 days (and met the condition specified in the denominator)</p> <p>DENOMINATOR: Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 19

<p>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</p> <p>CONSTRUCT: INTIMATE PARTNER VIOLENCE REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator)</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

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missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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DEFINITIONS OF KEY TERMS

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Construct Number	Construct	Key Term Definitions
1.	Preterm Birth	Preterm Birth: a birth before 37 completed weeks of gestation (defined as up to 36 weeks and 6 days). ¹
2.	Breastfeeding	Breastfeeding: in addition to breast milk fed directly from the mother to the infant, breastfeeding also includes feeding the infant pumped or expressed breast milk.
3.	Depression Screening	Depression: aligned with each grantee's validated depression screening tool's definition of depression.
4.	Well-Child Visit	AAP schedule for Well-Child Visits: Updated AAP 2017 Recommendations for Pediatric Preventive Health Care https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
5.	Postpartum Care	Postpartum Care Visit: A postpartum visit is a visit between the woman and her health care provider to assess the mother's current physical health, including the status of pregnancy-related conditions like gestational diabetes, screen for postpartum depression, provide counseling on infant care and family planning as well as screening and referrals for the management of chronic conditions. Additionally, a provider may use this opportunity to conduct a breast exam and discuss breastfeeding. The American College of Obstetricians and Gynecologists recommends that mothers receive a postpartum care visit within 6 weeks after delivery. ²
6.	Tobacco Cessation Referrals	Tobacco Use: combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and ENDS.
7.	Safe Sleep	No definitions required
8.	Child Injury	Injury-related Emergency Department Visit: Injuries refer to the following causes of mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire/burns, falls, sports and recreation, and intentional injuries, such as child maltreatment. ³
9.	Child Maltreatment	Investigated Case: all children with an allegation of maltreatment that were screened-in for investigation or assessment and further received an investigation. ⁴ A screened-in report is one that is accepted for investigation or assessment based on the state's screen-in criteria. ⁵
10.	Parent-Child Interaction	No definitions required
11.	Early Language and Literacy Activities	No definitions required
12.	Developmental Screening	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory,

¹ Behrman R, Stith Butler A. eds. Preterm Birth: Causes, Consequences, and Prevention. Washington, DC: The National Academies Press, 2007.

² Optimizing postpartum care. Committee Opinion No. 666. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;127:e187-92. Retrieved from <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co666.pdf?dmc=1&ts=20180221T1421452301>

³ Centers for Disease Control and Prevention. National Action Plan for Child Injury Prevention. 2012. Retrieved from <http://www.cdc.gov/safekid/NAP/background.html#unint>

⁴ Child Welfare Information Gateway. Child Maltreatment 2015: Summary of Key Findings. Retrieved from <https://www.childwelfare.gov/pubs/factsheets/#stats/>

⁵ Child Welfare Information Gateway. Screening and Intake. Retrieved from <https://www.childwelfare.gov/topics/responding/ia/screening/>

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		and emotional development. ⁶
13.	Behavioral Concerns	No definitions required
14.	IPV Screening	Intimate Partner Violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. ⁷
15.	Primary Caregiver Education	No definitions required
16.	Continuity of Insurance Coverage	Continuous Health Insurance Coverage: having health insurance coverage without any lapses.
17.	Completed Depression Referrals	Recommended services: specific techniques and intervention models delivered in the context of client characteristics, culture, and preferences that have shown to have positive effects on outcomes through rigorous evaluations and have demonstrated to achieve positive outcomes for the client. ⁸
18.	Completed Developmental Referrals	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory, and emotional development. ⁶
19.	IPV Referrals	Intimate Partner Violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. ⁷

⁶ U.S. National Library of Medicine, National Institutes of Health. Psychological Index Terms via Unified Medical Language System, 2015. Retrieved from <http://ehr.nlm.nih.gov/glossary=developmentaldelay>

⁷ Centers for Disease Control and Prevention. Injury Prevention and Control: Division of Violence Prevention, 2015. Retrieved from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

⁸ Home Visiting Collaborative Improvement and Innovation Network.

New Hampshire Department of Health and Human Services
Home Visiting Services

Attachment 5 - DCYF Key Performance Metrics

Key Performance Metrics
<i>Referrals</i>
Share of families who are referred to HFA from DCYF. (# of families currently enrolled in HFA CWP and % of HFA CWP slots currently used)
Share of DCYF-referred families that were enrolled between three (3) and twenty-four (24) months of age.
Share of DCYF-referred families with a recent assessment of a Substance Exposed Infant (SEI).
<i>Enrollments</i>
Average time to enrollment from the time and date of referral.
of days from referral date to the first home visit.
Share of families that are offered HFA and % of offered families who decide to receive HFA.
Relative rate of families enrolled by racial/ethnic and geographic characteristics.
Proportion of families that are retained in the program over specified periods of time (6 months, 12 months, 24 months, 36 months, etc.) after receiving a first home visit.
Proportion of families who receive at least seventy-five (75%) percent of the appropriate number of home visits based upon the individual level of service to which they are assigned.
<i>Program Completion</i>
Share of families who do not complete the program (incl. reason for non-completion/discharge).
Share of families that discharged who completed a minimum of specified periods of service. (3 months, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months).
Proportion of families who complete program by racial/ethnic and geographic characteristics.
<i>Short-term Outcomes</i>
Share of families with a new case opened to DCYF, or a new report of maltreatment, within six months after discharge.
Share of children who enter out-of-home placement within six months after discharge (incl. breakdown of placement type).
Share of children who enter any form of out-of-home placement within 12 months of discharge.
Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
 - 1.1. 61.5% Federal funds from:
 - 1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC43595.
 - 1.1.2. Maternal, Infant and Early Childhood Homevisiting Grant Program, as awarded on September 2, 2022, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC46878.
 - 1.1.3. American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC41935.
 - 1.1.4. American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC45263.
 - 1.1.5. New Hampshire Initiative to Address COVID-19 Health Disparities, as awarded on May 27, 2021, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH75OT000031.
 - 1.1.6. Administration of Children Youth & Families (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

BAT

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

6. Audits

6.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

6.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

6.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.

6.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

6.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

6.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

6.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

6.4. In addition to, and not in any way in limitation of obligations of the Agreement, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Agreement to which exception has been taken, or which have been disallowed because of such an exception.

A. Payment Terms Respective to Traditional Home Visiting Services for the Division of Public Health Services (DPHS):

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with

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**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

the approved line items, as specified in Exhibits C-1, Budget through C-3, Budget.

- 8. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
 - 8.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
 - 8.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
 - 8.3. Identifies and requests payment for allowable costs incurred in the previous month.
 - 8.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
 - 8.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
 - 8.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

B. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for direct services:

- 9. Payment shall be for services provided in fulfillment of this Agreement, as specified in Exhibit B, Scope of Work Section 3.4, and in accordance with the following:
 - 9.1. Weekly Rate: For the purposes of this Agreement, a weekly rate shall be paid in the amount of of \$265.53 per client (family) once per week.
 - 9.2. Payment shall be made on a monthly basis and follow a process determined by the Department.
 - 9.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	\$182,154
SFY 2024	\$364,307

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**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

SFY 2025	\$367,560
Sub-Total	\$914,021

- 9.4. The Contractor shall submit non-clinical expenses via the Website: <https://business.nh.gov/beb/PaQes/Index.asDx>.
- 9.5. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

C. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for administrative services:

- 10. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure each invoice is completed, dated and returned to the Department in order to initiate payment.
- 10.1. Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	\$920,528
2024	\$1,105,935
2025	\$0*
Sub-Total	\$2,026,463
*The Contractor will only bill for direct services in SFY 25.	

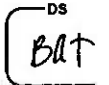
- 10.2. In lieu of hard invoice copies, all invoices may be assigned an electronic signature and emailed to DCYFInvoices@dhhs.nh.gov, or invoices may be mailed to:

 Financial Manager
 Department of Health and Human Services
 129 Pleasant Street
 Concord, NH 03301
- 10.3. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

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New Hampshire Department of Health and Human Services
Contractor Name: Waypoint
Budget Request for: Home Visiting Services
Budget Period: SFY 2023 (October 1, 2022 - June 30, 2023)
Indirect Cost Rate (If applicable): 14.82%

Line Item	HOME VISITING FORMULA GNT	GOVERNOR COMMISSION FUNDS	PH COVID-19 HEALTH DISPARITIES	ARP - MIEC HOME VISITING
Funding Source	100% FEDERAL CFDA #93.870, FAIN # X1043595 & X1046878	100% OTHER FUNDS	100% FEDERAL FUNDS CFDA #93.391, FAIN # NH750T000031	100% FEDERAL FUNDS CFDA #93.870, FAIN # X1141935 & X1145263
1. Salary & Wages	\$413,162		\$162,182	\$77,916
2. Fringe Benefits	\$123,888		\$48,647	\$19,243
3. Consultants		\$22,483	\$66	
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>		\$6,000		
5.(a) Supplies - Educational		\$2,000		
5.(b) Supplies - Lab				
5.(c) Supplies - Pharmacy				
5.(d) Supplies - Medical				
5.(e) Supplies Office		\$6,000		
6. Travel	\$18,000		\$12,700	
7. Software		\$12,000		
8. (a) Other - Marketing/Communications				
8. (b) Other - Education and Training		\$21,000		
8. (c) Other - Other (specify below)				
Organizational Dues		\$6,000		
Occupancy	\$16,600	\$12,900		
Phones	\$18,000			
Insurance		\$4,500		
Other (please specify)				
Other (please specify)				
Other (please specify)				
Other (please specify)				
9. Subrecipient Contracts				
Total Direct Costs	\$589,651	\$92,883	\$223,595	\$97,159
Total Indirect Costs	\$102,599	\$15,118	\$38,905	\$16,906
Subtotals	\$692,250	\$108,000	\$262,500	\$114,064
TOTAL	\$1,176,815			


 Contractor Initials: _____
 Date: 1/17/2023

New Hampshire Department of Health and Human Services Contractor Name: <i>Waypoint</i> Budget Request for: <i>Home Visiting Services</i> Budget Period: <i>SFY 2024 (July 1, 2023 - June 30, 2024)</i> Indirect Cost Rate (if applicable): 14.82%		
Line Item	HOME VISITING FORMULA GNT 100% FEDERAL CFDA #93.870, FAIN # X1043595 & X1046878	ARP - MIEC HOME VISITING 100% FEDERAL FUNDS CFDA #93.870, FAIN # X1141935 & X1145283
Funding Source		
1. Salary & Wages	\$550,713	\$75,920
2. Fringe Benefits	\$165,214	\$22,776
3. Consultants	\$17,622	\$378
4. Equipment <i>Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.</i>		
5.(a) Supplies - Educational		
5.(b) Supplies - Lab		
5.(c) Supplies - Pharmacy		
5.(d) Supplies - Medical		
5.(e) Supplies Office		
6. Travel	\$27,600	\$7,400
7. Software	\$16,000	
8. (a) Other - Marketing/Communications		
8. (b) Other - Education and Training	\$15,000	
8. (c) Other - Other (specify below)		
Phones	\$17,051	
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
9. Subrecipient Contracts		
Total Direct Costs	\$809,199	\$106,474
Total Indirect Costs	\$140,801	\$18,526
Subtotals	\$950,000	\$125,000
TOTAL	\$1,078,000	

