One Sky Community Services, Inc.
755 Banfield Road Suite 3
Portsmouth, NH 03801
Phone: 603-436-6111
1-800-660-4103
Fax: 603-436-4622
www.oneskyservices.org Facebook/ @oneskyservices Twitter/@onesky_services

November 15, 2019

Ms. Sandy L. Hunt
Bureau Chief
Bureau of Developmental Services
NH Department of Health and Human Services
105 Pleasant Street
Concord, NH 03301

Dear Ms. Hunt,

Appendix L of the Corrective Action Plan we submitted to you on July 31, 2019 includes the Corrective Action Workplan One Sky and BDS agreed to follow as we complete the redesignation process. As part of that workplan One Sky agreed to provide you with our third and final update on the status of our remediation actions by no later than November 15, 2019. Included below and in the accompanying attachments and exhibits is that update, which was reviewed and approved by the One Sky Board of Directors at its meeting on Monday November 11, 2019.

We are happy to report that we have completed 100% of all remediation tasks scheduled to be completed by November 27 in 20 of the 25 required remediation areas outlined in the report we received from you on June 1, 2019. We will complete the balance of tasks by November 27. We are confident that you will also conclude that the concerns raised in the June 1 report have been addressed.

One Sky appreciates the support and guidance we have received from the Bureau of Developmental Services throughout this process. We're grateful to have a partner who is just as committed to supporting area agency eligible individuals and their families in achieving their dreams. One Sky is particularly grateful to our Bureau Liaison who has been supportive and responsive to our entire team, particularly our Director of Service Coordination and CFO who are both new to and eager to learn the NH System.

As we indicated to you when you presented the Redesignation Report to our Board of Directors on June 10, the areas of concern you identified were not a surprise to us; in fact, the concerns outlined in the Redesignation Report were in alignment with One Sky's own plans for improvement that had already begun in 2018. It is our firm belief that as a result of this work One Sky has emerged better, stronger and more capable of meeting the challenges ahead.

Our Senior Leadership Team is now more unified than it has ever been. Every member of the team has worked extremely hard at not only addressing the specific requests included in the Redesignation Report but to address the root causes so that we do not repeat them. We are extremely proud of the work we have done together.

One Sky is now firmly committed to creating a positive work environment that encourages staff to develop professional skills and successfully complete their job responsibilities in a collaborative environment. For the first time in at least three years, we are now ***fully staffed.*** Not only that, but all of our colleagues are excited, eager to learn and committed to supporting the individuals we serve. All of

our Service Coordinators who have completed the orientation period have been trained in the basic skills they need to be successful in their jobs. We also now have the organizational structure in place to not only support them, but to enable them to grow.

The greatest beneficiaries of our success in recruiting and training our staff will be the individuals we serve. We have made a concerted attempt since July 1 to ensure that the individuals and families we serve know who their Service Coordinator is. We have sent two letters via U.S. mail and have worked hard to ensure that we have everyone's e-mail address. Now that we have those e-mails we are reaching out on a regular basis to provide updates and ensure that recipients know who their service coordinators are so that they can begin to establish a solid ongoing relationship.

Now that we are fully staffed, our Service Coordinators are in much greater – and more routine – contact with the individuals they are assigned to support. As our Service Coordinators become more established and comfortable in their roles, they are engaging with the individuals they serve on a more frequent and routine basis. Their level of understanding of the individuals and families we serve has improved and along with that the trust and confidence these individuals have in our service coordinators as advocates for them. This has improved our ability to become more proactive in our approach, rather than as reactive as we have had to be. Two examples of what we have already done are as follows:

1. We invited individuals and family members to a series of training sessions tailored for them on October 9, 16 and 23 and November 14. Those who attended found it extremely worthwhile. In addition, 100% of the attendees who completed an evaluation knew who their service coordinator is.
2. We organized a series of "meet and greet" opportunities for individuals we serve to connect with members of our leadership team, the Family Support Advisory Council and their service coordinator in their communities. These were held in Epping on October 15, Kingston on October 22, Exeter on October 24, Portsmouth on October 30 and Seabrook on October 31.

We look forward to holding similar sessions in the future as a normal part of "doing business."

We also recognize that to be successful in the "post Conflict Free Case Management /Direct Billing" environment we will soon be operating in, we must re-commit ourselves to the principles of Continuous Quality Improvement and positive engagement with our service provider partners. We have re-engaged with those organizations to address the common issues and challenges that we face; we have met with them 4 times since June 1 and our next meeting with them is scheduled for December 12, 2019. All policies, processes and procedures that have been implemented will be monitored, reviewed and improved on a regular basis so that we can continue to see better outcomes for individuals, families, community partners and staff.

While there is no doubt that our operating results during FY19 were disappointing, it is important to look at those results in the proper context. Some of those losses are directly attributable to the staffing shortages and turnover we experienced for most of the fiscal year. Another significant share was due to the failure of our direct services department (One Sky Futures) to perform up to expectations. One Sky Futures, has since been divested.

In spite of those operating losses our balance sheet on June 30, 2019 was strong. We had $1.6 million in cash, no debt and we own real estate that is worth approximately $1.8 million. We also are able to draw on a line of credit of $1.5 million, which we have only drawn on three occasions between June 2017 and November 2019. Our auditor has raised one issue in our internal work processes that we have begun to address and of course has noted our dependency on the redesignation process as our funding is primarily tied to this fact. One Sky has prepared an operating plan for 2020 that we believe complies with "Conflict Free Case Management" and can continue to deliver its Mission in a financially sustainable manner.

We know that we need to continue to focus on improvement and get better and we understand what needs to be done. As an organization we are committed to remaining a strong and viable asset to our communities, our staff, and most importantly the people we serve. Our financial plan for the upcoming year, while ambitious, offers us a road map to help navigate the complex landscape of the future while also avoiding the difficulties of the past.

This will be a team effort; led by our Finance and Accounting Department with the full support of our Leadership Team who is fully committed to the financial goals outlined in the operating plan detailed in Remediation Action #1. Included in the attached materials is an updated copy of our Financial Policies and Procedures which I hope you will agree is very comprehensive. These will guide us as we move forward.

What is different now than in the past is the dialogue and communication that is taking place not only between our senior leaders but between members of the Service Coordination, Finance and Accounting and HR and Administration teams. Our leadership team has now completed 6 of the 7 modules of Part A of our Leadership Training Program. The last module will be completed on November 26, before we begin Part B of the program in January. Organizational goals have also been cascaded through our Senior Leadership Team, their Team Managers and all Service Coordinators with 6 or more months of service. We are functioning as a much healthier organization.

The update we are submitting to you today includes the following:

- Attachment 1: Status of Redesignation Corrective Action Plan
- Attachment 2: Corrective Action Plan Implementation Plan
- Attachment 3: In your binder you will find a table of contents and twenty-five sections. Each section contains a summary narrative and the supporting documentation relating to that specific action.

Finally, as part of the Corrective Action Workplan, we agreed to meet on November 22 so that you could share your feedback directly with our Senior Leadership Team and Board of Directors. We look forward to seeing you here in our office at 9:00 AM on November 22. The coffee is on us!

Very truly yours,

Chris Muns
Chief Executive Officer

cc: Jeffrey Myers – Commissioner, NH Department of Health and Human Services
Deborah Scheetz - Director, Division of Long Term Supports and Services
Melissa St. Cyr – Chief Legal Officer
Darlene Ferguson – BDS Area Agency Liaison
Jennifer Doig – BDS Finance Administrator
Richard Bagley – Outgoing President, One Sky Board of Directors
Robert Brown – Incoming President, One Sky Board of Directors
Other members of the One Sky Board of Directors

Status of Redesignation Corrective Action Plan
as of November 15, 2019

	Original Required Remediation Actions			Task						
	Number Required	Number Completed as of November 15	Percentage Completed as of November 15	Current Number Identified	Number Completed as of November 15	Percentage Completed as of November 15	Tasks Scheduled to be Completed by November	Number of Tasks to be completed by November 27	Percentage of Tasks To Be Completed by November	Ongoing Tasks With Completion Targets After November
ACTIONS INCLUDED IN JUNE 1 RESDESIGNATION REPORT										
Area Agency Financial Condition	6	6	100%	29	29	100%	0	29	100%	0
Program Cert Requirements	2	2	100%	10	9	90%	0	9	90%	1
FCESS	1	1	100%	3	3	100%	0	3	100%	0
Med Admin Cert Requirements	1	1	100%	5	4	80%	0	4	80%	1
Employment Supports	1	1	100%	7	6	86%	0	6	86%	1
Stakeholder Feedback										
Service Coordination & Family Support	4	2	50%	18	11	61%	3	14	78%	4
Staff Development	5	2	40%	26	20	77%	3	23	88%	3
Provider Relations	5	5	100%	19	17	89%	0	17	89%	2
Subtotal	**25**	**20**	**80%**	**117**	**99**	**85%**	**6**	**105**	**90%**	**12**

One Sky Co[illegible]y Services, Inc.
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Area Agency Financial Condition	**Contract, Exhibit A, Section 2.12: Maintenance of Fiscal Integrity Contract, Exhibit A, Section 2.6: Wait List Registry**	**1**	**Conduct a review of the deficit for the last five years, conduct an analysis of the root cause of the deficit, and develop a plan to operate the organization without a deficit;**				**X**			
		1a	*AA transferred "Futures" business unit to another DSP, removing overhead costs and preserving AA GM. Brings AA into compliance with State Medicaid Home and Community Based Care (HCBC) Waiver Corrective Action Plan.*	*July 1, 2019*	*July 1, 2019*	*Chris Muns Approved by Board of Directors*	**X**			*Transfer of One Sky Futures was completed effective July 1, 2019. Please see page 3of Corrective Action Plan - Compliance with Area Agency Financial Condition submitted for summary of One Sky Futures financial results for FY 16 through FY 19.*
		1b	*Apply for and receive Section 8 housing vouchers for qualified tenants of residences. Review viability of AA ownership of residences. AA intent is to keep Residences in the System if it can be done "Cost Neutral"*	*September 1, 2019*	*October 21, 2019*	*Chris Muns*	**X**			*Vouchers received for JE and DE at Homecroft (total value is $473.00 per month) and WM, CR, SG and DC at Woodridge (total value is $695.00 per month). Vouchers received for SY and BH totaling (approximately $567 per month). Expected total additional revenue is FY20 is approximately $20,820*
		1c	*AA historically operates with net positive cash. Exception was FY17, partially due to events out of the control of the AA. FY20 budget supports positive cash flow.*	*September 1, 2019*	*October 21, 2019*	*Chris Muns*	**X**			*External financial auditor is completing audit of FY 19 financials. One Sky expects to report a loss for FY 19 due in part to performance of One Sky Futures (which has now been divested), impact (lost case management revenues offset somewhat by lower salary and wage expenses) associated with service coordinator turnover, losses on certain vendor accounts and higher than anticipated operating expenses in serval key areas.*
		1d	*AA base spending on received Revenue and Cash receipts*	*November 27, 2019*	*October 21, 2019*	*Chris Muns*	**X**			*One Sky's Operating Revenues of $33.2 million for FY 20 will match anticipated expenditures of $33.2 million. Included in these results are losses of approximately $84,000 for the four staffed residences that One Sky owns. See Exhibit BB - FY 20 Operating Plan.*
		1e	*Review of Individual Budget at PA renewal to recapture AA GM*	*June 30, 2020*		*Chris Muns*	**Ongoing**			*This will be an ongoing undertaking. As PA's come up for renewal, One Sky will be reviewing the budget for each individual served to ensure that we are capturing our share of allowable General Management fees.*
		1f (Was Other 1)	*Identify whether One Sky needed to access line of credit within last 3 years (2017, 2018 or 2019)*	*September 30, 2019*	*October 21, 2019*	*John Moran*	**X**			*2017: Borrowed and Paid Back $500,000 on June 16, 2018: Borrowed $250,000 on August 17 and Paid Back $250,000 on September 25, 2019 Borrowed $250,000 on August 23, currently outstanding.*

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		1g (Was Other 3)	*Demonstrate how HUD funding will reduce the deficit*	*September 30, 2019*	*October 21, 2019*	*Chris Mans*	X			*During FY 19 One Sky received no income from housing voucher and recorded a loss of approximately $123,000 on the four staffed residences we own. During FY20 we anticipate receiving approximately $18,000 in "new" revenue from housing vouchers to help reduce that loss to less than $95,000. However, that loss is not sustainable and during FY 20 sustainable and during FY20 we will be exploring other opportunities to reduce them including possibly selling the homes.*
		1h (Was Other 5)	*Where did $120,000 reduction in personnel costs included in description of actions taken during FY 17 come from?*	*September 30, 2019*	*October 21, 2019*	*Chris Mans*	X			*Page 3 of our Corrective Action Plan - Compliance with Area Agency Financial Condition references a $120,000 reduction in personnel related costs that we implemented to bring our FY18 expenses into line with our available revenues. Those savings occured when one employee resigned and a decision was made not to fill her position and two other individuals were let go. See Exhibit HH for details.*
		2	**Conduct a review of the accounts payable system and how payments are made and tracked, develop a plan to ensure that providers are paid in a timely manner**				X			
		2a	*All invoices are entered into Accounts Payable system using the date noted by the vendor on the vendor's invoice. If that date is not provided then we use the date that the invoice is recieved.*	*January 1, 2019*	*January 1, 2019*	*John Moran*	X			*See Sample AP Aging Report (Exhibit A). Pleaes advise what additional information the DHHS Office of Program Integrity requires in order to complete their review.*
		2b (Was Other 4)	*Provide BDS Finance with a report outlining the details of the review that One Sky conducted of its accounts payable system*	*September 30, 2019*	*October 21, 2019*	*Chris Mans*	X			*Please see Exhibit JJJ*
		3	**Coordinate with vendors to determine that both One Sky and the vendor organizations have the same understanding as to what is owed and when;**				X			
		3a	*Template for Master Agreement developed by CSNI in collaboration with service provider community will be used for FY20 Master Agreements sent out to all service provider partners. Will include an updated Exhibit B that will more clearly lay out processes and responsibilities.*	*July 31, 2019*	*July 31,2019*	*Victoria Putnam*	X			*Master Agreements containing updated Exhibit B distributed to all service provider partners - see attached sample FY 20 Master Agreement (Exhibit B). To date, signed copies have been received from 20 of 23 service providers (see Exhibit CC update of service providers who have signed and returned agreements). It is important when talking with vendors about the terms and conditions of payment that BDS ensures that the people responding have seen the Master Agreement signed by their organization.*
		3b	*Review Exhibit B with Service Providers at All Vendor Quarterly Meeting*	*September 1, 2019*	*August 15, 2019*	*Victoria Putnam*	X			*Reviewed at 8/15/19 All-Vendor Meeting (see Exhibit Y) and 09/12/19 All-Vendor Meeting (see Exhibit DD).*

Area	Standard	Remedication Action #	Required Remediation Action / *Specific Action Steps*	Targeted Completion Date	Actual Completion Date	Responsibility	Met	Unmet	Needs Improvement	Recommendations / Status
		3c (Was Other 2)	*Provide an example payment to BDS demonstrating that providers are aware of the payment amount and the specific series for which the provider is reciving the payment (Develop a Remitance Advice Template that aligns the Provider Invoice)*	*September 30, 2019*	*October 21, 2019*	*John Moran*	*X*			*See Exhibits 32 and 33 of Appendix K included with Corrective Action Plan submittal for copies of Check and ACH Remittance Advices. Payments are made based on invoices received from vendors. Copies Included as Exhibit GG.*

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		4	**Develop a system so that bills are paid timely and accurately;**				X			
		4a	*"Bulk Billing Invoices" which are vehicle by which our service provider partners request payment are entered with the date the invoice is received by the finance department. Assuming there are no issues with invoice, it is scheduled to be paid 3 weeks from receipt.*	*July 31, 2019*	*August 16, 2019*	*John Moran*	X			*Bulk Billing Invoices have all been delivered to all service provider partners (see Exhibit D for copies). Every effort is made by One Sky to process all invoices within the time frames spelled out in the Master Agreement. The standard of payment should not be whether it is timely and accurate, it should be that the payments are consistent with the contract that the vendor organization has entered into with One Sky. In addition, consideration should be given to the availability of cash, which is also dependent on balances of pending and/or denied claims that may be outstanding.*
		5	**Develop a fiscal manual and train all staff**				X			*One Sky has had a Fiscal Manual since May 2003, a copy of which was included as Appendix H in our July 31 Corrective Action Plan submittal. We are in the process of updating it.*
		5a	*One Sky Requested Copies of Fiscal Manuals from the three AA's recommended by State. To Date, only one reply*	*July 31, 2019*	*July 31, 2019*	*Chris Muns*	X			*Received one full response, plus input from one other AA*
		5b	*Complete Draft 1 of Fiscal Manual, Internal review (include policies on waitlist management, billing procedures, record retention, journal entrie and client rep payee funds)*	*August 31, 2019*	*October 21, 2019*	*John Moran*	X			*See Exhibit EE for first (initial internal) draft of updated One Sky Fiscal Manual.*
		5c	*Second Revision*	*September 15, 2019*	*November 8, 2019*	*John Moran*	X			*Second Draft Targeted for Completion and submitted to Finance Committee for initial review by October 31*
		5d	*Finance Committee Review and approval*	*October 15, 2019*	*November 11, 2019*	*John Moran*	X			*Targeted for Review and Approval on November 7*
		5e	*Board of Directors Review and Acceptance*	*November 15, 2019*	*November 11, 2019*	*John Moran*	X			*Approved at November 11, 2019 Board of Directors Meting*
		5f (Was Other 6)	*Policy covering waitlist management should be added to fiscal manual*	*September 20, 2019*	*October 21, 2019*	*John Moran*	X			*See Exhibit EE - Waitlist Management is included in the updated Fiscal Manual*
		5g (Was Other 7)	*Policy outlining billing process should be added to fiscal manual*	*September 20, 2019*	*October 21, 2019*	*John Moran*	X			*See Exhibit EE - Billing Instructions are included in the updated Fiscal Manual*
		5h (Was Other 8)	*Fiscal Manual should include sections for record retention and journal entries*	*September 20, 2019*	*October 21, 2019*	*John Moran*	X			*See Exhibit EE - updated Fiscal Manual includes sections for record retention and journal entries*
		5i (Was Other 9)	*Procedures in Fiscal Manual governing Client Rep Payee Funds need to be updated*	*September 20, 2019*	*October 21, 2019*	*John Moran*	X			*See Exhibit EE - updated Fiscal Manual includes a section governing Client Rep Payee Funds*
		5j (Was Other 16)	*Revise any areas of compliance for which Vin Dil'iero was responsible*	*September 6, 2019*	*September 3, 2019*	*Chris Muns*	X			*See letter dated September 6, 2019 - Exhibit Z*
		5k (Was Other 17)	*Revise dates for complaniace with area of compliance for which Vin DiPiero was previously responsible, with particular focus on drafting of a fiscal manual*	*September 6, 2019*	*September 3, 2019*	*Chris Muns*	X			*See letter dated September 6, 2019 - Exhibit Z*
		5l (Was Other 20)	*Create and provide an updated policy for processing of Unit Change/Service Level Requests and include plan and timeline for training all relevant staff on updated policy*	*September 6, 2019*	*September 6, 2019*	*Chris Muns*	X			*See letter dated September 6, 2019 - Exhibit Z*
		5m (Was Other 31)	*Provide copy of Futures P&L*		*October 10, 2019*	*John Moran*	X			*Additional request for information was sent to John Moran on September 12, 2019 - see Exhibit KKK*
		6	**Develop an organizational structure review and quarterly update of the business office**				X			
		6a	*Org Chart updated monthly by HR department*	*Completed and ongoing*	*Completed and ongoing*	*Tina Holmes*	X			*See Exhibit FF for latest Org Chart dated 10/18/19*

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		6b	*Share Org Chart with vendors at Quarterly All Vendor Meeting*	*September 30, 2019*	*August 8, 2019*	*Victoria Putnam*	X			*See Exhibit F for Email from Victoria Putnam Dated August 8, 2019 sent to all service provider partners; update to be provided prior to All Vendor Meetings*

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Compliance with DHHS Program Certification Requirements	He-M 310 Rights of Persons Receiving Developmental Services or Acquired Brain Disorder Services in the Community									
	He-M 506: Staff Qualifications and Staff Development Requirement for Developmental Services Agencies:						X			
	He-M 507 Certification for Community Participation Services						X			
	RSA 171-A: Services for the Developmentally Disabled:						X			
	He-M 503: Eligibility and the Process of Providing Services (See Appendix A, Exhibit 1): He-M 1001 Certification Standards for Developmental Services Contract, Exhibit A, Section 1: Provisions Applicable to all Services He-M 1201 Medication Administration	7	One Sky will develop an action plan to decrease the number of deficiencies associated with service agreement planning and implementation.				X			
		7a	*Service Coordination retraining on quality Service Agreements, planning, and amendments.*	*December 1, 2018*	*December 1, 2018*		X			*Follow-up Training wih Service Coordinators Scheduled for October 2. See Exhibit II for record of attendance at October 2 training.*
		7b	*All Staff retraining on timelines for all tasks, including Service Agreements.*	*March 1 ,2019*	*March 1, 2019*		X			*Follow-up Training wih Service Coordinators Scheduled for October 2. See Exhibit II for record of attendance at October 2 training.*
		7c	*Review the number of individuals served to ensure that current parameters for "fully-staffed" are reasonable.*	*July 31, 2019*	*September 3, 2019*	*Keryn Bernard-Kriegl / Senior Leadership Team*	X			*See Exhibit G for Current Staffing Plan.*
		7d	*Quality department monitoring of proactive action taken by service coordinators for upcoming service agreements, tracked on team "Scoreboard." (see Appendix F, Exhibit 37)*	*July 10, 2019*	*July 10, 2019*	*Victoria Putnam*	X			*Scorecard will be published at the end of every month -- see Exhibit H for August Report and Exhibit JJ for September Report which also includes a definition of the metrics that are being tracked.*
		7e	*Quality department monitoring and reporting of timely service agreement completion tracked on team "Scoreboard" and reported individually to staff person and manager.*	*July 10, 2019*	*July 10, 2019*	*Victoria Putnam*	X			*Scorecard will be published at the end of every month -- see Exhibit H for August Report and Exhibit JJ for September Report which also includes a definition of the metrics that are being tracked.*
		8	One Sky will coordinate with the Vendor Agencies as appropriate to analyze the cause of deficiencies and develop a plan to decrease vendor related deficiencies going forward.				X			
		8a	*For vendor related deficiencies, the quality department will identify the top five vendors with historically high deficiency rates.*	*July 11, 2019*	*July 11, 2019*	*Victoria Putnam*	X			*Service Providers with the higher deficiency rates are 1. Great Bay Services, 2. Easter Seals, 3. Farmsteads, 4. Neurorestorative, 5. Lifeshare*
		8b	*Quality department will begin utilizing Certification Deficiency Review Data Table (see Appendix F, Exhibit 38) to more quickly identify trends at particular vendors or programs, while also documenting vendor's Plan of Correction and AA Follow-up.*	*August 31, 2019*	*September 11, 2019*	*Victoria Putnam/ Kelly Scanlon*	X			*Data entry into evaluation tool has been completed. Analysis of data and identification of underlying trends was completed and we will be meeting with vendors with high deficiency rates. Minutes of meetings to be available.*

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		8c	*Quality department will complete a 2019 Review of all certification inspections to identify trends in vendor deficiencies, using Certification Deficiency Review Data Table included below.*	*September 30, 2019*	*September 30, 2019*	*Victoria Putnam/ Kelly Scanlon*	X			*Completed as part of above - see Exhibit KK for template included in Appendix F Exhibit 38 of Corrective Action Plan Submittal, as well as current summary of results.*
		8d	*All Vendors will be informed of Area Agency Retroactive Deficiency Review and upcoming follow-up at All Vendor Meeting.*	*September 12, 2019*	*September 12, 2019*	*Victoria Putnam*	X			*See Exhibit DD minutes of September 12 All Vendor Meeting*
		8e	*Those vendors with deficiency trends reported in 2019 and since 2014 will be outreached for meetings with AA quality department, vendor leadership, and program managers as appropriate to discuss effectiveness of Plan of Correction and other steps, if necessary.*	*November 27, 2019*		*Victoria Putnam/ Kelly Scanlon*	**Ongoing**			*Review of Q1 and Q2 calendar year 2019 data did not unocover any significant issues. That were not already being addressed. No meetings with vendors tol review Q3 or Q4 data have yet been scheduled due to delays in compliation and review of data. We anticpate first of those meetings taking place in December.*

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Family Centered Early Supports	**He-M 510 Family-Centered Early Supports and Services**	9	**One Sky will assign a Senior Level Management Representative that has experience working with children and families to be a liaison to the FCESS programs with whom they contract.**				X			
	Contract, Exhibit A, Section 4: Family Centered Early Supports and Services	*9a*	*Designate Lenore Sciuto as Senior Level Management Representative as liaison to FCESS programs*		*June 18, 2019*	*Chris Muns*	X			*Designated Keryn Bernard-Kriegl as a secondary contact. See letter to Liz Collins dated October 16, 2019- Exhibit LL*
		9b	*Formally notify Waypoint, RMCC and FCESS State Office (Liz Collins) that Lenore Sciuto will oversee One Sky FCESS programs – see Appendix F, Exhibit 25*	*July 1, 2019*	*June 27, 2019*	*Chris Muns*	X			
		9c	*Update Director of Integrated Services job description to include oversight responsibility for One Sky FCESS programs*	*September 1, 2019*	*October 1, 2019*	*Chris Muns*	X			*See Director of Integrated Services Job Description - Exhibit MM*

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Medication Administration and Health Care Coordination	**He-M 1201 Medication Administration**	**10**	**In order to address the significant increase in medication errors (430%), One Sky will submit a Corrective Action Plan that addresses compliance with Medication Administration in accordance with He-M 1201.**							
	Contract, Exhibit A, Section 1: Provisions Applicable to all Services	*10a*	*Area Agency is placing its Nurse Trainer position under the direct supervision of the Manager of QI to allow for more organized oversight of vendor 1201 compliance.*	*June 1, 2019*	*June 1, 2019*	*Victoria Putnam*	**X**			
		10b	*Area Agency Nurse Trainer will begin data tracking of Medication Error Occurrence Reports to quickly identify and rectify trends in a timely manner on an ongoing basis.*	*August 31, 2019*	*August 19, 2019*	*Victoria Putnam/ Nurse Trainers*	**X**			*Tracking of data began on August 19 (see Exhibit I for Med Occurrence / Nursing Incident Report Tracking Sheet)*
		10c	*Area Agency will begin conducting comparative reviews of previous 1201 A & B reports to track the progress of corrective actions being taken by vendor agencies.*	*September 30, 2019*	*September 30, 2019*	*Victoria Putnam/ Nurse Trainers*	**X**			*See Exhibit NN*
		10d	*Area Agency Nurse Trainer will offer, at minimum, quarterly meetings for all Region 8 Nurse Trainers to discuss best practices, system updates, and training needs with authorized providers.*	*First Meeting to be scheduled week of October 7*	*October 10, 2019*	*Victoria Putnam/ Nurse Trainers*	**X**			*See Materials presented at and minutes of meeting on October 10 - Exhibit OO. Next meeting will be held in January, 2020.*
		10e	*Area Agency is expanding expectations of the internal Nurse Trainer to include audits of service provider medication books and logs to ensure compliance, check for accuracy, and provide additional training as needed.*	*November 27, 2019*		*Victoria Putnam/ Nurse Trainers*	**Ongoing**			*Ongoing. First of planned reviews (of ITS program) has taken place and will be the model for future visits which are being planned. Number of visits to increase beginning in December.*

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Area	Standard	Remediation Action #	Required Remediation Action / *Specific Action Steps*	Targeted Completion Date	Actual Completion Date	Responsibility	Met	Unmet	Needs Improvement	Recommendations / Status
Employment Supports for Individuals	**He-M 518 Employment Services**	**11**	**One Sky will identify a specific staff member to regularly update and maintain the Employment Database.**				X			
	Contract, Exhibit A, Section 2.7: Employment Data System (EDS)	*11a*	*Identify specific staff member to regularly update and maintain the Employment Database*		*March, 2019*	*Krista Sorel*	X			
		11b	*Obtain list of current Region 8 authorized EDS users*	*August 1, 2019*	*July 30, 2019*	*Krista Sorel*	X			*See Exhibit J for confirmed list of Users. Employment Data System Manual provided to all vendors prior to August 15 All Vendor Meeting (see attached August 8 email from Victoria Putnam)*
		11c	*Update service coordination training to include discussion of requirement to update EDS and foster employment*	*August 15, 2019*	*August 15, 2019*	*John Ford*	X			
		11d	*Meet with service providers to review requirements to update EDS*	*September 1, 2019*	*August 15, 2019*	*Krista Sorel / Victoria Putnam*	X			*Training completed for all service coordinators at August 14 Service Coordination Meeting -see Exhibit QQ for meeting minutes. Webinar Training for Service Providers is in development.*
		11e	*Complete Q1FY 2020 EDS Update*	*September 15, 2019*	*October 17, 2019*	*Krista Sorel / Victoria Putnam*	X			*see Exhibit PP - 100% of records for individuals who are employed have been updated*
		11f	*Ccompleted Q2FY 2020 EDS Update, confirm that all individuals served who are currenlty employed are included in EDS*	*December 15, 2019*		*Krista Sorel / Victoria Putnam*	**Ongoing**			
		11g (Was Other 10)	*Identify a One Sky Point Person to attend Employment Leadership Committee Meetings*		*September 3, 2019*	*Keryn Bernard-Kriegl*	X			*Keryn Bernard - Kriegl will serve as One Sky's representative on the Employment Leadership Committee -see attached updated job description Exhibit RR*

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Area	Standard	Remedication Action #	Required Remediation Action / *Specific Action Steps*	Targeted Completion Date	Actual Completion Date	Responsibility	Met	Unmet	Needs Improvement	Recommendations / Status
Stakeholder Feedback	**In accordance with He-M 505.08(f) as part of the redesignation process, DHHS sought feedback from a variety of stakeholders**									
			SERVICE COORDINATION AND FAMILY SUPPORT							
		12	**Hire an experienced Director of Service Coordination and Family Support;**				**X**			
		12a	*Keryn Bernard Kriegl was hired in March, 2019*	*March 18, 2019*	*March 18, 2019*	*Chris Muns*	**X**			
		13	**Develop a training curriculum for all new and existing Service Coordination/Family Support Staff;**							
		13a	*o A formal New Hire Orientation Program (1 day) was been created and is being utilized for every new hire employee. (Appendix F, Exhibit 41).*	*June 2018*	*June 2018*	*Tina Holmes*	**X**			*See Exhibit S for employee acknowledgments that they received orientation manual. See Exhibit SS for acknowledgments received from employees hired after September 1*
		13b	*o A Services Coordination New Hire Training Manual was created and presented in a day long training program. This is provided to all new Service Coordinators*	*March 28, 2019*	*March 28, 2019*	*John Ford / Krista Sorel*	**X**			*Copy of Training Manual was provided to BDS in July, 2019*
		13c	*o A HRST Case Management User Manual was created and deployed to all Service Coordinators (included in the SC New Hire Training Manual)*	*March 28, 2019*	*March 28, 2019*	*Krista Sorel*	**X**			*See Exhibit PPP*
		13d	*o A formal Services Coordination New Hire Competencies and Orientation Schedule has been created and is being utilized (see Appendix J, Exhibit 42).*	*April 1, 2019*	*June 1, 2019*	*John Ford / Keryn Bernard Kriegl*	**X**			*SeeExhibit K for Team Manager Reviews of New Hire Competencies for all employees with less than six months of services as of September 3, 2019*
		13e	*o New Hire Orientation for Service Coordinators Learning Plan in Relias to be updated*	*August 15, 2019*	*August 7, 2019*	*John Ford / Keryn Bernard-Kriegl*	**X**			*See Exhibit L for summary of week 1-4 and month 2 on-line training plans*
		13f	*o All Services Coordinators with 6 or more months of tenure to also complete New Hire Orientation for Service Coordinators Learning Plan in Relias*	*October 1, 2019*	*October 21, 2019*	*Keryn Bernard - Kriegl / Lenore Sciuto*	**X**			*See Exhibit II for SC Orientation Training Plan – shaded box indicates that training has been completed. Training to bring everyone up to the same standard of understanding is continued (training dates are highlighed in report).*
		13g	*o Competency of Service Coordinators with 6 or more months of tenure to be assessed as part of the development plan to be completed for them*	*November 1, 2019*		*Keryn Bernard-Kriegl*	**Open**			*7 service coordinators have 6 or more months of service as of November 15, 2019. 3 of those reviews have been completed; the balance will be completed by November 22. See Exhibit PPPP*
		13h (Was Other 19)	*Detail how One Sky Plans to adquately provide service delivery for One Sky service recipients and illustrate how individual and /or guardian choice of provider will be maintained*	*September 6, 2019*	*September 6, 2019*	*Chris Muns*	**X**			*In a letter dated September 6 (see Exhibit Z) we detailed our plans for ensuring that all of the individuals we serve have a service coordinator. As of October 21, 2019 One Sky has filled all of the service coordinator positions mandated in our FY 20-21 contact with the State. We are however, continuing to recruit for and hire one additional service coordinator who will have a full caseload. At that point in time each of the individuals we serve will have an assigned service coordinator.*
		14	**Provide ongoing training and professional development for these staff;**							
		14a	*o Additional Training Opportunities for Service Coordinators Learning Plan in Relias to be updated*	*September 1, 2019*	*September 6, 2019*	*John Ford*	**X**			*see Exhibit N for summary of Basic Information for Service Coordination Professionals and Service Coordination Development Training Activities on-line training opportunities.*

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Area	Standard	Remedication Action #	Required Remediation Action / *Specific Action Steps*	Targeted Completion Date	Actual Completion Date	Responsibility	Met	Unmet	Needs Improvement	Recommendations / Status
		14b	*o Development plan for every Service Coordinator with 6 or more months of tenure to be developed*	*November 1, 2019*		*Keryn Bernard - Kriegl*	Open			*7 service coordinators have 6 or more months of service as of November 15, 2019. 3 of those reviews have been completed; the balance will be completed by November 22. See Exhibit PPPP*
		14c	*o Services Coordination New Hire Competencies and Orientation Schedule to be reviewed on a quarterly basis based on feedback from the SC community*	*Quarterly*		*Keryn Bernard-Kriegl*	Ongoing			*First review to be completed by November 1, 2019*
		14d	*o Leadership Journey – Level 1 offered to Agency Directors and Team Managers*							
		14e	*Part A (eight courses)*	*November 1, 2019*		*Victoria Putnam*	Open			*Scheduled as of August 1; first session held on August 27; subsequent moduleshold on September 10 and 24 and October 8 and 22. Remaining two to be held on November 14 and 26. See Exhibit O for program overview.*
		14f	*Part B(five courses)*	*March 30, 2020*		*Victoria Putnam*	Ongoing			
		14g	*o Leadership Journey – Level 2 offered to Agency Directors and Managers*	*July 31, 2020*		*Victoria Putnam*	Ongoing			
		14h	*o Offer Leadership Journey modules addressing effectiveness in dealing with people and situations to all employees*	*January 1, 2020*		*Victoria Putnam*	Ongoing			
		15	**Develop policies and procedures for this department;**				X			
		15a	*o Initial Review Completed*	*October 1, 2019*	*September 5, 2019*	*Keryn Bernard-Kriegl / Lenore Sciuto / Victoria Putnam / Krista Sorel*	X			*Policies reviewed and priority assigned. See Exhibit P for Policy Priorizaton Document. See Exhibit UU for current status*
		15b	*o Policy/procedure update to be integrated into standard weekly Service Coordination meetings and in-service training activities.*	*November 1, 2019*	*November 15, 2019*	*Krista Sorel / Victoria Putnam*	X			*see Exhibit TT for current status and Exhibit UU for minutes of Service Coordination Meetings where procedures were discussed.*