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Contractor Initials:

1/17/2023

Date:

New Hampshire Department of Health and Human Services Contractor Name: <i>Waypoint</i> Budget Request for: <i>Home Visiting Services</i> Budget Period: <i>SFY 2025 (July 1, 2024 - September 30, 2024)</i> Indirect Cost Rate (if applicable): 14.82%		
Line Item	HOME VISITING FORMULA GNT 100% FEDERAL CFDA #93.870, FAIN # X1043595 & X1046878	ARP - MIEC HOME VISITING 100% FEDERAL FUNDS CFDA #93.870, FAIN # X1141935 & X1145263
Funding Source		
1. Salary & Wages	\$146,992	\$94,863
2. Fringe Benefits	\$43,308	\$26,389
3. Consultants	\$3,500	
4. Equipment <i>Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.</i>		
5.(a) Supplies - Educational		
5.(b) Supplies - Lab		
5.(c) Supplies - Pharmacy		
5.(d) Supplies - Medical		
5.(e) Supplies Office		
6. Travel	\$4,500	
7. Software	\$4,000	
8.(a) Other - Marketing/Communications		
8.(b) Other - Education and Training		
8.(c) Other - Other (specify below)		
Organization Dues		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
9. Subrecipient Contracts		
Total Direct Costs	\$202,300	\$121,252
Total Indirect Costs	\$35,200	\$21,098
Subtotals	\$237,600	\$142,350
TOTAL	\$379,850	

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Contractor Initials: _____

1/17/2023

Date: _____

New Hampshire Department of Health and Human Services Contractor Name: <u>Waypoint</u> Budget Request for: <u>Home Visiting Services</u> Budget Period: <u>SFY 2023 (1/1/23-6/30/23) 6 Months</u> Indirect Cost Rate (if applicable): <u>14.42%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$462,894
2. Fringe Benefits	\$138,868
3. Consultants	\$15,000
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$25,000
5.(a) Supplies - Educational	\$6,000
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$19,439
7. Software	\$25,000
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$64,000
8. (c) Other - Other (specify below)	
Occupancy	\$21,000
Phones	\$6,500
Insurance	\$4,100
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$787,801
Total Indirect Costs	\$132,727
TOTAL	\$920,528

\$0

Contractor Initials
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New Hampshire Department of Health and Human Services	
Contractor Name: <u>Waypoint</u>	
Budget Request for: <u>Home Visiting Services</u>	
Budget Period: <u>SFY 2024 (7/1/23-6/30/24) 12 Months</u>	
Indirect Cost Rate (If applicable): <u>14.82%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$707,704
2. Fringe Benefits	\$212,311
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$22,008
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$942,023
Total Indirect Costs	\$163,912
TOTAL	\$1,105,935

\$0

Contractor Initials DS
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Date 1/17/2023

New Hampshire Department of Health and Human Services
Exhibit D



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

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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: waypoint

1/17/2023

Date

DocuSigned by:

Borja Alvarez de Toledo

Name: Borja Alvarez de Toledo

Title: president and CEO

Vendor Initials DS
BAT
Date 1/17/2023



New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Vendor Name: waypoint

1/17/2023

Date

DocuSigned by:

Borja Alvarez de Toledo

Name: Borja Alvarez de Toledo

Title: president and CEO

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BAT

Vendor Initials

1/17/2023
Date



**New Hampshire Department of Health and Human Services
Exhibit F**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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New Hampshire Department of Health and Human Services
Exhibit F

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

- 10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

- 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
- 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

- 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: waypoint

1/17/2023

Date

DocuSigned by:
Borja Alvarez de Toledo
Name: Borja Alvarez de Toledo
Title: president and CEO

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**New Hampshire Department of Health and Human Services
Exhibit G**

**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Contractor Initials

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Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections



New Hampshire Department of Health and Human Services
Exhibit G

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

- 1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name: waypoint

1/17/2023

Date

DocuSigned by:

Borja Alvarez de Toledo

Name: Borja Alvarez de Toledo

Title: president and CEO

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials

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New Hampshire Department of Health and Human Services
Exhibit H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name: waypoint

1/17/2023

Date

DocuSigned by:
Borja Alvarez de Toledo

Name: Borja Alvarez de Toledo
Title: president and CEO

Contractor Initials DS
BAT
Date 1/17/2023



New Hampshire Department of Health and Human Services

Exhibit I

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions.**

- a. **"Breach"** shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. **"Business Associate"** has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. **"Covered Entity"** has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. **"Designated Record Set"** shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. **"Data Aggregation"** shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. **"Health Care Operations"** shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. **"HITECH Act"** means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. **"HIPAA"** means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. **"Individual"** shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. **"Privacy Rule"** shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. **"Protected Health Information"** shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.



New Hampshire Department of Health and Human Services

Exhibit I

- 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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New Hampshire Department of Health and Human Services

Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) **Obligations and Activities of Business Associate.**

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
- o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving ^{PHI} PHI



New Hampshire Department of Health and Human Services

Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate

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Date 1/17/2023



New Hampshire Department of Health and Human Services

Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) **Obligations of Covered Entity**

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) **Termination for Cause**

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) **Miscellaneous**

- a. **Definitions and Regulatory References.** All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. **Amendment.** Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. **Data Ownership.** The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. **Interpretation.** The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.



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

Waypoint

The State by:

Name of the Contractor

Patricia M. Tilley

Borja Alvarez de Toledo

Signature of Authorized Representative

Signature of Authorized Representative

Patricia M. Tilley

Borja Alvarez de Toledo

Name of Authorized Representative Director

Name of Authorized Representative

Title of Authorized Representative

president and CEO

Title of Authorized Representative

1/17/2023

1/17/2023

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. Principle place of performance
9. Unique identifier of the entity (UEI #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name: waypoint

1/17/2023

Date

DocuSigned by:

Borja Alvarez de Toledo

Name: Borja Alvarez de Toledo

Title: president and CEO

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Contractor Initials

Date 1/17/2023



New Hampshire Department of Health and Human Services
Exhibit J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

- The UEI (SAM.gov) number for your entity is: QX4YNCN4JYK5
- In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

- Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

- The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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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...
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity...
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164...
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule...
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...
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...

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...
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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
 1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
 2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the 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

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 State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that WAYPOINT is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on September 25, 1914. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 62585

Certificate Number: 0005756500



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 April A.D. 2022.

A handwritten signature in black ink, appearing to read "D. Scanlan".

David M. Scanlan
Secretary of State

WAYPOINT

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CHILD AND FAMILY SERVICES

CERTIFICATE OF VOTE

I, MARK C. ROUVALIS, Board Chair, do hereby certify that:

1. I am a duly elected Officer of WAYPOINT.
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Agency duly held on 12/4/18:

RESOLVED: That this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services.

RESOLVED: That the PRESIDENT AND CEO is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

BORJA ALVAREZ DE TOLEDO is the duly elected PRESIDENT/CEO of the Agency.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30) days** from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Date

1/4/23

Mark C. Rouvalis, Board Chair



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/19/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		CONTACT NAME: Andrea Nicklin PHONE (AC, No, Ext): (603) 669-3218 FAX (AC, No): (603) 645-4331 E-MAIL ADDRESS: manch.certs@crossagency.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Ins Co	
		INSURER B: Granite State Health Care and Human Services Self-	
		INSURER C: Travelers Cas. & Surety Co of America	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 22-23 All w/Prof

REVISION NUMBER:

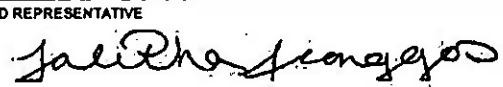
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Professional Liability			PHPK2435600	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Each incident \$1M \$ 2,000,000-Agg
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2435606	07/01/2022	07/01/2023	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB822644	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 Umb includes Prof Liab \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	HCHS20230000576 (3a.) NH	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Fidelity & Forgery			105912196	04/01/2021	04/01/2024	Limit \$500,000 Deductible \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER**CANCELLATION**

NH Department of Health & Human Services Bureau of Contracts & Procurement 129 Pleasant Street Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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WAYPOINT

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CHILD AND FAMILY SERVICES

MISSION STATEMENT:

Empowering people of all ages through an array of human services and advocacy



HEADQUARTERS

toll free (800) 640.6486
office (603) 518.4000
fax (603) 668.6260

464 Chestnut Street
PO Box 448
Manchester, NH 03105
waypointnh.org



WAYPOINT

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WAYPOINT

Consolidated Financial Statements and Supplementary Information
For the Year Ended December 31, 2021

(With Independent Auditor's Report Thereon)

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Waypoint

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the consolidated financial statements of Waypoint, which comprise the consolidated statement of financial position as of December 31, 2021, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of Waypoint as of December 31, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Waypoint and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Merrimack, New Hampshire
Andover, Massachusetts
Greenfield, Massachusetts
Ellsworth, Maine



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 Waypoint's ability to continue as a going concern for one year after the date that the consolidated financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Waypoint's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Waypoint's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.



Report on Summarized Comparative Information

We have previously audited Waypoint's 2020 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated April 21, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2020 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The Consolidated Schedules of Operating Expenses for 2021 and 2020 are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated April 12, 2022 on our consideration of Waypoint's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Waypoint's internal control over financial reporting and compliance.

A handwritten signature in black ink that reads "Melanson".

Merrimack, New Hampshire
April 12, 2022

WAYPOINT

Consolidated Statement of Financial Position
December 31, 2021
(with comparative totals as of December 31, 2020)

	2021		2021 Total	2020 Total
	Without Donor Restrictions	With Donor Restrictions		
ASSETS				
Current Assets:				
Cash and cash equivalents	\$ 1,337,022	\$ -	\$ 1,337,022	\$ 2,753,314
Restricted cash	74,103	-	74,103	72,111
Accounts receivable, net	650,657	-	650,657	355,608
Grants receivable	639,234	-	639,234	845,159
Prepaid expenses	311,664	-	311,664	177,418
Total Current Assets	3,012,680	-	3,012,680	4,203,610
Noncurrent Assets:				
Investments	18,842,135	4,684,297	23,526,432	21,332,022
Beneficial interest held in trusts	-	2,202,347	2,202,347	1,987,871
Property and equipment, net	6,677,229	-	6,677,229	6,437,580
Total Noncurrent Assets	25,519,364	6,886,644	32,406,008	29,757,473
TOTAL ASSETS	\$ 28,532,044	\$ 6,886,644	\$ 35,418,688	\$ 33,961,083
LIABILITIES AND NET ASSETS				
Current Liabilities:				
Accounts payable	\$ 290,378	\$ -	\$ 290,378	\$ 320,870
Accrued payroll and related liabilities	598,828	-	598,828	538,736
Other liabilities	63,699	-	63,699	64,899
Bonds payable	165,000	-	165,000	160,000
Refundable advance	660,937	-	660,937	2,088,559
Total Current Liabilities	1,778,842	-	1,778,842	3,173,064
Noncurrent Liabilities:				
Bonds payable, net of current portion	3,590,000	-	3,590,000	3,755,000
Deferred loans - NHHFA	1,250,000	-	1,250,000	1,250,000
Interest rate swap agreements	993,557	-	993,557	1,282,753
Refundable advance	-	-	-	440,750
Total Noncurrent Liabilities	5,833,557	-	5,833,557	6,728,503
Total Liabilities	7,612,399	-	7,612,399	9,901,567
Net Assets:				
Without donor restrictions	20,919,645	-	20,919,645	18,716,085
With donor restrictions	-	6,886,644	6,886,644	5,343,431
Total Net Assets	20,919,645	6,886,644	27,806,289	24,059,516
TOTAL LIABILITIES AND NET ASSETS	\$ 28,532,044	\$ 6,886,644	\$ 35,418,688	\$ 33,961,083

The accompanying notes are an integral part of these financial statements.

WAYPOINT

Consolidated Statement of Activities
For the Year Ended December 31, 2021
(with summarized comparative totals for the year ended December 31, 2020)

	2021		2021 Total	2020 Total
	Without Donor Restrictions	With Donor Restrictions		
SUPPORT AND REVENUE:				
Support:				
Government grants	\$ 8,916,060	\$ -	\$ 8,916,060	\$ 8,253,575
Contributions	566,821	1,592,716	2,159,537	1,806,415
In-kind contributions	33,700	-	33,700	48,079
Special events:				
Gross revenue	443,686	-	443,686	508,846
Less cost of direct benefit to donors	(56,246)	-	(56,246)	(87,140)
Net special events revenue	387,440	-	387,440	421,706
Revenue:				
Service fees	5,511,187	-	5,511,187	4,892,693
Other income	21,655	-	21,655	30,607
Net Assets Released From Restrictions:				
Program releases	540,451	(540,451)	-	-
Endowment releases	54,112	(54,112)	-	-
Endowment Transfer to Support Operations	643,173	-	643,173	172,162
Total Support and Revenue	16,674,599	998,153	17,672,752	15,625,237
OPERATING EXPENSES:				
Program services	13,541,191	-	13,541,191	13,335,147
Management and general	2,533,853	-	2,533,853	1,615,774
Fundraising	594,225	-	594,225	637,485
Total Operating Expenses	16,669,269	-	16,669,269	15,588,406
Change in net assets before non-operating items	5,330	998,153	1,003,483	36,831
NON-OPERATING ITEMS:				
Investment income (loss), net	2,550,958	330,584	2,881,542	2,633,640
Unrealized gain (loss) on interest rate swap	289,196	-	289,196	(210,173)
Gain on the sale of asset	-	-	-	11,132
Change in beneficial interest	-	214,476	214,476	150,770
Interest income	1,249	-	1,249	1,086
Endowment transfer to support operations	(643,173)	-	(643,173)	(172,162)
Total Non-Operating Items	2,198,230	545,060	2,743,290	2,414,293
Change in Net Assets	2,203,560	1,543,213	3,746,773	2,451,124
Net Assets, Beginning of Year	18,716,085	5,343,431	24,059,516	21,608,392
Net Assets, End of Year	\$ 20,919,645	\$ 6,886,644	\$ 27,806,289	\$ 24,059,516

The accompanying notes are an integral part of these financial statements.

WAYPOINT

Consolidated Statement of Functional Expenses
For the Year Ended December 31, 2021
(with summarized comparative totals for the year ended December 31, 2020)

	2021			2021 <u>Total</u>	2020 <u>Total</u>
	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>		
Personnel expense:					
Salaries and wages	\$ 7,963,629	\$ 1,305,839	\$ 380,802	\$ 9,650,270	\$ 8,935,667
Employee benefits	1,102,509	142,701	25,691	1,270,901	1,239,495
Retirement plan	62,467	33,340	5,807	101,614	93,311
Payroll taxes and other	785,894	69,615	29,747	885,256	969,471
Mileage reimbursement	233,405	3,250	18	236,673	193,179
Contracted services	905,694	314,483	89,140	1,309,317	717,738
Subtotal personnel expense	<u>11,053,598</u>	<u>1,869,228</u>	<u>531,205</u>	<u>13,454,031</u>	<u>12,148,861</u>
Accounting	-	35,380	-	35,380	34,620
Assistance to individuals	901,544	-	-	901,544	773,325
Communications	168,181	34,673	9,827	212,681	178,486
Conferences, conventions, meetings	68,701	27,937	4,189	100,827	129,432
Depreciation	265,413	185,336	7,960	458,709	462,316
Insurance	50,601	12,372	1,605	64,578	93,005
Interest	200,225	26,575	6,609	233,409	276,878
Legal	-	12,543	-	12,543	14,795
Membership dues	25,141	32,379	3,382	60,902	29,928
Miscellaneous	11,371	35,039	14,186	60,596	160,064
Occupancy	569,953	79,464	18,410	667,827	654,769
Printing and publications	19,741	12,631	38,481	70,853	112,295
Rental and equipment maintenance	90,726	144,596	12,362	247,684	315,969
Supplies	106,408	14,790	2,255	123,453	260,196
Travel	9,588	10,910	-	20,498	30,607
Total expenses by function	<u>13,541,191</u>	<u>2,533,853</u>	<u>650,471</u>	<u>16,725,515</u>	<u>15,675,546</u>
Less expenses included on the Statement of Activities:					
Cost of direct benefits to donors	-	-	(56,246)	(56,246)	(87,140)
Total	<u>\$ 13,541,191</u>	<u>\$ 2,533,853</u>	<u>\$ 594,225</u>	<u>\$ 16,669,269</u>	<u>\$ 15,588,406</u>

The accompanying notes are an integral part of these financial statements.

WAYPOINT

Consolidated Statement of Cash Flows
For the Year Ended December 31, 2021
(with comparative totals for the year ended December 31, 2020)

	<u>2021</u>	<u>2020</u>
Cash Flows From Operating Activities:		
Change in net assets	\$ 3,746,773	\$ 2,451,124
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	458,709	462,316
Disposals of fixed assets	1,889	13,432
Realized (gain) loss on investments	(1,462,149)	(27,715)
Unrealized (gain) loss on investments	(1,028,032)	(2,053,523)
Change in beneficial interest in trusts	(214,476)	(150,770)
Change in interest rate swap	(289,196)	210,173
Changes in operating assets and liabilities:		
Accounts receivable	(295,049)	226,820
Grants receivable	205,925	(166,657)
Contributions receivable	-	79,161
Prepaid expenses	(134,246)	(31,439)
Accounts payable	(30,492)	98,966
Accrued payroll and related liabilities	60,092	(24,812)
Other liabilities	(1,200)	(1,729)
Refundable advance	<u>(1,868,372)</u>	<u>2,529,309</u>
Net Cash Provided (Used) By Operating Activities	(849,824)	3,614,656
Cash Flows From Investing Activities:		
Purchases of investments	(401,514)	(562,926)
Proceeds from sale of investments	697,285	199,162
Purchase of fixed assets	<u>(700,247)</u>	<u>(452,946)</u>
Net Cash Used By Investing Activities	(404,476)	(816,710)
Cash Flows From Financing Activities:		
Proceeds from line of credit	4,841,239	3,267,525
Principal payments on line of credit	(4,841,239)	(3,267,525)
Payment of long-term debt	<u>(160,000)</u>	<u>(150,000)</u>
Net Cash Used By Financing Activities	<u>(160,000)</u>	<u>(150,000)</u>
Net Change in Cash and Cash Equivalents and Restricted Cash	(1,414,300)	2,647,946
Cash and Cash Equivalents and Restricted Cash, Beginning	<u>2,825,425</u>	<u>177,479</u>
Cash and Cash Equivalents and Restricted Cash, Ending	<u>\$ 1,411,125</u>	<u>\$ 2,825,425</u>
SUPPLEMENTAL INFORMATION:		
Interest paid	<u>\$ 233,409</u>	<u>\$ 276,878</u>

The accompanying notes are an integral part of these financial statements.

WAYPOINT

Notes to Consolidated Financial Statements For the Year Ended December 31, 2021

1. Organization

Waypoint (the Organization) is a nonprofit organization, founded in 1850, that currently aids more than 20,000 individuals, statewide, through an array of social services.

These services span the life cycle from prenatal to seniors, and can be grouped into the following categories:

Early Childhood – Family Support & Education Services

Over 4,500 parents received education and support to improve parenting, strengthen families, prevent child abuse and neglect, and ensure healthy development of children. Over 500 young children starting life at a disadvantage received critical services to ensure a good beginning and to optimize their chance for life-long success. Some of the programs focused on early childhood include:

Early Support and Services

The Early Support and Services program provides family-centered support and therapies to infants and toddlers who have developmental disabilities, delays, or are at risk of developmental delays. Services work to optimize babies' cognitive, physical, emotional and social development, and chance for success. Services are provided in the child's natural environment (home, day care, playground, etc.).

Home Visiting Services

A number of different prevention programs are offered in the home during those critical early years of a child's life. A spectrum of services includes support to new mothers and those struggling to parent; services for children with chronic health conditions; prenatal services for babies being born at a disadvantage into low-income families; and programs to encourage positive early parent/child relationships and promote optimal early childhood development. Services are provided by nurses, social workers, developmental specialists, occupational therapists, health educators, and home visitors.

Adoption

A licensed child-placing agency, the Organization has been forming families through adoption since 1914. The Organization's adoption professionals provide home studies and adoption services for families looking to adopt and provide counselling and support to birthparents who are considering the adoption option.

Children, Youth, and Family - Intervention and Treatment Programs

The Organization contracts with the State of New Hampshire, the federal government, and insurance companies, to provide a continuum of services for children, adolescents, and young adults. Programs are delivered in the home, schools, or community, and include mental health counseling and substance abuse treatment, as well as a complex system of family stabilization and preservation programs, child protection services, and services for at-risk youth. Some of the programs include:

Foster care

The Organization works with the State of New Hampshire in placing children who have been rescued from dangerous home environments, into safe, stable, loving homes. The Organization recruits and supports foster families and works to facilitate permanency for each child.

Home Based Services

The Organization has a number of programs provided in the family home that are designed to help families who are struggling through daily life - where children are at risk. Services work to thwart domestic violence, rebuild families, and to improve family functioning. The Organization empowers families with the skills and resources they need to provide for their children and become self-sufficient.

Runaway and Homeless Youth Services

The Organization is the sole provider of services for runaway and homeless youth in Manchester and the Seacoast. A full spectrum of services features outreach to at-risk youth that includes survival aid on the streets and basic needs fulfillment at the drop-in center, as well as crisis intervention, educational and vocational advocacy, housing, and case management. The Organization also provides behavioral health and substance use counseling where needed. The Organization works with school systems, police, and other agencies in addressing the needs of New Hampshire's homeless youth.