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Area	Standard	Remedication Action #	Required Remediation Action / *Specific Action Steps*	Targeted Completion Date	Actual Completion Date	Responsibility	Met	Unmet	Needs Improvement	Recommendations / Status
Stakeholder Feedback	**In accordance with He-M 505.08(f) as part of the redesignation process, DHHS sought feedback from a variety of stakeholders**									
			STAFF DEVELOPMENT AND ORGANIZATIONAL STRUCTURE							
		16	**Develop and implement functional organizational chart that meets the need of staff and the individuals and families served**	*May 2017*	*Ongoing since May 2017*	*Tina Holmes*	*X*			*See Exhibit FF for current Organizational Chart*
		17	**Develop staff development plans, employee orientation, and recruitment strategies;**							
		17a	*Recruitment Strategies*	*December 2018*	*Ongoing since December 2018*	*Tina Holmes*	X			*See Exhibit Q for current Staffing Report and Exhibit R for Summary of Recruitment Efforts.*
		17b	*Employee Orientation*	*January 2018*	*Ongoing since January 2018*	*Tina Holmes*	X			*See Exhibits S and SS for employee acknowledgments that they received orientation manual*
		17c	*Staff Development Plans*	*September 1, 2019*	*September 3, 2019*	*Chris Muns*	X			*See Exhibit T performance appraisal/development plan template and for instructions*
		17d	*o For Senior Leadership Team*	*September 1, 2019*	*September 3, 2019*	*Chris Muns*	X			*Individual Goals for each member of Senior Leadership Team that are tied to key Organizational Goals for FY 20 have been prepared and distributed to each member of Senior Leadership Team. See Exhibit U for Organizational Goals. See Exhibit VV for Senior Leadership Team Member (Director) Goals.*
		17e	*o For Team Managers*	*October 1, 2019*	*October 21, 2019*	*Directors*	*X*			*See Exibibit VV for Team Manager Goals*
		17f	*o Team Members*	*November 1, 2019*		*Team Managers*	**Open**			*7 service coordinators have 6 or more months of service as of November 15, 2019. 3 of those reviews have been completed; the balance will be completed by November 22. See Exhibit PPPP*
		17g (Was Other 11a)	*o Percentage of Service Coordinator Staff Yearly in place*	*September 30, 2019*	*September 18, 2019*	*Tina Holmes*	X			*See Exhibit ZZ*
		17h (Was Other 11g)	*o Timeline of what staff left and when over 2017, 2018 and 2019. Please indicate which staff were resignations and which were terminations*	*September 30, 2019*	*Septembre 18, 2019*	*Tina Holmes*	X			*See Exhibit ZZ*
		17i (Was Other 13)	*One Sky will send Staffing Reports for the past 2 years to BDS*	*September 6, 2019*	*September 6, 2019*	*Tina Holmes*	X			*Staffing Reports only available starting January , 2019. See attached Cumulative Staffing Report*
		17j (Was Other 18)	*Detail the Process One Sky will use to recruit and train a new CEO*	*September 6, 2019*	*September 6, 2019*	*Chris Muns*	X			*See letter dated September 6, 2019 - Exhibit Z*
		17k (Was Other 14)	*Reach out to neighboring Area Agencies or Independent Case Management Agencies and develop "Plan B" to address potential issues that may arise due to ongoing staff turnover*	*October 15, 2019*		*Chris Muns*	X			*Clients residing outside of Region 8 with no family living in Region 8 and no guardian in Region 8 have been identified. Service Coordinators who have been hired will be able handle all individuals. Discussions will take place with independent case management agencies in context of state's Corrective Action Plan to ensure that all individuals have maximum choice and there are no conflicts of interest*
		17l (Was Other 15)	*One Sky will follow up with Darlene Ferguson on which families are requesting transfer and the status of each request*	*September 11, 2019*	*October 10, 2019*	*Lenore Scinto*	X			*see Exhibit BBB*

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Area	Standard	Remedication Action #	Required Remediation Action / *Specific Action Steps*	Targeted Completion Date	Actual Completion Date	Responsibility	Met	Unmet	Needs Improvement	Recommendations / Status
		17m (Was Other 21)	*Detail the plans to recruit and retain staff in the service coordination department*	*September 6, 2019*	*September 6, 2019*	*Chris Muns*	X			*See letter dated September 6, 2019 - Exhibit Z*

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Area	Standard	Remedication Action #	Required Remediation Action / *Specific Action Steps*	Targeted Completion Date	Actual Completion Date	Responsibility	Met	Unmet	Needs Improvement	Recommendations / Status
		18	**Provide leadership training and development**							
		18a	*o Service Coordinator Professional Skills*	*November 1, 2019*		*Victoria Putnam*	**Ongoing**			*Focus of service coordinator training has been on providing service coordinators with firm foundation of understanding of basic job responsibilities. Now that we are fully staffed and most of service coordinators have completed basic training, we intend to begin focusing on rolling out training on these "soft skills" in January, 2020.*
		18b	*o Leadership Journey – Level 1*							
		18c	*Part A (seven courses)*	*November 1, 2019*	*November 26, 2019*	*Victoria Putnam*	**Open**			*Ongoing - Scheduled as of August 1; first session held on August 27; subsequent moduleshold on September 10 and 24 and October 8 and 22. Remaining two to be held on November 14 and 26. See Exhibit O for program overview.*
		18d	*Part B(five courses)*	*March 30, 2020*		*Victoria Putnam*	**Ongoing**			
		18e	*o Leadership Journey – Level 2*	*July 31, 2020*		*Victoria Putnam*	**Ongoing**			
		18f (Was Other 32)	*Please indicate who will be assigned any outstanding duties that were John Ford's Responsibility before he left One Sky on September 13*	*October 21, 2019*	*October 21, 2019*	*Chris Muns*	**X**			*John Ford resigned - for health reasons - from his position as Director of Organizational Development on September 13, 2019. On October 1, 2019 Victoria Putnam was promoted to the position of Director of Quality Improvement. At that time she assumed responsibility for most of John's staff and leadership development responsibilities. All open items in this plan that were previously assigned to John have been re-assinged, in most cases to Victoria.*
		19	**Create a dispute resolution policy for employees, which includes meeting with a subset of the board, if the employee requests**				**X**			
		19a	*o Update (as needed) One Sky Employee Grievance and Harassment in Workplace Policies*	*October 1, 2019*	*November 11, 2019*	*Tina Holmes*	**X**			*See Exhibit RRRR*
		19b	*o One Sky Board of Directors review and approve updated Employee Grievance and Harassment in Workplace*	*November 11, 2019*	*November 11, 2019*	*Tina Holmes*	**X**			*See Exhibit RRRR*
		19c	*o Updated Employee Grievance and Harassment in Workplace Policies distributed to all employees with signed acknowledgment of receipt*	*November 27, 2019*	*November 11, 2019*	*Tina Holmes*	**X**			*See Exhibit RRRR*
		20	**Create a regular employee relations committee that includes staff from all levels of the organization and board members.**							
		20a	*o Update (as needed) One Sky Employee Handbook and submit to Board of Directors for their approval*	*October 1, 2019*	*November 11, 2019*	*Tina Holmes*	**X**			*See Exhibit RRRR*
		20b	*o One Sky Board of Directors review and approve updated Employee Handbook*	*November 11, 2019*	*November 11, 2019*	*Tina Holmes*	**X**			*See Exhibit RRRR*
		20c	*o Distribute Updated One Sky Employee Handbook to all employees with signed acknowledgment receipt*	*November 27, 2019*		*Tina Holmes*	**Open**			
		Other 11c	*o Please outline the process and level of oversight and supervision process of the Board of Directors for the Executive Director*	*September 30, 2019*	*October 21, 2019*	*Tina Holmes*	**X**			*see Exhibit ZZZ*

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Area	Standard	Remedication Action #	Required Remediation Action / *Specific Action Steps*	Targeted Completion Date	Actual Completion Date	Responsibility	Met	Unmet	Needs Improvement	Recommendations / Status
Stakeholder Feedback	In accordance with He-M 505.08(f) as part of the redesignation process, DHHS sought feedback from a variety of stakeholders									
			PROVIDER STAKEHOLDER FEEDBACK							
		21	Assign a senior manager that has responsibility for provider relations;				X			
		21a	*Communication to service provider partners confirming Victoria Putnam's role to be distributed*	*August 15, 2019*	*July 31, 2019*	*Chris Muns*	X			*Included in Master Agreement; also to be discussed in August 15 meeting*
		21b	*Develop a communication matrix to share with vendors. Matrix will identify appropriate contact for each type of query and contact person for escalation if 48 hours pass with no response.*	*August 31, 2019*	*September 12, 2019*	*Victoria Putnam*	X			*See Exhibit V for Communication Matrix, which will be reviewed with all service providers at 09/12/19 All-Vendor Meeting*
		22	Develop a communication strategy for regular and ongoing dialogue;				X			
		22a	*To address turnover and contact problems, we will provide updates to vendors on service coordination case assignments and corresponding managers*	*November, 2018*	*November, 2018*	*Chris Muns*	X			
		22b	*o Will begin regular, quarterly updates*	*August, 2019* *November, 2019*	*August 8, 2019*	*Victoria Putnam*	X			*To be included as part of every All-Vendor Meeting. See Exhibit W for transmittal emails sent to all service providers in August.*
		22c	*Develop and implement a Standard of Timely Communication for all One Sky staff.*	*December 4, 2018*	*December 4, 2018*	*Chris Muns / Tina Holmes*	X			
			Develop two centralized emails for communication							
		22d	*o One for bi-monthly Invoicing*	*July 31, 2019*	*July 17, 2019*	*Victoria Putnam / John Moran*	X			*The dedicated email address is AP@ononeskyservices.org and Jonathan Comeau is the prime user*
		22e	*o One for quality and compliance communication*	*July 31, 2019*	*July 17, 2019*	*Victoria Putnam / John Moran*	X			*The dedicated email address is Quality@oneskyservices.org and Kelly Scanlon and Victoria Putnam are the prime users*
		22f (Was Other 12)	*One Sky will forward the minutes from the Vendor Meetings to BDS*			*Victoria Putnam*	X			*see Remediation Action 23a above*
		23	Create and implement a schedule of regular provider meetings, as a group and individually;				X			
		23a	*Establish regular All Vendor meetings at One Sky to meet with key leadership and discuss updates and best practices.*	*March 14, 2019* *June 20, 2019* *September 12, 2019* *October 17, 2019* *December 12, 2019*	*March 14, 2019* *June 20, 2019* *August 15, 2019* *September 12, 2019* *October 17, 2019*	*Victoria Putnam*	X X X X X Ongoing			*See Exhibit X for Minutes* *Additional meeting scheduled for August 15 to discuss workforce issues and provide update on re-designation. See Exhibit Y for Minutes* *see Exhibit DD for Minutes* *see Exhibit XXX for Minutes*
		24	Provide and agreement and offer communication regarding required forms				X			
		24a	*Exhibit B to FY 19 Master Agreement for Services (see Appendix F, Exhibit 31) identified payment policies and required forms required from all service providers*	*July 1, 2018*	*July 17, 2018*	*Rocco van der Merwe*	X			see Exhibit 31

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		24b	*Update Exhibit B for FY20 Master Agreement for Services: Method, Schedule, and Conditions Precedent to Payment in the vendor Master Agreement.* *o To include details of expected provider payment process.* *o Additionally outline in Exhibit C: Vendor Reporting Requirements, the exact parameters for the Finance office.*	*July 31, 2019*	*July 31, 2019*	*Victoria Putnam / John Moran*	X X			*Master Agreements containing updated Exhibit B distributed to all service provider partners - see attached sample FY 20 Master Agreement (Exhibit B). To date, signed copies have been received from 20 of 23 service providers (see Exhibit CC update of service providers who have signed and returned agreements). It is important when talking with vendors about the terms and conditions of payment that BDS ensures that the people responding have seen the Master Agreement signed by their organization.* *Reviewed at September 12, 2019 All-Vendor Meeting - see Exhibit DD*
		24c	*o Collect all standard forms required for vendor use and make remotely accessible to vendors.*	*November 30, 2019*		*Victoria Putnam*	**Ongoing**			
		25	**Create and implement provider payment policies** - *see above*				X			

Attachment 3

One Sky Community Services, Inc.
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Summary of Actions Taken

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REMEDIATION AREA / ACTION #	ACTION DESCRIPTION	Tab #
Area Agency Financial Condition		
1	Conduct a review of the deficit for the last five years, conduct an analysis of the root cause of the deficit, and develop a plan to operate the organization without a deficit;	1
2	Conduct a review of the accounts payable system and how payments are made and tracked, develop a plan to ensure that providers are paid in a timely manner	2
3	Coordinate with vendors to determine that both One Sky and the vendor organizations have the same understanding as to what is owed and when;	3
4	Develop a system so that bills are paid timely and accurately;	4
5	Develop a fiscal manual and train all staff	5
6	Develop an organizational structure review and quarterly update of the business office	6
Compliance with DHHS Program Certification Requirements		
7	One Sky will develop an action plan to decrease the number of deficiencies associated with service agreement planning and implementation.	7
8	One Sky will coordinate with the Vendor Agencies as appropriate to analyze the cause of deficiencies and develop a plan to decrease vendor related deficiencies going forward.	8
Family Centered Early Supports		
9	One Sky will assign a Senior Level Management Representative that has experience working with children and families to be a liaison to the FCESS programs with whom they contract.	9
Medication Administration and Health Care Coordination		
10	In order to address the significant increase in medication errors (430%), One Sky will submit a Corrective Action Plan that addresses compliance with Medication Administration in accordance with He-M 1201.	10
Employment Supports for Individuals		
11	One Sky will identify a specific staff member to regularly update and maintain the Employment Database.	11
Stakeholder Feedback		
Service Coordination and Support		
12	Hire an experienced Director of Service Coordination and Family Support;	12
13	Develop a training curriculum for all new and existing Service Coordination/Family Support Staff;	13
14	Provide ongoing training and professional development for these staff;	14
15	Develop policies and procedures for this department;	15

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REMEDIATION AREA / ACTION #	ACTION DESCRIPTION	Tab #
Staff Development and Organizational Structure		
16	Develop and implement functional organizational chart that meets the need of staff and the individuals and families served	16
17	Develop staff development plans, employee orientation, and recruitment strategies;	17
18	Provide leadership training and development	18
19	Create a dispute resolution policy for employees, which includes meeting with a subset of the board, if the employee requests	19
20	Create a regular employee relations committee that includes staff from all levels of the organization and board members.	20
Provider Stakeholder Feedback		
21	Assign a senior manager that has responsibility for provider relations;	21
22	Develop a communication strategy for regular and ongoing dialogue;	22
23	Create and implement a schedule of regular provider meetings, as a group and individually;	23
24	Provide and agreement and offer communication regarding required forms	24
25	Create and implement provider payment policies	25

Remediation Action #1

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COMPLIANCE WITH AREA AGENCY FINANCIAL CONDITION

STANDARD

Regulatory	None References
Contractual	Contract, Exhibit A, Section 2:12: Maintenance of Fiscal Integrity (see Appendix B, Exhibit 11 Contract, Exhibit A, Section 2:6: Wait List Registry (see Appendix B, Exhibit 12)

FINDING

- Days of cash on hand has decreased over time and is lower than the target of 30 days for the reporting period.
- Operating with an average deficit of $159,745 which demonstrates that One Sky is not fiscally sound
- Late and/or incorrect financial data submission to the Bureau of Improvement and Integrity (BII)
- Inconsistent and/or inaccurate Wait List Management
- Untimely provider payments
- Improper Billing Practices (late, inconsistent, incorrect and in some cases, no billing)

REQUIRED REMEDIATION

1. Conduct a review of the deficit for the last five years, conduct an analysis of the root cause of the deficit, and develop a plan to operate the organization without a deficit

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

Data from Independent Auditors Reports	FY19*	FY18	FY17	FY16	FY15	FY14
Cash Balance	$1,611,065	$1,740,253	$943,243	$1,238,748	$1,137764	$1,812,783
Days Cash on Hand	20	24	13	19	18	30
Changes in Net Assets	($1,155,743)	$8,029	($542,003)	$14,546	($35,431)	($76,095)
Depreciation Expense	$81,753	$91,302	$98,030	102,948	$111,415	$112,599
Changes in Net Assets minus Depreciation	($1,073,990)	$99,331	($443,973)	$117,494	$75,984	$36,504
6 Year Average						
• Changes in Net Assets	($297,783)					
• Changes in Net Assets minus Depreciation	($195,684)					

* FY19 results are preliminary subject to completion of annual financial audit.

FY17 / FY18 Results

The financial data in the Remediation Report did not include results from FY 2018. When included in the analysis they highlight that Days Cash on Hand increased significantly between 6/30/2017 and 6/30/2018; from 13 days to 24 days, which is the highest Days Cash on Hand has been since FY 14. It should also be noted that this was accomplished without One Sky having any debt on our balance sheet and without having to access our line of credit during FY 2018. In fact, since 2017, One Sky has only accessed its line of credit 3 times:

1. Borrowed and Paid Back $500,000 on June 16; 2017:
2. Borrowed $250,000 on August 17, 2018 and paid back $250,000 on September 25, 2018
3. Received authorization on August 23, 2019 from Finance Committee to draw on up to $250,000 at any point in time. As of November 14, balance is zero.

All but one of the other 9 area agencies has significant debt on their balance sheet. This undoubtedly helps their year-end cash position. If the additional liquidity that One Sky's $1.5 million line of credit represents is added to our 6/30/19 cash balance of $1,739, 937, then the Days Cash on Hand for One Sky would increase from 20 days to 37 days, which easily exceeds the 30 Days Cash on Hand requirement.

For four of the past 6 years, One Sky has had a positive operating surplus (Change in Net Assets minus Depreciation). Unfortunately, in two of those years (FY17 and FY 19) net losses were significant resulting in a negative operating surplus.

The significantly negative Change in Net Assets of -$443,973 in FY 17 largely due to the over $30 million cut in the FY 16/17 state's budget for DD Services. At the onset of FY16 One Sky was informed that our budget for services approved at the time would be decreased by $1.2 million. In response, we identified specific permanent budget cuts that we implemented totaling $1.0 million, leaving us with an annual shortfall of $200,000 at the end of FY 16. We covered some of that with a one-time reallocation of lapsed spending that the Bureau of Developmental Services (BDS) was able to provide to us.

We entered FY17 knowing that we had a $200,000 shortfall, but assuming that we could again cover that with lapse. We were then informed in October 2016 that our budget would be cut by another $200,000 for all of FY 17. We did identify $82,000 in specific permanent budget cuts in response to that budget cut and did ask the state to cut individual budgets by less than 1% to achieve the remaining $118,000 in cuts but were told by BDS that we had to use lapse instead. We were then told that there would be no end of year reallocations of lapsed spending available for FY17.

We were able to offset the impact of most of the remaining $118,000 through internal reallocations, leaving us with a projected net loss for FY 17 of $200,000, which we addressed by agreeing to temporarily reduce the percentage of general management fees we received and – in some cases – reducing the amount we agreed to accept for service coordination services. It was our intention to gradually restore these cuts during FY 18.

In addition, during our year-end closing process we discovered that vendor directed service expenses for the year were understated by approximately $413,000. This oversight was due to an incorrectly formatted spreadsheet that we used to create the FY 17 Operating Plan and that we relied on to assist us in our monthly financial closings. That spreadsheet was corrected for FY 18 and we began utilizing a different and more accurate way of accounting for revenues and expenses in FY 18. G&A expenses for FY 17 were also over budget by $56,000.

These additional expenses were offset by less than anticipated spending for software systems ($57,000), family stipends ($31,000) and staff travel, training and advertising (combined favorable variance of $39,000), resulting in an additional unexpected variance of $342,000, bringing our net deficit for the year to a total of $542,000.

To bring our expenses back in line with available revenues we implemented the following actions during FY 18:

General and Administrative expenses will be reduced by a total of $389,000 as follows:

- $120,000 reduction in personnel related costs (see Exhibit HH for details)
- $66,000 reduction in staff travel
- $172,000 reduction in professional fees (primarily accounting support services); and
- $31,000 reduction in all other costs such as such as office supplies, postage and cleaning services.

Together these changes resulted in a positive Change in Net Assets for FY 18.

Unfortunately, during FY 18, we did not implement the permanent re-allocations necessary to recoup all of the lost general management and service coordination fees we had absorbed during FY 17. These shortfalls did not come fully to light until our Chief Financial Officer resigned and left the organization in March of 2019.

FY 19 Preliminary Results

When we completed are full FY19 year-end reconciliation we identified a total loss for the year of approximately $1 million. This loss was substantiated by the preliminary report we received from our auditors on November 8, 2019 (see Exhibit SSSS).

Our loss for FY 19 is broken out as follows:

- GM Losses on vendor subcontracts of ($93,000);
- GM Losses on self-directed subcontracts of ($96,000)
- Lost Case Management Allocations of ($30,000)
- A net loss for One Sky Futures of ($212,000);
- Operating losses on group homes of ($123,000);
- Lost Case Management Revenue of ($137,000)
- One-time current year extraordinary operating expenses of ($129,000)
- Unreimbursed costs on Vendor Subcontracts of ($75,000)
- Prior year expenses recorded in FY19: ($27,000)

Vendor Subcontracts/Case Management Allocations

What we discovered was that we were still earning a total of approximately $93,000 less than we should on multiple service provider subcontracts with several vendors and a total of approximately $96,000 less than we should on multiple self-directed (PDMS and IHS) arrangements. In addition, we have not yet recouped approximately $30,000 of service coordination revenues. Together those "lost revenues" represent $219,000 of the $ 1million loss we are reporting for FY19.

One Sky Futures

Another significant ($212,000) contributor to the overall loss for FY 19 was One Sky Futures, our direct service provider department. See Exhibit KKK

For at least the past four years One Sky Futures – on a standalone basis - consistently operated at a deficit.

	FY19	FY18	FY17	FY16
One Sky Futures Net Operating Loss	($212,000)	($100,399)	($25,009)	($34,639)

In May, 2019 the One Sky Board of Directors decided to divest the One Sky Futures business unit and entered into a binding agreement with Community Integrated Services (CIS), whereby CIS acquired One Sky Futures and on July 1, 2019 CIS assumed direct responsibility for delivering services to all 33 of the individuals served by One Sky Futures.

By combining Futures with another existing direct service provider, Futures will receive the focus and central commitment to providing service that they need. Of equal importance, the new combined entity will acquire the greater scale they will need to provide better and more reliable service not only to individuals they (and Futures) serve now but those that they hope to serve in the future.

The transaction not only brings us into compliance now with the proposed new regulations governing conflict free case management, but divesting ourselves of our direct services business will give One Sky the opportunity we need over the next two years to strengthen our core competencies in case management, re-establish our connection to the individuals, families and communities we serve, as well as address some of our other challenges, such as maintaining the group homes we own and upgrading our IT infrastructure.

It will also help to reduce our fixed operating costs, particularly in the area of personnel related costs. In addition, under the terms of our agreement with CIS, CIS will be subleasing a portion of the office space we currently lease, reducing our cost by approximately $71,000.

Housing Costs

Another area that has imposed a financial burden on us are the four residences we own. One Sky owns four homes; single family homes in Exeter, Newmarket and North Hampton and a duplex in Epping. We do not have mortgage on any of the homes; we own each of them outright. Together they provide a safe and secure place to live for 12 of the individuals we support and one from another region who need 24/7 round the clock supports.

Crotched Mountain has managed the programs offered to the three individuals who live in Exeter home for some time. Easter Seals has managed the programs offered to the three individuals who live in Epping.

One Sky Futures previously managed the programs offered to 3 individuals living in the Newmarket home and the 4 individuals in the North Hampton home. In 2017, we concluded after several years that we did not have the resources or expertise to manage those programs and we reached out to Easter Seals to take over management of the 7 programs in those two homes. In order for them to do so, we had to make significant concessions in the way of reduced GM on the programs offered there and in terms of assuming direct responsibility for repairs and maintenance expenditures.

We have also incurred significant repairs and maintenance expenditures on the homes in Exeter and Epping.

We have obtained Section 8 Housing Vouchers for all four of the individuals living in North Hampton, two of the individuals in Exeter and two of the individuals in Newmarket. We had hoped that would provide us with between $24,000 and $48,000 of additional revenue to offset some of our projected FY 19 costs to operate the homes. But the process of obtaining this funding took longer than we anticipated. We have received vouchers for JE and DE at Homecroft (total value is $473.00 per month) and WM, CR, SG and DC at Woodridge (total value is $695.00 per month) and for SY and BH at Newfields Road totaling approximately $567 per month. The expected total additional revenue in FY20 will be approximately $20,820.

As a result, the unreimbursed financial burden that imposed on us as an organization during FY19 was approximately $123,000, all of which contributed directly to our overall loss; for FY20 they are expected to amount to $84,000. These losses are no longer sustainable and during FY20 we will be exploring other opportunities to reduce them including possibly selling the homes.

Case Management Revenues

We have acknowledged that as of January 2019, we had not billed for any case management since August 2018, despite have documentation of the service being provided. We addressed this during the audit BDS conducted in February 2019. At that time we stated that there were some known "bugs" in the reports produced through the new case management system that we had deployed in the summer of 2018 and were

using to record all case notes. In addition, given the number of new service coordinators that were joining the organization, we felt it best NOT to bill for all of the potential contacts that were being reported until we were sure that that contacts were in fact billable.

However, as part of a detailed reconciliation of actual to possible case management billings we conducted as part of our year-end closing, we concluded that we had not been able to bill for approximately $137,000 of case management services because we did not have any documented billable contact notes.

While this number is certainly disappointing and did contribute to our overall loss of $1 million it is nevertheless understandable given the amount of service coordinator turnover, we experienced during FY 19.

We have made tremendous strides forward in filling all of our open service coordinator positions and the coverage we now have of all of the individuals we serve is greater than it has been for some time. As a result, our Service Coordinators are in much greater – and routine – contact with the individuals they are assigned to support. In addition, the concerns we had about the reporting of billable case management contact, as well as our service coordinator's understanding of what is and is not considered billable have now been addressed and we are now able to bill for case management on a more routine basis.

One Time Extraordinary Expenditures

One Sky participates in a self-insured pooled healthcare arrangement. Since 2014, this arrangement has saved us approximately $900,000 in health care related costs compared to if we had been fully insured. Unfortunately, during FY 19 we incurred $190,000 of catastrophic health care costs. These are attributable to three cases. While we anticipated one of them at the beginning of the year, the other two were unanticipated and resulted not only in significant health care costs, but also significant disability claims.

We also incurred approximately $66,000 of unanticipated professional fees. A large portion was associated with our conscious decision to hire most of our administrative personnel on a "temp to hire" basis from local temporary staffing agency. We decided on this approach because it increased our "speed to hire" and it increased our flexibility if someone did not meet the needs of the position. Since all our administrative positions have been filled, we have begun to transition those individuals from employees of the temporary staffing agency to employee of One Sky. We expect to complete that transition by the end of calendar year 2019.

Offsetting these additional expenditures of $256,000 were savings in salaries and wages of approximately $127,000, which reduced the negative impact of these extraordinary expenditures to $129,000. These savings are the direct result of the number – and length of time – of job openings we had during of FY 19. As of November 4, we currently only have one open position, and that position will be filled on November 18.

Unreimbursed Services

During FY19 we incurred approximately $75,000 of services that were delivered but which we were not able to bill for. To ensure that this does not happen in the future, we will be completing a more diligent reconciliation of billings and payments by vendor each quarter.

We also continue to emphasize how important it is that we have an approved Prior Authorization in place before ANY new services for any individual we serve are implemented. And since the potential for a disconnect between billings and expenses is greatest when an individual we serve is in immediate need of additional supports, our Service Coordination and Finance and Accounting teams have been focused on working more effectively and in greater collaboration with each other. We still have work to do, but there is greater alignment between us as an organization with our service provider (vendor) partners when those crisis situations occur.

Prior Year Expenditures

Also included in FY19 results are an additional $27,000 of other FY18 expenses that should have been accrued for at FY18 year-end but were not.

This is an unfortunate accounting oversight. As a result, we tightened our year end process to ensure that all FY19 expenses and revenues were properly accounted for this year end.

FY 20 Plans

For FY 2020 One Sky is implementing several actions that will reduce this net loss in FY20 to $0 and result in a net positive surplus of $98,000 in FY 2021. In addition, One Sky will be exploring several other actions to implement by July 1, 2020, which if successful will increase the positive annual surplus to as much as $250,000 in FY 21. See Exhibit BB for a copy of the FY20 Operating Plan approved by the Board of Directors on November 11, 2019

Actions We Are Currently Implementing

Divestment of One Sky Futures
This was completed prior to July 1, 2019 and will save approximately $200,000 in FY20 and beyond.

Follow-Up on Payments for Services Previously delivered
This will result in one-time additional revenue during FY 2020 of approximately $200,000. Included are Medicaid services of approximately $150,000 we believe may have been delivered as well as residential fees and cost of care payments of approximately $50,000.

Improve Overall Profitability on Subcontracts
We will be working with our service provider partners to ensure that we are able to earn and receive our share of available general management fees. We are planning to increase our general management fees during FY 20 by approximately $55,000. We will also be working with those individuals and families who are managing their own programs to ensure that we are able to increase our general management fees on those programs by approximately another $55,000. The full positive effect of these increases in FY21 will be approximately $190,000.

Return Service Coordination Rates to Permitted Levels
In addition, we will be working with the managers of those self-directed programs where the service coordination fees, we are currently able to collect are less than maximum permitted. This will result in an increase in service coordination revenues of approximately $17,000 in FY 20 and $31,000 in FY 21

Delays and Deferrals of Certain Expenses
One Sky uses an outdated version of Microsoft Dynamics' financial accounting and reporting system. We had planned to update it this year and had budgeted a total of $36,000 to do so. That expenditure will now be delayed.

We had also planned to hire a part-time dedicated Employment Coordinator to assist our service coordinators in their efforts to find meaningful employment opportunities for all of the individuals we serve. That hire will now be delayed, saving us approximately $10,000.

Now that we are fully staffed, we want to do everything possible to ensure that our staff remains with us. As they become more experienced, their value in the marketplace increases and the risk that they may leave us increases. To address this, we had initially planned on offering all of our employees with 6 or more months of service a pay increase. That will now be placed on hold saving us approximately $30,000 during FY 20.

Final Resolution of Remaining Home of Your Own Obligations
When the Home of Your Own (HOYO) Program ended and funding for it was discontinued, several of the individuals we support were left with mortgages that they could not pay for. We took on temporary

responsibility for making those payments, but unfortunately there has been no permanent resolution of that issue. We will seek to finally resolve that issue this year, resulting in an annual savings of approximately $15,000 ($7,800) this year.

Renegotiation of Existing Contractual Relationships
One Sky contracts with Systems Engineering for its IT Support and Services. The annual value of that contract is approximately $79,000. We intend to approach Systems Engineering about restructuring our contract with them with an eye to potentially handling more routine responsibilities with our own staff and reduce our monthly contractual commitment by about 20%. Although the savings this year will only be about $8,000, it will help us significantly in the future.

One Sky also contracts with East Cost Reimbursement Services for Medicaid billing services. The annual value of that contract is approximately $90,000. While the relationship with East Coast has been very beneficial, we will look at either bringing the Medicaid billing function back in house – completely or partially – or exploring with another area agency whether they would be interested in sharing Medicaid billing responsibilities with us. Our goal is to reduce the cost of Medicaid billing this year by about $15,000.

Additional Actions We Are Exploring

Renegotiation of Rent at 755 Banfield Road or Relocation
One Sky currently rents approximately 10,000 square feet of office space at 755 Banfield Road in Portsmouth at an annual cost of approximately $236,000 per year. Under the terms of our Memorandum of Understanding with Community Integrated Services (CIS) covering One Sky's divestiture of One Sky Futures, CIS is subletting a portion of the space for approximately $71,000 per year, reducing the net rental cost to one Sky to approximately $165,000 per year.

Under the terms of our lease, we have an option to opt-out of our lease in April 2020 provided we notify our landlord in December of 2019. We intend to approach our landlord about renegotiating our lease and have already begun to explore options for relocating our operations to lower cost locations. Our goal will be to reduce our overall out of pocket costs by approximately 15%, which would result in annual saving of approximately $25,000.

Explore the Possibility of Selling Four Group Homes
One Sky owns four homes; single family homes in Exeter, Newmarket and North Hampton and a duplex in Epping. We do not have mortgages on any of the homes; we own each of them outright. Together they provide a safe and secure place to live for 12 of the individuals we support and one from another region who need 24/7 round the clock supports.

Unfortunately, the projected annual cost to operate and maintain those four homes during 2020 will result in a net loss of approximately $72,000. In addition, there are some large maintenance/renovation projects necessary at several of the homes. This is a financial burden on our organization that is no longer sustainable.

The homes have a combined assessed valuation of approximately $1.3 million and estimated market value of approximately $1.8 million. During FY 20 we will be exploring opportunities to sell the homes; ideally to someone who is interested and committed to keeping these homes in the inventory of homes available to individuals with developmental disabilities and acquired brain disorders. At the present time, the earliest we could expect to sell the homes is April 1. If we are successful, this will result in annual savings during FY 21 of approximately $72,000 as well as generating significant new cash reserves to support One Sky in the years ahead.

Review Ongoing Viability of our Representative Payee Services
One Sky is one of the few remaining area agencies that provides representative payee services to the individuals we serve. While there is no question that this does provide a service to those individuals, doing so generates a net loss of approximately $100,000 per year. To eliminate that loss, we will be

looking at transferring responsibility for those services to other entities within the state that are committing to providing these services long-term. If we are successful, this will generate a savings of approximately $36,000 this year.

Exhibit BB

FY 2020 Operating Plan

Executive Summary

Submitted to Finance Committee: Nov 11, 2019

Approved by Finance Committee: Nov 11, 2019

Approved by Board of Directors: Nov 11, 2019

FY 20 Projected Results

	FY20 Plan	Total FY 19	FY 20 +/- FY 19	FY 21
	Tot	Actual		Projected
Total Revenue	$ 32,863,350	$ 27,920,696	$ 4,942,654	$ 32,676,060
Sub Total Expenses	$ 32,792,073	$ 28,994,685	$ 3,797,388	$ 32,507,209
Depreciation/Use Allowance	$ 71,196	$ 81,753	$ (10,557)	$ 71,196
Total Expenses	$ 32,863,269	$ 29,076,438	$ 3,786,831	$ 32,578,405
Surplus/Deficit	$ 81	$ (1,155,742)	$ 1,155,823	$ 97,655
	0.00%			0.30%
Surplus / Deficit % of Expenses	**0.0%**	**-4.0%**		**0.3%**

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Explanation of FY 19 Loss

- GM Losses on vendor subcontracts: ($93,000);
- GM Losses on self-directed subcontracts: ($96,000)
- Lost Case Management Allocations: ($30,000)
- A net loss for One Sky Futures: ($212,000);
- Operating losses on group homes : ($123,000);
- Lost Case Management Revenue: ($137,000)
- One-time current year extraordinary operating expenses: ($129,000)
- Unreimbursed costs on Vendor Subcontracts: ($75,000)
- Prior year expenses recorded in FY19: ($27,000)

One Sky Community Services

FY20 By Functional Area

	FY 20								
	Vendor	4 Homes	Self-Directed	SC	Rep Payee	Family Support	FSAC	G&A	Total
Total Revenue	$ 23,682,188	$ 113,682	$ 6,299,160	$ 1,751,170	$ 47,988	$ 667,740	$ 71,076	$ 230,345	$ 32,863,350
Sub Total Expenses	$ 22,632,562	$ 150,088	$ 5,743,779	$ 1,868,206	$ 169,352	$ 611,668	$ 71,079	$ 1,545,338	$ 32,792,073
Depreciation/Use Allowance	-	$ 48,000	$ -	$ -		$ -	$ -	$ 23,196	$ 71,196
Total Expenses	$ 22,632,562	$ 198,088	$ 5,743,779	$ 1,868,206	$ 169,352	$ 611,668	$ 71,079	$ 1,568,534	$ 32,863,269
Surplus/Deficit	$ 1,049,627	$ (84,406)	$ 555,381	$ (117,036)	$ (121,364)	$ 56,072	$ (3)	$ (1,338,189)	$ 81
Surplus / Deficit % of Expenses	4.6%	-56.2%	9.7%	-6.3%	-71.7%	9.2%	0.0%	-86.6%	0.0%

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Assumptions

- We will be re-designated as the area agency for region 8 on November 27, 2019
- Medicaid and state dollars are as approved by BDS as of June 30, 2019 for individuals who were in services as of that date.
- There is no requirement or assumption that we must reduce that budget at any time during the year.
- The Plan assumes no change in Medicaid or state reimbursement rates
  - Impetus for January 1, 2020 Medicaid rate increase was to increase direct support workers ***wages*** by full 3.1%; unclear how increase will be rolled out
  - We also do not yet know what if any changes related to the CMS Corrective Action Plan, BDS may be interested in implemented before June 30, 2010.

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Assumptions (cont'd)

- We will be fully staffed for the entire year and will thus be able to bill for all available case management revenues.
- We are not expecting to lose any additional clients to outside case managers
  - Life Coping currently supports 7 clients
- We will continue to sublease space at 755 Banfield Road to CIS
  - Generates savings of $72,000
- We are updating our IT infrastructure to remain compliant with HIPPA
  - Upgrading all laptops to support Microsoft Windows 10
  - Upgrading server hardware to support new operating software
  - Cost to implement is $45,000 this year; $60,000 per year ongoing.

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Assumptions (cont'd)

- We are assuming that we will receive $20,000 in general support from towns and cities in our service area and that we will be able to raise $100,000 in general donations.

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Actions We Are Taking to Eliminate FY19 Loss

- Divestment of One Sky Futures
  - Will save approximately $200,000 in FY20 and beyond.
- Follow-Up on Outstanding Payments for Services
  - Will generate approximately $200,000
- Improve Overall Profitability on Subcontracts
  - From Vendors: Savings in FY 20 of $55,000; in FY21: $95,000
  - From Self-Directed Programs: Savings in FY 20 of $55,000; in FY21: $95,000
- Return Service Coordination Rates to Permitted Levels
  - Savings in FY 20 of $17,000; in FY 21 $30,000
- Final Resolution of Remaining Home of Your Own Obligations
  - Savings in FY 20 of $7,800; in FY 21: $15,000
- Renegotiation of Existing Contractual Relationships
  - IT Supports and Services: Savings of $8,000 in FY20 and $16,000 in FY21.
  - Medicaid Billing: Savings of $15,000 in FY20 and $30,000 in FY21.

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Additional Actions We Will be Exploring

- Renegotiation of Rent at 755 Banfield Road or Relocation
  - Current Net Cost: $165,000
  - Target Savings: $25,000
  - Commitment from CIS to sublease until June 30, 2021.
  - Option to terminate lease on April 30, 2020 if we provide notice by December 31, 2019; second option to terminate on April 30, 20124
  - Termination Fee equal to four months lease
- Sell Four Group Homes
  - Valuation is between $1.3 and $1.8 million
  - Net loss of $74,000 to operate homes during FY20
  - Earliest possible sales date would be April 1; which would generate only marginal savings.
- Discontinue Representative Payee Services
  - Fee we can charge is set by Social Security
  - We currently serve 99 people
  - Annual loss of $100,000

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Opportunities

- **HIGH**
  - Continue to develop and empower our workforce while continuing to focus on greater definition of key processes so that everyone is clear on roles and responsibilities. Should make us more efficient, increase the level of satisfaction among clients and staff and improve our organizational cash flow.
  - Re-building the "bond" between our service coordinators and the individuals we serve. Will lead to better more informed decision making and less pressures from BDS.
- **MEDIUM**
  - Partnering with other area agencies to standardize (and possibly) share key processes (such as Medicaid billing and cost tracking) and management reporting capabilities.
  - We are able to identify additional donations/grants to offset costs of IT Infrastructure upgrade

OneSky Community Services

Opportunities

- **LOW**
  - 3.1% increase in Medicaid rates will result in additional income. Expectation is that 100% of rate increase will be used to increase Direct Support Professional wage rates; i.e. allocated to service providers and self-directed program managers.

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Risks

- **HIGH**
  - Political pressure to remove the 4 clients remaining in Florida and the 1 who are in Massachusetts
  - Our service provider partners (vendors) continue to have difficulties finding staff and continue to give notice and/or decline to respond to requests for proposals.
  - Sudden emergency / "crisis" needs of the individuals we serve continue which must be funded with "lapse funding".
- **MEDIUM**
  - We encounter new difficulties retaining / attracting employees.
  - We are unable to recoup revenues for services previously delivered that were not billed for
- **LOW**
  - Policy/administrative changes that may occur with change in Commissioner of Health and Human Services

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EXHIBIT #4

Exp Acct	Payroll Name	Rate Amount	Hours	FY 17	Time Employeed in FY 18	FY 18	FY 18 Saving	Comments
6011	Bonneau, Martha E G	$2,299.58	40.00	$59,789.00	0.00	$0	$59,789	Confirmed Resignation
6011	Driscoll, Timothy E	$18.75	40.00	$39,000.00	.25	$9,750	$29,250	October 1 Separation
6011	King, Martha F Fenn	$30.95	24.00	$38,626.00	.25	$9,657	$28,969	October 1 Separation
	Subtotal - Base Pay			$137,415.00		$19,407	$118,008	
6020	Employee Benefits	21.4%		$29,407.00		$4,153	$25,254	
6031	Payroll Taxes	7.7%		$10,581.00		$1,494	$9,087	
	Total Pay and Benefits			**$177,403.00**		**$25,054**	**$152,349**	

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One Sky Community Services

Summary of All Units
For the Twelve Months Ending June 30, 2019

Year to Date Activity Actual	Budget	MTD Total	Variance	GM	Residential	Day	Budget	YTD Total	Variance
REVENUES									
Medicaid	162,306	139,878	($22,428)	0	1,104,126	476,133	1,587,671	1,580,259	($7,412)
General Management 3%	-4,594	0	4,594	0	0	0	-43,576	0	43,576
Room and Board	22,273	19,967	(2,306)	0	218,020	0	212,352	218,020	5,668
Client Fees	5,542	0	(5,542)	0	16,100	1,733	45,254	17,833	(27,421)
School Services	16,851	0	(16,851)	0	0	16,102	145,545	16,102	(129,443)
Other Revenues	1,168	-627	(1,795)	1,125	2,743	0	14,024	3,868	(10,156)
Total Revenues	**203,546**	**159,218**	**(44,328)**	**1,125**	**1,340,989**	**493,968**	**1,961,270**	**1,836,082**	**(125,188)**
EXPENSES									
Salaries and Wages	55,239	73,316	18,077	122,985	255,117	247,311	581,618	625,413	43,795
Employee Taxes & Benefits	12,466	38,278	25,812	37,553	78,895	72,507	149,592	188,955	39,363
Respite/Stipends	115,843	96,989	(18,854)	0	957,577	142,906	1,120,116	1,100,483	(19,633)
Rent	1,680	1,708	28	20,157	1,675	0	20,160	21,832	1,672
Utilities	250	1,811	1,561	4,291	2,648	3,451	3,000	10,390	7,390
Staff Travel	2,346	3,268	922	3,179	3,358	20,516	28,152	27,053	(1,099)
Building Maintenance and Repai	194	675	481	0	675	0	2,328	675	(1,653)
ATI - misc client aid	0	848	848	106	5,970	1,045	0	7,121	7,121
Other Expenses	5,653	5,792	139	32,347	9,700	25,023	52,409	67,070	14,661
Total Expenses	**193,671**	**222,685**	**29,014**	**220,618**	**1,315,615**	**512,759**	**1,957,375**	**2,048,992**	**91,617**
Balance	**9,875**	**-63,467**	**(73,342)**	**-219,493**	**25,374**	**-18,791**	**3,895**	**-212,910**	**(216,805)**

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One Sky Community Services

One Life, Endless Possibilities

FINANCIAL STATEMENTS

June 30, 2019 and 2018

With Independent Auditor's Report

DRAFT - Preliminary for Discussion Purpo

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
One Sky Community Services, Inc.

We have audited the accompanying financial statements of One Sky Community Services, Inc. (the Organization), which comprise the statements of financial position as of June 30, 2019 and 2018, the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

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Substantial Doubt about the Organization's Ability to Continue as a Going Concern

The accompanying financial statements have been prepared assuming that the Organization will continue as a going concern. As discussed in Note 6 to the financial statements, the Organization is currently operating under a conditional license with the State of New Hampshire Bureau of Developmental Services (BDS) as the result of various programmatic and financial findings noted during BDS' re-designation review. The Organization is addressing the findings with the development of a corrective action plan. Permanent re-designation and licensing is dependent on BDS accepting the corrective action plan and providing re-designation. This factor alone raises substantial doubt about its ability to continue as a going concern. Our opinion is not modified with respect to this matter.

Other Matters

Change in Accounting Principles

As discussed in Note 1 to the financial statements, in 2019 the Organization adopted Financial Accounting Standards Board Accounting Standards Update No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958). Our opinion is not modified with respect to this matter.

Manchester, New Hampshire
REPORT DATE

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ONE SKY COMMUNITY SERVICES, INC.

Statements of Financial Position

June 30, 2019 and 2018

	2019	2018
ASSETS		
Current assets		
Cash and cash equivalents	$ 1,611,065	$ 1,740,253
Client funds held	393,797	369,333
Accounts receivable, net	2,352,076	1,994,666
Prepaid expenses	7,707	32,750
Total current assets	4,364,645	4,137,002
Property and equipment		
Land	253,200	253,200
Buildings	860,505	860,505
Leasehold improvements	717,329	717,329
Vehicles	91,213	91,213
Equipment	449,670	417,220
Construction in progress	-	24,500
	2,371,917	2,363,967
Less accumulated depreciation	(1,472,992)	(1,391,239)
Property and equipment, net	898,925	972,728
Other assets	60,716	58,307
Total assets	$ 5,324,286	$ 5,168,037
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable	$ 3,824,495	$ 2,475,576
Accrued expenses and other current liabilities	273,663	317,056
Deferred revenue	3,047	21,045
Client funds held	393,797	369,333
Total current liabilities and total liabilities	4,495,002	3,183,010
Net assets		
Without donor restrictions	741,566	1,925,215
With donor restrictions	87,718	59,812
Total net assets	829,284	1,985,027
Total liabilities and net assets	$ 5,324,286	$ 5,168,037

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

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ONE SKY COMMUNITY SERVICES, INC.

Statements of Activities

Years Ended June 30, 2019 and 2018

	2019	2018
Changes in net assets without donor restrictions		
Public support and revenue		
Medicaid revenue	$25,779,028	$24,311,091
Bureau of Developmental Services	1,452,729	1,619,487
Contributions	15,270	66,454
Interest	434	464
Other revenue	558,574	614,583
Net assets released from restriction for operating purposes	43,396	41,854
Total public support and revenue	27,849,431	26,553,933
Expenses		
Program services		
Service coordination	1,269,988	1,131,440
Combined residential and day services	13,586,145	13,469,001
Participant directed and managed/in-home supports	4,572,047	4,663,722
Early intervention	1,251,718	1,236,398
Family support	234,141	290,837
Respite care	99,628	86,016
Independent living	155,002	267,206
Day services	4,828,600	3,238,443
Clinical supports	269,870	227,033
School services	13,515	103,752
Total program services	26,280,654	24,713,848
Supporting services		
General management	2,752,426	1,891,868
Total expenses	29,033,080	26,605,716
Change in net assets without donor restrictions	(1,183,649)	(51,783)
Changes in net assets with donor restrictions		
Contributions	71,302	101,666
Net assets released from restriction for operating purposes	(43,396)	(41,854)
Change in net assets with donor restrictions	27,906	59,812
Change in net assets	(1,155,743)	8,029
Net assets, beginning of year	1,985,027	1,976,998
Net assets, end of year	$ 829,284	$ 1,985,027

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

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ONE SKY COMMUNITY SERVICES, INC.

Statement of Functional Expenses

Year Ended June 30, 2019

	Service Coordination	Combined Residential / Day Services	Participant Directed and Managed / In-Home Supports	Early Intervention	Family Support	Respite Care	Independent Living	Day Services	Clinical Supports	School Services	General Management	Total
Personnel costs												
Salary and wages	$ 771,608	$ 219,874	$ 1,040,560	$ -	$ 117,017	$ -	$ 5,476	$ 277,493	$ 90,778	$ 10,141	$ 964,507	$ 3,497,454
Employee benefits	186,371	60,340	234,457	-	20,279	-	949	52,570	20,206	944	266,817	842,933
Payroll taxes	62,420	19,975	81,544	-	9,728	-	408	18,232	6,993	761	74,107	274,168
Professional fees and consultants												
Client treatment and services	19,891	1,195,574	2,258,938	34,725	-	98,500	-	142,918	140,031	-	120	3,890,697
Accounting and auditing	-	-	-	-	-	-	-	-	-	-	31,075	31,075
Legal	2,804	-	-	-	-	-	-	-	-	-	42,571	45,375
Payroll preparation	11,234	3,550	14,879	-	1,295	-	50	3,308	1,506	53	116,222	152,097
Other	70,224	83	25,795	-	-	-	-	111	-	-	138,080	234,293
Conferences and conventions	1,460	-	-	-	100	90	-	-	-	-	12,109	13,759
Occupancy costs												
Rent	-	-	-	-	1,675	-	-	-	-	-	229,809	231,484
Electricity and other utilities	10,108	39,845	1,193	-	794	-	-	3,451	596	-	39,286	95,273
Maintenance and repairs	-	69,682	-	-	-	-	-	-	-	-	2,777	72,459
Consumable supplies												
Client consumables	561	28,900	-	-	-	-	-	-	-	-	28,887	58,348
Office	2,847	-	-	-	-	-	-	-	-	-	34,611	37,458
Equipment maintenance	57,100	2,046	7,338	-	4,117	-	-	17,824	3,082	-	55,367	146,874
Advertising	-	-	391	-	-	-	-	-	-	-	4,899	5,290
Printing	-	-	-	-	-	-	-	-	-	-	6,083	6,083
Telephone	9,541	1,629	1,288	-	858	-	-	3,725	644	-	15,452	33,137
Postage	115	-	-	-	-	-	-	-	-	-	16,939	17,054
Transportation	23,482	11,870	121,150	-	1,416	-	-	19,150	5,704	1,365	5,016	189,153
Assistance to individuals	(692)	32,520	62,740	-	74,261	-	-	785	330	251	1,263	171,458
Insurance	-	-	-	-	-	-	-	-	-	-	39,588	39,588
Members' dues	-	-	-	-	-	-	-	-	-	-	7,207	7,207
Other expenditures	23,503	1,647	-	13,470	-	-	-	8,584	-	-	320,492	367,696
Subcontractor	-	11,842,590	721,774	1,203,523	-	-	148,119	4,280,449	-	-	294,459	18,490,914
Total expenses before depreciation and amortization	1,252,577	13,530,125	4,572,047	1,251,718	231,540	98,590	155,002	4,828,600	269,870	13,515	2,747,743	28,951,327
Depreciation and amortization	17,411	56,020	-	-	2,601	1,038	-	-	-	-	4,683	81,753
Total program expenses	$ 1,269,988	$ 13,586,145	$ 4,572,047	$ 1,251,718	$ 234,141	$ 99,628	$ 155,002	$ 4,828,600	$ 269,870	$ 13,515	$ 2,752,426	$ 29,033,080

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

ONE SKY COMMUNITY SERVICES, INC.

Statement of Functional Expenses

Year Ended June 30, 2018

	Service Coordination	Combined Residential / Day Services	Participant Directed and Managed / In-Home Supports	Early Intervention	Family Support	Respite Care	Independent Living	Day Services	Clinical Supports	School Services	General Management	Total
Personnel costs												
Salary and wages	$ 774,825	$ 366,904	$ 1,328,918	$ (1,346)	$ 112,239	$ -	$ 90,703	$ 144,672	$ 90,547	$ 45,441	$ 858,597	$ 3,811,500
Employee benefits	103,799	47,952	356,305	-	47,589	-	31,738	31,709	7,961	23,803	184,841	835,697
Payroll taxes	58,662	27,697	102,726	(98)	8,981	-	7,156	11,114	6,778	3,875	65,130	292,021
Professional fees and consultants												
Client treatment and services	39,311	904,098	1,814,246	44,141	-	84,522	12	118,429	110,064	36	12,073	3,126,932
Accounting and auditing	-	-	-	-	-	-	-	-	-	-	24,086	24,086
Legal	-	-	-	-	-	-	-	-	-	-	19,694	19,694
Payroll preparation	6,127	2,631	19,694	-	6,793	-	1,751	1,751	438	1,313	131,887	172,385
Other	18,094	21,140	41,325	-	-	-	17	929	-	98	182,457	264,060
Conferences and conventions	5,088	416	2,808	-	366	-	244	494	61	183	4,381	14,041
Occupancy costs												
Rent	22,064	9,621	72,777	-	9,550	-	6,092	7,452	2,305	10,086	41,487	181,434
Electricity and other utilities	4,432	34,839	12,099	-	1,592	-	1,015	1,543	385	1,843	16,073	73,821
Maintenance and repairs	-	65,140	-	-	-	-	-	815	-	815	7,296	74,066
Other occupancy costs	-	14,639	-	-	-	-	-	-	-	-	-	14,639
Consumable supplies												
Client consumables	3,617	31,071	5,331	-	700	-	506	434	169	627	10,080	52,535
Office	8,611	3,303	9,755	-	1,405	-	817	776	309	1,130	19,873	45,979
Equipment maintenance	12,031	5,008	42,437	-	5,187	-	3,308	3,275	1,251	4,706	18,143	95,346
Advertising	328	26	567	-	-	-	-	-	-	25	2,116	3,062
Printing	-	-	-	-	49	-	-	-	-	-	2,331	2,380
Telephone	5,366	1,921	9,710	-	1,269	-	810	825	307	1,195	6,793	28,196
Postage	3,240	1,304	9,778	-	1,304	-	869	869	217	652	4,389	22,622
Transportation	33,192	10,115	117,725	-	1,915	-	10,105	15,752	6,010	6,273	9,834	210,921
Assistance to individuals	924	1,992	15,256	-	85,227	-	9	195	-	956	9,671	114,230
Insurance	3,240	1,388	10,411	-	1,390	-	926	926	231	695	14,876	34,083
Members' dues	-	55	-	-	-	-	-	-	-	-	3,700	3,755
Other expenditures	16,511	468	(22)	-	1,537	-	4,095	361	-	-	75,611	98,561
Subcontractor	-	11,849,927	691,876	1,193,701	-	-	107,033	2,896,122	-	-	159,709	16,898,368
Total expenses before depreciation and amortization	1,119,462	13,401,655	4,663,722	1,236,398	287,093	84,522	267,206	3,238,443	227,033	103,752	1,885,128	26,514,414
Depreciation and amortization	11,978	67,346	-	-	3,744	1,494	-	-	-	-	6,740	91,302
Total program expenses	$ 1,131,440	$ 13,469,001	$ 4,663,722	$ 1,236,398	$ 290,837	$ 86,016	$ 267,206	$ 3,238,443	$ 227,033	$ 103,752	$ 1,891,868	$ 26,605,716

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

ONE SKY COMMUNITY SERVICES, INC.

Statements of Cash Flows

Years Ended June 30, 2019 and 2018

	2019	2018
Cash flows from operating activities		
Change in net assets	$ (1,155,743)	$ 8,029
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities		
Depreciation	81,753	91,302
Forgiveness of debt	-	(23,961)
Provision for bad debts	259,174	15,896
Changes in operating assets and liabilities		
Accounts receivable, net	(616,584)	1,200,911
Prepaid expenses	25,043	(41,162)
Accounts payable	1,348,919	(85,301)
Accrued expenses and other current liabilities	(43,393)	(55,667)
Deferred revenue	(17,998)	(190,592)
Net cash (used) provided by operating activities	(118,829)	919,455
Cash flows from investing activities		
Purchases of property and equipment	(7,950)	(119,070)
Change in other assets	(2,409)	(3,375)
Net cash used by investing activities	(10,359)	(122,445)
Net (decrease) increase in cash and cash equivalents	(129,188)	797,010
Cash and cash equivalents, beginning of year	1,740,253	943,243
Cash and cash equivalents, end of year	$ 1,611,065	$ 1,740,253
Supplementary Information:		
Forgiveness of technical assistance loan	$ -	$ 23,961

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

ONE SKY COMMUNITY SERVICES, INC.

Notes to Financial Statements

June 30, 2019 and 2018

Nature of Activities

One Sky Community Services, Inc. (the Organization) is a New Hampshire nonprofit corporation providing a wide range of community-based services. It contracts with the New Hampshire Department of Health and Human Services to provide community-based services and support for those with developmental disabilities and acquired brain disorders in Rockingham County. The majority of its funding is from federal and state government programs.

1. Summary of Significant Accounting Policies

Newly Adopted Accounting Principles and Reclassifications

In 2019, the Organization adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958), which makes targeted changes to the not-for-profit financial reporting model. The new ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under the new ASU, net asset reporting is streamlined and clarified. The existing three category classification of net assets is replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." New disclosures highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near term financial requirements. The ASU also imposes several new requirements related to reporting expenses.

Basis of Presentation

Net assets and revenues, expenses, gains, and losses are classified as follows based on the existence or absence of donor-imposed restrictions in accordance with FASB Accounting Standards Codification Topic 958, *Not-for-Profit Entities*:

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

Net assets with donor restrictions - Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. 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 statement of activities. At June 30, 2019 and 2018, net assets with donor restrictions consisted of funds temporary in nature with general operations purpose restrictions.

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Contributions

Contributions are considered to be available for use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for a specific purpose are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restriction. The Organization records donor-restricted contributions whose restrictions are met in the same reporting period as support without donor restrictions in the year of the gift. Conditional promises to give are recognized when the conditions on which they depend are substantially met. Unconditional promises to give due in subsequent years are reported at the present value of their expected future cash flows, using risk-free interest rates applicable to the years in which the promises are to be received.

Contributions of Property and Services

Contributions of donated non-cash assets are recorded at their fair value in the period received. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as contributions with donor restrictions. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service. The Organization reclassifies net assets with donor restrictions to net assets without donor restrictions at that time. Contributions of donated services that create or enhance non-financial assets or that require specialized skills, which are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation, are recorded at their fair values in the period received.

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. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Organization considers all highly liquid investments with an original maturity date of less than three months to be cash equivalents.

The Organization maintains its cash, including client funds held, in bank deposit accounts which, at times, may exceed federally-insured limits. It has not experienced any losses in such accounts. Management believes it is not exposed to any significant risk on cash and cash equivalents.

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Allowance for Uncollectible Accounts

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts by analyzing its past history and identification of trends for all funding sources in the aggregate. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for doubtful accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts. As of June 30, 2019, an allowance was recorded in the amount of $25,428. There was no allowance recorded at June 30, 2018.

Property, Equipment and Depreciation

Purchased property and equipment are recorded at cost. Expenditures for repairs and maintenance are charged against operations. Renewals and betterments which materially extend the life of the assets are capitalized. Depreciation is provided on the straight-line method in amounts designed to amortize the costs of the assets over their estimated lives as follows:

Buildings and improvements	10-40 years
Equipment	3-10 years
Vehicles	5 years

Income Taxes

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

Functional Allocation of Expenses

The costs of providing various programs and activities are summarized on a functional basis in the statements of activities and functional expenses. Accordingly, certain costs have been allocated based on time spent between locations and functions among the programs and supporting services benefited.

Subsequent Events

For purposes of the preparation of these financial statements in conformity with U.S. GAAP, management has considered transactions or events occurring through REPORT DATE, which is the date that the financial statements were available to be issued.

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2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to optimize its available funds. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a line of credit as disclosed in Note 3.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing operating activities as well as the conduct of services undertaken to support those operating activities.

In addition to financial assets available to meet general expenditures over the next 12 months, the Organization operates with a balanced budget and anticipates collecting sufficient revenue to cover expenditures not covered by donor-restricted resources or, where appropriate, borrowings. Refer to the statements of cash flows, which identifies the sources and uses of the Organization's cash and cash equivalents.

The following financial assets are expected to be available within one year of the statement of financial position date to meet general expenditures as of June 30:

	2019	2018
Cash and cash equivalents available for operations	$ 1,523,347	$ 1,680,441
Accounts receivable, net	2,352,076	1,994,666
Financial assets available to meet general expenditures within one year	$ 3,875,423	$ 3,675,107

Cash and cash equivalents in the statement of financial position includes amounts that are part of net assets with donor restrictions, and thus are excluded from the above table.

3. Line of Credit

The Organization has a revolving line of credit agreement with a bank amounting to $1,500,000, collateralized by a security interest in substantially all business assets. Monthly interest payments on any unpaid principal balance are required at a variable rate, which was 6.25% at June 30, 2019. At June 30, 2019 and 2018, there was no outstanding balance on the line of credit.

4. Commitments and Contingencies

Operating Lease

The Organization leases its primary facility pursuant to the terms of a lease that expires in May 2027. The initial rent of $16,413 per month increases 2% on each anniversary, with tiered increases in the annual percentage beginning in the third year of the lease term. At June 30, 2019, an operating lease payable of $21,580 has been recognized related to the annual rent increase and is reported in accounts payable. The lessee is responsible for all utilities, repairs and maintenance and insurance and a prorate share of the real estate taxes and common area costs over a base. Rent expense was $231,484 and $181,434 for the years ended June 30, 2019 and 2018, respectively.

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Future minimum operating lease payments are as follows:

		Total
2020	$	205,938
2021		212,116
2022		218,479
2023		225,780
2024		236,285
Thereafter		708,141
		1,806,739

Self-Insurance Program

The Organization self-insures a portion of its employee health benefits. Stop loss insurance is in effect which limits the Organization's exposure to loss on an individual basis of $30,000 and an annual aggregate basis of $1,000,000. In 2019 and 2018, total claims for health benefits were $733,591 and $684,046, respectively. As of June 30, 2019 and 2018, the Organization accrued a liability for claims that have been incurred, but not yet reported of $68,336 and $39,850, respectively.

Litigation

The Organization is involved in litigation arising in the normal course of business. After consultation with legal counsel, management estimates these matters will be resolved without a material adverse effect on the Organization's future financial position or results of operations.

5. Concentration of Revenues and Risk

For the years ended June 30, 2019 and 2018, approximately 93% and 92%, respectively, of the support and revenue of the Organization was derived from Medicaid. Accounts receivable from Medicaid totaled $2,324,286 and $1,811,381 at June 30, 2019 and 2018, respectively. The future existence of the Organization is dependent upon continued support from Medicaid.

6. Substantial Doubt about the Organization's Ability to Continue as a Going Concern

The accompanying financial statements have been prepared in conformity with U.S. GAAP, which contemplate continuation of the Organization as a going concern. The Organization is currently operating under a conditional license with the State of New Hampshire Bureau of Developmental Services (BDS) as the result of various programmatic and financial findings noted during the re-designation review.

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Every five years the Organization is reviewed and approved by BDS, as a designated provider for developmentally disabled individuals in Rockingham County in New Hampshire. In 2019 the Organization underwent its re-designation review by the BDS. As a result of the review BDS issued a report that identified several programmatic and financial findings that prevented BDS from providing re-designation to the Organization. Effective July 1, 2019, BDS granted a conditional re-designation for 180 days. BDS indicated it is its intent, through a corrective action plan, to work with the Organization to demonstrate an acceptable level of confidence to grant permanent re-designation for the next five years. BDS indicated it expects to monitor the Organization until satisfactory outcomes are achieved. Permanent re-designation and licensing is dependent on management addressing the findings and BDS accepting the corrective action plan.

This factor raises substantial doubt about the Organization's ability to continue as a going concern. Our opinion is not modified with respect to this matter.

7. Financial Improvement Plan

The Organization incurred a significant loss in 2019 and has begun initiatives to improve the financial condition as follows:

Management has been evaluating the services currently provided to assess the viability of all programs. As a result, the Board of Directors and management approved the discontinuation of One Sky Future's services. The Organization has also implemented cost cutting measures by realigning programs offered, evaluating all subcontract relationships, information technology support contracts, billing support contracts and leases for possible renegotiation to more favorable terms. The Organization plans to delay some planned expenditures and is evaluating the need to fill some open positions. Management believes it is now adequately staffed to allow timely follow up of outstanding accounts receivable to reduce or eliminate bad debt write offs and improve cash flow. The Organization believes all of these actions combined will result in improved cash flow and operational results.

The Organization is working diligently with the State to address the findings identified, as described in Note 4, has submitted its corrective action plan, and plans to provide regular updates to the State to obtain re-designation as an Area Agency.

DRAFT - Preliminary For Discussion Purposes

Remediation Action #2

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan Finance

COMPLIANCE WITH AREA AGENCY FINANCIAL CONDITION

STANDARD

Regulatory	None References
Contractual	Contract, Exhibit A, Section 2:12: Maintenance of Fiscal Integrity (see Appendix B, Exhibit 11 Contract, Exhibit A, Section 2:6: Wait List Registry (see Appendix B, Exhibit 12)

FINDING

- Days of cash on hand has decreased over time and is lower than the target of 30 days for the reporting period.
- Operating with an average deficit of $159,745 which demonstrates that One Sky is not fiscally sound
- Late and/or incorrect financial data submission to the Bureau of Improvement and Integrity (BII)
- Inconsistent and/or inaccurate Wait List Management
- Untimely provider payments
- Improper Billing Practices (late, inconsistent, incorrect and in some cases, no billing)

REQUIRED REMEDIATION

2. Conduct a review of the accounts payable system and how payments are made and tracked, develop a plan to ensure that providers are paid in a timely manner

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

One Sky provides each of its service providers with a Master Agreement. A sample copy of the Exhibit B included in the FY 19 Master Agreement was included in Appendix F, Exhibit 31 of our July 31, 2019 submittal (see Exhibit 31). A sample copy FY 20 Master Agreement was included as Exhibit A of our September 11, 2019 Update (see Exhibit A). Beginning with FY 18 each Master Agreement has included an Exhibit B that lays out in detail how the service provider will be paid and what deliverables will be the service provider's responsibility.

"Bulk Billing Invoices" are the vehicle by which our service provider partners request payment. Copies of the bulk billing invoices for each of our service providers for the first quarter of FY 20 were included as Exhibit D of our September 11, 2019 Update (see Exhibit D).

The Accounts Payable system utilized by One Sky is a component part of the Microsoft Dynamics financial reporting system.

All invoices received from our service provider partners are entered into our Account Payable System by our Account Payable/Receivable Specialist using the date noted by the vendor on the vendor's invoice. If that date is not provided by the service provider we then use the date that the invoice is received.

Assuming there are no issues with an invoice, it is scheduled to be paid 3 weeks from receipt; generally on a Friday. Exceptions to this policy may occur if there are delays in the receipt of Medicaid or general fund payments to us. Exhibit B to the Master Agreement that each service provider has signed, is clear that all payments by One Sky to them are "Subject to the satisfactory completion of services to be performed under

the Agreement and the receipt by (One Sky) of sufficient revenues from the State of New Hampshire Bureau of Developmental Services and from Medicaid."

To provide BDS with the time it has requested to process Prior Authorizations (PA) and Unit Change Requests (UCR) submitted by all area agencies, One Sky has spent a great deal of time informing and training all staff, not only about these deadlines but also the importance of accuracy in the paperwork that we submit. The Finance Committee of our Board of Directors reviews outstanding pending and denied claims with management every month and routinely asks for follow-up when balances increase.

Included in the updated Fiscal Manual is a copy of our PA Authorization Process. One of the reasons we re-organized into teams of service coordinator lead by a Team Manager was to ensure that individual service coordinator receives the training and positive reinforcement they need to plan ahead and ensure that commitments for new or changed services are not made before the necessary approvals have been obtained. Team Managers will also be able to provide real-time feedback on errors in submissions before they are submitted to BDS for final action. We still have work to do in this area, but our overall goal is to ensure that we have no pending claims, which will significantly improve our overall organizational cash flow.

Also included in our updated Fiscal Manual is our new UCR Processing Policy, which since it has been implemented has significantly reduced the number of denied claims.

All payments by check made by us include a remittance that provides the following information; Invoice Date, Reference Number, Invoice Number, Description, Invoice Amounts, Amount Paid and Net Check Amount (sample of check remittances are included as Exhibit 32). For payments made by ACH, if the service provider requests it, we will provide e-mail notification of payments processed, expected payment receipt date in vendor's bank account, invoice number, invoice description and amount, is sent to vendor's directed contacts (see Exhibit 33).

The finance department, as part of its normal process, reviews vendors' accounts for missing or incorrect invoices and communicates with the vendors accordingly if a discrepancy is identified. Vendor statements – if submitted - are reviewed and reconciled by One Sky.

The finance department reconciles the accounts payable account each month by utilizing the accounts payable aging report, samples of were included as Exhibits CCC and DDD to our October 25, 2019 Update (see Exhibits CCC and DDD) Since 2015 the Days Expense in Accounts Payable (as reported by our outside financial auditor – see Exhibit MMM) has been as follows:

- 2015: 26 Days
- 2016: 45 Days
- 2017: 46 Days
- 2018: 43 Days

A review of our accounts payable system is an important part of the annual financial audit that our outside auditors perform. During the past five years, no material weakness in our accounts payable process has been identified by our outside auditors as part of their testing and audit procedures.