Senior Care and Independent Living

The Organization helps seniors and individuals with chronic illness or disability to live at home safely and with dignity, and to maintain quality of life. Under the title of Home Care, services are delivered by homemakers, companions, personal care service providers, and LNAs. The Organization's caregivers go to client homes to help with everything from cooking and cleaning to personal hygiene, medication reminders, mobility, travel to appointments, paying bills, help with daily tasks, and communication with family members.

Other Programs

The New Hampshire Children's Lobby

Established in 1971, the New Hampshire Children's Lobby is the advocacy wing of Waypoint. The program's mission is to improve the lives of children and families through legislative, judicial, and public policy initiatives. This combination of advocacy and direct

service practice uniquely positions the Organization to serve the best interest of New Hampshire children.

The Children's Place and Parent Education Center

The Children's Place and Parent Education Center (TCP) in Concord, NH provides both educational and social programs and services to strengthen and enrich the lives of families with children, two months through six years old.

2. Summary of Significant Accounting Policies

The following is a summary of significant accounting policies used in preparing and presenting the accompanying financial statements.

Principles of Consolidation

The consolidated financial statements include Waypoint and Child and Family Realty Corporation, commonly controlled organizations. All inter-organization transactions have been eliminated. Unless otherwise noted, these consolidated entities are hereinafter referred to as "the Organization".

Comparative Financial Information

The accompanying consolidated financial statements include certain prior-year summarized comparative information in total, but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the audited consolidated financial statements for the year ended December 31, 2020, from which the summarized information was derived.

Cash and Cash Equivalents

All cash and highly liquid financial instruments with original maturities of three months or less, and which are neither held for nor restricted by donors for long-term purposes, are considered to be cash and cash equivalents. Cash and highly liquid financial instruments invested for long-term purposes, including endowments that are perpetual in nature, are excluded from this definition.

Accounts Receivable

Accounts receivable consists primarily of noninterest-bearing amounts due for services and programs. The allowance for uncollectable accounts receivable is based on historical experience, an assessment of economic conditions, and a review of subsequent collections. Accounts receivable are written off when deemed uncollectable.

Contributions Receivable

Unconditional contributions that are expected to be collected within one year are recorded at net realizable value. Unconditional contributions that are expected to be collected in future years are initially recorded at fair value using present value techniques

incorporating risk-adjusted discount rates designed to reflect the assumptions market participants would use in pricing the asset. In subsequent years, amortization of the discounts is included in contribution revenue in the Consolidated Statement of Activities. The allowance for uncollectable contributions is based on historical experience, an assessment of economic conditions, and a review of subsequent collections. Contributions receivable are written off when deemed uncollectable. Management has determined that no allowance is necessary as of December 31, 2021 and 2020.

Grants Receivable

Grants receivable, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met. Amounts recorded as grants receivable represent cost-reimbursable contracts and grants, which the incurrence of allowable qualifying expenses and/or the performance of certain requirements have been met or performed. The allowance for uncollectible grants receivable is based on historical experience and a review of subsequent collections. Management has determined that no allowance is necessary.

Investments

Investment purchases are recorded at cost, or if donated, at fair value on the date of donation. Thereafter, investments are reported at their fair values in the Consolidated Statement of Financial Position. Net investment return/(loss) is reported in the Consolidated Statement of Activities and consists of interest and dividend income, realized and unrealized gains and losses, less external investment expenses.

The Organization maintains pooled investment accounts for its restricted endowment. Realized and unrealized gains and losses are allocated to the individual endowments based on the relationship of the market value of each endowment to the total market value of the pooled investment accounts, as adjusted for additions to or deductions from those accounts.

Beneficial Interest Held in Trusts

The Organization is the beneficiary of perpetual charitable trusts. The beneficial interest in trusts is reported at its fair value, which is estimated as the fair value of the underlying trust assets. Distributions of income from trust assets are restricted as to use and are reported as increases in net assets with donor restrictions until expended in accordance with restrictions. The value of the beneficial interest in the trusts is adjusted annually for the change in its estimated fair value. Those changes in value are reported as increases in net assets with donor restrictions. The assets in the trusts will never be distributed to the Organization.

Property and Equipment

Property and equipment additions over \$5,000 are recorded at cost, if purchased, and at fair value at the date of donation, if donated. Depreciation is computed using the straight-line method over the estimated useful lives of the assets ranging from 5 to 50 years, or in the case of capitalized leased assets or leasehold improvements, the lesser of the useful

life of the asset or the lease term. When assets are sold or otherwise disposed of, the cost and related depreciation is removed, and any resulting gain or loss is included in the Consolidated Statement of Activities. Costs of maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed. Assets not in service are not depreciated.

The carrying values of property and equipment are reviewed for impairment whenever events or circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. When considered impaired, an impairment loss is recognized to the extent carrying value exceeds the fair value of the asset. There were no indicators of asset impairment in 2021 or 2020.

Interest Rate Swap

An interest rate swap is utilized to mitigate interest rate risk on bonds payable. The related liability is reported at fair value in the Consolidated Statement of Financial Position, and unrealized gains or losses are included in the Consolidated Statement of Activities.

Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor-imposed restrictions.

Net Assets Without Donor Restrictions

Net assets available for use in general operations and not subject to donor (or certain grantor) imposed restrictions. The Board has designated, from net assets without donor restrictions, net assets for a board-designated endowment.

Net Assets With Donor Restrictions

Net assets subject to donor (or certain grantor) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity while permitting the Organization to expend the income generated by the assets in accordance with the provisions of additional donor-imposed stipulations or a Board approved spending policy. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

Revenue and Revenue Recognition

The Organization recognizes contributions when cash, securities or other assets; an unconditional promise to give; or a notification of a beneficial interest is received. Conditional promises to give - that is, those with a measurable performance or other barrier and a right of return - are not recognized until the conditions on which they depend have been met.

The Organization records special events revenue equal to the fair value of direct benefits to donors, and contribution income for the excess received when the event takes place.

A portion of the Organization's revenue is derived from cost-reimbursable contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as refundable advances in the Consolidated Statement of Financial Position. Grant revenue from contributions that were initially conditional, which became unconditional with restrictions during the reporting period, and for which those restrictions were met during the reporting period, is reported as net assets without donor restrictions.

Revenues derived from providing program services are recognized as the services are provided. Program service fees paid in advance are deferred to the period to which they relate. All other amounts paid in advance are deferred to the period in which the underlying event or rental takes place. Due to the nature and timing of the performance and/or transfer of services, certain contract liabilities at December 31 of each year are recognized in the following year.

Donated Services and In-Kind Contributions

Volunteers contribute significant amounts of time to program services, administration, and fundraising and development activities; however, the financial statements do not reflect the value of these contributed services because they do not meet recognition criteria prescribed by Generally Accepted Accounting Principles. Generally Accepted Accounting Principles allow recognition of contributed services only if (a) the services create or enhance nonfinancial assets or (b) the services would have been purchased if not provided by contribution, require specialized skills, and are provided by individuals possessing those skills. Donated professional services are recorded at the respective fair values of the services received. Contributed goods are recorded at fair value at the date of donation and as expenses when placed in service or distributed. Donated use of facilities is reported as a contribution and as an expense at the estimated fair value of similar space for rent under similar conditions. If the use of the space is promised unconditionally for a period greater than one year, the amount is reported as a contribution and an unconditional promise to give at the date of the gift, and the expense is reported over the term of use. No significant contributions of such goods or services were received in 2021 or 2020.

Advertising Costs

Advertising costs are expensed as incurred and are reported in the Consolidated Statement of Activities and Consolidated Statement of Functional Expenses.

Functional Allocation of Expenses

The costs of program and supporting services activities have been summarized on a functional basis in the Consolidated Statement of Activities. The Consolidated Statement of Functional Expenses presents the natural classification detail of expenses by function.

The consolidated financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salary and benefits, which are allocated to program and supporting services based on time and effort estimates, and occupancy costs and depreciation which are allocated based on personnel count at the location.

Measure of Operations

The Consolidated Statement of Activities reports all changes in net assets, including changes in net assets from operating and non-operating activities. Operating activities consist of those items attributable to the Organization's ongoing programs and services and include the Organization's annual endowment transfer to support operations. Non-operating activities are limited to resources outside of those programs and services and are comprised of non-recurring gains and losses on sales and dispositions, investment income, and changes in the value of beneficial interests and interest rate swaps.

Income Taxes

Waypoint has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code (IRC) Section 501(a) as an organization described in IRC Section 501(c)(3), qualifies for charitable contribution deductions, and has been determined not to be a private foundation. Child and Family Realty Corporation is exempt from federal income tax under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(25).

Each entity is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, each is subject to income tax on net income that is derived from business activities that are unrelated to their exempt purpose. In 2021 and 2020, the Organizations were not subject to unrelated business income tax and did not file an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS.

Estimates

The preparation of consolidated financial statements in conformity with Generally Accepted Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results may differ from those estimates.

Financial Instruments and Credit Risk

Deposit concentration risk is managed by placing cash deposits with financial institutions believed to be creditworthy. At times, amounts on deposit may exceed insured limits. To date, no losses have been experienced in any of these accounts. Credit risk associated with receivables is considered to be limited due to high historical collection rates. Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the Consolidated Statement of Financial Position. Although the fair values of investments are subject to fluctuation on a year-to-year basis, the Investment Committee believes that the investment policies and guidelines are prudent for the long-term welfare of the Organization.

Fair Value Measurements and Disclosures

Certain assets and liabilities are reported at fair value in the consolidated financial statements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction in the principal, or most advantageous, market at the measurement date under current market conditions regardless of whether that price is directly observable or estimated using another valuation technique. Inputs used to determine fair value refer broadly to the assumptions that market participants would use in pricing the asset or liability, including assumptions about risk. Inputs may be observable or unobservable. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability based on the best information available. A three-tier hierarchy categorizes the inputs as follows:

- Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities that are accessible at the measurement date.
- Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability, and market-corroborated inputs.
- Level 3 – Unobservable inputs for the asset or liability. In these situations, inputs are developed using the best information available in the circumstances.

In some cases, the inputs used to measure the fair value of an asset or a liability might be categorized within different levels of the fair value hierarchy. In those cases, the fair value measurement is categorized in its entirety in the same level of the fair value hierarchy as the lowest level input that is significant to the entire measurement. Assessing the significance of a particular input to entire measurement requires judgment, taking into account factors specific to the asset or liability. The categorization of an asset within the hierarchy is based upon the pricing transparency of the asset and does not necessarily correspond to the assessment of the quality, risk, or liquidity profile of the asset or liability.