FY 19 MASTER AGREEMENT FOR SERVICES
Between
One Sky Community Services, Inc. and <Name of Service Provider>

EXHIBIT B

METHOD, SCHEDULE, AND CONDITIONS PRECEDENT TO PAYMENT

1) Subject to the satisfactory completion of the services to be performed under this Agreement and the receipt by the AA of sufficient revenues from the State of New Hampshire Bureau of Developmental Services, under its contract, and from Medicaid for the service (s), if applicable, to reimburse the Contractor, the AA agrees to purchase services from the Contractor, which are specified in The Master Agreement and, Exhibit "A".

2) PAYMENT TO THE CONTRACTOR WILL BE BASED UPON SIGNED BULK BILLING INVOICE/FORM "A" AGREEMENTS AS FOLLOWS:

A. Residential Programs

Residential program payments to the Contractor will be made following service delivery. Payments will be made on a per diem basis based on invoices for services delivered submitted by Contactor. The rate paid will be the annual residential budget divided by 365. The reimbursement for a Consumer will not exceed their annual budget (prorated for a mid-year start date) subject to the conditions below and provided Contractor has delivered to Consumer 327 days of services over the course of a twelve month period. Payments will be made within 30 days of invoice date or three weeks after receipt of Invoice or Bulk Billing Invoice. Invoice date cannot be earlier than the last date of Service Delivery Dates covered within the invoice.

At the end of each calendar quarter (ending September 30, December 31, March 31 and June 30) AA will reconcile YTD payments made to Contractor to actual days services were delivered to Consumer by Contractor. If Contactor has delivered the following days of services through each quarter end, AA will make a Quarterly Adjustment Payment to Contractor as follows

Quarter Ending	**If YTD Days of Services Delivered Equals or is Greater Than:**	**Quarter Adjustment Payment Will Equal:**
September 30	81 days	25% of Annual Budget Minus Actual YTD Payments
December 31	162 days	50% of Annual Budget Minus Actual YTD Payments
March 31	243 days	75% of Annual Budget Minus Actual YTD Payments
June 30	327 days	100% of Annual Budget Minus Actual YTD Payments

B. Community Participation Programs (CPS)

Day program payments to the Contractor will be made following service delivery. Payments will be made based on invoices for services delivered in ¼ hour units submitted by Contactor. The rate paid will be the annual day budget divided by the ISA expected hours of service to be delivered multiplied by 4 (For example: the ¼ hour unit rate paid for 30 hours of services per week for a program with an annual budget of $20,000, would be $20,000 divided by 1,560 hours times 4 or $3.21 per unit). The

reimbursement for a Consumer will not exceed their annual budget (prorated for a mid-year start date) subject to the conditions below and provided Contractor has delivered to Consumer 89% of the ISA expected units of service over the course of a twelve month period. Payments will be made within 30 days of invoice date or three weeks after receipt of Invoice or Bulk Billing Invoice. Invoice date cannot be earlier than the oldest date of Service Delivery Dates covered with in the invoice.
At the end of each calendar quarter (ending September 30, December 31, March 31 and June 30) AA will reconcile YTD payments made to Contractor to actual units of services delivered to Consumer by Contractor. If Contractor has actually delivered 89% or greater of the YTD ISA expected units of service, AA will make a Quarterly Adjustment Payments to Contractor as follows:

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3) Documentation

AA participates in the Community Support Network Inc. (CSNI) Uniformity of Practice and requires the use of all mandatory forms developed by this committee. Copies of these forms and instructions for their use can be found at: http://www.csni.org/statewide-forms

The Contractor agrees to submit the following documents on the following dates, without delay. Failure to do so will result in payments to Contractor being withheld until the required documentation is satisfactorily delivered to the AA:

A. Daily Attendance Records and Bulk Billing Invoices

i. Daily Attendance Records and Bulk Billing Invoices for Consumers are due twice per month on the following schedule:
   a. On the 18th day of each month: Daily Attendance Records and Bulk Billing Invoices for the 1st through 15th day of the current month

ii. On the 5th day of each month: Daily Attendance Records and Bulk Billing Invoices for the 16th day of the previous month through the previous month end. All Daily Attendance Records will be submitted directly to East Coast Reimbursement Services via the "e-Bridge" data transmittal application. Information explaining this application is included as Exhibit L to this agreement.

iii. All Bulk Billing Invoice will be submitted to AP@oneskyservices.org.

B. Monthly Progress Note, Health Risk Screen Tool (HRST) Tracker and Monthly Home Visit Reports

Due by the 5th day of the following month

C. Incident Reports (includes Nursing Interventions and Emergency Physical Restraint)

Any significant incidents needs to be reported to each Consumer's Service Coordinator within 24 hours of the incident occurring. Contractor must notify the Service Coordinator by phone as soon as possible and follow-up with a written incident report submitted to AA within 24 hours. In the event Contractor is

unable to reach Consumer's Service Coordinator by phone, Contractor should call AA's On-Call Service at (603) 436-6111 which is available between 4:30 PM and 8:30 AM weekdays and 24/7 on weekends.

D. Daily Notes

Contactor recognizes and acknowledges that they are required to take and maintain Daily Notes of Consumer activity. Contractor will maintain all Daily Records such that if requested by AA to provide copies of Daily Notes for any day or period of days, they will be able to do so within 24 hours. Contractor understands and acknowledges that AA may from time to time request Daily Notes for purposes of ensuring that Contractor is complying with this request.

E. Rep Payee Reporting

Monthly Financial records related to consumer for whom AA is the Representative Payee, including employment and wage reports

F. Other Documentation; such as the following, all of which shall be produced / maintained by Contractor delivered to AA as needed. Failure to provide such documentation on a timely basis may result in a delay in payment to Contractor for services delivered:

i. Consumer Behavior Plans-Receipt of required signatures and other needed documentation to complete and submit the Behavior Plan for prior approval by the Contractor's Human Rights Committee at least three weeks prior to each Human Rights Committee meeting which are generally scheduled on first Tuesday of every month

ii. Certification Documentation (He-M 1001 and He-M 507 Programs)

a. To be eligible for reimbursement by the State of New Hampshire or by Medicaid, Contractor must ensure that any community residence they operate is to be certified in accordance with He-M 1001 and/or He-M 507. To that end, Contractor must provide to AA the following information for each certified community residences:

- Life Safety Report
- Certificate (Emergency/Temp/New/Renewal)
- Self-Reports
- Results of Inspection
- Plan of Correction
- Appeals
- Closure Letters
- Skip Year Packet

b. Emergency Certifications

If an individual has an unanticipated move, and Contractor needs an emergency certification, Contractor must provide AA with the following within 7 days.

- Completed Emergency Certification for Community Residences – 3 or fewer beds
- Floor Plan with bedrooms and smoke detectors

– Completed and signed Emergency Certification Residence Review Form this verifies that "the home meets the requirements of He-M 503, He-M 1001, He-M 1201 and He-M 507, as applicable."

iii. Waivers - If a program needs to request a waiver for a specific He-M, the Contractor must provide AA with a completed NHBDS Waiver Request Form dated January, 2018 or later signed by the individual/guardian, along with any supporting documentation.

iv. Employment Tracking – Contractor shall update the Employment Data System (EDS) on the following dates, such that AA will be able to extract timely and up-date information on the employment status of Consumers served by Contractor:

- September 15 (for the period June 16 through September 15)
- December 15 (for the period September 16 through December 15)
- March 15 (for the period December 16 through March 15)
- June 15 (for the period March 16 through June 15)

iv. Quarterly Financial Update – Contractor will provide AA with a quarterly summary of Contractor revenues and expenses by the 25th day of the month following the end of each calendar quarter.

v. Contractor shall provide the AA with health information as outlined in He-M 503.11(b).

vi. Any other reporting/documentation that is outlined in state or federal regulations, or is requested in regards to a state or federal audit; including but not limited to confirmation that all employees of Contractor have undergone a Criminal Background Check which demonstrates no convictions for the following crimes:

a. A felony of any individual of neglect, spousal abuse, any crime against children, child pornography, rape, sexual assault or homicide, but not including other physical assault or battery.
b. A violent or sexually-related crime against a child or an adult which shows that the person might be reasonably expected to pose a threat to any individual.
c. A felony for physical assault, battery or a drug-related offense and that felony conviction was committed within the past five (5) years in accordance with 42 USC 671 (a)(20)(A)(ii). In such case, Contractor shall provide the required documentation to the AA prior to any Contractor employee commencing work.

vii. Contractor shall ensure that it obtains the necessary releases from its employees at time of hire to enable it to comply with AA's request for training or background check information on such employees. This information must be submitted within 7 days of a request.

G. Other reports that the AA may require to support payment for services delivered by Contractor. In the event that AA requests such reporting AA will make best efforts to notify Contractor in advance and provide Contractor with 30 days to comply with any new reporting requirement.

4) Format and Manner of Transmittal

Contractor agrees to utilize reporting format and manner of transmittal of all required documentation as specified by AA. All documentation submitted to be included in the consumers record shall be "legible, dated and have the author identified by name and position as outlined in He-M 503.12 (c) The AA shall only accept electronic/digital signatures approved by the U.S. Department of Health and Human Services Centers

for Medicare &Medicaid Services (CMS) . At the present time CMS permits the use of Citrix Right Signature, DocuSign and eSignSystems. Any of these electronic/digital services will be accepted by AA.

5) Termination

In the event a consumer terminates services, for any reason, during the contract year the AA reserves the right to recalculate the payments made year to date to the Contractor and adjust future payments to reflect any short fall in revenue received, by the AA, as compared to payments made to the Contractor for the terminated individual's services. These adjustments may be made against the overall future contract payment not only payments for the terminated consumer.

One Sky Community Services, Inc.

EXHIBIT 32

ROBIN HILL FARM Date 11/8/2019 Check Number 212103

Inv Date	Ref Nbr	Inv Nbr	Description	Inv Amount	Amount Paid	Net Check Amt
10/1/2019	152854	9/30/19	9/16-9/30/19	5588.70	5588.70	5,588.70

THIS DOCUMENT HAS A WATERMARK

One Sky Community Services, Inc.

755 Banfield Road
Portsmouth, NH 03801
603-436-6111 or 1-800-660-4103

THE PROVIDENT BANK
Amesbury, MA 01913-0037
53-7402-2113

VOID AFTER 6 MONTHS

212103

CHECK DATE	CONTROL NUMBER	CHECK AMOUNT
11/8/2019	212103	*******5588.70

Five Thousand Five Hundred Eighty-Eight and 70/100----------

PAY

TO THE ORDER OF

ROBIN HILL FARM
P.O. Box 1067
Hillsboro NH 03244

AUTHORIZED SIGNATURE

⑈212103⑈ ⑆211374020⑆ 4202190 67⑈

One Sky Community Services, Inc. 212103

Vendor ROBINHI Check Date 11/8/2019 Check Number 212103

Ref Nbr	Invc Nbr	Invc Date	Invoice Amount	Amount Paid	Description	Net Check Amt
152854	9/30/19	10/1/2019	5588.70	5588.70	9/16-9/30/19	5588.70

EXHIBIT 32

EASTER SEALS SOCIETY NI Date 2/8/2019 Check Number 016833

Inv Date	Ref Nbr	Inv Nbr	Description	Inv Amount	Amount Paid	Net Check Amt
1/31/2019	147608	HOME CRISIS	HOMECROFT CRISIS PAYMENT	45000.00	45000.00	381,268.21

2/8/2019 016833 *****381268.21

Three Hundred Eighty-One Thousand Two Hundred Sixty-Eight and 21/100----------

EASTER SEALS SOCIETY NH
555 AUBURN STREET
MANCHESTER NH 03103-

Vendor EASTER Check Date 2/8/2019 Check Number 016833

Ref Nbr	Invc Nbr	Invc Date	Invoice Amount	Amount Paid	Description	Net Check Amt
147608	HOME CRISIS	1/31/2019	45000.00	45000.00	HOMECROFT CRISIS PAYMENT	381268.21

EXHIBIT 32

EASTER SEALS SOCIETY NI Date 2/11/2019 Check Number 016837

Inv Date	Ref Nbr	Inv Nbr	Description	Inv Amount	Amount Paid	Net Check Amt
2/8/2019	147645	CRISIS ADJUSTME	HOMECROFT CRISIS ADJUSTMENT	289.00	289.00	289.00

2/11/2019 016837 ********289.00

Two Hundred Eighty-Nine and 00/100----------

EASTER SEALS SOCIETY NH
555 AUBURN STREET
MANCHESTER NH 03103-

Vendor EASTER Check Date 2/11/2019 Check Number 016837

Ref Nbr	Invc Nbr	Invc Date	Invoice Amount	Amount Paid	Description	Net Check Amt
147645	CRISIS ADJUSTME	2/8/2019	289.00	289.00	HOMECROFT CRISIS ADJUSTMENT	289.00

Exhibit 33

ACH Remittance Advice

Jonathan Comeau

From: Jonathan Comeau
Sent: Thursday, May 30, 2019 3:44 PM
To: LLinden@eastersealsnh.org
Cc: Caryn Lindergren; Lynn Anderson; DDAVIS@EASTERSEALSNH.ORG; Brandie Tweedie
Subject: ACH Notification

Good Afternoon,

We processed an ACH payment today in the amount of $24,286.84. This should be in your account tomorrow. This payment is for:

Invoice			Amount
JBA			21,678.50
3/31/19			
Woodridge	Monthly Food +Consumables		1,200.00
Woodridge	Building + House Expense		166.67
Homecroft	Monthly Food +Consumables		900.00
Homecroft	Building + House Expense		141.67
		Total	24,286.84

Please let me know if you have any questions.

Jonathan Comeau
A/P Specialist
One Sky Community Services, Inc
755 Banfield Road Suite 3
Portsmouth, NH 03801
603-436-6111 Ext. 124
Fax: 603 436-4622
www.oneskyservices.org
www.facebook.com/OneSkyServices
www.twitter.com/OneskyServices
#EveryLifeMatters

EXHIBIT 33

Jonathan Comeau

From:	Jonathan Comeau
Sent:	Friday, November 08, 2019 1:47 PM
To:	jmarten@ncilnh.com
Cc:	Brandie Tweedie
Subject:	ACH Notification

Good Afternoon,

We processed an ACH payment today in the amount of $3,205.68. This should be in your account Tuesday. This payment is for:

Invoice	Amount
9/30/19	3,205.68

Please let me know if you have any questions.

Jonathan Comeau
A/P Specialist
One Sky Community Services, Inc
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www.oneskyservices.org
www.facebook.com/OneSkyServices
www.twitter.com/OneskyServices
#EveryLifeMatters

EXHIBIT 33

Jonathan Comeau

From:	Jonathan Comeau
Sent:	Friday, November 08, 2019 1:46 PM
To:	jnickerson@greatbayservices.org
Cc:	Prudence Barnaby; Brandie Tweedie
Subject:	ACH Notification

Good Afternoon,

We processed an ACH payment today in the amount of $12,647.28. This should be in your account Tuesday. This payment is for:

Invoice		Amount
9/15/19 ADJ		-29.76
10/15/19		12,677.04
	Total	**12,647.28**

Please let me know if you have any questions.

Jonathan Comeau
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www.facebook.com/OneSkyServices
www.twitter.com/OneskyServices
#EveryLifeMatters

EXHIBIT 33

Jonathan Comeau

From: Jonathan Comeau
Sent: Friday, November 08, 2019 1:44 PM
To: (CPFC) Joseph Ntengeri
Cc: antengeri@cpciservicesnh.com; Brandie Tweedie
Subject: ACH Notification

Good Afternoon,

We processed an ACH payment today in the amount of $52,146.12. This should be in your account Tuesday. This payment is for:

Invoice		Amount
3/1-6/30/19 ADJ		13,842.12
RPE 2/18-10/15		38,304.00
	Total	**52,146.12**

Please let me know if you have any questions.

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www.facebook.com/OneSkyServices
www.twitter.com/OneskyServices
#EveryLifeMatters

EXHIBIT 33

Jonathan Comeau

From: Jonathan Comeau
Sent: Thursday, November 07, 2019 4:09 PM
To: MCoffey@gbcinc.org
Cc: John Moran; Chris Muns
Subject: ACH Notificaition

Good Afternoon,

We processed an ACH payment today in the amount of $104,037.30. This should be in your account tomorrow. This payment is for:

Invoice	Amount
9/30/19	104,037.30

Please let me know if you have any questions.

Jonathan Comeau
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EXHIBIT B

METHOD, SCHEDULE, AND CONDITIONS PRECEDENT TO PAYMENT

1) Subject to the satisfactory completion of the services to be performed under this Agreement and the receipt by the AA of sufficient revenues from the State of New Hampshire Bureau of Developmental Services, under its contract, and from Medicaid for the service (s), if applicable, to reimburse the Contractor, the AA agrees to purchase services from the Contractor, which are specified in The Master Agreement and, Exhibit "A".

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Contractor's Human Rights Committee at least three weeks prior to each Human Rights Committee meeting which are generally scheduled on first Tuesday of every month

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- Floor Plan with bedrooms and smoke detectors
- Completed and signed Emergency Certification Residence Review Form this verifies that "the home meets the requirements of He-m 503, He-m 1001, He-m 1201 and He-m 507, as applicable."

iii. Waivers - If a program needs to request a waiver for specific He-m the, Contractor must provide AA with a completed NHBDS Waiver Request Form dated January, 2018 or later signed by the individual/guardian, along with any supporting documentation.

iv. Employment Tracking – Contractor shall update the Employment Data System (EDS) on the following dates, such that AA will be able to extract timely and up-date information on the employment status of Consumers served by Contractor:

- September 15 (for the period June 16 through September 15)
- December 15 (for the period September 16 through December 15)
- March 15 (for the period December 16 through March 15)
- June 15 (for the period March 16 through June 15)

iv. Quarterly Financial Update – Contractor? will provide AA with a quarterly summary of Contractor revenues and expenses by the 25th day of the month following the end of each calendar quarter.

v. Contractor shall provide the AA with health information as outlined in He-m 503.11(b).

vi. Any other reporting/documentation that is outlined in state or federal regulations, or is requested in regards to a state or federal audit; including but not limited to confirmation that all employees of Contractor have undergone a Criminal Background Check which demonstrates no convictions for the following crimes:

a. A felony of any individual of neglect, spousal abuse, any crime against children, child pornography, rape, sexual assault or homicide, but not including other physical assault or battery.
b. A violent or sexually-related crime against a child or an adult which shows that the person might be reasonably expected to pose a threat to any individual.
c. A felony for physical assault, battery or a drug-related offense and that felony conviction was committed within the past five (5) years in accordance with 42 USC 671 (a)(20)(A)(ii). In such case, Contractor shall provide the required documentation to the AA prior to any Contractor employee commencing work.

vii. Contractor shall ensure that it obtains the necessary releases from its employees at time of hire to enable it to comply with AA's request for training or background check information on such employee. This information must be submitted within 7 days of a request.

G. Other reports that the AA may require to support payment for services delivered by Contractor. In the event that AA requests such reporting AA will make best efforts to notify Contractor in advance and provide Contractor with 30 days to comply with any new reporting requirement.

4) Format and Manner of Transmittal

Contractor agrees to utilize reporting format and manner of transmittal of all required documentation as specified by AA. All documentation submitted to be included in the consumers record shall be "legible, dated and have the author identified by name and position as outlined in He-m 503.12 (c) The AA shall only accept electronic/digital signatures approved by the U.S. Department of Health and Human Services Centers for Medicare &Medicaid Services (CMS) . At the present time CMS permits the use of Citrix

Right Signature, DocuSign and eSignSystems. Any of these electronic/digital services will be accepted by AA.

1) Termination

In the event a consumer terminates services, for any reason, during the contract year the AA reserves the right to recalculate the payments made year to date to the Contractor and adjust future payments to reflect any short fall in revenue received, by the AA, as compared to payments made to the Contractor for the terminated individual's services. These adjustments may be made against the overall future contract payment not only payments for the terminated consumer.

Accounts Pa[illegible] as of 6/30/19

Ref Nbr	Inv Nbr	DocType	Doc Stat	Date	Date	Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
Company:	CDSP											
A+CONF	A+ CONFERENCING		A									
150834	20190636362	VO	A		7/28/2019	7/8/2019	780.10	0.00	0.00	0.00	0.00	780.10
					Vendor Total		780.10	0.00	0.00	0.00	0.00	780.10
ABBOTT	Linsey Abbott		A									
150850	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	457.20	0.00	0.00	0.00	457.20
					Vendor Total		0.00	457.20	0.00	0.00	0.00	457.20
ABSOLUT	Absolute Resource Associates,		A									
150278	51367	VO	A		6/11/2019	6/11/2019	0.00	0.00	675.00	0.00	0.00	675.00
					Vendor Total		0.00	0.00	675.00	0.00	0.00	675.00
ACS	ALTERNATIVE COMMUNICATI		A									
150823	00047577	VO	A		7/24/2019	7/8/2019	95.00	0.00	0.00	0.00	0.00	95.00
150824	00047587	VO	A		7/8/2019	7/8/2019	0.00	774.00	0.00	0.00	0.00	774.00
150825	00047528	VO	A		7/17/2019	7/8/2019	71.25	0.00	0.00	0.00	0.00	71.25
					Vendor Total		166.25	774.00	0.00	0.00	0.00	940.25
ADAMSE	EMILY ADAMS		A									
151012	MSM JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	50.40	0.00	0.00	0.00	50.40
151013	TSM JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	50.40	0.00	0.00	0.00	50.40
					Vendor Total		0.00	100.80	0.00	0.00	0.00	100.80
ADAMSKA	Kara Adams		A									
150989	RAD 6/27/19	VO	A		7/10/2019	7/10/2019	0.00	160.00	0.00	0.00	0.00	160.00
					Vendor Total		0.00	160.00	0.00	0.00	0.00	160.00
ADDISON	JOYCE ADDISON		A									
150922	MAD 6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	252.00	0.00	0.00	0.00	252.00
					Vendor Total		0.00	252.00	0.00	0.00	0.00	252.00
AMTRUST	AMTRUST NORTH AMERICA		A									
150980	WC 6/30/19	VO	A		7/20/2019	7/10/2019	6,622.00	0.00	0.00	0.00	0.00	6,622.00
					Vendor Total		6,622.00	0.00	0.00	0.00	0.00	6,622.00
ANDERAM	Amy Marie Anderson		A									
150858	JAN 6/28/19	VO	A		7/9/2019	7/9/2019	0.00	144.00	0.00	0.00	0.00	144.00
					Vendor Total		0.00	144.00	0.00	0.00	0.00	144.00
AQUAR	AQUARION WATER COMPANY		A									
150817	WOOD 6/17/19	VO	A		7/12/2019	7/8/2019	114.50	0.00	0.00	0.00	0.00	114.50
150979	WOOD 6/27/19	VO	A		7/24/2019	7/10/2019	37.41	0.00	0.00	0.00	0.00	37.41
					Vendor Total		151.91	0.00	0.00	0.00	0.00	151.91
ARTHURD	ARTHUR DAVIS PUBLISHING		A									
150843	386235	VO	A		7/19/2019	7/8/2019	550.41	0.00	0.00	0.00	0.00	550.41
					Vendor Total		550.41	0.00	0.00	0.00	0.00	550.41
BAKER	ASHLEY BAKER		A									
150849	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	213.54	0.00	0.00	0.00	213.54
					Vendor Total		0.00	213.54	0.00	0.00	0.00	213.54
BAKERC	CARA BAKER		A									
150784	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	5.60	0.00	0.00	0.00	5.60
150821	6/30/19	VO	A		7/8/2019	7/8/2019	0.00	49.80	0.00	0.00	0.00	49.80
					Vendor Total		0.00	55.40	0.00	0.00	0.00	55.40
BANE	Shawn Bane		A									
150709		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,546.29	0.00	0.00	0.00	1,546.29
150710		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	624.00	0.00	0.00	0.00	624.00

Accounts Payable as of 6/30/19

Ref Nbr	Inv Nbr	DocType	Doc Stat	Date	Date	Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
					Vendor Total		0.00	2,170.29	0.00	0.00	0.00	2,170.29
BARTLEM	MICHELE LYNN BARTLETT		A									
150966	SBA 6/29/19	VO	A		7/10/2019	7/10/2019	0.00	192.00	0.00	0.00	0.00	192.00
150967	ABA 6/29/19	VO	A		7/10/2019	7/10/2019	0.00	192.00	0.00	0.00	0.00	192.00
					Vendor Total		0.00	384.00	0.00	0.00	0.00	384.00
BATES	ROBERTA BATES		A									
150711		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,022.46	0.00	0.00	0.00	1,022.46
					Vendor Total		0.00	1,022.46	0.00	0.00	0.00	1,022.46
BEALJ	JULIE BEAL		A									
150848	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	52.25	0.00	0.00	0.00	52.25
					Vendor Total		0.00	52.25	0.00	0.00	0.00	52.25
BECKET	BECKET FAMILY OF SERVICES		A									
149822	4/15/19	VO	A		5/21/2019	5/21/2019	0.00	0.00	57,862.65	0.00	0.00	57,862.65
149823	4/30/19	VO	A		5/21/2019	5/21/2019	0.00	0.00	66,904.41	0.00	0.00	66,904.41
150458	SCA 4/30/19 ADJ	AD	A		6/25/2019		0.00	-98.02	0.00	0.00	0.00	-98.02
150547	16943	VO	A		6/30/2019	6/25/2019	0.00	1,675.35	0.00	0.00	0.00	1,675.35
150548	16597	VO	A		5/30/2019	6/25/2019	0.00	0.00	696.15	0.00	0.00	696.15
150549	16934	VO	A		6/30/2019	6/25/2019	0.00	979.20	0.00	0.00	0.00	979.20
150550	16595	VO	A		6/25/2019	6/25/2019	0.00	298.35	0.00	0.00	0.00	298.35
150551	16937	VO	A		6/25/2019	6/25/2019	0.00	879.75	0.00	0.00	0.00	879.75
150552	16593	VO	A		6/25/2019	6/25/2019	0.00	657.90	0.00	0.00	0.00	657.90
150553	16938	VO	A		6/30/2019	6/25/2019	0.00	1,147.50	0.00	0.00	0.00	1,147.50
150554	16931	VO	A		6/30/2019	6/25/2019	0.00	1,889.55	0.00	0.00	0.00	1,889.55
150555	16599	VO	A		5/30/2019	6/25/2019	0.00	0.00	627.30	0.00	0.00	627.30
150556	16927	VO	A		6/30/2019	6/25/2019	0.00	933.30	0.00	0.00	0.00	933.30
150557	16592	VO	A		5/30/2019	6/25/2019	0.00	0.00	657.90	0.00	0.00	657.90
150558	16928	VO	A		6/30/2019	6/25/2019	0.00	810.90	0.00	0.00	0.00	810.90
150560	DCA 5/7/19	VO	A		6/26/2019	6/26/2019	0.00	178.50	0.00	0.00	0.00	178.50
150561	SCA 5/7/19	VO	A		6/26/2019	6/26/2019	0.00	107.10	0.00	0.00	0.00	107.10
150562	TNE 5/1/19	VO	A		6/26/2019	6/26/2019	0.00	999.60	0.00	0.00	0.00	999.60
150563	TNE 5/7/19	VO	A		6/26/2019	6/26/2019	0.00	107.10	0.00	0.00	0.00	107.10
150788	16687	VO	A		5/30/2019	5/30/2019	0.00	0.00	2,578.67	0.00	0.00	2,578.67
150789	16688	VO	A		6/30/2019	6/30/2019	0.00	2,578.67	0.00	0.00	0.00	2,578.67
150790	16689	VO	A		7/30/2019	6/30/2019	2,578.67	0.00	0.00	0.00	0.00	2,578.67
150791	16684	VO	A		5/30/2019	7/8/2019	0.00	0.00	2,578.67	0.00	0.00	2,578.67
150792	16685	VO	A		6/30/2019	7/8/2019	0.00	2,578.67	0.00	0.00	0.00	2,578.67
150793	5/15/19	VO	A		7/8/2019	7/8/2019	0.00	80,316.10	0.00	0.00	0.00	80,316.10
150794	5/31/19	VO	A		7/8/2019	7/8/2019	0.00	88,675.33	0.00	0.00	0.00	88,675.33
150938	17246	VO	A		7/10/2019	7/10/2019	0.00	443.70	0.00	0.00	0.00	443.70
150939	17244	VO	A		7/10/2019	7/10/2019	0.00	742.05	0.00	0.00	0.00	742.05
150940	17243	VO	A		7/10/2019	7/10/2019	0.00	933.30	0.00	0.00	0.00	933.30
150941	17241	VO	A		7/10/2019	7/10/2019	0.00	757.35	0.00	0.00	0.00	757.35
150942	17237	VO	A		7/10/2019	7/10/2019	0.00	726.75	0.00	0.00	0.00	726.75
150943	17235	VO	A		7/10/2019	7/10/2019	0.00	1,025.10	0.00	0.00	0.00	1,025.10
150944	17234	VO	A		7/10/2019	7/10/2019	0.00	390.15	0.00	0.00	0.00	390.15
151036	6/15/19	VO	A		7/11/2019	7/11/2019	0.00	84,495.20	0.00	0.00	0.00	84,495.20
151037	6/30/19	VO	A		7/11/2019	7/11/2019	0.00	82,900.56	0.00	0.00	0.00	82,900.56
					Vendor Total		2,578.67	357,129.01	131,905.75	0.00	0.00	491,613.43

Accounts Pa as of 6/30/19

Ref Nbr	Inv Nbr	DocType	Doc Stat	Date	Date	Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
BERGG	LYNN BERGGREN		A									
151001	BBE 6/2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	277.50	0.00	0.00	0.00	277.50
					Vendor Total		0.00	277.50	0.00	0.00	0.00	277.50
BERGLUN	LISA BERGLUND		A									
150852	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	267.44	0.00	0.00	0.00	267.44
					Vendor Total		0.00	267.44	0.00	0.00	0.00	267.44
BERRYDU	BerryDunn		A									
150974	381816	VO	A		7/26/2019	7/10/2019	6,038.00	0.00	0.00	0.00	0.00	6,038.00
					Vendor Total		6,038.00	0.00	0.00	0.00	0.00	6,038.00
BOTTARI	MADELINE BOTTARI-EATON		A									
150845	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	341.60	0.00	0.00	0.00	341.60
					Vendor Total		0.00	341.60	0.00	0.00	0.00	341.60
BOUDREA	JACQUELINE BOUDREAU		A									
150712		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	820.33	0.00	0.00	0.00	820.33
					Vendor Total		0.00	820.33	0.00	0.00	0.00	820.33
BOWEN	KATHIE BOWEN		A									
150964	ABO 4/28/19	VO	A	4/28/2019	4/28/2019	4/28/2019	0.00	0.00	0.00	612.00	0.00	612.00
150965	ABO 6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	1,026.00	0.00	0.00	0.00	1,026.00
					Vendor Total		0.00	1,026.00	0.00	612.00	0.00	1,638.00
BURLEYL	LEIGH BURLEY		A									
151009	SCO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	24.80	0.00	0.00	0.00	24.80
					Vendor Total		0.00	24.80	0.00	0.00	0.00	24.80
BURNHAM	STEPHEN BURNHAM		A									
150959	JBU 6/29/19	VO	A		7/10/2019	7/10/2019	0.00	45.00	0.00	0.00	0.00	45.00
					Vendor Total		0.00	45.00	0.00	0.00	0.00	45.00
BUTLERP	PAUL BUTLER		A									
150899	BBU 6/26/19	VO	A	6/26/2019	6/26/2019	6/26/2019	0.00	384.00	0.00	0.00	0.00	384.00
					Vendor Total		0.00	384.00	0.00	0.00	0.00	384.00
BUXTONO	BUXTON OIL CO		A									
150978	10208025	VO	A		7/6/2019	7/10/2019	0.00	376.60	0.00	0.00	0.00	376.60
					Vendor Total		0.00	376.60	0.00	0.00	0.00	376.60
BYRNEM	MARIE BYRNE		A									
150713		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,853.29	0.00	0.00	0.00	1,853.29
					Vendor Total		0.00	1,853.29	0.00	0.00	0.00	1,853.29
CAMPF	CAMP FATIMA, INC.		A									
150818	SBA 5/6/19	VO	A		7/8/2019	7/8/2019	0.00	700.00	0.00	0.00	0.00	700.00
					Vendor Total		0.00	700.00	0.00	0.00	0.00	700.00
CARMIP	PATRICIA A. CARMICHAEL		A									
150859	TCA 6/28/19	VO	A		7/9/2019	7/9/2019	0.00	102.00	0.00	0.00	0.00	102.00
					Vendor Total		0.00	102.00	0.00	0.00	0.00	102.00
CASIAN	RENEE CASIAN		A									
150893	PCA 6/27/19	VO	A		7/9/2019	7/9/2019	0.00	128.00	0.00	0.00	0.00	128.00
					Vendor Total		0.00	128.00	0.00	0.00	0.00	128.00
CHILD	WAYPOINT		A									
150612	6/14/19 REC - 2	VO	A	6/26/2019	6/26/2019	6/26/2019	0.00	18,426.00	0.00	0.00	0.00	18,426.00
150714		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	18,698.46	0.00	0.00	0.00	18,698.46
150854	H0619LM	VO	H	7/9/2019	7/28/2019	7/28/2019	735.26	0.00	0.00	0.00	0.00	735.26
150855	V0619AT	VO	A	7/3/2019	8/3/2019	8/3/2019	122.66	0.00	0.00	0.00	0.00	122.66

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Accounts Pay[illegible]s of 6/30/19

Ref Nbr	Inv Nbr	DocType	Doc Stat	Date	Date	Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
150856	V0619CM	VO	A	7/3/2019	7/3/2019	7/3/2019	0.00	184.76	0.00	0.00	0.00	184.76
151074		VO	A	7/15/2019	7/15/2019	7/15/2019	18,698.46	0.00	0.00	0.00	0.00	18,698.46
					Vendor Total		19,556.38	37,309.22	0.00	0.00	0.00	56,865.60
CIS	Community Integrated Services,		A									
149556	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	26,873.01	0.00	26,873.01
149557	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	23,988.34	0.00	23,988.34
150094	5/15/19	VO	A		6/5/2019	6/5/2019	0.00	0.00	24,219.64	0.00	0.00	24,219.64
150460	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	25,749.66	0.00	0.00	0.00	25,749.66
150972	6/15/19	VO	A		7/10/2019	7/10/2019	0.00	22,895.20	0.00	0.00	0.00	22,895.20
150973	6/30/19	VO	A		7/10/2019	7/10/2019	0.00	20,628.78	0.00	0.00	0.00	20,628.78
					Vendor Total		0.00	69,273.64	24,219.64	50,861.35	0.00	144,354.63
CITYWID	CITY WIDE OF NEW HAMPSHIR		A									
150831	INV001906	VO	A		7/27/2019	7/8/2019	35.00	0.00	0.00	0.00	0.00	35.00
					Vendor Total		35.00	0.00	0.00	0.00	0.00	35.00
CLOCK-F	MICHELE CLOCK		A									
150766	BCL 6/18/19	VO	A		7/8/2019	7/8/2019	0.00	126.00	0.00	0.00	0.00	126.00
150814	BCL 6/14/19	VO	A		7/8/2019	7/8/2019	0.00	500.00	0.00	0.00	0.00	500.00
					Vendor Total		0.00	626.00	0.00	0.00	0.00	626.00
COMCAST	COMCAST		A									
150816	DAME 6/15/19	VO	A		7/10/2019	7/8/2019	0.00	336.31	0.00	0.00	0.00	336.31
					Vendor Total		0.00	336.31	0.00	0.00	0.00	336.31
COMHOME	Community Home Solutions		A									
149136	3/15/19	VO	A		4/23/2019	4/23/2019	0.00	0.00	0.00	1,495.35	0.00	1,495.35
149137	3/31/19	VO	A		4/23/2019	4/23/2019	0.00	0.00	0.00	1,595.66	0.00	1,595.66
149554	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	1,538.80	0.00	1,538.80
149555	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	1,543.27	0.00	1,543.27
149681	Q3 2019 REC	VO	A		5/13/2019	5/13/2019	0.00	0.00	311.18	0.00	0.00	311.18
150093	5/15/19	VO	A		6/5/2019	6/5/2019	0.00	0.00	1,502.86	0.00	0.00	1,502.86
150459	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	1,591.19	0.00	0.00	0.00	1,591.19
150795	6/15/19	VO	A		7/8/2019	7/8/2019	0.00	1,543.27	0.00	0.00	0.00	1,543.27
151038	6/30/19	VO	A		7/11/2019	7/11/2019	0.00	1,471.39	0.00	0.00	0.00	1,471.39
					Vendor Total		0.00	4,605.85	1,814.04	6,173.08	0.00	12,592.97
COMMPAR	COMMUNITY PARTNERS		A									
149558	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	13,433.52	0.00	13,433.52
149559	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	14,094.54	0.00	14,094.54
149679	Q3 2019 REC	VO	A		5/13/2019	5/13/2019	0.00	0.00	7,785.63	0.00	0.00	7,785.63
150461	5/15/19	VO	A		6/25/2019	6/25/2019	0.00	13,979.58	0.00	0.00	0.00	13,979.58
150462	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	15,266.97	0.00	0.00	0.00	15,266.97
150564	0051560-IN	VO	A		4/30/2019	6/26/2019	0.00	0.00	0.00	1,767.15	0.00	1,767.15
150565	0051561-IN	VO	A		6/26/2019	6/26/2019	0.00	2,478.60	0.00	0.00	0.00	2,478.60
150566	0051562-IN	VO	A		6/26/2019	6/26/2019	0.00	2,455.65	0.00	0.00	0.00	2,455.65
150567	0051905-IN	VO	A		6/26/2019	6/26/2019	0.00	3,213.00	0.00	0.00	0.00	3,213.00
150568	0052270-IN	VO	A		6/26/2019	6/26/2019	0.00	2,295.00	0.00	0.00	0.00	2,295.00
150865	6/15/19	VO	A		7/9/2019	7/9/2019	0.00	14,209.50	0.00	0.00	0.00	14,209.50
150866	6/30/19	VO	A		7/9/2019	7/9/2019	0.00	13,764.03	0.00	0.00	0.00	13,764.03
150948	0052782-IN	VO	A		7/10/2019	7/10/2019	0.00	229.50	0.00	0.00	0.00	229.50
					Vendor Total		0.00	67,891.83	7,785.63	29,295.21	0.00	104,972.67
COMMPC	Community Partners for Change		A									

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149560	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	6,903.44	0.00	6,903.44
149561	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	7,040.24	0.00	7,040.24
149683	Q3 2019 REC	VO	A		5/13/2019	5/13/2019	0.00	0.00	4,870.98	0.00	0.00	4,870.98
150095	5/15/19	VO	A		6/5/2019	6/5/2019	0.00	0.00	6,766.64	0.00	0.00	6,766.64
150463	TOW 4/1-5/15/19	VO	A		6/25/2019	6/25/2019	0.00	19,165.50	0.00	0.00	0.00	19,165.50
150464	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	7,410.64	0.00	0.00	0.00	7,410.64
150805	TOW 5/31/19	VO	A		7/8/2019	7/8/2019	0.00	3,407.20	0.00	0.00	0.00	3,407.20
150873	6/15/19	VO	A		7/9/2019	7/9/2019	0.00	6,654.24	0.00	0.00	0.00	6,654.24
150874	6/30/19	VO	A		7/9/2019	7/9/2019	0.00	9,209.64	0.00	0.00	0.00	9,209.64
150926	TOW 5/15/19 ADJ	AD	A		7/9/2019		0.00	-2,129.50	0.00	0.00	0.00	-2,129.50
				Vendor Total			0.00	43,717.72	11,637.62	13,943.68	0.00	69,299.02
COMMRES	COMMUNITY RESOURCES FO		A									
149824	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	8,774.29	0.00	8,774.29
149825	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	8,649.55	0.00	8,649.55
150465	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	8,905.96	0.00	0.00	8,905.96
150466	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	9,211.93	0.00	0.00	9,211.93
150583	CTA 5/3/19	VO	A	5/3/2019	5/3/2019	5/3/2019	0.00	0.00	0.00	170.00	0.00	170.00
150875	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	8,500.73	0.00	0.00	0.00	8,500.73
150876	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	8,512.35	0.00	0.00	0.00	8,512.35
				Vendor Total			0.00	17,013.08	18,117.89	17,593.84	0.00	52,724.81
CORBETT	Janice Corbett		A									
151005	JMA JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	375.00	0.00	0.00	0.00	375.00
				Vendor Total			0.00	375.00	0.00	0.00	0.00	375.00
CORMIEA	AMY CORMIER		A									
150778	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	109.15	0.00	0.00	0.00	109.15
				Vendor Total			0.00	109.15	0.00	0.00	0.00	109.15
COUSINA	ALEX ASCANI		A									
151006	SCO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	15.60	0.00	0.00	0.00	15.60
				Vendor Total			0.00	15.60	0.00	0.00	0.00	15.60
COUSINS	MARIA COUSINS		A									
150988	SCO 6/29/19	VO	A		7/10/2019	7/10/2019	0.00	130.00	0.00	0.00	0.00	130.00
151008	SCO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	72.00	0.00	0.00	0.00	72.00
				Vendor Total			0.00	202.00	0.00	0.00	0.00	202.00
CREELEY	Diane Creeley		A									
151000	JCR 6/2019	VO	A		7/10/2019	7/10/2019	0.00	2,400.00	0.00	0.00	0.00	2,400.00
				Vendor Total			0.00	2,400.00	0.00	0.00	0.00	2,400.00
CROTCHE	Crotched Mountain Rehabilitati		A									
148182	967142	VO	A	3/6/2019	3/6/2019	3/6/2019	0.00	0.00	0.00	0.00	1,000.00	1,000.00
148867	3/15/19	VO	A	3/15/2019	3/15/2019	3/15/2019	0.00	0.00	0.00	0.00	37,266.47	37,266.47
149141	3/31/19	VO	A	3/31/2019	3/31/2019	3/31/2019	0.00	0.00	0.00	0.00	36,416.25	36,416.25
149475	967206	VO	A	3/13/2019	3/28/2019	3/28/2019	0.00	0.00	0.00	0.00	950.00	950.00
149562	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	38,578.52	0.00	38,578.52
149684	Q3 2019 REC	VO	A	5/13/2019	5/13/2019	5/13/2019	0.00	0.00	20,703.96	0.00	0.00	20,703.96
149826	BHE 7/1-4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	19,566.27	0.00	19,566.27
149827	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	36,079.26	0.00	36,079.26
150467	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	39,840.79	0.00	0.00	39,840.79
150468	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	43,086.62	0.00	0.00	43,086.62
150582	967356	VO	A	6/3/2019	7/3/2019	7/3/2019	0.00	1,025.00	0.00	0.00	0.00	1,025.00

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150877	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	38,861.55	0.00	0.00	0.00	38,861.55
150878	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	39,476.71	0.00	0.00	0.00	39,476.71
				Vendor Total			0.00	79,363.26	103,631.37	94,224.05	75,632.72	352,851.40
CSN	COMMUNITY SUPPORT NETW		A									
150888	6/30/19 SIS	VO	A	7/9/2019	7/9/2019	7/9/2019	0.00	767.96	0.00	0.00	0.00	767.96
				Vendor Total			0.00	767.96	0.00	0.00	0.00	767.96
DAVIDSM	MARYLEE DAVIDSON		A									
150765	RDA 6/2/19	VO	A	6/2/2019	6/2/2019	6/2/2019	0.00	0.00	128.00	0.00	0.00	128.00
				Vendor Total			0.00	0.00	128.00	0.00	0.00	128.00
DAVIDSO	CYNTHIA DAVIDSON		A									
150994	KDA 6/2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	617.48	0.00	0.00	0.00	617.48
				Vendor Total			0.00	617.48	0.00	0.00	0.00	617.48
DELIAM	Megan Delia		A									
150812	KVI 6/20/19	VO	A		7/8/2019	7/8/2019	0.00	50.00	0.00	0.00	0.00	50.00
				Vendor Total			0.00	50.00	0.00	0.00	0.00	50.00
DEMOULA	DEMOULAS SUPER MARKETS		A									
143821	604518	VO	A	6/29/2018	7/29/2018	7/29/2018	0.00	0.00	0.00	0.00	37.02	37.02
143822	516465	VO	A	2/12/2018	2/12/2018	2/12/2018	0.00	0.00	0.00	0.00	15.97	15.97
143823	7/31/18 CREDIT	AD	A	7/31/2018	7/31/2018		0.00	0.00	0.00	0.00	-186.12	-186.12
				Vendor Total			0.00	0.00	0.00	0.00	-133.13	-133.13
DEMSEYW	WENDY DEMSEY		A									
150917	RSU JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	103.55	0.00	0.00	0.00	103.55
				Vendor Total			0.00	103.55	0.00	0.00	0.00	103.55
DESCHEN	DESCHENES & SONS		A									
150976	0000446	VO	A		7/10/2019	7/10/2019	0.00	84.00	0.00	0.00	0.00	84.00
150977	0000445	VO	A		7/10/2019	7/10/2019	0.00	108.00	0.00	0.00	0.00	108.00
				Vendor Total			0.00	192.00	0.00	0.00	0.00	192.00
DEVINEJ	JESSICA DEVINE		A									
150715		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,977.91	0.00	0.00	0.00	2,977.91
				Vendor Total			0.00	2,977.91	0.00	0.00	0.00	2,977.91
DIAMOND	DIAMOND HILL BUILDERS		A									
151075	CYU 5/3/19	VO	A		7/11/2019	7/11/2019	0.00	4,000.00	0.00	0.00	0.00	4,000.00
				Vendor Total			0.00	4,000.00	0.00	0.00	0.00	4,000.00
DIMARCO	LORI DIMARCO		A									
151011	GGI JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	129.52	0.00	0.00	0.00	129.52
				Vendor Total			0.00	129.52	0.00	0.00	0.00	129.52
DIPIERO	VINCENT DIPIERO		A									
150752	6/28/19	VO	A		7/1/2019	7/1/2019	0.00	132.85	0.00	0.00	0.00	132.85
150839	6/28/19 PETTY C	VO	A		7/8/2019	7/8/2019	0.00	161.98	0.00	0.00	0.00	161.98
				Vendor Total			0.00	294.83	0.00	0.00	0.00	294.83
DOVEY	SAMANTHA DOVEY		A									
150916	RSU JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	67.15	0.00	0.00	0.00	67.15
				Vendor Total			0.00	67.15	0.00	0.00	0.00	67.15
DURGINL	LYNN DURGIN		A									
150846	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	232.40	0.00	0.00	0.00	232.40
				Vendor Total			0.00	232.40	0.00	0.00	0.00	232.40
DYER	CORINNE DYER		A									
150863	NDY 6/22/19	VO	A	6/22/2019	6/22/2019	6/22/2019	0.00	150.00	0.00	0.00	0.00	150.00

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				Vendor Total			0.00	150.00	0.00	0.00	0.00	150.00
EASTER	EASTER SEALS SOCIETY NH		A									
018022		CK	O				0.00	-2,408.34	0.00	0.00	0.00	-2,408.34
150098	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	162,206.58	0.00	0.00	162,206.58
150442	CBR 5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	2,302.51	0.00	0.00	2,302.51
150443	NDE 5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	3,796.32	0.00	0.00	3,796.32
150469	DET 12/31/18	AD	A	12/31/2018	12/31/2018		0.00	0.00	0.00	0.00	-404.39	-404.39
150470	159460	VO	A	6/4/2019	6/4/2019	6/4/2019	0.00	0.00	9,689.05	0.00	0.00	9,689.05
150471	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	181,335.16	0.00	0.00	181,335.16
150521	160090	VO	A	6/7/2019	7/7/2019	6/7/2019	0.00	225.00	0.00	0.00	0.00	225.00
150522	156520	VO	A	5/6/2019	6/6/2019	5/6/2019	0.00	0.00	270.00	0.00	0.00	270.00
150523	156390	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	360.00	0.00	360.00
150524	159900	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	225.00	0.00	0.00	225.00
150525	156440	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	540.00	0.00	540.00
150526	159980	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	450.00	0.00	0.00	450.00
150527	156320	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	112.50	0.00	112.50
150528	159850	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	135.00	0.00	0.00	135.00
150529	156240	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	157.50	0.00	157.50
150530	159760	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	135.00	0.00	0.00	135.00
150531	156250	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	45.00	0.00	45.00
150532	159770	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	45.00	0.00	0.00	45.00
150533	156270	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	112.50	0.00	112.50
150534	159790	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	90.00	0.00	0.00	90.00
150535	159750	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	270.00	0.00	0.00	270.00
150536	156230	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	225.00	0.00	225.00
150537	156220	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	225.00	0.00	225.00
150538	156120	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	225.00	0.00	225.00
150539	156160	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	90.00	0.00	90.00
150540	159690	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	630.00	0.00	0.00	630.00
150541	156170	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	90.00	0.00	90.00
150542	156180	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	90.00	0.00	90.00
150543	159700	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	405.00	0.00	0.00	405.00
150544	156110	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	585.00	0.00	585.00
150545	156020	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	270.00	0.00	270.00
150546	159590	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	225.00	0.00	0.00	225.00
150593	156380	VO	A	5/6/2019	6/6/2019	5/6/2019	0.00	0.00	135.00	0.00	0.00	135.00
150594	TZA 5/16/19	VO	A	5/16/2019	5/16/2019	5/16/2019	0.00	0.00	90.00	0.00	0.00	90.00
150796	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	169,337.38	0.00	0.00	0.00	169,337.38
150879	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	162,908.60	0.00	0.00	0.00	162,908.60
150880	JBA 6/30/19 ADJ	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	7,813.75	0.00	0.00	0.00	7,813.75
150928	163290	VO	A	7/2/2019	8/2/2019	7/2/2019	180.00	0.00	0.00	0.00	0.00	180.00
150929	163140	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	180.00	0.00	0.00	0.00	180.00
150930	163070	VO	A	7/2/2019	8/2/2019	7/2/2019	270.00	0.00	0.00	0.00	0.00	270.00
150931	163010	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	45.00	0.00	0.00	0.00	45.00
150932	162990	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	45.00	0.00	0.00	0.00	45.00
150933	162980	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	157.50	0.00	0.00	0.00	157.50
150934	162920	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	450.00	0.00	0.00	0.00	450.00
150935	162910	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	45.00	0.00	0.00	0.00	45.00

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150936	162870	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	405.00	0.00	0.00	0.00	405.00
150937	162780	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	180.00	0.00	0.00	0.00	180.00
					Vendor Total		450.00	339,383.89	362,434.62	3,127.50	-404.39	704,991.62
EISENHO	Eisenhower Center		A									
149567	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	7,020.00	0.00	7,020.00
149568	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	2,808.00	0.00	2,808.00
				Vendor Total			0.00	0.00	0.00	9,828.00	0.00	9,828.00
EJORQUE	Peter Ejorque		A									
150716		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,615.16	0.00	0.00	0.00	1,615.16
				Vendor Total			0.00	1,615.16	0.00	0.00	0.00	1,615.16
ELDREDP	PATRICIA ELDREDGE		A									
150756	EEL 5/30/19	VO	A		7/8/2019	7/8/2019	0.00	72.00	0.00	0.00	0.00	72.00
150862	EEL 6/24/19	VO	A		7/9/2019	7/9/2019	0.00	108.00	0.00	0.00	0.00	108.00
				Vendor Total			0.00	180.00	0.00	0.00	0.00	180.00
EPPSEPT	E & E SEPTIC, LLC		A									
150844	3944	VO	A	6/19/2019	7/19/2019	7/19/2019	325.00	0.00	0.00	0.00	0.00	325.00
				Vendor Total			325.00	0.00	0.00	0.00	0.00	325.00
EVANSJO	Joshua Evans		A									
150993	JEV JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	117.50	0.00	0.00	0.00	117.50
				Vendor Total			0.00	117.50	0.00	0.00	0.00	117.50
EVERSO	EVERSOURCE		A									
150975	DAME 6/24/19	VO	A		7/20/2019	7/10/2019	599.46	0.00	0.00	0.00	0.00	599.46
				Vendor Total			599.46	0.00	0.00	0.00	0.00	599.46
FAIRPOI	CONSOLIDATED COMMUNICA		A									
150842	78917-6/15/19	VO	A		7/8/2019	7/8/2019	0.00	600.88	0.00	0.00	0.00	600.88
				Vendor Total			0.00	600.88	0.00	0.00	0.00	600.88
FARM	FARMSTEADS OF NEW ENGLA		A									
150797	6/15/19	VO	A		7/8/2019	7/8/2019	0.00	22,468.48	0.00	0.00	0.00	22,468.48
150881	6/30/19	VO	A		7/9/2019	7/9/2019	0.00	22,803.68	0.00	0.00	0.00	22,803.68
150961	MGU 5/31/19	VO	A		7/10/2019	7/10/2019	0.00	3,553.60	0.00	0.00	0.00	3,553.60
				Vendor Total			0.00	48,825.76	0.00	0.00	0.00	48,825.76
FARMER	Sheena Farmer		A									
150783	MAY 2019	VO	A		7/8/2019	7/8/2019	0.00	137.75	0.00	0.00	0.00	137.75
150927	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	191.92	0.00	0.00	0.00	191.92
				Vendor Total			0.00	329.67	0.00	0.00	0.00	329.67
FERRARA	CYNDEE FERRARA		A									
150990	JCL 6/30/19	VO	A		7/10/2019	7/10/2019	0.00	500.00	0.00	0.00	0.00	500.00
				Vendor Total			0.00	500.00	0.00	0.00	0.00	500.00
FLIBOTT	DEBORAH FLIBOTTE		A									
150717		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,012.63	0.00	0.00	0.00	2,012.63
				Vendor Total			0.00	2,012.63	0.00	0.00	0.00	2,012.63
FORD	PATRICIA A. FORD, M.Ed., LMH		A									
150945	1109	VO	A		7/10/2019	7/10/2019	0.00	270.00	0.00	0.00	0.00	270.00
150946	1105	VO	A		7/10/2019	7/10/2019	0.00	270.00	0.00	0.00	0.00	270.00
				Vendor Total			0.00	540.00	0.00	0.00	0.00	540.00
FORDK	KAITLAN FORD		A									
150991	PZO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	403.20	0.00	0.00	0.00	403.20
				Vendor Total			0.00	403.20	0.00	0.00	0.00	403.20

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FORSY	REBECCA FORSYTH		A									
150968	OFO 6/23/19	VO	A		7/10/2019	7/10/2019	0.00	210.00	0.00	0.00	0.00	210.00
				Vendor Total			0.00	210.00	0.00	0.00	0.00	210.00
FOSHER	RICHARD FOSHER		A									
150718		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,241.62	0.00	0.00	0.00	2,241.62
				Vendor Total			0.00	2,241.62	0.00	0.00	0.00	2,241.62
GAYHARD	VICTORIA GAYHARDT		A									
150810	VGA 6/17/19	VO	A	6/17/2019	6/17/2019	6/17/2019	0.00	102.00	0.00	0.00	0.00	102.00
150811	JGA 6/17/19	VO	A	6/17/2019	6/17/2019	6/17/2019	0.00	102.00	0.00	0.00	0.00	102.00
				Vendor Total			0.00	204.00	0.00	0.00	0.00	204.00
GB	GREAT BAY SERVICES		A									
150474	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	9,834.66	0.00	0.00	0.00	9,834.66
150882	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	10,642.78	0.00	0.00	0.00	10,642.78
				Vendor Total			0.00	20,477.44	0.00	0.00	0.00	20,477.44
GEARYL	Liam Geary		A									
150813	IGE 6/11/19	VO	A		7/8/2019	7/8/2019	0.00	500.00	0.00	0.00	0.00	500.00
				Vendor Total			0.00	500.00	0.00	0.00	0.00	500.00
GEORGE	DAWN MARIE JONES		A									
150958	DGE 6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	288.00	0.00	0.00	0.00	288.00
				Vendor Total			0.00	288.00	0.00	0.00	0.00	288.00
GILLG	GERARD GILL		A									
150897	GGI 6/22/19	VO	A		7/9/2019	7/9/2019	0.00	216.00	0.00	0.00	0.00	216.00
				Vendor Total			0.00	216.00	0.00	0.00	0.00	216.00
GILVAR	DEBRA GILVAR		A									
150864	CGI 6/22/19	VO	A		7/9/2019	7/9/2019	0.00	60.00	0.00	0.00	0.00	60.00
				Vendor Total			0.00		60.00	0.00	0.00	60.00
GIRI	ARJUN GIRI		A									
150719		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,346.75	0.00	0.00	0.00	2,346.75
150720		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,600.66	0.00	0.00	0.00	1,600.66
				Vendor Total			0.00	3,947.41	0.00	0.00	0.00	3,947.41
GIRIR	Rudra Giri		A									
150721		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,664.12	0.00	0.00	0.00	2,664.12
				Vendor Total			0.00	2,664.12	0.00	0.00	0.00	2,664.12
GLYNNDE	Dennis Glynn		A									
150903	DGL 7/28/18	VO	A		7/9/2019	7/9/2019	0.00	720.00	0.00	0.00	0.00	720.00
150904	DGL 8/16/18	VO	A		7/9/2019	7/9/2019	0.00	885.00	0.00	0.00	0.00	885.00
150905	DGL 9/29/18	VO	A		7/9/2019	7/9/2019	0.00	615.00	0.00	0.00	0.00	615.00
150906	DGL 10/21/18	VO	A		7/9/2019	7/9/2019	0.00	570.00	0.00	0.00	0.00	570.00
150907	DGL 11/24/18	VO	A		7/9/2019	7/9/2019	0.00	780.00	0.00	0.00	0.00	780.00
150908	DGL 12/29/18	VO	A		7/9/2019	7/9/2019	0.00	735.00	0.00	0.00	0.00	735.00
150909	DGL 1/27/19	VO	A		7/9/2019	7/9/2019	0.00	690.00	0.00	0.00	0.00	690.00
150910	DGL 2/24/19	VO	A		7/9/2019	7/9/2019	0.00	495.00	0.00	0.00	0.00	495.00
150911	DGL 3/30/19	VO	A		7/9/2019	7/9/2019	0.00	720.00	0.00	0.00	0.00	720.00
150912	DGL 4/28/19	VO	A		7/9/2019	7/9/2019	0.00	510.00	0.00	0.00	0.00	510.00
151014	DGL 5/31/19	VO	A		7/10/2019	7/10/2019	0.00	480.00	0.00	0.00	0.00	480.00
				Vendor Total			0.00	7,200.00	0.00	0.00	0.00	7,200.00
GONZALE	CHADIA GONZALES		A									
150781	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	140.25	0.00	0.00	0.00	140.25

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150782	MAY 2019	VO	A		7/8/2019	7/8/2019	0.00	148.77	0.00	0.00	0.00	148.77
				Vendor Total			0.00	289.02	0.00	0.00	0.00	289.02
GREENGA	GREENGARD CENTER FOR AU		A									
150947	EKA JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	500.00	0.00	0.00	0.00	500.00
150986	EKA 6/2019	VO	A		7/10/2019	7/10/2019	0.00	13,461.12	0.00	0.00	0.00	13,461.12
				Vendor Total			0.00	13,961.12	0.00	0.00	0.00	13,961.12
GREENWO	CHARLENE GREENWOOD		A									
150770	KGR 6/22/19	VO	A	6/22/2019	6/22/2019	6/22/2019	0.00	144.00	0.00	0.00	0.00	144.00
				Vendor Total			0.00	144.00	0.00	0.00	0.00	144.00
HARM	BRIAN HARMON		A									
150851	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	128.31	0.00	0.00	0.00	128.31
				Vendor Total			0.00	128.31	0.00	0.00	0.00	128.31
HAUEN	DONALD HAUENSTEIN		A									
150921	LHA 6/28/19	VO	A		7/9/2019	7/9/2019	0.00	90.00	0.00	0.00	0.00	90.00
				Vendor Total			0.00	90.00	0.00	0.00	0.00	90.00
HOMEDEP	HOME DEPOT CREDIT SERVIC		A									
150981	12230-6/22/19	VO	A	6/22/2019	7/17/2019	7/17/2019	1,162.24	0.00	0.00	0.00	0.00	1,162.24
				Vendor Total			1,162.24	0.00	0.00	0.00	0.00	1,162.24
HOWARDJ	Jennifer Howard		A									
150822	6/30/19	VO	A		7/8/2019	7/8/2019	0.00	14.00	0.00	0.00	0.00	14.00
				Vendor Total			0.00	14.00	0.00	0.00	0.00	14.00
HUTCHIE	Elizabeth Hutchinson		A									
150757	BPL 6/22/19	VO	A		7/8/2019	7/8/2019	0.00	198.00	0.00	0.00	0.00	198.00
				Vendor Total			0.00	198.00	0.00	0.00	0.00	198.00
IPP	IPP INC		A									
149575	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	33,209.41	0.00	33,209.41
149576	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	32,604.99	0.00	32,604.99
150101	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	33,465.82	0.00	0.00	33,465.82
150475	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	36,305.78	0.00	0.00	36,305.78
150569	JST 5/2019	VO	A	6/5/2019	6/5/2019	6/5/2019	0.00	0.00	229.50	0.00	0.00	229.50
150570	SRU 5/2019	VO	A	6/5/2019	6/5/2019	6/5/2019	0.00	0.00	45.90	0.00	0.00	45.90
150571	SRU 4/2019	VO	A	5/7/2019	5/7/2019	5/7/2019	0.00	0.00	0.00	459.00	0.00	459.00
150572	SBI 4/2019	VO	A	5/7/2019	5/7/2019	5/7/2019	0.00	0.00	0.00	45.90	0.00	45.90
150573	SBI 5/2019	VO	A	6/5/2019	6/5/2019	6/5/2019	0.00	0.00	91.80	0.00	0.00	91.80
150798	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	33,714.43	0.00	0.00	0.00	33,714.43
150802	MEL 6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	445.12	0.00	0.00	0.00	445.12
150883	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	28,507.07	0.00	0.00	0.00	28,507.07
150949	DLA 6/2019	VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,542.45	0.00	0.00	0.00	1,542.45
150984	DLA 4/2019	VO	A	4/1/2019	4/1/2019	4/1/2019	0.00	0.00	0.00	0.00	1,186.76	1,186.76
150985	DLA 5/2019	VO	A	5/1/2019	5/1/2019	5/1/2019	0.00	0.00	0.00	1,777.25	0.00	1,777.25
151077	MEL 6/15/19 ADJ	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	89.44	0.00	0.00	0.00	89.44
151078	MEL 6/30/19 ADJ	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	37.84	0.00	0.00	0.00	37.84
				Vendor Total			0.00	64,336.35	70,138.80	68,096.55	1,186.76	203,758.46
JBLOCK	JB Lock & Key		A									
150838	J18069	VO	A		7/26/2019	7/8/2019	667.00	0.00	0.00	0.00	0.00	667.00
				Vendor Total			667.00	0.00	0.00	0.00	0.00	667.00
JEWELLS	SARAH JEWELL		A									
151007	SCO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	20.00	0.00	0.00	0.00	20.00

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				Vendor Total			0.00	20.00	0.00	0.00	0.00	20.00
JOHNDAK	DAKOTA BOCKUS		A									
150847	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	215.40	0.00	0.00	0.00	215.40
				Vendor Total			0.00	215.40	0.00	0.00	0.00	215.40
JOHNSKO	KONA JOHNSON		A									
150969	TMA 4/26/19	VO	A		7/10/2019	7/10/2019	0.00	252.00	0.00	0.00	0.00	252.00
150970	TMA 6/23/19	VO	A		7/10/2019	7/10/2019	0.00	180.00	0.00	0.00	0.00	180.00
				Vendor Total			0.00	432.00	0.00	0.00	0.00	432.00
JONESJ	JOHN A. JONES		A									
150924	JJO 6/23/19	VO	A	6/23/2019	6/23/2019	6/23/2019	0.00	117.00	0.00	0.00	0.00	117.00
				Vendor Total			0.00	117.00	0.00	0.00	0.00	117.00
JUDGERO	Judge Rotenberg Center		A									
149577	AS 4/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	22,993.50	0.00	22,993.50
149578	AW 4/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	31,393.50	0.00	31,393.50
150476	AS 5/19	VO	A		7/1/2019	6/25/2019	0.00	5,365.15	0.00	0.00	0.00	5,365.15
150477	AW 5/19	VO	A		7/1/2019	6/25/2019	0.00	32,439.95	0.00	0.00	0.00	32,439.95
150806	AW 6/19	VO	A		7/8/2019	7/8/2019	0.00	31,393.50	0.00	0.00	0.00	31,393.50
				Vendor Total			0.00	69,198.60	0.00	54,387.00	0.00	123,585.60
KAPLE	Elizabeth Kaple		A									
150780	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	83.48	0.00	0.00	0.00	83.48
151056	6/30/19 PR	VO	A		7/11/2019	7/11/2019	0.00	365.01	0.00	0.00	0.00	365.01
				Vendor Total			0.00	448.49	0.00	0.00	0.00	448.49
KARCZ	DANIELLE A. KARCZ		A									
150960	PKA 6/22/19	VO	A		7/10/2019	7/10/2019	0.00	180.00	0.00	0.00	0.00	180.00
				Vendor Total			0.00	180.00	0.00	0.00	0.00	180.00
KEENANC	CYNTHIA KEENAN		A									
150772	SKE 5/19/19	VO	A		5/19/2019	5/19/2019	0.00	0.00	126.00	0.00	0.00	126.00
150773	JKE 5/26/19	VO	A		7/8/2019	7/8/2019	0.00	135.00	0.00	0.00	0.00	135.00
150774	SKE 6/25/19	VO	A		7/8/2019	7/8/2019	0.00	126.00	0.00	0.00	0.00	126.00
150775	JKE 6/16/19	VO	A		7/8/2019	7/8/2019	0.00	135.00	0.00	0.00	0.00	135.00
				Vendor Total			0.00	396.00	126.00	0.00	0.00	522.00
KELLEYN	Nancy Kelley		A									
150992	SPO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	14.00	0.00	0.00	0.00	14.00
				Vendor Total			0.00	14.00	0.00	0.00	0.00	14.00
KELLYAM	Amanda Kelly		A									
150809	MKE 6/18/19	VO	A		7/8/2019	7/8/2019	0.00	500.00	0.00	0.00	0.00	500.00
150956	MKE 6/28/19	VO	A		7/10/2019	7/10/2019	0.00	384.00	0.00	0.00	0.00	384.00
				Vendor Total			0.00	884.00	0.00	0.00	0.00	884.00
KENDRIC	JO ANN KENDRICK		A									
151003	HKE 6/2019	VO	A		7/10/2019	7/10/2019	0.00	375.00	0.00	0.00	0.00	375.00
				Vendor Total			0.00	375.00	0.00	0.00	0.00	375.00
KIMI	KIMI NICHOLS CENTER INC		A									
149579	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	4,960.65	0.00	4,960.65
149580	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	5,111.85	0.00	5,111.85
150478	5/15/19	VO	A		6/25/2019	6/25/2019	0.00	4,960.65	0.00	0.00	0.00	4,960.65
150479	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	5,341.76	0.00	0.00	0.00	5,341.76
150884	6/15/19	VO	A		7/9/2019	7/9/2019	0.00	4,960.65	0.00	0.00	0.00	4,960.65
150885	6/30/19	VO	A		7/9/2019	7/9/2019	0.00	4,960.65	0.00	0.00	0.00	4,960.65

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				Vendor Total			0.00	20,223.71	0.00	10,072.50	0.00	30,296.21
KITCHEN	Shaylei Kitchen		A									
150779	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	98.53	0.00	0.00	0.00	98.53
				Vendor Total			0.00	98.53	0.00	0.00	0.00	98.53
KUZ	YVETTE CHAISSON		A									
150997	JKU 6/2019	VO	A		7/10/2019	7/10/2019	0.00	450.00	0.00	0.00	0.00	450.00
				Vendor Total			0.00	450.00	0.00	0.00	0.00	450.00
LANZAG	Gloria Lanza		A									
150771	KLA 6/24/19	VO	A		7/8/2019	7/8/2019	0.00	126.00	0.00	0.00	0.00	126.00
				Vendor Total			0.00	126.00	0.00	0.00	0.00	126.00
LASSINS	Melissa Lassins		A									
151010	JGA JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	220.00	0.00	0.00	0.00	220.00
				Vendor Total			0.00	220.00	0.00	0.00	0.00	220.00
LATTIME	BEVERLY LATTIME		A									
150987	DLA 6/26/19	VO	A	6/26/2019	6/26/2019	6/26/2019	0.00	150.00	0.00	0.00	0.00	150.00
				Vendor Total			0.00	150.00	0.00	0.00	0.00	150.00
LAUDER	Alisha Lauder		A									
150785	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	121.84	0.00	0.00	0.00	121.84
				Vendor Total			0.00	121.84	0.00	0.00	0.00	121.84
LAWLESS	BARBARA LAWLESS		A									
150760	MPA 6/19/19	VO	A		7/8/2019	7/8/2019	0.00	108.00	0.00	0.00	0.00	108.00
				Vendor Total			0.00	108.00	0.00	0.00	0.00	108.00
LE	TAMARA LE		A									
150915	CLE 7/5/19	VO	A		7/9/2019	7/9/2019	0.00	1,195.00	0.00	0.00	0.00	1,195.00
				Vendor Total			0.00	1,195.00	0.00	0.00	0.00	1,195.00
LEBLAJU	JUDY LEBLANC		A									
150894	PRA 6/30/19	VO	A		7/9/2019	7/9/2019	0.00	280.00	0.00	0.00	0.00	280.00
				Vendor Total			0.00	280.00	0.00	0.00	0.00	280.00
LEBLANJ	JAMES LEBLANC		A									
150405	PRA MAY 2019	VO	A		6/19/2019	6/19/2019	0.00	884.58	0.00	0.00	0.00	884.58
				Vendor Total			0.00	884.58	0.00	0.00	0.00	884.58
LEDDYGR	LEDDY GROUP		A									
150601	34518	VO	A		6/26/2019	6/26/2019	0.00	966.96	0.00	0.00	0.00	966.96
150602	34432	VO	A		7/11/2019	6/26/2019	0.00	979.20	0.00	0.00	0.00	979.20
150833	34611	VO	A		7/25/2019	7/8/2019	195.84	0.00	0.00	0.00	0.00	195.84
				Vendor Total			195.84	1,946.16	0.00	0.00	0.00	2,142.00
LIFE CO	LIFE COPING INC		A									
148797	18-24539	VO	A		4/30/2019	4/30/2019	0.00	0.00	0.00	257.35	0.00	257.35
148798	18-24540	VO	A		4/30/2019	4/5/2019	0.00	0.00	0.00	210.00	0.00	210.00
148799	18-24541	VO	A		4/30/2019	4/5/2019	0.00	0.00	0.00	210.00	0.00	210.00
148800	18-24542	VO	A		4/30/2019	4/5/2019	0.00	0.00	0.00	210.00	0.00	210.00
148801	18-24543	VO	A		4/30/2019	4/5/2019	0.00	0.00	0.00	210.00	0.00	210.00
148802	18-24544	VO	A		4/30/2019	4/5/2019	0.00	0.00	0.00	210.00	0.00	210.00
148803	18-24545	VO	A		4/5/2019	4/5/2019	0.00	0.00	0.00	0.00	210.00	210.00
149786	18-24568	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00
149787	18-24567	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00
149788	18-24569	VO	A		6/1/2019	5/15/2019	0.00	0.00	257.35	0.00	0.00	257.35
149789	18-24563	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00