New Accounting Standards to be Adopted in the Future

Contributed Nonfinancial Assets

In September 2020, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*, intended to improve transparency in the reporting of contributed nonfinancial assets, also known as gifts-in-kind, for not-for-profit organizations. Examples of contributed nonfinancial assets include fixed assets such as land, buildings, and equipment; the use of fixed assets or utilities; materials and supplies, such as food, clothing, or pharmaceuticals; intangible assets; and recognized contributed services. The ASU requires a not-for-profit organization to present contributed nonfinancial assets as a separate line item in the Statement of Activities, apart from contributions of cash or other financial assets. It also requires certain disclosures for each category of contributed nonfinancial assets recognized. The amendments in this ASU should be applied on a retrospective basis and will be effective for the Organization for the year ending December 31, 2022. Early adoption is permitted. The Organization is currently in the process of evaluating the impact of adoption of this ASU on the consolidated financial statements

Leases

In February 2016, the FASB issued ASU 2016-02, *Leases*. The ASU requires all leases with lease terms more than 12 months to be capitalized as a right of use asset and lease liability on the Statement of Financial Position at the date of lease commencement. Leases will be classified as either finance leases or operating leases. This distinction will be relevant for the pattern of expense recognition in the Statement of Activities. This ASU will be effective for the Organization for the year ending December 31, 2022. The Organization is currently in the process of evaluating the impact of adoption of this ASU on the consolidated financial statements.

Credit Losses

In June 2016, the FASB issued ASU 2016-13, *Measurement of Credit Losses on Financial Instruments*. The ASU requires a financial asset (including trade receivables) measured at amortized cost basis to be presented at the net amount expected to be collected. Thus, the Statement of Activities will reflect the measurement of credit losses for newly-recognized financial assets as well as the expected increases or decreases of expected credit losses that have taken place during the period. This ASU will be effective for the

Organization for the year ending December 31, 2023. The Organization is currently in the process of evaluating the impact of adoption of this ASU on the consolidated financial statements.

3. Liquidity and Availability

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the date of the Consolidated Statement of Financial Position, are comprised of the following at December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Financial assets at year end:		
Cash and cash equivalents	\$ 1,337,022	\$ 2,753,314
Restricted cash	74,103	72,111
Accounts receivable, net	650,657	355,608
Grants receivable	639,234	845,159
Investments	23,526,432	21,332,022
Beneficial interest held in trusts	<u>2,202,347</u>	<u>1,987,871</u>
Total financial assets	28,429,795	27,346,085
Less amounts not available to be used within one year:		
Restricted cash not available for general expenditure	74,103	72,111
Net assets with donor restrictions	6,886,644	5,343,431
Less:		
Net assets with purpose restrictions to be met in less than a year	(1,678,535)	(626,270)
Donor-restricted endowment subject to spending policy rate and appropriation	(120,230)	(109,172)
Board-designated endowment	18,841,067	18,611,817
Less:		
Board-designated endowment annual spending policy rate	<u>(541,770)</u>	<u>(552,828)</u>
Total amounts not available to be used within one year	<u>23,461,279</u>	<u>22,739,089</u>
Financial assets available to meet general expenditures over the next year	<u>\$ 4,968,516</u>	<u>\$ 4,606,996</u>

Endowment funds consist of donor-restricted endowments and funds designated by the Board to function as endowments. Income from donor-restricted endowments is restricted for specific purposes. The portion of endowment funds that are perpetual in nature are not available for general expenditure.

The board-designated endowment is subject to an annual spending rate as determined by the Board. Although there is no intention to spend from the board-designated endowment (other than amounts appropriated for general expenditure as part of the Board's annual budget approval and appropriation), these amounts could be made available if necessary.

As part of its liquidity management plan, the Organization also has a \$1,500,000 revolving line of credit available to meet cash flow needs.

4. Accounts Receivable

Accounts receivable consist of the following at December 31, 2021 and 2020:

	2021			2020		
	Receivable	Allowance	Net	Receivable	Allowance	Net
Fees for service	\$ 650,957	(300)	650,657	\$ 357,308	(1,700)	355,608
Total	\$ 650,957	\$ (300)	\$ 650,657	\$ 357,308	\$ (1,700)	\$ 355,608

5. Prepaid Expenses

Prepaid expenses at year-end relate primarily to prepaid insurance and contracts.

6. Investments

Investments measured at fair value on a recurring basis consist of mutual funds totaling \$23,526,432 and \$21,332,022 at December 31, 2021 and 2020, respectively. During 2021 and 2020, the Organization recognized \$2,490,181 and \$2,081,238, respectively, of net gains and losses on investments. Of those amounts, \$2,490,181 and \$2,081,238 was recognized on investments of equity securities held at December 31, 2021 and 2020, respectively.

Under the terms of the Organization's line of credit agreement (Note 9), the Organization has agreed not to pledge these investments as security on any other debt.

The Organization's policy is to avail itself of a Board-approved percentage of investment income for operations with any remaining interest, dividends, or appreciation reinvested. The spending policy approved by the Board of Trustees is a percentage of the average total endowment value over the previous twelve quarters, with a 1% contingency margin. In 2021, the approved rate was 4.00% from January through September and 5.00% thereafter. In 2020, the approved rate was 4.00%.

As discussed in Note 2 to these consolidated financial statements, the Organization is required to report its fair value measurements in one of three levels, which are based on the ability to observe in the marketplace the inputs to the Organization's valuation techniques. Level 1, the most observable level of inputs, is for investments measured at quoted prices in active markets for identical investments. Level 2 is for investments measured using inputs such as quoted prices for similar assets, quoted prices for the identical asset in inactive markets, and for investments measured at net asset value that can be redeemed in the near term. Level 3 is for investments measured using inputs that are unobservable, and is used in situations for which there is little, if any, market activity for the investment.

The Organization uses the following method to determine the fair value of its investments:

Mutual funds: Level 1 as determined by the published value per unit at the end of the last trading day of the year, which is the basis for transactions at that date.

7. Beneficial Interest Held in Trusts

The Organization is the sole beneficiary of three funds that are administered by the New Hampshire Charitable Foundation (NHCF). Income from the funds is to provide assistance to children attending camp and for capital improvements to the camp. The fund resolution provides that distributions from the funds can be made at the discretion of the NHCF Board of Directors.

At December 31, 2021 and 2020, the fair market value of the funds, which approximates the present value of future benefits expected to be received, was \$1,112,493 and \$965,181, respectively.

In addition, the Organization has a split-interest in three charitable remainder trusts. The assets are held in trust by banks as permanent trustees of the trusts. The fair value of these beneficial interests is determined by applying the Organization's percentage interest to the fair value of the trust assets as reported by the trustee.

<u>Trust</u>	<u>Percentage Interest</u>	<u>2021</u>	<u>2020</u>
Greenleaf	100%	\$ 415,006	\$ 395,121
Camp	100%	380,406	350,378
Cogswell	50%	294,442	277,191
Total		\$ <u>1,089,854</u>	\$ <u>1,022,690</u>

Beneficial interest held in trusts is reported at fair value, which is estimated as the present value of expected future cash inflows on a recurring basis. As discussed in Note 2, the valuation technique used by the Organization is a Level 3 measure because there are no observable market transactions.

8. Property and Equipment

Property and equipment is comprised of the following at December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Land and land improvements	\$ 1,114,949	\$ 1,114,949
Buildings and improvements	9,025,392	9,003,702
Furniture, fixtures, and equipment	908,672	908,672
Vehicles	86,019	86,019
Software	503,924	503,924
Construction in progress	<u>676,668</u>	<u>-</u>
Subtotal	12,315,624	11,617,266
Less accumulated depreciation	<u>(5,638,395)</u>	<u>(5,179,686)</u>
Total	<u>\$ 6,677,229</u>	<u>\$ 6,437,580</u>

9. Line of Credit

The Organization has a \$1,500,000 revolving line of credit agreement with a bank, which is payable on demand. The line is secured by a first lien on accounts receivable, double negative pledge on all investments of the borrower, and carries a variable rate of interest at the Wall Street Journal prime rate (3.25% at December 31, 2021), adjusted daily. At December 31, 2021 and 2020, there was no outstanding balance on this line of credit.

10. Bonds Payable

During 2007, the New Hampshire Health and Education Facilities Authority (the "Authority") sold \$5,540,000 of its Revenue Bonds, Child and Family Services Issue, Series 2007, and loaned the proceeds of the bonds to the Organization to refund its Series 1999 Series Bonds and to finance certain improvements to the Organization's facilities. The Series 2007 Bonds were issued with a variable interest rate determined on a weekly basis. Prior to issuing the Bonds, the Organization entered into an interest rate swap agreement (the "Swap Agreement") with Citizens Bank of NH (the "Counterparty") for the life of the bond issue to hedge the interest rate risk associated with the Series 2007 Bonds. The interest rate swap agreement requires the Organization to pay the Counterparty a fixed rate of 3.915%; in exchange, the Counterparty will pay the Organization a variable rate on the notional amount based on the 67% of one month LIBOR. Counterparty payments to

the Organization were intended to offset Organization payments of variable rate interest to bondholders. Counterparty credit worthiness and market variability can impact the variable rates received and paid by the Organization, with the potential of increasing Organization interest payments. As a result, the cost of the interest rate swap for 2021 and 2020 is added to interest expense in the Consolidated Statement of Functional Expenses. The bonds mature in 2038 and can be repaid at any time.

The Organization is required to include the fair value of the swap in the Consolidated Statement of Financial Position, and annual changes, if any, in the fair value of the swap in the Consolidated Statement of Activities. For example, during the bond's 30-year holding period, the annually calculated value of the swap will be reported as an asset if interest rates increase above those in effect on the date of the swap was entered into (and as an unrealized gain in the Consolidated Statement of Activities), which will generally be indicative that the net fixed rate the Organization is paying on the swap is below market expectations of rates during the remaining term of the swap. The swap will be reported as a liability (and as an unrealized loss in the Consolidated Statement of Activities) if interest rates decrease below those in effect on the date the swap was entered into, which will generally be indicative that the net fixed rate the Organization is paying on the swap is above market expectations of rates during the remaining term of the swap. The annual accounting adjustments of value changes in the swap transaction are non-cash recognition requirements, the net effect of which will be zero at the end of the bond's 30-year term. At December 31, 2021 and 2020, the Organization recorded the swap liability position of \$993,557 and \$1,282,753, respectively. During 2009, there occurred a downgrading of the credit rating of the Counterparty to the letter of credit reimbursement agreement, which triggered a mandatory tender of the Series 2007 Bonds in whole and a temporary conversion of one-hundred percent of the principal amount to a bank purchase mode under the terms of said letter of credit reimbursement agreement. Since it became evident that the credit markets would not soon return to normalcy, the Organization elected to convert the Series 2007 Bonds from a weekly rate mode to a bank purchase mode. This new bank purchase mode created a rate period in which the Series 2007 Bonds bear interest at the tax adjusted bank purchase rate of 68% of the sum of the adjusted period LIBOR (30 day) rate and 325 basis points. The bank purchase mode commenced on July 31, 2009 and expired on July 31, 2014; however, the expiration date was extended by the Counterparty and the Organization had the option to convert back to the weekly rate mode. The Series 2007 Bond documents require the Organization to comply with certain financial covenants. As of December 31, 2021, the Organization was in compliance with these covenants.