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149790	18-24564	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00
149791	18-24565	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00
149792	18-24566	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00
150258	18-24594	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
150259	18-24595	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
150260	18-24596	VO	A		7/1/2019	6/7/2019	0.00	257.35	0.00	0.00	0.00	257.35
150261	18-24593	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
150262	18-24590	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
150263	18-24591	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
150264	18-24592	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
				Vendor Total			0.00	1,517.35	1,517.35	1,307.35	210.00	4,552.05
LIFESHA	LIFESHARE MANAGEMENT GR		A									
149581	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	30,911.08	0.00	30,911.08
149582	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	29,978.81	0.00	29,978.81
149897	NLE APR 2019	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	4,787.08	0.00	4,787.08
149898	RFE APR 2019	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	3,853.27	0.00	3,853.27
149899	DRO APR 2019	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	2,769.33	0.00	2,769.33
150444	RFE MAY 2019	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	3,907.30	0.00	0.00	3,907.30
150445	NLE MAY 2019	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	3,020.83	0.00	0.00	3,020.83
150446	DRO MAY 2019	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	2,991.89	0.00	0.00	2,991.89
150480	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	30,880.69	0.00	0.00	30,880.69
150481	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	32,079.56	0.00	0.00	32,079.56
				Vendor Total			0.00	0.00	72,880.27	72,299.57	0.00	145,179.84
LIVING	LIVING INNOVATIONS		A									
149039	APR190412	VO	A	4/12/2019	4/12/2019	4/12/2019	0.00	0.00	0.00	0.00	100.00	100.00
149040	APR190405	VO	A	4/5/2019	4/5/2019	4/5/2019	0.00	0.00	0.00	0.00	100.00	100.00
149041	MAR190329	VO	A	3/29/2019	3/29/2019	3/29/2019	0.00	0.00	0.00	0.00	100.00	100.00
149383	APR190419	VO	A	4/19/2019	5/19/2019	4/19/2019	0.00	0.00	100.00	0.00	0.00	100.00
149583	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	105,382.11	0.00	105,382.11
149831	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	104,901.31	0.00	104,901.31
150102	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	102,070.17	0.00	0.00	102,070.17
150430	52219	VO	A	6/3/2019	6/3/2019	6/3/2019	0.00	0.00	2,006.00	0.00	0.00	2,006.00
150447	MCMAY2019	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	2,306.46	0.00	0.00	2,306.46
150448	MCAPR2019	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	2,110.11	0.00	2,110.11
150482	GTI 5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	232.35	0.00	0.00	232.35
150483	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	111,672.39	0.00	0.00	111,672.39
150886	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	102,234.41	0.00	0.00	0.00	102,234.41
151039	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	103,255.24	0.00	0.00	0.00	103,255.24
				Vendor Total			0.00	205,489.65	218,387.37	212,393.53	300.00	636,570.55
LLTALIE	Jacqueline L'Italients		A									
150954	JSC JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	84.45	0.00	0.00	0.00	84.45
				Vendor Total			0.00	84.45	0.00	0.00	0.00	84.45
MACINNE	MARY MACINNES		A									
150723		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,544.58	0.00	0.00	0.00	1,544.58
				Vendor Total			0.00	1,544.58	0.00	0.00	0.00	1,544.58
MADISON	ROBERT MADISON		A									
150826	4/30/19 STIPEND	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	770.65	0.00	770.65
150827	APR 2019 STIPEN	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	771.61	0.00	771.61

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				Vendor Total			0.00	0.00	0.00	1,542.26	0.00	1,542.26
MAIO	ANDREW MAIO		A									
150841	19_FUTURES_06	VO	A		7/8/2019	7/8/2019	0.00	2,700.00	0.00	0.00	0.00	2,700.00
151081	ZMA 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	765.00	0.00	0.00	0.00	765.00
				Vendor Total			0.00	3,465.00	0.00	0.00	0.00	3,465.00
MAKHOUL	LORRAINE J MAKHOUL		A									
150759	CMA 6/15/19	VO	A		7/8/2019	7/8/2019	0.00	135.00	0.00	0.00	0.00	135.00
				Vendor Total			0.00	135.00	0.00	0.00	0.00	135.00
MARCUSM	MAHARANI MARCUS		A									
150962	AMA 6/27/19	VO	A		7/10/2019	7/10/2019	0.00	117.00	0.00	0.00	0.00	117.00
				Vendor Total			0.00	117.00	0.00	0.00	0.00	117.00
MAYINST	MAY INSTITUTE, INC.		A									
149584	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	10,935.64	0.00	10,935.64
149585	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	10,297.94	0.00	10,297.94
150103	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	10,669.76	0.00	0.00	10,669.76
150484	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	11,475.96	0.00	0.00	11,475.96
150485	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	10,607.20	0.00	0.00	0.00	10,607.20
150887	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	10,403.88	0.00	0.00	0.00	10,403.88
				Vendor Total			0.00	21,011.08	22,145.72	21,233.58	0.00	64,390.38
MCCAF	Kimberly McCaffrey		A									
150861	KMC 6/19/19	VO	A		7/9/2019	7/9/2019	0.00	117.00	0.00	0.00	0.00	117.00
				Vendor Total			0.00	117.00	0.00	0.00	0.00	117.00
MCCOSH2	Jonathan McCosh		A									
150769	JMC 6/18/19	VO	A		7/8/2019	7/8/2019	0.00	108.00	0.00	0.00	0.00	108.00
				Vendor Total			0.00	108.00	0.00	0.00	0.00	108.00
MCGOWEN	KATHLEEN MCGOWEN		A									
150786	JUN 2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	116.20	0.00	0.00	0.00	116.20
				Vendor Total			0.00	116.20	0.00	0.00	0.00	116.20
MCKAIG	RACHEL E. MCKAIG		A									
150951	DGL JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	320.96	0.00	0.00	0.00	320.96
150952	DGL 5/31/19	VO	A		7/10/2019	7/10/2019	0.00	349.24	0.00	0.00	0.00	349.24
				Vendor Total			0.00	670.20	0.00	0.00	0.00	670.20
MILLERC	Cecily Carsky Miller		A									
150953	JSC JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	151.08	0.00	0.00	0.00	151.08
				Vendor Total			0.00	151.08	0.00	0.00	0.00	151.08
MINORS	SHELBY MINOR		A									
151004	MKU JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	296.93	0.00	0.00	0.00	296.93
				Vendor Total			0.00	296.93	0.00	0.00	0.00	296.93
MITCHEL	JANET MITCHELL		A									
150895	EMI 6/8/19	VO	A	6/8/2019	6/8/2019	6/8/2019	0.00	0.00	160.00	0.00	0.00	160.00
				Vendor Total			0.00	0.00	160.00	0.00	0.00	160.00
MORTON	SHARON MORTON		A									
150764	EGU 6/28/19	VO	A		7/8/2019	7/8/2019	0.00	64.00	0.00	0.00	0.00	64.00
				Vendor Total			0.00	64.00	0.00	0.00	0.00	64.00
MOUA	FLINT MOUA		A									
150753	6/30/19 PR	VO	A		7/3/2019	7/3/2019	0.00	919.46	0.00	0.00	0.00	919.46
				Vendor Total			0.00	919.46	0.00	0.00	0.00	919.46
MOVITZ	NANCY MOVITZ		A									

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151002	FMO 6/2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	1,860.00	0.00	0.00	0.00	1,860.00
				Vendor Total			0.00	1,860.00	0.00	0.00	0.00	1,860.00
MURPHY	NANCY MURPHY		A									
150724		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	274.90	0.00	0.00	0.00	274.90
				Vendor Total			0.00	274.90	0.00	0.00	0.00	274.90
MURPHYP	PAUL MURPHY		A									
150768	MMU 6/28/19	VO	A		7/8/2019	7/8/2019	0.00	90.00	0.00	0.00	0.00	90.00
				Vendor Total			0.00	90.00	0.00	0.00	0.00	90.00
MUTASCI	Albert Mutascio		A									
150725		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,853.29	0.00	0.00	0.00	1,853.29
				Vendor Total			0.00	1,853.29	0.00	0.00	0.00	1,853.29
NAGLER	THE NAGLER GROUP		A									
150597	133605	VO	A		7/11/2019	6/26/2019	0.00	952.00	0.00	0.00	0.00	952.00
150598	133716	VO	A		7/18/2019	6/26/2019	952.00	0.00	0.00	0.00	0.00	952.00
150600	132944	VO	A		6/26/2019	6/26/2019	0.00	1,933.75	0.00	0.00	0.00	1,933.75
				Vendor Total			952.00	2,885.75	0.00	0.00	0.00	3,837.75
NEPC	NEW ENGLAND PRINTING & C		A									
150890	67644	VO	A		7/19/2019	7/9/2019	413.55	0.00	0.00	0.00	0.00	413.55
				Vendor Total			413.55	0.00	0.00	0.00	0.00	413.55
NEUROIN	Neurointernational Health		A									
150486	AAD 5/15/19	VO	A		6/25/2019	6/25/2019	0.00	16,440.00	0.00	0.00	0.00	16,440.00
150487	AAD 5/31/19	VO	A		6/25/2019	6/25/2019	0.00	17,536.00	0.00	0.00	0.00	17,536.00
150488	SDA 4/15/19	VO	A		6/25/2019	6/25/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
150489	SDA 4/30/19	VO	A		6/25/2019	6/25/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
150490	SDA 5/15/19	VO	A		6/25/2019	6/25/2019	0.00	18,150.00	0.00	0.00	0.00	18,150.00
150491	SDA 5/31/19	VO	A		6/25/2019	6/25/2019	0.00	18,740.00	0.00	0.00	0.00	18,740.00
150492	PDR 4/15/19	VO	A		6/25/2019	6/25/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
150493	PDR 4/30/19	VO	A		6/25/2019	6/25/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
150494	PDR 5/15/19	VO	A		6/25/2019	6/25/2019	0.00	18,150.00	0.00	0.00	0.00	18,150.00
150495	PDR 5/31/19	VO	A		6/25/2019	6/25/2019	0.00	18,740.00	0.00	0.00	0.00	18,740.00
150496	JHO 4/15/19	VO	A		6/25/2019	6/25/2019	0.00	13,800.00	0.00	0.00	0.00	13,800.00
150497	JHO 4/30/19	VO	A		6/25/2019	6/25/2019	0.00	13,800.00	0.00	0.00	0.00	13,800.00
150498	JHO 5/15/19	VO	A		6/25/2019	6/25/2019	0.00	13,500.00	0.00	0.00	0.00	13,500.00
150499	JHO 5/31/19	VO	A		6/25/2019	6/25/2019	0.00	14,120.00	0.00	0.00	0.00	14,120.00
150500	RKI 5/15/19	VO	A		6/25/2019	6/25/2019	0.00	590.00	0.00	0.00	0.00	590.00
150501	RKI 5/31/19	VO	A		6/25/2019	6/25/2019	0.00	19,946.00	0.00	0.00	0.00	19,946.00
151045	AAD 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	16,440.00	0.00	0.00	0.00	16,440.00
151046	SDA 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
151047	PDR 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
151048	JHO 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	13,800.00	0.00	0.00	0.00	13,800.00
151049	RKI 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	14,927.00	0.00	0.00	0.00	14,927.00
151050	AAD 6/30/19	VO	A		7/11/2019	7/11/2019	0.00	16,440.00	0.00	0.00	0.00	16,440.00
151051	SDA 6/30/19	VO	A		7/11/2019	7/11/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
151052	PDR 6/30/19	VO	A		7/11/2019	7/11/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
151053	JHO 6/30/19	VO	A		7/11/2019	7/11/2019	0.00	13,800.00	0.00	0.00	0.00	13,800.00
151054	RKI 6/30/19	VO	A		7/11/2019	7/11/2019	0.00	14,927.00	0.00	0.00	0.00	14,927.00
				Vendor Total			0.00	416,646.00	0.00	0.00	0.00	416,646.00
NEURORE	NEURORESTORATIVE		A									

Accounts Pay as of 6/30/19

Ref Nbr	Inv Nbr	DocType	Doc Stat	Date	Date	Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
149819	4/15/19	VO	A		5/21/2019	5/21/2019	0.00	0.00	13,430.25	0.00	0.00	13,430.25
149820	4/30/19	VO	A		5/21/2019	5/21/2019	0.00	0.00	13,430.25	0.00	0.00	13,430.25
150803	5/15/19	VO	A		7/8/2019	7/8/2019	0.00	13,430.25	0.00	0.00	0.00	13,430.25
150804	5/31/19	VO	A		7/8/2019	7/8/2019	0.00	14,325.60	0.00	0.00	0.00	14,325.60
151040	6/15/19	VO	A		7/11/2019	7/11/2019	0.00	13,430.25	0.00	0.00	0.00	13,430.25
151041	6/30/19	VO	A		7/11/2019	7/11/2019	0.00	13,430.25	0.00	0.00	0.00	13,430.25
				Vendor Total			0.00	54,616.35	26,860.50	0.00	0.00	81,476.85
NHSTATL	NEW HAMPSHIRE STATE LOT		A									
150755	2019 ANNUAL FEE	VO	A		7/3/2019	7/3/2019	0.00	50.00	0.00	0.00	0.00	50.00
				Vendor Total			0.00	50.00	0.00	0.00	0.00	50.00
NHTRESF	STATE OF NEW HAMPSHIRE		A									
151055	R8JUNE19	VO	A	7/8/2019	7/8/2019	7/8/2019	0.00	2,064.50	0.00	0.00	0.00	2,064.50
				Vendor Total			0.00	2,064.50	0.00	0.00	0.00	2,064.50
NORRIS	JENNIFER NORRIS		A									
150919	PRA JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	60.00	0.00	0.00	0.00	60.00
				Vendor Total			0.00	60.00	0.00	0.00	0.00	60.00
NORTH	NO COUNTRY INDEPENDENT		A									
150502	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	6,159.26	0.00	6,159.26
150503	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	476.88	0.00	476.88
151042	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	3,697.68	0.00	0.00	0.00	3,697.68
151043	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	4,331.00	0.00	0.00	0.00	4,331.00
				Vendor Total			0.00	8,028.68	0.00	6,636.14	0.00	14,664.82
NORTHHA	NORTH HAMPTON SERVICE C		A									
150829	15354	VO	A		7/8/2019	7/8/2019	0.00	325.72	0.00	0.00	0.00	325.72
				Vendor Total			0.00	325.72	0.00	0.00	0.00	325.72
NOYES	LORI NOYES		A									
151022	JNO 6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	852.00	0.00	0.00	0.00	852.00
				Vendor Total			0.00	852.00	0.00	0.00	0.00	852.00
OPALKAJ	JOE OPALKA		A									
150726		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,328.08	0.00	0.00	0.00	2,328.08
150727		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,476.89	0.00	0.00	0.00	1,476.89
				Vendor Total			0.00	3,804.97	0.00	0.00	0.00	3,804.97
PETTENG	Amy Pettengill		A									
150763	JPE 6/30/19	VO	A		7/8/2019	7/8/2019	0.00	108.00	0.00	0.00	0.00	108.00
150807	JPE 6/24/19	VO	A		7/8/2019	7/8/2019	0.00	55.00	0.00	0.00	0.00	55.00
150808	JPE 6/24/19	VO	A		7/8/2019	7/8/2019	0.00	75.00	0.00	0.00	0.00	75.00
				Vendor Total			0.00	238.00	0.00	0.00	0.00	238.00
PICKERS	SUZANNE PICKERING		A									
150728		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	3,866.79	0.00	0.00	0.00	3,866.79
				Vendor Total			0.00	3,866.79	0.00	0.00	0.00	3,866.79
PITTS	Alison Pitts		A									
150776	RCA 6/13/19	VO	A		7/8/2019	7/8/2019	0.00	108.00	0.00	0.00	0.00	108.00
				Vendor Total			0.00	108.00	0.00	0.00	0.00	108.00
PORTRI2	KATE PORTRIE		A									
150892	SPO 6/16/19	VO	A		7/9/2019	7/9/2019	0.00	535.50	0.00	0.00	0.00	535.50
				Vendor Total			0.00	535.50	0.00	0.00	0.00	535.50
PREVOST	COURTNEY PREVOST		A									
150971	KPR 6/26/19	VO	A		7/10/2019	7/10/2019	0.00	180.00	0.00	0.00	0.00	180.00

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				Vendor Total			0.00	180.00	0.00	0.00	0.00	180.00
PRIESTW	William Priest		A									
150729		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,157.51	0.00	0.00	0.00	1,157.51
				Vendor Total			0.00	1,157.51	0.00	0.00	0.00	1,157.51
PUDA	CHERYL PUDA		A									
150857	SPU 6/29/19	VO	A	6/29/2019	6/29/2019	6/29/2019	0.00	117.00	0.00	0.00	0.00	117.00
				Vendor Total			0.00	117.00	0.00	0.00	0.00	117.00
RANDALW	WILBUR RANDALL		A									
150920	SRA 6/30/19	VO	A		7/9/2019	7/9/2019	0.00	180.00	0.00	0.00	0.00	180.00
				Vendor Total			0.00	180.00	0.00	0.00	0.00	180.00
RAYPARK	RAY PARKHURST REMODELIN		A									
150835	AWE 6/30/19	VO	A		7/8/2019	7/8/2019	0.00	2,600.00	0.00	0.00	0.00	2,600.00
				Vendor Total			0.00	2,600.00	0.00	0.00	0.00	2,600.00
RICHER	EDITH RICHER		A									
150898	KWE 6/27/19	VO	A	6/27/2019	6/27/2019	6/27/2019	0.00	600.00	0.00	0.00	0.00	600.00
150995	KWE JUN 2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	1,890.00	0.00	0.00	0.00	1,890.00
				Vendor Total			0.00	2,490.00	0.00	0.00	0.00	2,490.00
RICHIE	THE RICHIE MCFARLAND		A									
150611	6/14/19 REC - 2	VO	A	6/26/2019	6/26/2019	6/26/2019	0.00	24,108.00	0.00	0.00	0.00	24,108.00
150730		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	56,498.51	0.00	0.00	0.00	56,498.51
				Vendor Total			0.00	80,606.51	0.00	0.00	0.00	80,606.51
ROBINHI	ROBIN HILL FARM		A									
150867	4/15/19	VO	A		7/9/2019	7/9/2019	0.00	5,588.70	0.00	0.00	0.00	5,588.70
150868	4/30/19	VO	A		7/9/2019	7/9/2019	0.00	3,353.22	0.00	0.00	0.00	3,353.22
150869	5/15/19	VO	A		7/9/2019	7/9/2019	0.00	3,725.80	0.00	0.00	0.00	3,725.80
150870	5/31/19	VO	A		7/9/2019	7/9/2019	0.00	5,961.28	0.00	0.00	0.00	5,961.28
150871	6/15/19	VO	A		7/9/2019	7/9/2019	0.00	5,588.70	0.00	0.00	0.00	5,588.70
150872	6/30/19	VO	A		7/9/2019	7/9/2019	0.00	4,843.54	0.00	0.00	0.00	4,843.54
				Vendor Total			0.00	29,061.24	0.00	0.00	0.00	29,061.24
ROPARSS	Susan Ropars		A									
150731		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,044.45	0.00	0.00	0.00	2,044.45
				Vendor Total			0.00	2,044.45	0.00	0.00	0.00	2,044.45
ROUSE	RENEE ROUSE		A									
150732		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	3,454.75	0.00	0.00	0.00	3,454.75
				Vendor Total			0.00	3,454.75	0.00	0.00	0.00	3,454.75
RRI	RESIDENTIAL RESOURCES IN		A									
149832	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	8,840.25	0.00	8,840.25
149833	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	9,169.65	0.00	9,169.65
150799	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	9,287.25	0.00	0.00	9,287.25
150889	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	9,869.60	0.00	0.00	9,869.60
151079	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	9,179.45	0.00	0.00	0.00	9,179.45
151080	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	9,026.45	0.00	0.00	0.00	9,026.45
				Vendor Total			0.00	18,205.90	19,156.85	18,009.90	0.00	55,372.65
SALIE	CHERI SALIE		A									
106696		CK	O				0.00	0.00	0.00	0.00	-350.00	-350.00
				Vendor Total			0.00	0.00	0.00	0.00	-350.00	-350.00
SARO	DENISE SAROFIAN		A									
150762	ASA 6/26/19	VO	A		7/8/2019	7/8/2019	0.00	90.00	0.00	0.00	0.00	90.00

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				Vendor Total			0.00	90.00	0.00	0.00	0.00	90.00
SCHMUHL	Pamela Schmuhl		A									
150950	JSC 6/14/19	VO	A		7/10/2019	7/10/2019	0.00	17.00	0.00	0.00	0.00	17.00
				Vendor Total			0.00	17.00	0.00	0.00	0.00	17.00
SEMPRIN	DOROTHY SEMPRINI		A									
150925	WSE 6/23/19	VO	A	6/23/2019	6/23/2019	6/23/2019	0.00	117.00	0.00	0.00	0.00	117.00
				Vendor Total			0.00	117.00	0.00	0.00	0.00	117.00
SIDDHAR	SIDDHARTH SERVICES INC		A									
150504	5/15/19	VO	A		6/25/2019	6/25/2019	0.00	4,590.08	0.00	0.00	0.00	4,590.08
150505	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	10,651.52	0.00	0.00	0.00	10,651.52
150800	6/15/19	VO	A		7/8/2019	7/8/2019	0.00	9,636.00	0.00	0.00	0.00	9,636.00
151044	6/30/19	VO	A		7/11/2019	7/11/2019	0.00	9,915.84	0.00	0.00	0.00	9,915.84
				Vendor Total			0.00	34,793.44	0.00	0.00	0.00	34,793.44
SIMONDS	JULIE SIMONDS		A									
150902	NSI 6/30/19	VO	A		7/9/2019	7/9/2019	0.00	200.00	0.00	0.00	0.00	200.00
150957	LSI 6/22/19	VO	A		7/10/2019	7/10/2019	0.00	220.00	0.00	0.00	0.00	220.00
				Vendor Total			0.00	420.00	0.00	0.00	0.00	420.00
SMARTD	David A Smart		A									
150900	MSM 6/25/19	VO	A		7/9/2019	7/9/2019	0.00	975.00	0.00	0.00	0.00	975.00
150901	TSM 6/25/19	VO	A		7/9/2019	7/9/2019	0.00	585.00	0.00	0.00	0.00	585.00
150998	MSM 6/2019	VO	A		7/10/2019	7/10/2019	0.00	420.00	0.00	0.00	0.00	420.00
150999	TSM 6/2019	VO	A		7/10/2019	7/10/2019	0.00	420.00	0.00	0.00	0.00	420.00
				Vendor Total			0.00	2,400.00	0.00	0.00	0.00	2,400.00
SMERDON	CYNTHIA SMERDON		A									
150733		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,701.21	0.00	0.00	0.00	1,701.21
150734		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,208.50	0.00	0.00	0.00	2,208.50
				Vendor Total			0.00	3,909.71	0.00	0.00	0.00	3,909.71
SMHC	SEACOAST MENTAL HEALTH (		A									
150913	JPR 6/30/19	VO	A	6/27/2019	6/27/2019	6/27/2019	0.00	1,125.24	0.00	0.00	0.00	1,125.24
150914	HPR 6/30/19	VO	A	6/26/2019	6/26/2019	6/26/2019	0.00	1,117.68	0.00	0.00	0.00	1,117.68
				Vendor Total			0.00	2,242.92	0.00	0.00	0.00	2,242.92
STEVENH	HEATHER STEVENS		A									
150761	CST 6/29/19	VO	A		7/8/2019	7/8/2019	0.00	162.00	0.00	0.00	0.00	162.00
150923	CST 7/7/19	VO	A		7/9/2019	7/9/2019	0.00	171.00	0.00	0.00	0.00	171.00
				Vendor Total			0.00	333.00	0.00	0.00	0.00	333.00
STONEP	Lisa Stone-Parsons		A									
150735		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,807.66	0.00	0.00	0.00	1,807.66
				Vendor Total			0.00	1,807.66	0.00	0.00	0.00	1,807.66
STRUBLE	JULIE A STRUBLE		A									
150860	SST 6/20/19	VO	A		7/9/2019	7/9/2019	0.00	81.00	0.00	0.00	0.00	81.00
				Vendor Total			0.00	81.00	0.00	0.00	0.00	81.00
SUBEDI	Ghanashayam Subedi		A									
150736		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,544.54	0.00	0.00	0.00	2,544.54
150830	RLA 5/29/19	VO	A		7/8/2019	7/8/2019	0.00	119.49	0.00	0.00	0.00	119.49
				Vendor Total			0.00	2,664.03	0.00	0.00	0.00	2,664.03
SULLIVJ	JACQUELYN SULLIVAN		A									
150819	RSU 6/24/19	VO	A		7/8/2019	7/8/2019	0.00	189.96	0.00	0.00	0.00	189.96
				Vendor Total			0.00	189.96	0.00	0.00	0.00	189.96

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SYSTEME	Systems Engineering		A									
150610	A53791	VO	A		7/13/2019	6/26/2019	1,865.72	0.00	0.00	0.00	0.00	1,865.72
				Vendor Total			1,865.72	0.00	0.00	0.00	0.00	1,865.72
TELEPHO	TELEPHONE SYSTEMS EFFICI		A									
150832	21955	VO	A		7/5/2019	7/8/2019	0.00	257.69	0.00	0.00	0.00	257.69
				Vendor Total			0.00	257.69	0.00	0.00	0.00	257.69
THOMASL	LOREANA THOMAS		A									
150787	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	62.62	0.00	0.00	0.00	62.62
				Vendor Total			0.00	62.62	0.00	0.00	0.00	62.62
TOMLIN	ANDREA TOMLINSON		A									
150767	ETO 6/21/19	VO	A		7/8/2019	7/8/2019	0.00	135.00	0.00	0.00	0.00	135.00
150963	ETO 6/30/19	VO	A		7/10/2019	7/10/2019	0.00	96.00	0.00	0.00	0.00	96.00
				Vendor Total			0.00	231.00	0.00	0.00	0.00	231.00
TOOLEY	Billie Tooley		A									
150820	6/30/19	VO	A		7/8/2019	7/8/2019	0.00	313.02	0.00	0.00	0.00	313.02
				Vendor Total			0.00	313.02	0.00	0.00	0.00	313.02
TRUG	TRUGREEN COMMERCIAL		A									
150828	100466289	VO	A		5/12/2019	7/8/2019	0.00	0.00	0.00	102.76	0.00	102.76
				Vendor Total			0.00	0.00	0.00	102.76	0.00	102.76
TUCKER	HERTA TUCKER		A									
150737		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	790.95	0.00	0.00	0.00	790.95
				Vendor Total			0.00	790.95	0.00	0.00	0.00	790.95
UNHAREN	UNH ARENA		A									
150754	7/13/19 PARKING	VO	A	7/3/2019	7/3/2019	7/3/2019	0.00	25.00	0.00	0.00	0.00	25.00
				Vendor Total			0.00	25.00	0.00	0.00	0.00	25.00
VERIZON	VERIZON WIRELESS		A									
150815	9832778051	VO	A	6/23/2019	7/15/2019	7/15/2019	2,884.44	0.00	0.00	0.00	0.00	2,884.44
				Vendor Total			2,884.44	0.00	0.00	0.00	0.00	2,884.44
WALKER	Ellen M. Walker		A									
150758	JWA 6/25/19	VO	A	6/25/2019	6/25/2019	6/25/2019	0.00	81.00	0.00	0.00	0.00	81.00
				Vendor Total			0.00	81.00	0.00	0.00	0.00	81.00
WARUSZY	JEANNE WARUSZYLA		A									
150777	WWA 6/20/19	VO	A		7/8/2019	7/8/2019	0.00	95.00	0.00	0.00	0.00	95.00
				Vendor Total			0.00	95.00	0.00	0.00	0.00	95.00
WBMASON	W.B. MASON CO., INC.		A									
150604	200025064	VO	A		7/14/2019	6/26/2019	187.67	0.00	0.00	0.00	0.00	187.67
150605	200063428	VO	A		7/17/2019	6/26/2019	121.37	0.00	0.00	0.00	0.00	121.37
150836	200398750	VO	A		7/27/2019	7/8/2019	418.10	0.00	0.00	0.00	0.00	418.10
150837	200189773	VO	A		7/8/2019	7/8/2019	0.00	276.57	0.00	0.00	0.00	276.57
				Vendor Total			727.14	276.57	0.00	0.00	0.00	1,003.71
WHOLE	WHOLE LIFE PLAN, LLC		A									
150982	BDO 6/2019	VO	A		7/10/2019	7/10/2019	0.00	5,627.31	0.00	0.00	0.00	5,627.31
150983	NDO 6/2019	VO	A		7/10/2019	7/10/2019	0.00	6,350.98	0.00	0.00	0.00	6,350.98
				Vendor Total			0.00	11,978.29	0.00	0.00	0.00	11,978.29
WILLANT	DIANE WILLANT		A									
150996	MWI 5-6/2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	600.00	0.00	0.00	0.00	600.00
				Vendor Total			0.00	600.00	0.00	0.00	0.00	600.00
WILLIAR	RACHEL WILLIAMS		A									

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151015	DEC 2018	VO	A		7/10/2019	7/10/2019	0.00	70.00	0.00	0.00	0.00	70.00	
151016	JAN 2019	VO	A		7/10/2019	7/10/2019	0.00	140.00	0.00	0.00	0.00	140.00	
151017	FEB 2019	VO	A		7/10/2019	7/10/2019	0.00	149.00	0.00	0.00	0.00	149.00	
151018	MAR 2019	VO	A		7/10/2019	7/10/2019	0.00	167.40	0.00	0.00	0.00	167.40	
151019	APR 2019	VO	A		7/10/2019	7/10/2019	0.00	114.80	0.00	0.00	0.00	114.80	
151020	MAY 2019	VO	A		7/10/2019	7/10/2019	0.00	241.00	0.00	0.00	0.00	241.00	
151021	JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	256.60	0.00	0.00	0.00	256.60	
				Vendor Total			0.00	1,138.80	0.00	0.00	0.00	1,138.80	
WILSONR	ROSE WILSON		A										
150918	PRA JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	110.00	0.00	0.00	0.00	110.00	
				Vendor Total			0.00	110.00	0.00	0.00	0.00	110.00	
WOODD	DARCI WOOD		A										
150896	SWO 6/23/19	VO	A		7/9/2019	7/9/2019	0.00	144.00	0.00	0.00	0.00	144.00	
				Vendor Total			0.00	144.00	0.00	0.00	0.00	144.00	
WOU	WORK OPPORTUNITIES		A										
149588	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	13,557.67	0.00	13,557.67	
149821	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	14,274.97	0.00	14,274.97	
150104	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	13,944.90	0.00	0.00	13,944.90	
150506	RMO 5/15/19	AD	A	5/15/2019	5/15/2019		0.00	0.00	-14.14	0.00	0.00	-14.14	
150507	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	13,220.25	0.00	0.00	13,220.25	
150801	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	11,373.68	0.00	0.00	0.00	11,373.68	
150955	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	11,762.22	0.00	0.00	0.00	11,762.22	
				Vendor Total			0.00	23,135.90	27,151.01	27,832.64	0.00	78,119.55	
ZIAR	LINDA ZIARNOWSKI		A										
150853	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	211.40	0.00	0.00	0.00	211.40	
				Vendor Total			0.00	211.40	0.00	0.00	0.00	211.40	
ZIK	AMANDA JACKMAN		A										
150722		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,071.92	0.00	0.00	0.00	2,071.92	
150738		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,657.71	0.00	0.00	0.00	1,657.71	
				Vendor Total			0.00	3,729.63	0.00	0.00	0.00	3,729.63	
				Company Total			**1,501,592.17**	**1,339,914.98**	**779,629.20**	**545,784.18**	**74,845.20**	**4,241,765.73**	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Becket