The following is a summary of future payments on the previously mentioned bonds payable:

<u>Year</u>	<u>Amount</u>
2022	\$ 165,000
2023	175,000
2024	180,000
2025	195,000
2026	200,000
Thereafter	<u>2,840,000</u>
Total	\$ <u>3,755,000</u>

11. Deferred Loans - NHHFA

Note payable to the New Hampshire Housing and Finance Authority dated June 7, 2005. The face amount of the note is \$550,000, does not require the payment of interest, and is due in 30 years. The note is secured by real estate located in Dover, New Hampshire.

Note payable to the New Hampshire Housing and Finance Authority dated May 22, 2007. The face amount of the note is \$700,000, does not require the payment of interest, and is due in 30 years. The note is secured by real estate located in Manchester, New Hampshire.

12. Refundable Advance

Refundable advances totaling \$660,937 and \$2,529,309 at December 31, 2021 and 2020, respectively, primarily include grant funds received in advance from the New Hampshire Department of Health and Human Services for community-based voluntary services. Revenues will be recognized as the conditions of the grant have been met.

13. Endowment Funds

Types of Funds

The Organization's endowment consists of various individual funds established for a variety of purposes. The endowment includes both donor-restricted funds and funds designated by the Board of Trustees to function as endowments. As required by Generally Accepted Accounting Principles, net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Board-designated Endowment

As of December 31, 2021 and 2020, the Board of Trustees had designated \$18,841,067 and \$18,611,817, respectively, of net assets without donor restrictions as a general endowment fund to support the mission of the Organization.

Donor-designated Endowments

The Board of Trustees of the Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date for donor-restricted perpetual endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as perpetually restricted net assets (a) the original value of gifts donated to the endowment, (b) the original value of subsequent gifts to the endowment, and (c) accumulations to the endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added. The remaining portion of the donor-restricted endowment fund that is not classified as perpetually restricted is classified as net assets with donor restrictions until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Organization, and (7) the Organization's investment policies.

Funds with Deficiencies

The Organization considers a fund to be underwater if the fair value of the fund is less than the sum of (a) the original value of initial and subsequent gift amounts donated to the fund and (b) any accumulations to the fund that are required to be maintained in perpetuity in accordance with the direction of the applicable donor gift instrument. The Organization complies with UPMIFA and has interpreted UPMIFA to permit spending from underwater funds in accordance with prudent measures required under the law. The Organization had no underwater endowment funds at December 31, 2021 or 2020.

Investment Policy

The Organization has adopted an investment and spending policy to ensure a total return (income plus capital change) necessary to preserve and enhance the principal of the fund and, at the same time, provide a dependable source of support for current operations and programs. The withdrawal from the fund in support of current operations is expected to remain a constant percentage of the total fund, adjusted for new gifts to the fund.

In recognition of the prudence required of fiduciaries, reasonable diversification is sought where possible. Experience has shown financial markets and inflation rates are cyclical and, therefore, control of volatility will be achieved through investment styles. Asset

allocation parameters have been developed for various funds within the structure, based on investment objectives, liquidity needs, and time horizon for intended use.

Measurement of investment performance against policy objectives will be computed on a total return basis, net of management fees and transaction costs. Total return is defined as dividend or interest income plus realized and unrealized capital appreciation or depreciation at fair market value.

Spending Policy

The Organization's spending policy rate is a percentage of the average total endowment value over the trailing 12 quarters with a 1% contingency margin. This includes interest and dividends paid out to the Organization. In 2021, the approved rate was 4.00% from January through September and 5.00% thereafter. In 2020, the approved rate was 4.00%.

Changes in Endowment Net Assets

The net asset composition of endowment net assets as of December 31, 2021 and changes in endowment net assets for the year ended December 31, 2021 are as follows:

	Without Donor Restrictions	With Donor Restrictions			Total	Total Net Endowment Assets
		Purpose Restricted	Cumulative Appreciation	Perpetually Restricted		
Endowment net assets, beginning of year	\$ 18,611,817	\$ -	\$ 1,050,689	\$ 1,678,601	\$ 2,729,290	\$ 21,341,107
Contributions	-	-	-	-	-	-
Appropriations from endowment	(643,173)	-	(54,112)	-	(54,112)	(697,285)
Temporary appropriation for purpose-restricted net assets	(1,678,535)	1,678,535	-	-	1,678,535	-
Investment income, net	2,550,958	-	330,584	-	330,584	2,881,542
Endowment net assets, end of year	\$ 18,841,067	\$ 1,678,535	\$ 1,327,161	\$ 1,678,601	\$ 4,684,297	\$ 23,525,364

The net asset composition of endowment net assets as of December 31, 2020 and changes in endowment net assets for the year ended December 31, 2020 are as follows:

	Without Donor Restrictions	With Donor Restrictions			Total	Total Net Endowment Assets
		Purpose Restricted	Cumulative Appreciation	Perpetually Restricted		
Endowment net assets, beginning of year	\$ 15,894,841	\$ 538,689	\$ 774,084	\$ 1,679,406	\$ 2,992,179	\$ 18,887,020
Contributions	19,609	-	-	-	-	19,609
Appropriations from endowment	(169,104)	-	(30,058)	-	(30,058)	(199,162)
Temporary appropriation for purpose-restricted net assets	538,689	(538,689)	-	-	(538,689)	-
Investment income, net	2,327,782	-	306,663	(805)	305,858	2,633,640
Endowment net assets, end of year	\$ 18,611,817	\$ -	\$ 1,050,689	\$ 1,678,601	\$ 2,729,290	\$ 21,341,107

14. Net Assets***Net Assets Without Donor Restrictions***

Net assets without donor restriction are comprised of the following at December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Undesignated net assets	\$ 2,078,578	\$ 104,268
Board-designated endowment	<u>18,841,067</u>	<u>18,611,817</u>
Total	<u>\$ 20,919,645</u>	<u>\$ 18,716,085</u>

Net Assets With Donor Restrictions

Net assets with donor restrictions are comprised of the following at December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Subject to expenditure for specified purpose:		
Camp	\$ 88,373	\$ 67,747
Child abuse prevention	30,273	67,750
Family resource center	146,872	148,763
Homecare	183,474	93,616
IT and other projects	110,841	88,552
Teen and youth	1,091,207	99,787
The Children's Place	<u>27,495</u>	<u>60,055</u>
	1,678,535	626,270
Endowment:		
Accumulated earnings restricted by donors for:		
General operations	252,088	219,094
Camp operations	422,315	307,937
Other purposes	<u>652,758</u>	<u>523,658</u>
	1,327,161	1,050,689
Original gift restricted by donors for:		
General operations	133,407	133,407
Camp operations	548,183	548,183
Other purposes	<u>997,011</u>	<u>997,011</u>
	<u>1,678,601</u>	<u>1,678,601</u>
Total restricted endowment	3,005,762	2,729,290
Not subject to spending policy or appropriation:		
Beneficial interest in trusts	<u>2,202,347</u>	<u>1,987,871</u>
Total	<u>\$ 6,886,644</u>	<u>\$ 5,343,431</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by the donors as follows for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Satisfaction of purpose restrictions:		
Camp	\$ 7,969	\$ -
Child abuse prevention	37,476	123,125
Family counseling	-	16,954
Family resource center	142,366	30,691
Homecare	149,511	391,706
Human trafficking	-	35,000
IT and other projects	44,981	308,910
Teen and youth	115,589	218,467
The Children's Place	42,559	59,697
	<u>540,451</u>	<u>1,184,550</u>
Restricted purpose spending-rate distributions and appropriations:		
General operations	14,100	-
Other purposes	40,012	30,058
	<u>54,112</u>	<u>30,058</u>
Total	\$ <u>594,563</u>	\$ <u>1,214,608</u>

15. Grants

The Organization has been awarded cost-reimbursable grants of \$87,951 that have not been recognized at December 31, 2021 because qualifying expenditures have not yet been incurred. No amounts have been received in advance, and accordingly no amounts are reported in the Consolidated Statement of Financial Position as a refundable advance.

Grant revenue from federal agencies is subject to independent audit under the Office of Management and Budget's Uniform Guidance, and review by grantor agencies. This review could result in the disallowance of expenditures under the terms of the grant or reductions of future grant funds. Based on prior experience, the Organization's management believes that costs ultimately disallowed, if any, would not materially affect the financial position of the Organization.

16. Paycheck Protection Program (PPP)

In April 2020, the Organization received loan proceeds in the amount of \$1,741,500 under the Small Business Administration (SBA) Paycheck Protection Program (PPP). The PPP, established as part of the Coronavirus Aid, Relief and Economic Security Act (CARES Act), which was enacted March 27, 2020, provides for loans to qualifying organizations for amounts up to 2.5 times the average monthly payroll expenses. The loan and accrued interest may be forgiven after eight or twenty-four weeks providing the Organization uses the loan proceeds for eligible purposes, including payroll, benefits, rent and utilities, and maintains certain payroll levels. The amount of loan forgiveness will be reduced if the Organization terminates employees or reduces salaries during the eight or twenty-four week period. Any unforgiven portion of the PPP loan is payable over five years at an interest rate of 1%, with deferral of payments for the first ten months. The Organization used the proceeds for purposes consistent with the PPP requirements. The Organization has applied the conditional contribution model as described in FASB ASC 958-605 to recognize PPP loan proceeds as contribution income as the PPP loan conditions are substantially met by incurring qualifying expenses and other PPP loan requirements. As of December 31, 2020, the Organization had recognized the entire amount of the PPP loan as contribution income. The entire amount was forgiven in 2021.

17. Assistance to Individuals

Assistance to individuals is comprised of the following for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Payment to parents of foster children	\$ 112,950	\$ 171,688
Housing assistance to youth at risk of homelessness	242,386	247,220
Gift cards provided to families during holiday season	51,000	50,000
Food for at risk youth	25,914	12,641
In kind assistances	33,700	48,079
Other assistance such as medical, childcare, transportation, and family activities	<u>435,594</u>	<u>243,697</u>
Total	<u>\$ 901,544</u>	<u>\$ 773,325</u>

18. Defined Contribution Plan

The Organization maintains a 403(b) Thrift Plan (the Plan). The Plan is a defined contribution plan that all eligible employees may immediately make elective participant contributions to upon hire. A pretax voluntary contribution is permitted by employees up to limits imposed by the Internal Revenue Code and other limitations specified in the Plan. Contributions made to the plan by the Organization for the years ended December 31, 2021 and 2020 totaled \$101,614 and \$93,311, respectively.

19. Operating Leases

The Organization leases office space under the terms of non-cancellable lease agreements. The Organization also rents additional facilities on a month-to-month basis. Rent expense under these agreements totaled \$227,552 and \$199,910 for the years ended December 31, 2021 and 2020, respectively.

20. Supplemental Disclosures of Cash Flow Information

The following table provides a reconciliation of cash, cash equivalents, and restricted cash reported within the Consolidated Statement of Financial Position that sum to the total of the same such amounts shown in the Consolidated Statement of Cash Flows.