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis			$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Bennett J	CPS/DH	$7.61	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,985.55	$3,985.55	$21,778.00	6281-D16-000
Borden D	CPS/DH	$2.73	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,845.88	$2,845.88	$15,629.00	6281-D16-000
Cahill D	CPS/DH	$4.72	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,953.13	$2,953.13	$16,218.00	6281-D16-000
Carey D	CPS/DH	$10.77	182	$1,960.14	107	$1,152.39		$0.00		$0.00		$0.00		$0.00	$3,112.53	$8,468.03	$5,355.50	$33,596.00	6281-D16-000
Caron E	CPS/DH	$3.10	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,230.09	$3,230.09	$17,739.00	6281-D16-000
Carr S	CPS/DH	$9.44	264	$2,492.16	258	$2,435.52		$0.00		$0.00		$0.00		$0.00	$4,927.68	$14,841.49	$9,913.81	$56,882.00	6281-D16-000
Catinchi C	CPS/DH	$3.86	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,007.72	$2,007.72	$11,026.00	6281-D16-000
Currier D	CPS/DH	$4.42	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,302.89	$2,302.89	$12,647.00	6281-D16-000
Fowler K	CPS/DH	$5.86	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$6,103.10	$6,103.10	$33,517.00	6281-D16-000
Holland K	CPS/DH	$2.98	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,096.07	$3,096.07	$17,014.00	6281-D16-000
Houle T	CPS/DH	$3.57	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,714.81	$3,714.81	$20,401.00	6281-D16-000
Howland J	CPS/DH	$2.67	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,225.50	$2,225.50	$12,222.00	6281-D16-000
Mallet J	CPS/DH	$2.73	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,837.50	$2,837.50	$15,583.00	6281-D16-000
Makhout C	CPS/DH	$6.08	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$4,431.70	$4,431.70	$24,338.00	6281-D16-000
Moody J	CPS/DH	$6.12	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$6,377.50	$6,377.50	$35,024.00	6281-D16-000
Nichols C	CPS/DH	$5.46	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,684.47	$5,684.47	$31,218.00	6281-D16-000
Peterson Rob	CPS/DH	$5.29	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,513.13	$5,513.13	$30,277.00	6281-D16-000
Reidl E	CPS/DH	$2.63	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,944.75	$2,944.75	$16,172.00	6281-D16-000
Semprini W	CPS/DH	$6.04	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,302.92	$3,302.92	$18,139.00	6281-D16-000
Shipley J	CPS/DH	$3.56	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,708.25	$3,708.25	$20,365.00	6281-D16-000
Payment Due per bi-monthly billing period				$4,452.30		$3,587.91		$0.00		$0.00		$0.00		$0.00	$8,040.21	$80,684.47	$72,516.26	$401,785.00	
Barclay G	Residential	$725.04	15	$10,875.60	16	$11,600.64		$0.00		$0.00		$0.00		$0.00	$22,476.24	$88,703.53	$44,227.29	$264,639.00	6281-R16-000
Barker S	Residential	$635.60	15	$9,534.00	16	$10,169.60		$0.00		$0.00		$0.00		$0.00	$19,703.60	$56,474.44	$36,770.84	$231,991.00	6281-R16-000
Bennett J	Residential	$88.35	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,389.30	$5,389.30	$29,597.00	6281-R16-000
Borden D	Residential	$80.46	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$4,907.86	$4,907.86	$26,953.00	6281-R16-000
Cahill D	Residential	$93.86	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,725.08	$5,725.08	$31,441.00	6281-R16-000
Carey D	Residential	$220.17	15	$3,302.55	16	$3,522.72		$0.00		$0.00		$0.00		$0.00	$6,825.27	$20,255.12	$13,429.85	$80,360.00	6281-R16-000
Carr S	Residential	$251.63	15	$3,774.45	13	$3,271.19		$0.00		$0.00		$0.00		$0.00	$7,045.64	$23,149.22	$16,103.58	$91,842.00	6281-R16-000
Currier D	Residential	$64.16	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,913.47	$3,913.47	$21,492.00	6281-R16-000
Freeman S	Residential	$85.36	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,208.49	$5,208.49	$28,593.00	6281-R16-000
Hillman J	Residential	$252.87	8	$2,022.96	16	$4,045.92		$0.00		$0.00		$0.00		$0.00	$6,068.88	$23,263.40	$17,194.52	$92,295.00	6281-R16-000
Holland K	Residential	$71.88	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$4,384.53	$4,384.53	$24,079.00	6281-R16-000
Holliday B	Residential	$629.89	15	$9,448.35	16	$10,078.24		$0.00		$0.00		$0.00		$0.00	$19,526.59	$57,949.41	$38,422.82	$229,908.00	6281-R16-000
Mallet J	Residential	$99.54	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$6,071.96	$6,071.96	$33,346.00	6281-R16-000
Newbury T	Residential	$311.03	7	$2,177.21	15	$4,665.45		$0.00		$0.00		$0.00		$0.00	$6,842.66	$28,614.02	$21,771.36	$113,523.00	6281-R16-000
Nguyen L	Residential	$683.30	15	$10,249.50	16	$10,932.80		$0.00		$0.00		$0.00		$0.00	$21,182.30	$62,662.72	$41,480.42	$249,401.00	6281-R16-000
Nichols C	Residential	$100.79	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,147.89	$5,147.89	$33,763.00	6281-R16-000
Peterson Rob	Residential	$116.97	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$7,134.81	$7,134.81	$39,183.00	6281-R16-000
Phelps P	Residential	$637.37	15	$9,560.55	16	$10,197.92		$0.00		$0.00		$0.00		$0.00	$19,758.47	$58,637.52	$38,879.05	$232,638.00	6281-R16-000
Regan T	Residential	$637.37	15	$9,560.55	16	$10,197.92		$0.00		$0.00		$0.00		$0.00	$19,758.47	$58,637.52	$38,879.05	$232,638.00	6281-R16-000
Reidl E	Residential	$70.05	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$4,272.55	$4,272.55	$23,464.00	6281-R16-000
Sanok A	Residential	$721.66	15	$10,825.20	11	$7,936.48		$0.00		$0.00		$0.00		$0.00	$18,761.68	$66,394.51	$47,630.83	$283,413.00	6281-R16-000
Sousa E	Residential	$83.67	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,097.23	$5,097.23	$27,993.00	6281-R16-000
Payment Due per bi-monthly billing period				$81,336.92		$86,620.88		$0.00		$0.00		$0.00		$0.00	$167,961.80	$583,162.59	$415,200.79	$2,482,862.00	
Amero S	SEP	$3.92	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,039.40	$2,039.40	$11,200.00	6281-D16-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,039.40	$2,039.40	$11,200.00	
Total				$85,789.22		$90,208.79		$0.00		$0.00		$0.00		$0.00	$175,992.01	$675,788.46	$499,798.45	$2,875,537.00	

Area Agency: One Sky Community Services

Vendor Name: Community Home Solutions

Payment Period July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	-
Bader T	CSS	$5.99		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,182.14	$1,182.14	$4,690.00	6281-L29-000
Brown N	CSS	$5.99		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,415.29	$1,415.29	$5,615.00	6281-L29-000
Michitson N	CSS	$5.99		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,422.60	$1,422.60	$5,644.00	6281-L29-000
Moynahan N	CSS	$5.99		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,080.05	$1,080.05	$4,285.00	6281-L29-000
Woodburn B	CSS	$5.99		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,756.07	$1,756.07	$6,967.00	6281-L29-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$6,856.14	$6,856.14	$27,201.00	
N/A	CPS/DH	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Fortin P	Residential	$18.45		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,512.58	$1,512.58	$6,001.00	6281-R29-000
Kaplan J	Residential	$18.45		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,512.58	$1,512.58	$6,001.00	6281-R29-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,025.16	$3,025.16	$12,002.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$9,881.30	$9,881.30	$39,203.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Community Integrated Services

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Witham F	CSS	$6.89	160	$1,102.40	196	$1,350.44	176	$1,212.64		$0.00		$0.00		$0.00		$3,665.48	$7,214.31	$3,548.83	$26,622.00	6281-L21-000
Payment Due per bi-monthly billing period				$1,102.40		$1,350.44		$1,212.64		$0.00		$0.00		$0.00		$3,665.48	$7,214.31	$3,548.83	$26,622.00	
Addison M	CPS/DH	$8.30	166	$1,377.80	166	$1,377.80	144	$1,195.20		$0.00		$0.00		$0.00		$3,950.80	$7,824.03	$3,873.23	$31,041.00	6281-D21-000
Bennis D	CPS/DH	$7.03	142	$998.26	167	$1,174.01	138	$970.14		$0.00		$0.00		$0.00		$3,142.41	$7,367.06	$4,224.65	$29,228.00	6281-D21-000
Brindamour R	CPS/DH	$6.22	264	$1,642.08	288	$1,791.36	264	$1,642.08		$0.00		$0.00		$0.00		$5,075.52	$9,782.25	$4,706.73	$38,810.00	6281-D21-000
Carter K	CPS/DH	$6.81	212	$1,443.72	326	$2,233.66	284	$1,934.04		$0.00		$0.00		$0.00		$5,611.44	$9,271.08	$3,659.64	$36,782.00	6281-D21-000
Denis M	CPS/DH	$9.11	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$14,312.93	$14,312.93	$56,785.00	6281-D21-000
DeVaux M	CPS/DH	$8.03	240	$1,927.20	288	$2,312.64	264	$2,119.92		$0.00		$0.00		$0.00		$6,359.76	$12,617.86	$6,258.10	$50,060.00	6281-D21-000
Devins L	CPS/DH	$6.53	167	$1,090.51	210	$1,371.30	205	$1,338.65		$0.00		$0.00		$0.00		$3,800.46	$7,183.31	$3,382.85	$28,499.00	6281-D21-000
Gaw W	CPS/DH	$8.93	59	$526.87	149	$1,321.64	188	$1,678.84		$0.00		$0.00		$0.00		$3,527.35	$9,357.53	$5,830.18	$37,125.00	6281-D21-000
Geldart V	CPS/DH	$8.69	184	$1,230.96	240	$1,605.60	220	$1,471.80		$0.00		$0.00		$0.00		$4,308.36	$9,112.79	$4,804.43	$36,154.00	6281-D21-000
Gray N	CPS/DH	$6.80	0	$0.00	8	$54.40	12	$81.60		$0.00		$0.00		$0.00		$136.00	$2,851.50	$2,715.50	$11,313.00	6281-D21-000
Hayes K	CPS/DH	$7.06	180	$1,270.80	180	$1,270.80	180	$1,270.80		$0.00		$0.00		$0.00		$3,812.40	$7,397.81	$3,585.41	$29,350.00	6281-D21-000
James A	CPS/DH	$7.03	188	$1,321.64	238	$1,673.14	192	$1,349.76		$0.00		$0.00		$0.00		$4,344.54	$11,053.11	$6,708.57	$43,852.00	6281-D21-000
Johnson B	CPS/DH	$8.09	160	$974.40	200	$1,218.00	180	$1,096.20		$0.00		$0.00		$0.00		$3,288.60	$6,380.01	$3,091.41	$25,312.00	6281-D21-000
Kirby J	CPS/DH	$9.91	120	$1,189.20	140	$1,387.40	140	$1,387.40		$0.00		$0.00		$0.00		$3,964.00	$11,422.12	$7,458.12	$45,316.00	6281-D21-000
Knowles M	CPS/DH	$7.02	194	$1,361.88	266	$1,867.32	264	$1,853.28		$0.00		$0.00		$0.00		$5,082.48	$5,887.24	$804.76	$23,357.00	6281-D21-000
Laforest R	CPS/DH	$4.39	96	$421.44	96	$421.44	100	$439.00		$0.00		$0.00		$0.00		$1,281.88	$6,898.24	$5,616.36	$27,368.00	6281-D21-000
Landry P	CPS/DH	$13.38	108	$1,445.04	132	$1,766.16	112	$1,498.56		$0.00		$0.00		$0.00		$4,709.76	$8,411.82	$3,702.06	$33,373.00	6281-D21-000
Lanza K	CPS/DH	$8.51	0	$0.00	0	$0.00	0	$0.00		$0.00	0	$0.00	0	$0.00		$0.00	$4,508.00	$4,508.00	$4,508.00	6281-D21-000
Leggett-Lewis D	CPS/DH	$7.80	0	$0.00	0	$0.00	144	$1,123.20		$0.00		$0.00		$0.00		$1,123.20	$7,359.24	$6,236.04	$29,197.00	6281-D21-000
Mason Z	CPS/DH	$8.75	128	$1,120.00	160	$1,400.00	144	$1,260.00		$0.00		$0.00		$0.00		$3,780.00	$7,335.80	$3,555.80	$29,104.00	6281-D21-000
Morgan H	CPS/DH	$7.86	56	$440.16	140	$1,100.40	112	$880.32		$0.00		$0.00		$0.00		$2,420.88	$5,761.97	$3,341.09	$22,660.00	6281-D21-000
Morse J	CPS/DH	$8.54	132	$863.28	212	$1,386.48	136	$889.44		$0.00		$0.00		$0.00		$3,139.20	$6,848.58	$3,709.38	$27,171.00	6281-D21-000
Rey B	CPS/DH	$4.96	100	$496.00	125	$620.00	108	$535.68		$0.00		$0.00		$0.00		$1,651.68	$7,277.83	$5,626.15	$26,874.00	6281-D21-000
Reed D	CPS/DH	$7.52	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$11,815.07	$11,815.07	$46,875.00	6281-D21-000
Rix D	CPS/DH	$3.00	209	$627.00	305	$915.00	260	$780.00		$0.00		$0.00		$0.00		$2,322.00	$4,715.44	$2,393.44	$18,708.00	6281-D21-000
Soucie C	CPS/DH	$5.38	120	$645.60	144	$774.72	132	$710.16		$0.00		$0.00		$0.00		$2,130.48	$4,228.22	$2,097.74	$16,775.00	6281-D21-000
Sousa A	CPS/DH	$5.43	160	$868.80	189	$1,026.27	178	$966.54		$0.00		$0.00		$0.00		$2,861.61	$4,635.92	$1,974.31	$19,186.00	6281-D21-000
Thomas C	CPS/DH	$6.03	240	$1,447.20	288	$1,736.64	264	$1,591.92		$0.00		$0.00		$0.00		$4,775.76	$9,481.29	$4,705.53	$37,616.00	6281-D21-000
Tobin H	CPS/DH	$7.43	80	$594.40	30	$222.90	0	$0.00		$0.00		$0.00		$0.00		$817.30	$9,730.58	$8,913.28	$38,605.00	6281-D21-000
Wallace M	CPS/DH	$7.80	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$7,740.80	$7,740.80	$30,710.00	6281-D21-000
Williams D	CPS/DH	$8.51	44	$374.44	44	$374.44	58	$493.58		$0.00		$0.00		$0.00		$1,242.46	$2,453.00	$1,210.54	$9,732.00	6281-D21-000
Payment Due per bi-monthly billing period				$26,889.68		$32,409.54		$30,658.11		$0.00		$0.00		$0.00		$89,960.33	$241,222.24	$152,661.91	$943,846.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Community Integrated Services

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
Bennis D	Residential	$112.97	15	$1,694.55	16	$1,807.52	15	$1,694.55		$0.00		$0.00		$0.00		$5,196.62	$10,392.98	$5,196.36	$41,233.00	6281-R21-000
Bernier L	Residential	$111.40	15	$1,671.00	16	$1,782.40	15	$1,671.00		$0.00		$0.00		$0.00		$5,124.40	$10,248.30	$5,123.90	$40,659.00	6281-R21-000
Brindamour R	Residential	$213.94	15	$3,209.10	16	$3,423.04	15	$3,209.10		$0.00		$0.00		$0.00		$9,841.24	$19,681.70	$9,840.46	$78,085.00	6281-R21-000
Carter K	Residential	$83.56	15	$1,253.40	16	$1,336.96	15	$1,253.40		$0.00		$0.00		$0.00		$3,843.76	$7,686.92	$3,843.16	$30,497.00	6281-R21-000
Denis M	Residential	$176.19	0	$0.00	14	$2,466.66	15	$2,642.85		$0.00		$0.00		$0.00		$5,109.51	$16,208.89	$11,099.38	$64,307.00	6281-R21-000
Denyou C	Residential	$63.98	15	$959.40	16	$1,023.36	15	$959.40		$0.00		$0.00		$0.00		$2,942.16	$5,884.22	$2,942.06	$23,345.00	6281-R21-000
DeVaux M	Residential	$159.15	15	$2,387.25	16	$2,546.40	15	$2,387.25		$0.00		$0.00		$0.00		$7,320.90	$14,641.11	$7,320.21	$58,087.00	6281-R21-000
Devins L	Residential	$108.72	15	$1,630.80	16	$1,739.52	15	$1,630.80		$0.00		$0.00		$0.00		$5,001.12	$10,001.79	$5,000.67	$39,681.00	6281-R21-000
Fortin D	Residential	$127.72	14	$1,788.08	16	$2,043.52	15	$1,915.80		$0.00		$0.00		$0.00		$5,747.40	$11,749.79	$6,002.39	$48,618.00	6281-R21-000
Gaw W	Residential	$90.57	8	$724.56	14	$1,267.98	13	$1,177.41		$0.00		$0.00		$0.00		$3,169.95	$8,331.92	$5,161.97	$33,056.00	6281-R21-000
Geldart V	Residential	$102.86	15	$1,542.90	16	$1,646.76	15	$1,542.90		$0.00		$0.00		$0.00		$4,731.56	$9,462.64	$4,731.08	$37,542.00	6281-R21-000
Hayes K	Residential	$212.38	15	$3,185.70	16	$3,398.08	15	$3,185.70		$0.00		$0.00		$0.00		$9,769.48	$19,538.28	$9,768.80	$77,516.00	6281-R21-000
James A	Residential	$117.56	15	$1,763.40	13	$1,528.28	15	$1,763.40		$0.00		$0.00		$0.00		$5,055.08	$10,814.92	$5,759.84	$42,907.00	6281-R21-000
Johnson B	Residential	$95.84	15	$1,437.60	16	$1,533.44	15	$1,437.60		$0.00		$0.00		$0.00		$4,408.64	$8,817.13	$4,408.49	$34,981.00	6281-R21-000
Ketchen J	Residential	$122.30	8	$978.40	16	$1,956.80	15	$1,834.50		$0.00		$0.00		$0.00		$4,769.70	$11,250.72	$6,481.02	$44,836.00	6281-R21-000
Kirby J	Residential	$239.00	15	$3,585.00	16	$3,824.00	15	$3,585.00		$0.00		$0.00		$0.00		$10,994.00	$21,987.50	$10,993.50	$87,233.00	6281-R21-000
Knowles M	Residential	$112.09	13	$1,457.17	14	$1,569.26	15	$1,681.35		$0.00		$0.00		$0.00		$4,707.78	$10,311.81	$5,604.03	$40,911.00	6281-R21-000
Laforest R	Residential	$107.02	15	$1,605.30	16	$1,712.32	15	$1,605.30		$0.00		$0.00		$0.00		$4,922.92	$9,845.26	$4,922.34	$39,080.00	6281-R21-000
Landry P	Residential	$135.10	15	$2,026.50	16	$2,161.60	15	$2,026.50		$0.00		$0.00		$0.00		$6,214.60	$12,429.07	$6,214.47	$49,311.00	6281-R21-000
Mason Z	Residential	$106.39	15	$1,595.85	16	$1,702.24	15	$1,595.85		$0.00		$0.00		$0.00		$4,893.94	$9,787.29	$4,893.35	$38,830.00	6281-R21-000
McNamara J	Residential	$544.15	15	$8,162.25	16	$10,306.40	15	$8,162.25		$0.00		$0.00		$0.00		$29,630.90	$59,261.61	$29,630.71	$235,114.00	6281-R21-000
Morse J	Residential	$83.47	15	$1,252.05	16	$1,335.52	13	$1,085.11		$0.00		$0.00		$0.00		$3,672.68	$7,678.85	$4,006.17	$30,465.00	6281-R21-000
Richards M	Residential	$156.30	15	$2,344.50	16	$2,500.80	15	$2,344.50		$0.00		$0.00		$0.00		$7,189.80	$14,378.97	$7,189.17	$57,047.00	6281-R21-000
Rix D	Residential	$114.80	12	$1,377.60	16	$1,836.80	13	$1,492.40		$0.00		$0.00		$0.00		$4,706.80	$10,560.84	$5,854.04	$41,899.00	6281-R21-000
Smith L	Residential	$146.41	15	$2,196.15	16	$2,342.56	15	$2,196.15		$0.00		$0.00		$0.00		$6,734.86	$13,469.56	$6,734.70	$53,439.00	6281-R21-000
Soucie C	Residential	$146.95	15	$2,204.25	16	$2,351.20	15	$2,204.25		$0.00		$0.00		$0.00		$6,759.70	$13,518.96	$6,759.26	$53,636.00	6281-R21-000
Sousa A	Residential	$70.41	15	$1,056.15	16	$1,126.56	15	$1,056.15		$0.00		$0.00		$0.00		$3,238.86	$6,477.05	$3,238.19	$25,697.00	6281-R21-000
Spooner L	Residential	$134.33	15	$2,014.95	16	$2,149.28	15	$2,014.95		$0.00		$0.00		$0.00		$6,179.18	$12,358.25	$6,179.07	$49,030.00	6281-R21-000
Thomas C	Residential	$84.70	13	$1,101.10	16	$1,355.20	14	$1,185.80		$0.00		$0.00		$0.00		$3,642.10	$7,791.77	$4,149.67	$30,913.00	6281-R21-000
Wallace M	Residential	$564.50	15	$8,467.50	16	$9,032.00	15	$8,467.50		$0.00		$0.00		$0.00		$25,967.00	$51,933.67	$25,966.67	$78,466.00	6281-R21-000
Williams D	Residential	$123.87	15	$1,858.05	16	$1,981.92	15	$1,858.05		$0.00		$0.00		$0.00		$5,698.02	$11,395.40	$5,697.38	$45,210.00	6281-R21-000
Payment Due per bi-monthly billing period				$88,030.61		$76,787.38		$72,368.77		$0.00		$0.00		$0.00		$217,184.66	$447,897.13	$230,712.47	$1,649,407.00	
Williams D	SEP	$5.38	44	$236.72	80	$430.40	88	$473.44		$0.00		$0.00		$0.00		$1,140.56	$2,816.46	$1,675.90	$11,174.00	6281-D21-000
Payment Due per bi-monthly billing period				$236.72		$430.40		$473.44		$0.00		$0.00		$0.00		$1,140.56	$2,816.46	$1,675.90	$11,174.00	
Total				$95,056.31		$110,971.76		$104,610.96		$0.00		$0.00		$0.00		$310,651.03	$699,150.14	$388,499.11	$2,632,849.00	

Area Agency: One Sky Community Services

Vendor Name: Community Partners

Payment Period: July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Sinclair B	CPS/DH	$14.37	165	$2,371.05	166	$2,872.82	169	$2,428.53		$0.00		$0.00		$0.00	$7,472.40	$13,182.97	$5,710.57	$52,302.00	6281-D23-000
Payment Due per bi-monthly billing period				$2,371.05		$2,872.82		$2,428.53		$0.00		$0.00		$0.00	$7,472.40	$13,182.97	$5,710.57	$52,302.00	
Sinclair B	Residential	$770.07	15	$11,551.05	16	$12,321.12	15	$11,551.05		$0.00		$0.00		$0.00	$35,423.22	$70,846.05	$35,422.83	$281,074.00	6281-R23-000
Payment Due per bi-monthly billing period				$11,551.05		$12,321.12		$11,551.05		$0.00		$0.00		$0.00	$35,423.22	$70,846.05	$35,422.83	$281,074.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$13,922.10		$14,993.94		$13,979.58		$0.00		$0.00		$0.00	$42,895.62	$84,029.02	$41,133.40	$333,376.00	

Area Agency: One Sky Community Services

Vendor Name: Community Partners For Change

Payment Period: July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Gutowski S	CPS/DH	$5.70	264	$1,504.80	288	$1,641.60	264	$1,504.80		$0.00		$0.00		$0.00	$4,651.20	$8,961.61	$4,310.61	$35,555.00	6281-D94-000
Owens T	CPS/DH	$8.96	216	$1,935.36	224	$2,007.04	216	$1,935.36		$0.00		$0.00		$0.00	$5,877.76	$11,269.12	$5,391.36	$44,709.00	6281-D94-000
Peterson Ros	CPS/DH	$5.57	184	$1,024.88	222	$1,236.54	240	$1,336.80		$0.00		$0.00		$0.00	$3,598.22	$6,753.11	$3,154.89	$34,727.00	6281-D94-000
Thayer Z	CPS/DH	$5.62	212	$1,191.44	232	$1,303.84	212	$1,191.44		$0.00		$0.00		$0.00	$3,686.72	$7,064.84	$3,378.12	$28,029.00	6281-D94-000
Payment Due per bi-monthly billing period				$5,656.48		$6,189.02		$5,968.40		$0.00		$0.00		$0.00	$17,813.90	$36,048.68	$18,234.96	$143,020.00	
Gutowski S	Residential	$133.91	15	$2,008.65	16	$2,142.56	15	$2,008.65		$0.00		$0.00		$0.00	$6,159.86	$12,319.68	$6,159.82	$48,877.00	6281-R94-000
Owens T	Residential	$303.40	15	$4,551.00	16	$4,854.40	15	$4,551.00		$0.00		$0.00		$0.00	$13,956.40	$27,912.30	$13,955.90	$110,739.00	6281-R94-000
Peterson Ros	Residential	$113.46	15	$1,701.90	16	$1,815.36	15	$1,701.90		$0.00		$0.00		$0.00	$5,219.16	$10,438.09	$5,218.93	$41,412.00	6281-R94-000
Thayer Z	Residential	$146.57	15	$2,198.55	16	$2,345.12	15	$2,198.55		$0.00		$0.00		$0.00	$6,742.22	$13,483.92	$6,741.70	$53,496.00	6281-R94-000
Payment Due per bi-monthly billing period				$10,460.10		$11,157.44		$10,460.10		$0.00		$0.00		$0.00	$32,077.64	$64,153.99	$32,076.35	$254,524.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$16,116.58		$17,346.46		$16,426.50		$0.00		$0.00		$0.00	$49,891.54	$100,202.67	$50,311.13	$397,544.00	

Area Agency: One Sky Community Services

Vendor Name: Crotched Mountain

Payment Period: July 1st - September 30th 2019

Q1 BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Burgon A	CPS/DH	$5.94	260	$1,544.40	272	$1,615.68	244	$1,449.36		$0.00		$0.00		$0.00	$4,609.44	$9,332.58	$4,723.14	$37,026.00	6281-D75-000
Himmer A	CPS/DH	$6.32	186	$1,175.52	216	$1,365.12	13	$82.16		$0.00		$0.00		$0.00	$2,622.80	$9,927.43	$7,304.63	$39,386.00	6281-D75-000
Matiucci M	CPS/DH	$6.62	68	$450.16	0	$0.00	80	$529.60		$0.00		$0.00		$0.00	$979.76	$4,852.31	$3,872.55	$19,251.00	6281-D75-000
Mayer C	CPS/DH	$5.63	240	$1,351.20	288	$1,621.44	264	$1,486.32		$0.00		$0.00		$0.00	$4,459.96	$8,852.42	$4,393.46	$35,121.00	6281-D75-000
Papoulias C	CPS/DH	$7.08	217	$1,536.36	244	$1,727.52	170	$1,203.60		$0.00		$0.00		$0.00	$4,467.48	$11,131.75	$6,664.27	$44,164.00	6281-D75-000
Yuknewicz S	CPS/DH	$4.40	146	$642.40	132	$580.80	120	$528.00		$0.00		$0.00		$0.00	$1,751.20	$6,451.34	$4,700.14	$25,595.00	6281-D75-000
Payment Due per bi-monthly billing period				$6,700.04		$6,910.88		$5,279.04		$0.00		$0.00		$0.00	$18,889.64	$50,547.82	$31,658.18	$200,543.00	
Burgon A	Residential	$356.85	15	$5,352.75	15	$5,352.75	15	$5,352.75		$0.00		$0.00		$0.00	$16,058.25	$32,829.38	$16,771.13	$130,247.00	6281-R75-000
Hersam B	Residential	$341.31	15	$5,119.65	13	$4,437.03	15	$5,119.65		$0.00		$0.00		$0.00	$14,676.33	$31,399.73	$16,723.40	$124,575.00	6281-R75-000
Himmer A	Residential	$284.97	13	$3,704.61	15	$4,274.55	13	$3,704.61		$0.00		$0.00		$0.00	$11,683.77	$26,217.23	$14,533.46	$104,014.00	6281-R75-000
Matiucci M	Residential	$284.30	15	$4,264.50	15	$4,264.50	15	$4,264.50		$0.00		$0.00		$0.00	$12,793.50	$26,154.72	$13,361.22	$103,786.00	6281-R75-000
Mayer C	Residential	$302.96	15	$4,544.40	15	$4,544.40	15	$4,544.40		$0.00		$0.00		$0.00	$13,633.20	$27,672.22	$14,239.02	$110,580.00	6281-R75-000
Papoulias C	Residential	$374.82	15	$5,622.30	15	$5,622.30	15	$5,622.30		$0.00		$0.00		$0.00	$16,866.90	$34,482.86	$17,615.96	$136,807.00	6281-R75-000
Yuknewicz S	Residential	$271.18	15	$4,067.70	15	$4,067.70	15	$4,067.70		$0.00		$0.00		$0.00	$12,203.10	$24,948.38	$12,745.28	$98,980.00	6281-R75-000
Payment Due per bi-monthly billing period				$32,675.91		$32,683.23		$32,675.91		$0.00		$0.00		$0.00	$97,915.05	$203,904.52	$105,989.47	$808,969.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$39,375.95		$39,473.79		$37,954.95		$0.00		$0.00		$0.00	$116,804.69	$254,452.34	$137,647.65	$1,009,512.00	

Area Agency: One Sky Community Services

Vendor Name: Community Strategies (CRJ)

Payment Period: July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Tanner C	CPS/DH	$5.81		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$9,129.68	$9,129.68	$36,221.00	6281-D45-000
Van Burkirk E	CPS/DH	$8.93		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,442.12	$5,442.12	$21,691.00	6281-D45-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$14,571.79	$14,571.79	$57,912.00	
Amero S	Residential	$158.62		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$14,592.96	$14,592.96	$57,898.00	6281-R45-000
Tanner C	Residential	$157.57		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$14,496.43	$14,496.43	$57,513.00	6281-R45-000
Van Burkirk E	Residential	$102.90		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$9,466.42	$9,466.42	$37,557.00	6281-R45-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$38,555.81	$38,555.81	$152,966.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$53,127.61	$53,127.61	$210,778.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Easter Seals

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
Hammond R	Crisis	$4.60		$0.00		$0.00		$0.00		$0.00		$0.00	0	$0.00	$0.00	$4,594.00	$4,594.00	$4,594.00	6281-R30-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$4,594.00	$4,594.00	$4,594.00	
Sklutas K	CSS	$8.43	18	$151.74	54	$455.22	18	$151.74		$0.00		$0.00		$0.00	$758.70	$1,988.21	$1,229.51	$7,888.00	6281-L30-000
Payment Due per bi-monthly billing period				$151.74		$455.22		$151.74		$0.00		$0.00		$0.00	$758.70	$1,988.21	$1,229.51	$7,888.00	
Applebee D	CPS/DH	$8.06	140	$1,128.40	125	$1,007.50	176	$1,418.56		$0.00		$0.00		$0.00	$3,554.46	$8,336.66	$2,782.20	$25,140.00	6281-D30-000
Barksdale J	CPS/DH	$2.63	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$0.00	$4,121.60	$4,121.60	$16,352.00	6281-D30-000
Chase D	CPS/DH	$8.42	94	$791.48	144	$1,212.48	104	$875.68		$0.00		$0.00		$0.00	$2,879.64	$6,619.21	$3,739.57	$26,261.00	6281-D30-000
Chiempa C	CPS/DH	$7.44	240	$1,785.60	168	$1,249.92	264	$1,964.16		$0.00		$0.00		$0.00	$4,999.68	$11,699.88	$6,700.20	$46,416.00	6281-D30-000
Edwinson J	CPS/DH	$8.18	101	$826.18	193	$1,578.74	208	$1,685.08		$0.00		$0.00		$0.00	$4,090.00	$10,288.62	$6,198.62	$40,619.00	6281-D30-000
Ethier D	CPS/DH	$9.33	106	$988.98	207	$1,931.31	176	$1,642.08		$0.00		$0.00		$0.00	$4,562.37	$11,730.13	$7,167.76	$46,538.00	6281-D30-000
Finley J	CPS/DH	$7.92	168	$1,330.56	224	$1,774.08	250	$1,980.00		$0.00		$0.00		$0.00	$5,084.64	$12,456.55	$7,371.91	$49,420.00	6281-D30-000
Gatchell B	CPS/DH	$8.18	85	$695.30	63	$515.34	194	$1,586.92		$0.00		$0.00		$0.00	$2,797.56	$10,288.62	$7,491.06	$40,819.00	6281-D30-000
Gaudette A	CPS/DH	$4.58	120	$549.60	144	$659.52	72	$329.76		$0.00		$0.00		$0.00	$1,538.88	$4,312.91	$2,774.03	$17,111.00	6281-D30-000
Gingras V	CPS/DH	$2.68	96	$257.28	104	$278.72	88	$235.84		$0.00		$0.00		$0.00	$771.84	$4,202.51	$3,430.67	$16,673.00	6281-D30-000
Goodwin E	CPS/DH	$4.67	150	$700.50	158	$737.86	172	$803.24		$0.00		$0.00		$0.00	$2,241.60	$4,403.65	$2,162.05	$17,471.00	6281-D30-000
Gorski S	CPS/DH	$6.72	24	$161.28	80	$537.60	88	$591.36		$0.00		$0.00		$0.00	$1,290.24	$7,045.18	$5,754.94	$27,951.00	6281-D30-000
Grasso C	CPS/DH	$7.79	24	$186.96	288	$2,243.52	264	$2,056.56		$0.00		$0.00		$0.00	$4,487.04	$12,239.78	$7,752.74	$48,560.00	6281-D30-000
Haley D	CPS/DH	$3.71	240	$890.40	288	$1,068.48	264	$979.44		$0.00		$0.00		$0.00	$2,938.32	$5,623.22	$2,684.90	$23,103.00	6281-D30-000
Hall J	CPS/DH	$3.25	240	$780.00	288	$936.00	264	$858.00		$0.00		$0.00		$0.00	$2,574.00	$5,111.42	$2,537.42	$20,279.00	6281-D30-000
Hammond R	CPS/DH	$4.80	197	$945.60	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$945.60	$1,147.00	$201.40	$1,147.00	6281-D30-000
Hammond R	CPS/DH	$4.80	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$1,802.59	$1,802.59	$24,253.00	6281-D30-000
Hatch D	CPS/DH	$4.60	240	$1,104.00	288	$1,324.80	264	$1,214.40		$0.00		$0.00		$0.00	$3,643.20	$7,232.96	$3,589.76	$28,696.00	6281-D30-000
Healy M	CPS/DH	$4.54	240	$1,089.60	200	$908.00	264	$1,198.56		$0.00		$0.00		$0.00	$3,196.16	$7,127.35	$3,931.19	$28,277.00	6281-D30-000
Hiott M	CPS/DH	$7.26	271	$1,967.46	287	$2,083.62	241	$1,749.66		$0.00		$0.00		$0.00	$5,800.74	$11,406.49	$5,605.75	$45,254.00	6281-D30-000
House A	CPS/DH	$7.66	240	$1,838.40	288	$2,206.08	264	$2,022.24		$0.00		$0.00		$0.00	$6,066.72	$12,038.89	$5,972.17	$47,763.00	6281-D30-000
Kalfaoglu K	CPS/DH	$4.68	216	$1,010.88	288	$1,347.84	216	$1,010.88		$0.00		$0.00		$0.00	$3,369.60	$7,349.16	$3,979.56	$29,157.00	6281-D30-000
Kelley A	CPS/DH	$3.92	240	$940.80	288	$1,128.96	264	$1,034.88		$0.00		$0.00		$0.00	$3,104.64	$8,157.45	$3,052.81	$24,429.00	6281-D30-000
King N	CPS/DH	$8.01	216	$1,730.16	288	$2,306.88	264	$2,114.64		$0.00		$0.00		$0.00	$6,151.68	$12,583.58	$6,431.90	$49,924.00	6281-D30-000
Klaye L	CPS/DH	$3.81	238	$889.16	240	$914.40	240	$914.40		$0.00		$0.00		$0.00	$2,727.96	$5,983.78	$3,255.82	$23,740.00	6281-D30-000
Landry S	CPS/DH	$7.62	240	$1,828.80	288	$2,194.56	228	$1,737.36		$0.00		$0.00		$0.00	$5,760.72	$11,969.33	$6,208.61	$47,487.00	6281-D30-000
Leatham C	CPS/DH	$7.30	250	$1,825.00	308	$2,248.40	280	$2,044.00		$0.00		$0.00		$0.00	$6,117.40	$13,381.58	$7,264.19	$53,090.00	6281-D30-000
Mathis W	CPS/DH	$7.58	84	$636.72	128	$970.24	84	$636.72		$0.00		$0.00		$0.00	$2,243.68	$3,575.15	$1,331.47	$14,184.00	6281-D30-000
McAveeney P	CPS/DH	$8.79	238	$2,092.02	204	$1,793.16	245	$2,153.55		$0.00		$0.00		$0.00	$6,038.73	$8,911.85	$873.12	$27,422.00	6281-D30-000
Mott K	CPS/DH	$7.97	120	$956.40	90	$717.30	120	$956.40		$0.00		$0.00		$0.00	$2,630.10	$6,260.28	$3,630.18	$24,837.00	6281-D30-000
Naudzunas A	CPS/DH	$4.92	220	$1,082.40	240	$1,180.80	220	$1,082.40		$0.00		$0.00		$0.00	$3,346.80	$6,447.81	$3,102.21	$25,561.00	6281-D30-000
Parsons M	CPS/DH	$4.15	240	$996.00	168	$697.20	0	$0.00		$0.00		$0.00		$0.00	$1,693.20	$6,512.59	$4,819.39	$25,836.00	6281-D30-000
Phillips R	CPS/DH	$8.49	140	$1,188.60	100	$849.00	100	$849.00		$0.00		$0.00		$0.00	$2,886.60	$6,671.13	$3,784.53	$26,467.00	6281-D30-000
Pryor W	CPS/DH	$4.93	216	$1,064.88	216	$1,064.88	120	$591.60		$0.00		$0.00		$0.00	$2,721.36	$3,099.01	$377.65	$12,295.00	6281-D30-000
Reid C	CPS/DH	$8.47	120	$1,016.40	60	$508.20	48	$406.56		$0.00		$0.00		$0.00	$1,931.16	$6,659.29	$4,728.13	$26,420.00	6281-D30-000
Reid J	CPS/DH	$4.71	162	$763.02	160	$753.60	186	$876.06		$0.00		$0.00		$0.00	$2,392.68	$4,931.96	$2,539.28	$19,567.00	6281-D30-000
Rodriguez J	CPS/DH	$5.97	177	$1,056.69	222	$1,325.34	220	$1,313.40		$0.00		$0.00		$0.00	$3,695.43	$7,822.77	$4,127.34	$31,036.00	6281-D30-000
Smith K	CPS/DH	$8.79	161	$1,415.19	224	$1,969.96	234	$2,056.86		$0.00		$0.00		$0.00	$5,441.01	$6,911.85	$1,470.84	$27,422.00	6281-D30-000
Smith L	CPS/DH	$4.07	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$2,087.17	$2,087.17	$21,150.00	6281-D30-000
Spaulding L	CPS/DH	$4.14	256	$1,059.84	272	$1,126.08	260	$1,076.40		$0.00		$0.00		$0.00	$3,262.32	$6,507.80	$3,245.48	$25,819.00	6281-D30-000
Wentworth T	CPS/DH	$4.60	216	$993.60	288	$1,324.80	240	$1,104.00		$0.00		$0.00		$0.00	$3,422.40	$7,232.96	$3,810.56	$28,696.00	6281-D30-000
Wolton P	CPS/DH	$2.37	120	$284.40	282	$668.34	240	$568.80		$0.00		$0.00		$0.00	$1,521.54	$3,724.11	$2,202.57	$14,775.00	6281-D30-000
Zogopoulous T	CPS/DH	$4.48	240	$1,075.20	282	$1,263.36	260	$1,164.80		$0.00		$0.00		$0.00	$3,503.36	$5,626.12	$2,122.76	$22,321.00	6281-D30-000
Payment Due per bi-monthly billing period				$41,933.74		$48,606.67		$46,884.25		$0.00		$0.00		$0.00	$137,423.66	$308,841.98	$168,418.12	$1,239,982.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Easter Seals