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 1,337,022	\$ 2,753,314
Restricted cash	<u>74,103</u>	<u>72,111</u>
Total cash, cash equivalents, and restricted cash shown in the Consolidated Statement of Cash Flows	<u>\$ 1,411,125</u>	<u>\$ 2,825,425</u>

21. Related Party Transactions

The Organization procures a portion of their legal services from a local law firm that employs an attorney who also serves on the Organization's Board of Directors. The attorney board member does not personally perform the legal services. For the years ended December 31, 2021 and 2020, the total legal expense from related parties was \$13,989 and \$4,505, respectively.

22. Commitments and Contingencies***COVID-19***

The COVID-19 outbreak in the United States (and across the globe) has resulted in economic uncertainties. The disruption is expected to be temporary, but there is considerable uncertainty around the duration and scope. The extent of the impact of COVID-19 on the Organization's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak, impact on individuals served, employees, and vendors, all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact the Organization's financial condition or results of operations is uncertain.

23. Concentration of Risk

The majority of the Organization's grants are received from agencies of the State of New Hampshire. As such, the Organization's ability to generate resources via grants is dependent upon the economic health of that area and of the State of New Hampshire. An economic downturn could cause a decrease in grants that coincides with an increase in demand for the Organization's services.

24. Reclassifications

Certain reclassifications of amounts previously reported have been made to the accompanying consolidated financial statements to maintain consistency between periods presented. The reclassification had no impact on previously reported net assets.

25. Subsequent Events

Subsequent events have been evaluated through April 12, 2022, the date the consolidated financial statements were available to be issued.

One January 1, 2022, the Organization merged with Richie McFarland Children's Center of Stratham, New Hampshire. The Waypoint at Richie McFarland Center will provide early intervention services for the Seacoast area.

On January 4, 2022, the Organization sold the building and land in Exeter, New Hampshire for \$235,000 to an unrelated party.

WAYPOINT

Consolidated Schedule of Operating Expenses
For the Year Ended December 31, 2021

	Family Counseling	Teen and Youth	Child Care Services	Child Abuse Treatment & Family Strengthening	Child Abuse Prevention	Early Intervention	Homecare	Adoptions and Pregnancy Counseling	Child Advocacy	Summer Camps	Total Program	Management and General	Fundraising	2021 Total
Salaries and wages	\$ 65,316	\$ 899,356	\$ 135,496	\$ 1,601,174	\$ 3,219,841	\$ 329,851	\$ 1,503,164	\$ 82,147	\$ 127,284	\$ -	\$ 7,963,629	\$ 1,305,839	\$ 380,802	\$ 9,650,270
Employee benefits	2,250	151,351	1,892	237,326	478,675	44,789	169,647	12,515	4,064	-	1,102,509	142,701	25,691	1,270,901
Retirement plan	1,293	8,334	406	13,101	28,806	1,345	6,321	742	2,119	-	62,467	33,340	5,807	101,614
Payroll taxes and other	7,321	86,915	12,741	154,757	317,880	33,675	155,905	7,215	9,485	-	785,894	69,615	29,747	885,256
Mileage reimbursement	8	20,696	-	84,556	71,516	9,696	46,632	301	-	-	233,405	3,250	18	236,673
Contracted services	2,400	518,896	3,214	1,218	339,166	15,585	3,177	5,850	14,700	1,488	905,694	314,483	89,140	1,309,317
Accounting	-	-	-	-	-	-	-	-	-	-	-	35,380	-	35,380
Assistance to individuals	-	420,755	316	120,586	349,743	41	175	3,447	-	6,481	901,544	-	-	901,544
Communications	1,024	39,508	2,858	36,461	68,872	5,269	11,083	1,738	1,358	10	168,181	34,673	9,827	212,681
Conferences, conventions, meetings	182	2,745	113	2,056	58,064	2,766	638	303	1,834	-	68,701	27,937	4,189	100,827
Depreciation	-	114,362	11,793	25,945	69,383	20,638	13,857	5,307	4,128	-	265,413	185,336	7,960	458,709
Insurance	728	14,447	-	12,177	17,514	2,627	2,074	582	452	-	50,601	12,372	1,605	64,578
Interest	-	74,819	9,791	21,540	57,604	17,134	11,504	4,406	3,427	-	200,225	26,575	6,609	233,409
Legal	-	-	-	-	-	-	-	-	-	-	-	12,543	-	12,543
Membership dues	330	11,446	50	1,068	6,353	470	5,363	11	50	-	25,141	32,379	3,382	60,902
Miscellaneous	2,680	2,728	-	253	3,788	599	1,320	3	-	-	11,371	35,039	14,186	60,596
Occupancy	12,010	174,143	25,178	133,185	176,942	14,579	22,211	6,419	3,023	2,263	569,953	79,464	18,410	667,827
Printing and publications	-	945	199	2,252	13,321	1,377	1,228	192	227	-	19,741	12,631	38,481	70,853
Rental and equipment maintenance	-	6,616	527	392	80,799	2,024	272	96	-	-	90,726	144,596	12,362	247,684
Supplies	690	34,421	11,167	12,386	39,045	2,114	4,849	1,341	355	40	106,408	14,790	2,255	123,453
Travel	-	7,375	-	1,023	1,057	38	95	-	-	-	9,588	10,910	-	20,498
Total	\$ 96,232	\$ 2,589,858	\$ 215,741	\$ 2,461,456	\$ 5,398,369	\$ 504,617	\$ 1,959,515	\$ 132,615	\$ 172,506	\$ 10,282	\$ 13,541,191	\$ 2,533,853	\$ 650,471	\$ 16,725,515

See Independent Auditor's Report.

WAYPOINT

Consolidated Schedule of Operating Expenses
For the Year Ended December 31, 2020

	Family Counseling	Teen Leads	Child Care Services	Child Abuse Treatment & Family Strengthening	Child Abuse Prevention	Early Intervention	Homecare	Adoptions and Pregnancy Counseling	Child Advocacy	Summer Camp	Total Program	Management and General	Fundraising	2020 Total
Salaries and wages	\$ 225,559	\$ 877,712	\$ 98,942	\$ 1,781,210	\$ 2,030,560	\$ 384,448	\$ 1,972,400	\$ 89,840	\$ 133,705	\$ 109	\$ 7,594,485	\$ 953,404	\$ 387,778	\$ 8,935,667
Employee benefits	22,577	167,069	1,417	261,949	335,582	39,558	234,327	10,559	3,113	28	1,076,199	140,540	22,756	1,239,495
Retirement plan	1,313	8,268		12,833	17,170	3,179	5,270	826	2,320	-	51,179	35,001	7,131	93,311
Payroll taxes and other	29,057	96,050	7,011	202,468	231,330	45,300	222,488	8,704	11,014	7	853,429	84,386	31,656	969,471
Mileage reimbursement	1,243	26,162	19	84,697	26,123	7,486	46,544	266	69	-	197,609	505	65	193,179
Contracted services	4,767	54,403	26,422	73,707	269,598	55,957	25,255	11,230	3,078	15	524,432	113,605	79,701	717,738
Accounting												34,620		34,620
Assistance to individuals	309	346,353	307	199,643	195,948	9,209	2,152	11,112	617	-	765,650	7,675	-	773,325
Communications	2,712	33,015	3,849	40,729	45,386	5,358	19,809	2,088	2,116	77	155,169	14,488	8,829	178,486
Conferences, conventions, meetings	3,171	12,323	2,765	19,038	32,639	8,557	13,770	1,099	1,639	18	95,019	33,592	821	129,432
Depreciation	634	112,946	56,706	59,473	60,322	19,196	19,119	7,924	3,386	69,602	409,308	53,008	-	462,316
Insurance	1,925	11,834		26,461	22,544	4,379	9,367	881	903	6	78,300	12,082	2,623	91,005
Interest	1,865	34,373	1,593	65,002	68,960	40,624	14,662	5,685	3,554	-	236,318	37,781	2,779	276,878
Legal												14,795		14,795
Membership dues	694	1,647	115	4,147	10,062	948	7,295	202	248	2	25,360	2,908	1,660	29,928
Miscellaneous	4,343	18,544	1,627	5,939	9,748	1,061	9,776	-	318	8	51,364	20,620	88,080	160,064
Occupancy	17,806	168,986	21,080	169,277	120,447	20,346	70,817	7,358	10,279	3,062	609,498	4,217	41,054	654,769
Printing and publications	256	4,493	1,101	5,297	56,028	2,797	3,340	1,551	176	2	75,041	4,808	32,446	112,295
Rental and equipment maintenance	1,181	27,534	27,119	49,443	120,582	32,374	8,425	4,339	2,204	1	273,202	28,880	13,887	315,969
Supplies	5,050	52,001	8,896	41,149	108,064	6,302	17,261	1,542	907	255	241,427	15,420	3,949	260,196
Travel	262	15,262	160	3,541	4,775	519	2,389	113	136	1	27,158	3,439	10	30,607
Total	\$ 324,724	\$ 2,069,015	\$ 259,129	\$ 3,106,013	\$ 3,765,868	\$ 687,638	\$ 2,704,466	\$ 165,319	\$ 1,793,782	\$ 73,193	\$ 13,335,147	\$ 1,615,774	\$ 724,625	\$ 15,675,546

See Independent Auditor's Report.

Waypoint Trustees 2022

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Borja Alvarez de Toledo, M.Ed.



Professional Profile

- A seasoned leader with more than 18 years of senior level non-profit management experience.
- Strong business acumen with emphasis on developing processes to ensure the alignment of strategy, operations, and outcomes with a strength based approach to leadership development.
- Collaborative leader using systemic and strategic framework in program development, supervision and conflict resolution.

Professional Experience

Waypoint, formerly Child and Family Services of New Hampshire
Manchester, NH December 2013- Present

~ President and CEO

- Responsible for program planning and development, insuring that Waypoint meets the community needs.
- Advance the public profile of Waypoint by developing innovative approaches and building productive relationships with government, regional and national constituencies.
- Acts as advisor to the Board of Directors and maintains relationships with the regional Boards
- Responsible for all aspects of financial planning, sustainability and oversight of Waypoint's assets
- Work with Development staff and Board of Directors to design and implement all fundraising activities, including cultivation and solicitation of key individuals, foundations and corporations

Riverside Community Care
Dedham, MA 2009- 2013

~ Division Director, Child and Family Services

- Responsible for strategic vision, planning and implementation of the programmatic, operational and financial sustainability of a \$17M division with more than 300 employees.
- In partnership with The Guidance Center, Inc.'s board of directors, played leadership role in successfully merging with Riverside Community Care, through a process that involved strategic planning, analysis and selection of a viable partner.
- Provide supervision to managers using a strength based approach and a collaborative coaching model to leadership development.

The Guidance Center, Inc.
Cambridge, MA 1998 - 2009

~ Chief Operating Officer

2007 - 2009

- Hired initially as Director of an intensive home-based family program and through successive promotions became responsible for all operations in the organization.
- Responsible for supervision of Division Directors, strategic planning and development of new initiatives.
- Developed strategic relationships with state and local funders, and partnered with community agencies to support the healthy growth of children and families.

Private Practice in Psychotherapy and Clinical Consultation
Madrid, Spain 1992 - 1998

Universidad Pontificia de Comillas
Madrid, Spain

1991 - 1998

~Adjunct Faculty

- Taught graduate level courses in Family and Couples Therapy program
- Practicum program supervisor: Supervised first year Master's Degree students through live supervision in the treatment of multi-problem families.

Centro Médico-Psicopedagógico
Madrid, Spain

1994 - 1997

~Clinical Coordinator/Director of Training.

- Member of a multi-disciplinary team that provided assessment and treatment to families victims of terrorism and had developed Post Traumatic Stress Disorder.

ITAD (Institute for Alcohol and Drug Treatment),
Madrid, Spain

1991- 1994

~ Senior Drug and Alcohol Counselor, Drug and Alcohol Program

- Provided evaluation and treatment for chemically dependent adults and their families.

~ Senior Family Therapist, Couples and Family Therapy Program

- Worked as a family therapist in the evaluation and treatment of adolescents and families.

Charles River Health Management
Boston, MA

1989 - 1991

~ Senior Family Therapist, Home Based Family Treatment Program.

Education

Graduate Certificate of Business

University of Massachusetts, Lowell, 2000.

Master's Degree in Education

Counseling Psychology Program. Boston University, 1989.

B.A. in Clinical Psychology

Universidad Pontificia de Comillas, Madrid, Spain. 1988

Publications

- 2009 Ayers, S & Alvarez de Toledo, B. Community Based Mental Health with Children and Families. In A. R. Roberts (Ed.), *Social Worker's Desk Reference* (2nd ed.), New York: Oxford University Press, 2009
- 2006 *Topical Discussion: Advancing Community-Based Clinical Practice and Research: Learning in the Field.* Presented at the 19th Annual Research Conference: A System of Care for Children's Mental Health: Expanding the Research Base, February 2006, Tampa, FL.
- 2001 Lyman, D.R.; Stegel, R.; Alvarez de Toledo, B.; Ayers, S.; Mikula, J. *How to be little and still think big: Creating a grass roots, evidence based system of care.* Symposium presented at the 14th Annual Research Conference in Children's Mental Health, Research and Training Center for Children's Mental Health, February 2001, Tampa, FL.
- 2006 Lyman, D.R., B. Alvarez de Toledo, *The Ecology of Intensive community based intervention.* In Lighthum, A., P. Sessions. *Handbook of Community Based Clinical Practice.* Oxford University Press, 2006, England.
- 2001 Lyman, D.R., B. Alvarez de Toledo (2001) *Risk factors and treatment outcomes in a strategic intensive family program.* In Newman, .C, C. Liberton, K. Kutash and R. Friedman, (Eds.) *A System of Care for Children's Mental Health: Expanding the Research Base* (2002), pp. 55-58. Research and Training Center for Children's Mental Health, University of South Florida, Tampa, FL.
- 1994-98 Research papers and professional presentations in peer reviewed journals in Spain

Languages

Fluent in Spanish, French and Italian.

COLLEEN M. IVES



CHIEF OPERATING OFFICER

Proactive executive with a formidable record of driving systemic change and business expansion. Nimble administrator with strategic planning, business process improvement, cost controls and performance management experience. Collaborative leader with inspirational and decisive management style who achieves exceptional, rather than expected, results. Catalyst for open communications towards a climate of learning to benefit company and individuals.

PROFESSIONAL EXPERIENCE

WAYPOINT, Manchester, NH • 2018-Present

Statewide private nonprofit that works to advance the well-being of children and families through an array of community-based services.

Chief Operating Officer

- Oversees all aspects of program delivery including; fiscal and personnel management, quality assurance and program development

ROCKPORT MORTGAGE CORPORATION, Gloucester, MA • 2008-2017

Leading national lender of US Housing & Urban Development insured commercial loans in healthcare, multifamily and affordable housing sectors.

Vice President, Operations & Quality Control

- Report to principals with overall responsibility for achieving strategic objectives through oversight of the day-to-day operations of five multi-disciplinary underwriting teams by providing support at the transactional level as well as in the development of procedures and operating practices to match RMC's continued growth.
- Ensure RMC'S compliance with their federally mandated Quality Control Plan through employee development initiatives, monitoring of RMC'S operational practices while integrating new HUD directives into RMC'S existing best practices.

IVES DEVELOPMENT ASSOCIATES, Manchester, NH • 2005-2016

Consultancy providing strategic planning and leadership development to public, private and nonprofit companies throughout New England.

Principal

Design and facilitate customized corporate retreats, including strategic planning sessions, executive and Board of Directors' training and development, creation or re-affirmation of vision, mission and values and efforts to re-align leadership around key priorities and future direction of the organization. Integrate opportunities to shift organizational culture to more open and candid communications.

- Led an 18-month comprehensive change initiative that:
 - Resulted in the development of a transition plan for the assimilation of an Interim Executive Director including an operations plan that aimed to recalibrate the culture;
- Transformed climate of accountability for a \$55M client by implementing Balanced Scorecard strategic measurement system. Designed, coordinated and facilitated on-site internal and external analysis of 11 retail locations in 9 states, analyzing threats and weaknesses in business to build a platform for growth.

CAREER NOTE: Concurrent with consulting enterprise (2006 – 2010), designed and taught introductory and upper level psychology and sociology courses at Granite State College in Concord, Manchester and Portsmouth, New Hampshire.

GRANITE STATE INDEPENDENT LIVING, Concord, NH • 2001-2005

Statewide nonprofit offering long-term care, employment, transportation, advocacy, and other community-based services.

Acting Executive Director & Chief Operating Officer

Led internal operations, including service and program delivery, finance, human resources, fundraising and marketing. Transformed organization's culture by promoting a climate of excellence, systemic solutions and learning that benefited the organization and individual employees. Evaluated operational results and facilitated business processes and controls that promoted efficiency and internal information flow. Developed short- and long-range operating plans. Supported up to 14 management-level employees, staff of 90, and \$13M annual operating budget. Held complete performance management authority as well as autonomy to engage in private and state/federal contracts.

- Increased revenue by 78% with more effective grant administration, successful applications for new competitive grants, initiating a comprehensive development / fundraising plan, and increasing the fee-for-service lines of business.
- Increased consumers served from 400 to 3,000+ individuals within three-year period by restructuring existing programs, developing new programs and increasing program accountability with monthly management reports.
- Established foundation for 36-month capacity building plan to enhance infrastructure and overall operations by conducting full organizational audit and successfully presenting to Board of Directors.
- Expanded services and leveraged long-term grant opportunity through company acquisition. Successfully integrated organizational cultures and business practices, including human resource policies, management teams and compensation/benefits.
- Recommended, designed and implemented internal controls and operating procedures for all departments (Human Resources, Finance, Public Relations/ Development, Long-Term Care, Community Living and Employment Services).
- Increased efficiency, raised credibility of financial reporting and reduced headcount by implementing state of the art technology with expertise of retained IT consultant.

NEW HAMPSHIRE DEPARTMENT OF EDUCATION, VOCATIONAL REHABILITATION, SERVICES FOR BLIND AND VISUALLY IMPAIRED, Concord, NH • 1992-2000

Statewide organization providing Registry of Legal Blindness, Sight Services for Independent Living, Vocational Rehabilitation and a Business Enterprise program.

Statewide Director

Managed professional staff of 8 to deliver services that included 15 statewide rehabilitative support groups, career counseling and vending machine/food service enterprises in State and Federal buildings.

- Awarded \$1.2M 3-year federal grant to provide peer support services in 15 locations across the state
- Led Department to highest rank in standards and benchmarks among 7 other regional offices.
- Enhanced team atmosphere by integrating 4 distinct statewide programs into a cohesive unit.
- Cultivated relationships and formal partnerships with various stakeholders in the statewide network of social and human services and employment arenas.

EDUCATION

Doctorate in Human and Organizational Systems
Master of Arts in Human Development
Fielding Graduate University, Santa Barbara, California

Master of Arts/CAGS in Rehabilitation Counseling
Bachelor of Arts in Psychology and Philosophy
Assumption College, Worcester, Massachusetts

MELISSA ANNE HUGENER, OTR/L

PROFESSIONAL EXPERIENCE:

**Program Director of Child Health and Wellness/Staff Occupational Therapist
Child and Family Services of NH, Exeter, NH** **May 2003 – present**

- Supervision of Early Supports and Services and Partners In Health staff, assuring quality services to families, staff competence and adherence to federal and state mandates for provision of services
- Day to day management of ESS and PIH programs, coordinating staff meetings, recruiting and hiring for open positions, budgeting, maintenance of program databases, PQI planning and implementation, etc
- Coordination with One Sky and BDS to meet program requirements, and preparation of materials for Medicaid and State Monitoring Reviews
- Collaboration with other ESS Program Directors throughout NH, and other programs/committees (ICC, PIC, preschool programs, BDS personnel, etc) to enhance early childhood programming throughout the state, and involvement in several statewide workgroups and advisory committees to improve early childhood systems (such as SPECT, Strategic Planning Public Awareness group, Healthy Families America committee)
- Responsible for maintaining a full caseload of ESS clients, to evaluate and treat children with a wide range of medical and developmental disabilities, as well as working with families to connect them with other CFS and state or local programs to meet their needs

Staff Occupational Therapist

Developmental Therapy Services, Merrimack, NH **February 2002 – May 2003**

- Evaluation, treatment and service coordination for early intervention, clinic setting, and school-based populations, utilizing SI, developmental and biomechanical treatment techniques in group and individual therapy sessions; development of IFSPs and IEPs; classroom consultation and treatment in natural environments

Easter Seals Superior California, Sacramento, CA **January 2000 – January 2002**

- Assisted with the development of the Early Start program for EI services, developed an ongoing aquatic therapy class for families of children with special needs, served as a member of Management Information Systems Team (providing computer and network support to staff), and provided comprehensive, multidisciplinary assessments and ongoing therapy services in early intervention, clinic and school settings

Developmental Evaluation Center, Fayetteville, NC **May 1998 – November 1999**

- Provided comprehensive developmental assessments and treatment for children ages birth – 10, assisted with weekly feeding and augmentative communication assessments, participated in weekly Neonatal Developmental Assessment Clinic, and developed a Parent Resource Library

Melissa Hugener page 2

EDUCATION AND CREDENTIALS:

**Bachelor of Science In Occupational Therapy, Psychology Minor, Summa Cum Laude
University of Hartford, West Hartford, CT May 1998**

- National Board Certification in Occupational Therapy
- OT License, State of NH Office of Allied Health Professions
- Current CPR/First Aid Certification
- Completion of NH Leadership Series
- Continuing Education and Advanced Practice In Sensory Integration and Processing, Feeding and Swallowing Disorders, Autism, Prematurity, Infant Mental Health and Assistive Technology

Waypoint Key Personnel

Name	Title	Salary	% charged to this Grant
Borja Alvarez de Toledo	CEO	190,008	0
Colleen Ives	COO	146,058	0
Melissa Hugener	Director	87,360	30%