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
Applebee D	Residential	$319.15	15	$4,787.25	16	$5,106.40	15	$4,787.25		$0.00		$0.00		$0.00		$14,680.90	$29,361.61	$14,680.71	$116,489.00	6281-R30-000
Berkodale J	Residential	$106.54	15	$1,598.10	16	$1,704.64	15	$1,598.10		$0.00		$0.00		$0.00		$4,900.84	$9,801.65	$4,900.81	$38,887.00	6281-R30-000
Cahill-Hassett C	Residential	$1,110.70	15	$16,660.50	16	$17,771.20	15	$16,660.50		$0.00		$0.00		$0.00		$51,092.20	$81,747.17	$30,654.97	$324,323.00	6281-R30-000
Chase D	Residential	$309.39	15	$4,640.85	16	$4,950.24	15	$4,640.85		$0.00		$0.00		$0.00		$14,231.94	$28,463.29	$14,231.35	$112,925.00	6281-R30-000
Cummings M	Residential	$135.65	15	$2,034.75	16	$2,170.40	15	$2,034.75		$0.00		$0.00		$0.00		$6,239.90	$12,479.48	$6,239.58	$49,511.00	6281-R30-000
Edwinson J	Residential	$397.28	15	$5,959.20	16	$6,356.48	15	$5,959.20		$0.00		$0.00		$0.00		$18,274.88	$36,548.95	$18,274.07	$145,004.00	6281-R30-000
Ethler D	Residential	$404.30	14	$5,661.46	15	$6,065.85	15	$6,065.85		$0.00		$0.00		$0.00		$17,793.16	$37,203.29	$19,410.13	$147,600.00	6281-R30-000
Falzarano L	Residential	$93.44	12	$1,121.28	12	$1,121.28	3	$280.32		$0.00		$0.00		$0.00		$2,522.88	$8,595.62	$6,072.94	$34,103.00	6281-R30-000
Finlay J	Residential	$341.56	15	$5,123.40	16	$5,464.96	14	$4,781.84		$0.00		$0.00		$0.00		$15,370.20	$31,423.17	$16,052.97	$124,668.00	6281-R30-000
Gatchell B	Residential	$397.05	13	$5,161.65	7	$2,779.35	15	$5,955.75		$0.00		$0.00		$0.00		$13,896.75	$36,528.03	$22,631.28	$144,921.00	6281-R30-000
Gaudette A	Residential	$97.97	12	$1,175.64	12	$1,175.64	8	$783.76		$0.00		$0.00		$0.00		$3,135.04	$9,012.98	$5,877.94	$35,758.00	6281-R30-000
Gingras V	Residential	$72.62	15	$1,089.30	12	$871.44	15	$1,089.30		$0.00		$0.00		$0.00		$3,050.04	$6,680.96	$3,630.92	$26,508.00	6281-R30-000
Goodwin E	Residential	$93.67	15	$1,405.05	16	$1,498.72	15	$1,405.05		$0.00		$0.00		$0.00		$4,308.82	$8,616.75	$4,307.93	$34,186.00	6281-R30-000
Gorski S	Residential	$256.56	15	$3,878.40	16	$4,136.96	15	$3,878.40		$0.00		$0.00		$0.00		$11,893.76	$23,787.17	$11,893.41	$94,373.00	6281-R30-000
Grasso C	Residential	$228.41	1	$228.41	13	$2,969.33	15	$3,426.15		$0.00		$0.00		$0.00		$6,623.89	$17,962.18	$11,338.29	$71,263.00	6281-R30-000
Hall J	Residential	$118.02	14	$1,652.28	16	$1,888.32	14	$1,652.28		$0.00		$0.00		$0.00		$5,192.88	$8,626.07	$3,433.19	$34,223.00	6281-R30-000
Hammond R	Residential	$111.39	15	$1,670.85	14	$1,559.46	15	$1,670.85		$0.00		$0.00		$0.00		$4,901.16	$10,247.04	$5,345.88	$40,854.00	6281-R30-000
Healy M	Residential	$181.16	15	$2,717.40	12	$2,173.92	15	$2,717.40		$0.00		$0.00		$0.00		$7,608.72	$14,109.27	$6,500.55	$55,977.00	6281-R30-000
Hiott M	Residential	$365.90	15	$5,488.50	16	$5,854.40	15	$5,488.50		$0.00		$0.00		$0.00		$16,831.40	$33,661.92	$16,830.52	$133,550.00	6281-R30-000
Kelley A	Residential	$116.32	15	$1,744.80	16	$1,861.12	15	$1,744.80		$0.00		$0.00		$0.00		$5,350.72	$8,589.78	$3,239.06	$34,079.00	6281-R30-000
King N	Residential	$107.07	15	$1,606.05	16	$1,713.12	15	$1,606.05		$0.00		$0.00		$0.00		$4,925.22	$9,850.05	$4,924.83	$39,079.00	6281-R30-000
Kaye L	Residential	$118.53	15	$1,777.95	16	$1,896.48	15	$1,777.95		$0.00		$0.00		$0.00		$5,452.38	$10,904.65	$5,452.27	$43,263.00	6281-R30-000
Landry S	Residential	$146.16	15	$2,192.40	11	$1,607.76	15	$2,192.40		$0.00		$0.00		$0.00		$5,992.56	$13,445.86	$7,453.30	$53,345.00	6281-R30-000
Leatham C	Residential	$111.33	11	$1,224.63	16	$1,781.28	15	$1,669.95		$0.00		$0.00		$0.00		$4,675.86	$10,242.25	$5,566.39	$40,635.00	6281-R30-000
Mathis W	Residential	$296.48	15	$4,447.20	16	$4,743.68	15	$4,447.20		$0.00		$0.00		$0.00		$13,638.08	$27,275.86	$13,637.78	$108,214.00	6281-R30-000
McAveeney P	Residential	$393.15	15	$5,897.25	16	$6,290.40	15	$5,897.25		$0.00		$0.00		$0.00		$18,084.90	$36,169.11	$18,084.21	$143,497.00	6281-R30-000
Naudzunas A	Residential	$280.21	15	$4,203.15	16	$4,483.36	15	$4,203.15		$0.00		$0.00		$0.00		$12,889.66	$25,779.16	$12,889.50	$102,276.00	6281-R30-000
Pryor W	Residential	$74.13	15	$1,111.95	16	$1,186.08	15	$1,111.95		$0.00		$0.00		$0.00		$3,409.98	$6,819.85	$3,409.87	$27,057.00	6281-R30-000
Randall C	Residential	$260.10	6	$2,060.60	16	$4,161.60	15	$3,901.50		$0.00		$0.00		$0.00		$10,143.90	$23,928.57	$13,784.67	$94,934.00	6281-R30-000
Reid J	Residential	$124.86	15	$1,869.90	16	$1,994.56	15	$1,869.90		$0.00		$0.00		$0.00		$5,734.36	$11,467.99	$5,733.63	$45,498.00	6281-R30-000
Rodriguez J	Residential	$126.47	14	$1,770.58	16	$2,023.52	12	$1,517.64		$0.00		$0.00		$0.00		$5,311.74	$11,634.85	$6,323.11	$48,160.00	6281-R30-000
Roe S	Residential	$93.96	15	$1,409.40	16	$1,503.36	15	$1,409.40		$0.00		$0.00		$0.00		$4,322.16	$8,644.22	$4,322.06	$34,295.00	6281-R30-000
Smith K	Residential	$393.15	15	$5,897.25	16	$6,290.40	15	$5,897.25		$0.00		$0.00		$0.00		$18,084.90	$36,169.11	$18,084.21	$143,497.00	6281-R30-000
Spaulding L	Residential	$154.29	15	$2,314.35	16	$2,468.64	15	$2,314.35		$0.00		$0.00		$0.00		$7,097.34	$14,193.96	$7,096.62	$56,313.00	6281-R30-000
Verhelle K	Residential	$101.01	15	$1,515.15	16	$1,616.16	15	$1,515.15		$0.00		$0.00		$0.00		$4,646.46	$9,292.50	$4,646.04	$36,887.00	6281-R30-000
Verhelle N	Residential	$111.85	15	$1,677.75	16	$1,788.40	15	$1,677.75		$0.00		$0.00		$0.00		$5,135.90	$10,271.48	$5,135.58	$40,751.00	6281-R30-000
Wotton P	Residential	$94.96	15	$1,424.40	16	$1,519.36	15	$1,424.40		$0.00		$0.00		$0.00		$4,368.16	$8,735.46	$4,367.30	$34,657.00	6281-R30-000
Zogopoulous T	Residential	$131.51	15	$1,972.65	14	$1,841.14	14	$1,841.14		$0.00		$0.00		$0.00		$5,654.93	$12,098.13	$6,443.20	$47,998.00	6281-R30-000
Payment Due per bi-monthly billing period				$118,188 89		$128,397 41		$122,882 28		$0 00		$0 00		$0 00		$367,468 57	$740,369.62	$372,901 08	$2,937,336 00	
Gaudette A	SEP	$6.25	128	$800.00	52	$325.00	52	$325.00		$0.00		$0.00		$0.00		$1,450.00	$3,931.30	$2,481.30	$15,597.00	6281-D30-000
Griffin L	SEP	$8.28	120	$993.60	120	$993.60	124	$1,026.72		$0.00		$0.00		$0.00		$3,013.92	$5,637.96	$2,624.04	$22,368.00	6281-D30-000
Pryor W	SEP	$8.58	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$2,412.67	$2,412.67	$9,572.00	6281-D30-000
Payment Due per bi-monthly billing period				$1,793.60		$1,318.60		$1,351 72		$0.00		$0.00		$0.00		$4,463.92	$11,981.93	$7,518.01	$47,537 00	
Total				$162,067 96		$176,767 10		$171,278 99		$0 00		$0 00		$0 00		$510,115 06	$1,064,775 73	$554,660 68	$4,237,317 00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Farmsteads

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Caulder J	CSS	$6.89	28	$192.92	30	$206.70	42	$289.38		$0.00		$0.00		$0.00		$688.00	$4,890.24	$4,001.24	$18,606.00	6281-L85-000
Smith D M	CSS	$5.95	183	$1,088.85	162	$963.90	371	$2,207.45		$0.00		$0.00		$0.00		$4,260.20	$4,674.36	$414.16	$18,545.00	6281-L85-000
Payment Due per bi-monthly billing period				$1,281.77		$1,170.60		$2,496.83		$0.00		$0.00		$0.00		$4,948.20	$9,564.60	$4,415.39	$37,153.00	
Bernier L	CPS/DH	$9.36	84	$786.24	153	$1,432.08	141	$1,319.76		$0.00		$0.00		$0.00		$3,538.08	$6,868.75	$3,330.67	$27,251.00	6281-D85-000
Caulder J	CPS/DH	$10.52	34	$357.68	46	$483.92	36	$378.72		$0.00		$0.00		$0.00		$1,220.32	$2,755.21	$1,534.89	$10,931.00	6281-D85-000
Correia C	CPS/DH	$3.07	237	$727.59	302	$927.14	267	$819.69		$0.00		$0.00		$0.00		$2,474.42	$4,627.61	$2,353.19	$19,153.00	6281-D85-000
Gray A	CPS/DH	$4.81	315	$1,515.15	341	$1,640.21	264	$1,269.84		$0.00		$0.00		$0.00		$4,425.20	$7,558.37	$3,133.17	$29,987.00	6281-D85-000
Hussey J	CPS/DH	$5.74	358	$2,054.92	323	$1,854.02	337	$1,934.38		$0.00		$0.00		$0.00		$5,843.32	$9,017.01	$3,173.69	$35,774.00	6281-D85-000
Longo A	CPS/DH	$6.45	316	$2,038.20	287	$1,851.15	280	$1,806.00		$0.00		$0.00		$0.00		$5,695.35	$10,136.64	$4,441.29	$40,216.00	6281-D85-000
Smith D M	CPS/DH	$2.56	240	$614.40	288	$737.28	134	$343.04		$0.00		$0.00		$0.00		$1,694.72	$4,012.46	$2,317.74	$15,919.00	6281-D85-000
Payment Due per bi-monthly billing period				$8,094.18		$8,925.69		$7,871.43		$0.00		$0.00		$0.00		$24,891.41	$45,176.03	$20,284.62	$179,231.00	
Correia C	Residential	$81.33	15	$1,219.95	12	$975.96	15	$1,219.95		$0.00		$0.00		$0.00		$3,415.86	$7,481.99	$4,066.13	$29,884.00	6281-R85-000
Gray A	Residential	$274.46	15	$4,116.90	16	$4,391.36	15	$4,116.90		$0.00		$0.00		$0.00		$12,625.16	$26,249.84	$12,624.68	$100,178.00	6281-R85-000
Hussey J	Residential	$237.07	15	$3,556.05	13	$3,081.91	15	$3,556.05		$0.00		$0.00		$0.00		$10,194.01	$21,809.80	$11,615.79	$86,528.00	6281-R85-000
Longo A	Residential	$228.57	15	$3,398.55	16	$3,625.12	15	$3,398.55		$0.00		$0.00		$0.00		$10,422.22	$20,843.67	$10,421.45	$82,695.00	6281-R85-000
Payment Due per bi-monthly billing period				$12,291.45		$12,074.35		$12,291.45		$0.00		$0.00		$0.00		$36,657.25	$76,385.30	$38,728.05	$299,083.00	
Caulder J	SEP	$10.31	40	$412.40	19	$195.89	24	$247.44		$0.00		$0.00		$0.00		$855.73	$2,700.77	$1,845.04	$10,715.00	6281-D85-000
Payment Due per bi-monthly billing period				$412.40		$195.89		$247.44		$0.00		$0.00		$0.00		$855.73	$2,700.77	$1,845.04	$10,715.00	
Total				$22,079.80		$22,366.64		$22,907.15		$0.00		$0.00		$0.00		$67,353.59	$132,628.70	$65,273.11	$528,162.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Great Bay Services

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Molasky L	CSS	$8.21	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$860.26	$860.26	$3,413.00	6281-L36-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$860.26	$860.26	$3,413.00	
Blades D	CPS/DH	$3.91	211	$825.01	274	$1,071.34	233	$911.03		$0.00		$0.00		$0.00		$2,807.38	$6,134.76	$3,327.38	$24,339.00	6281-D35-000
Brown N	CPS/DH	$3.82	45	$162.90	227	$821.74	204	$738.48		$0.00		$0.00		$0.00		$1,723.12	$5,692.41	$3,969.29	$22,584.00	6281-D35-000
Duff H	CPS/DH	$4.24	211	$894.64	277	$1,174.48	137	$580.88		$0.00		$0.00		$0.00		$2,650.00	$6,650.30	$4,010.30	$26,424.00	6281-D35-000
Eaton N	CPS/DH	$6.30	143	$900.90	272	$1,713.60	183	$1,152.90		$0.00		$0.00		$0.00		$3,767.40	$9,906.76	$6,139.36	$39,304.00	6281-D35-000
Fortin P	CPS/DH	$1.24	183	$226.92	276	$342.24	227	$281.48	0	$0.00	0	$0.00	0	$0.00		$850.64	$947.00	$96.36	$947.00	6281-D35-000
Fortin P	CPS/DH	$5.13	0	$0.00	0	$0.00	23	$117.99		$0.00		$0.00		$0.00		$117.99	$4,121.80	$4,003.81	$28,151.00	6281-D35-000
Henry C	CPS/DH	$1.24	44	$54.56	112	$138.88	137	$169.88	0	$0.00	0	$0.00	0	$0.00		$363.32	$947.00	$583.68	$947.00	6281-D35-000
Henry C	CPS/DH	$2.48	0	$0.00	0	$0.00	22	$54.56		$0.00		$0.00		$0.00		$54.56	$1,990.25	$1,935.69	$13,593.00	6281-D35-000
Jacobs B	CPS/DH	$1.14	47	$53.58	94	$107.16	109	$124.26		$0.00		$0.00		$0.00		$285.00	$1,935.78	$1,650.78	$7,680.00	6281-D35-000
Jones J	CPS/DH	$4.75	162	$769.50	225	$1,068.75	182	$864.50		$0.00		$0.00		$0.00		$2,702.75	$7,468.38	$4,765.63	$29,630.00	6281-D35-000
Ketchen J	CPS/DH	$4.13	146	$602.98	284	$1,172.92	265	$1,094.45		$0.00		$0.00		$0.00		$2,870.35	$6,493.18	$3,622.83	$25,761.00	6281-D35-000
Mcardle P	CPS/DH	$1.24	46	$57.04	79	$97.96	87	$107.88		$0.00		$0.00		$0.00		$262.88	$1,935.78	$1,672.90	$7,680.00	6281-D35-000
Michitson N	CPS/DH	$3.47	206	$714.82	276	$957.72	182	$631.54		$0.00		$0.00		$0.00		$2,304.08	$5,453.71	$3,149.63	$21,637.00	6281-D35-000
Moulton E	CPS/DH	$1.24	187	$231.88	256	$317.44	234	$290.16		$0.00		$0.00		$0.00		$839.48	$1,935.78	$1,096.30	$7,680.00	6281-D35-000
Moynahan N	CPS/DH	$3.13	196	$613.74	253	$791.89	220	$688.60		$0.00		$0.00		$0.00		$2,100.23	$4,919.86	$2,819.63	$19,519.00	6281-D35-000
Page L	CPS/DH	$4.37	219	$957.03	268	$1,171.16	269	$1,175.53		$0.00		$0.00		$0.00		$3,303.72	$6,870.26	$3,566.54	$27,257.00	6281-D35-000
Pesarik J	CPS/DH	$6.95	138	$959.10	219	$1,522.05	162	$1,125.90		$0.00		$0.00		0 $0.00		$3,607.05	$8,907.00	$5,299.95	$8,907.00	6281-D35-000
Pesarik J	CPS/DH	$7.50	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$1,743.52	$1,743.52	$29,645.00	6281-D35-000
Roe S	CPS/DH	$1.82	184	$334.88	285	$518.70	237	$431.34	0	$0.00	0	$0.00	0	$0.00		$1,284.92	$9,417.00	$8,132.08	$9,417.00	6281-D35-000
Roe S	CPS/DH	$3.99	0	$0.00	0	$0.00	25	$99.75		$0.00		$0.00		$0.00		$99.75	$3,202.88	$3,103.13	$21,875.00	6281-D35-000
Runcie R	CPS/DH	$2.95	0	$0.00	4	$11.80	0	$0.00		$0.00		$0.00		$0.00		$11.80	$4,633.27	$4,621.47	$18,382.00	6281-D35-000
St Onge R	CPS/DH	$4.17	214	$892.38	285	$1,188.45	234	$975.78		$0.00		$0.00		$0.00		$3,056.61	$8,555.19	$3,498.58	$26,007.00	6281-D35-000
Payment Due per bi-monthly billing period				$8,257.88		$14,188.28		$11,818.89		$0.00		$0.00		$0.00		$34,263.03	$107,871.87	$73,608.84	$417,686.00	
N/A	Residential	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Roe S	SEP	$7.19	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00	$921.00	$921.00	$921.00	6281-D35-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$921.00	$921.00	$921.00	
Total				$9,257.88		$14,188.28		$11,818.89		$0.00		$0.00		$0.00		$34,263.03	$109,653.14	$74,590.11	$421,900.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Institute of Professional Practice

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Augusta T	CPS/DH	$5.75	236	$1,357.00	285	$1,638.75	264	$1,518.00		$0.00		$0.00		$0.00	$4,513.75	$9,034.15	$4,520.40	$35,842.00	6281-D40-000
Binkowski S	CPS/DH	$4.69	252	$1,181.88	224	$1,050.56	308	$1,444.52		$0.00		$0.00		$0.00	$3,676.96	$8,593.30	$4,916.34	$34,093.00	6281-D40-000
Boucher T	CPS/DH	$3.69	240	$885.60	288	$1,062.72	168	$619.92	0	$0.00	0	$0.00	0	$0.00	$2,568.24	$2,835.00	$266.76	$2,836.00	6281-D40-000
Boucher T	CPS/DH	$5.53	0	$0.00	0	$0.00	24	$132.72		$0.00		$0.00		$0.00	$132.72	$4,440.40	$4,307.68	$30,327.00	6281-D40-000
Carlisle R	CPS/DH	$5.50	240	$1,320.00	288	$1,584.00	264	$1,452.00		$0.00		$0.00		$0.00	$4,356.00	$8,647.50	$4,291.50	$34,308.00	6281-D40-000
Ellis M	CPS/DH	$5.14	90	$462.60	68	$349.52	86	$442.04		$0.00		$0.00		$0.00	$1,254.16	$5,383.89	$4,129.73	$21,360.00	6281-D40-000
Erdbrink M	CPS/DH	$5.76	192	$1,106.92	264	$1,520.64	264	$1,520.64		$0.00		$0.00		$0.00	$4,147.20	$9,052.30	$4,905.10	$35,914.00	6281-D40-000
Fortin D	CPS/DH	$4.23	240	$1,015.20	288	$1,218.24	232	$981.36	0	$0.00	0	$0.00	0	$0.00	$3,214.80	$3,251.00	$36.20	$3,251.00	6281-D40-000
Fortin D	CPS/DH	$9.15	0	$0.00	0	$0.00	24	$219.60		$0.00		$0.00		$0.00	$219.60	$7,347.23	$7,127.63	$50,180.00	6281-D40-000
Gill S	CPS/DH	$5.63	240	$1,351.20	288	$1,621.44	264	$1,486.32		$0.00		$0.00		$0.00	$4,458.96	$8,842.33	$4,383.37	$35,081.00	6281-D40-000
Haley N	CPS/DH	$3.95	236	$932.20	288	$1,137.60	264	$1,042.80		$0.00		$0.00		$0.00	$3,112.60	$6,204.08	$3,091.48	$24,814.00	6281-D40-000
O'Neil K	CPS/DH	$5.67	240	$1,360.80	288	$1,632.96	264	$1,496.88		$0.00		$0.00		$0.00	$4,490.64	$8,915.93	$4,425.29	$35,373.00	6281-D40-000
Richards M	CPS/DH	$6.22	240	$1,492.80	240	$1,492.80	264	$1,642.08		$0.00		$0.00		$0.00	$4,627.68	$9,782.50	$5,154.82	$38,811.00	6281-D40-000
Rutherford S	CPS/DH	$5.32	240	$1,276.80	288	$1,532.16	250	$1,330.00	0	$0.00	0	$0.00	0	$0.00	$4,138.96	$4,091.00	($47.96)	$4,091.00	6281-D40-000
Rutherford S	CPS/DH	$9.33	0	$0.00	0	$0.00	24	$199.92		$0.00		$0.00		$0.00	$199.92	$6,691.42	$6,491.50	$45,701.00	6281-D40-000
Stevens Ju	CPS/DH	$5.50	216	$1,188.00	108	$594.00	264	$1,452.00		$0.00		$0.00	0	$0.00	$3,234.00	$7,139.00	$3,905.00	$7,139.00	6281-D40-000
Stevens Ju	CPS/DH	$7.73	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$2,113.38	$2,113.38	$38,305.00	6281-D40-000
Verhelle N	CPS/DH	$5.76	232	$1,336.32	288	$1,658.88	264	$1,520.64		$0.00		$0.00		$0.00	$4,515.84	$9,052.80	$4,536.96	$35,916.00	6281-D40-000
Verreault L	CPS/DH	$6.09	96	$584.64	246	$1,496.14	240	$1,461.60		$0.00		$0.00		$0.00	$3,544.38	$9,575.06	$6,030.68	$37,988.00	6281-D40-000
Whitlock D	CPS/DH	$4.70	192	$902.40	216	$1,015.20	216	$1,015.20		$0.00		$0.00	0	$0.00	$2,932.80	$4,882.00	$1,949.20	$4,882.00	6281-D40-000
Whitlock D	CPS/DH	$5.43	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$1,484.47	$1,484.47	$26,906.00	6281-D40-000
Payment Due per bi-monthly billing period				$17,783.36		$20,897.61		$20,878.24		$0.00		$0.00		$0.00	$59,339.21	$137,368.74	$78,019.83	$562,817.00	
Augusta T	Residential	$115.11	12	$1,381.32	16	$1,841.76	10	$1,151.10		$0.00		$0.00		$0.00	$4,374.18	$8,703.70	$4,329.52	$34,531.00	6281-R40-000
Binkowski S	Residential	$113.88	12	$1,366.56	11	$1,252.68	12	$1,366.56		$0.00		$0.00		$0.00	$3,985.80	$8,611.20	$4,625.40	$34,164.00	6281-R40-000
Ellis M	Residential	$157.28	15	$2,359.20	16	$2,516.48	15	$2,359.20		$0.00		$0.00		$0.00	$7,234.88	$14,469.71	$7,234.83	$57,407.00	6281-R40-000
Keleher P	Residential	$437.41	14	$6,123.74	16	$6,998.58	14	$6,123.74		$0.00		$0.00		$0.00	$19,246.04	$36,051.90	$16,805.86	$143,032.00	6281-R40-000
Rutherford S	Residential	$108.35	15	$1,625.25	16	$1,733.60	14	$1,516.90	0	$0.00	0	$0.00	0	$0.00	$4,875.75	$4,875.00	($0.75)	$4,875.00	6281-R40-000
Rutherford S	Residential	$191.06	0	$0.00	0	$0.00	1	$191.06		$0.00		$0.00		$0.00	$191.06	$8,979.49	$8,788.43	$61,328.00	6281-R40-000
Stevens Ja	Residential	$121.20	15	$1,818.00	16	$1,939.20	15	$1,818.00		$0.00		$0.00		$0.00	$5,575.20	$11,149.90	$5,574.70	$44,236.00	6281-R40-000
Stevens Ju	Residential	$106.75	13	$1,374.75	7	$740.25	15	$1,586.25		$0.00		$0.00	0	$0.00	$3,701.25	$8,037.00	$4,335.75	$8,037.00	6281-R40-000
Stevens Ju	Residential	$121.20	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$1,939.09	$1,939.09	$35,146.00	6281-R40-000
Payment Due per bi-monthly billing period				$16,048.82		$17,022.53		$16,112.81		$0.00		$0.00		$0.00	$49,184.16	$102,816.99	$53,632.83	$422,756.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$33,802.18		$37,630.14		$37,091.05		$0.00		$0.00		$0.00	$108,523.37	$240,175.73	$131,652.36	$1,005,573.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Judge Rotenberg Center

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
Werchniak A	Crisis	$4.875	960	$4,680.00	1024	$4,992.00		$0.00		$0.00		$0.00		$0.00	$9,672.00	$28,704.00	$19,032.00	$28,704.00	6281-R10-000
Payment Due per bi-monthly billing period				$4,680.00		$4,992.00		$0.00		$0.00		$0.00		$0.00	$9,672.00	$28,704.00	$19,032.00	$28,704.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CPB/DH	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Werchniak A	Residential	$786.61	15	$11,799.15	16	$12,585.76		$0.00		$0.00		$0.00		$0.00	$24,384.91	$72,368.12	$47,983.21	$287,112.65	6281-R10-000
Payment Due per bi-monthly billing period				$11,799.15		$12,585.76		$0.00		$0.00		$0.00		$0.00	$24,384.91	$72,368.12	$47,983.21	$287,112.65	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$16,479.15		$17,577.76		$0.00		$0.00		$0.00		$0.00	$34,056.91	$101,072.12	$67,015.21	$315,816.65	

Area Agency: One Sky Community Services

Vendor Name: Kimi Nichols Center

Payment Period July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Kennedy, J	CPS/DH	$5.30	192	$1,209.60	96	$604.80		$0.00		$0.00		$0.00		$0.00	$1,814.40	$9,902.48	$8,088.08	$39,287.00	6281-D92-000
Payment Due per bi-monthly billing period				$1,209.60		$604.80		$0.00		$0.00		$0.00		$0.00	$1,814.40	$9,902.48	$8,088.08	$39,287.00	
Kennedy, J	Residential	$229.91	13	$2,988.83	7	$1,609.37		$0.00		$0.00		$0.00		$0.00	$4,598.20	$21,151.18	$16,552.98	$83,915.00	6281-R92-000
Payment Due per bi-monthly billing period				$2,988.83		$1,609.37		$0.00		$0.00		$0.00		$0.00	$4,598.20	$21,151.18	$16,552.98	$83,915.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$4,198.43		$2,214.17		$0.00		$0.00		$0.00		$0.00	$6,412.60	$31,053.66	$24,641.06	$123,202.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Life Visions

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Dyer N	CPS/DH	$2.88	216	$622.08	216	$622.08	216	$622.08		$0.00		$0.00		$0.00	$1,866.24	$4,525.39	$2,659.15	$17,954.00	6281-018-000
Payment Due per bi-monthly billing period				$622.08		$622.08		$622.08		$0.00		$0.00		$0.00	$1,866.24	$4,525.39	$2,659.15	$17,954.00	
N/A	Residential	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$622.08		$622.08		$622.08		$0.00		$0.00		$0.00	$1,866.24	$4,525.39	$2,659.15	$17,954.00	

Area Agency: One Sky Community Services

Vendor Name: LifeShare

Payment Period: July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Bennett J	CPS/DH	$7.61	216	$1,643.76	256	$1,948.16	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$3,591.92	$2,015.00	($1,576.92)	$2,015.00	6281-D70-000
Borden D	CPS/DH	$2.73	216	$589.68	236	$644.28	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,233.96	$1,446.00	$212.04	$1,446.00	6281-D70-000
Cahill D	CPS/DH	$4.72	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$0.00	$1,501.00	$1,501.00	$1,501.00	6281-D70-000
Caron E	CPS/DH	$3.10	108	$334.80	228	$706.80	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,041.60	$1,842.00	$800.40	$1,842.00	6281-D70-000
Catinchi C	CPS/DH	$3.86	118	$455.48	60	$231.60	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$687.08	$1,020.00	$332.92	$1,020.00	6281-D70-000
Currier D	CPS/DH	$4.42	60	$265.20	60	$265.20	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$530.40	$1,170.00	$639.60	$1,170.00	6281-D70-000
Fowler K	CPS/DH	$5.86	192	$1,125.12	264	$1,547.04	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,672.16	$3,102.00	$429.84	$3,102.00	6281-D70-000
Holland K	CPS/DH	$2.98	192	$572.16	280	$834.40	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,406.56	$1,574.00	$167.44	$1,574.00	6281-D70-000
Houle T	CPS/DH	$3.57	120	$428.40	252	$899.64	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,328.04	$1,888.00	$559.96	$1,888.00	6281-D70-000
Howland J	CPS/DH	$2.67	0	$0.00	112	$299.04	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$299.04	$1,131.00	$831.96	$1,131.00	6281-D70-000
Mallet J	CPS/DH	$2.73	192	$524.16	168	$458.64	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$982.80	$1,442.00	$459.20	$1,442.00	6281-D70-000
Makhoul C	CPS/DH	$6.08	84	$510.72	196	$1,191.68	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,702.40	$2,252.00	$549.60	$2,252.00	6281-D70-000
Moody J	CPS/DH	$6.12	188	$1,150.56	284	$1,738.08	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,888.64	$3,241.00	$352.36	$3,241.00	6281-D70-000
Nichols C	CPS/DH	$5.46	216	$1,179.36	288	$1,572.48	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,751.84	$2,889.00	$137.16	$2,889.00	6281-D70-000
Peterson Rob	CPS/DH	$6.29	192	$1,015.68	232	$1,227.28	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,242.96	$2,802.00	$559.04	$2,802.00	6281-D70-000
Reidl E	CPS/DH	$2.63	216	$611.28	280	$792.40	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,403.68	$1,496.00	$92.32	$1,496.00	6281-D70-000
Semprini W	CPS/DH	$8.04	100	$804.00	40	$241.60	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$845.60	$1,679.00	$833.40	$1,679.00	6281-D70-000
Shipley J	CPS/DH	$3.56	168	$598.08	120	$427.20	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,025.28	$1,885.00	$859.72	$1,885.00	6281-D70-000
Payment Due per bi-monthly billing period				$11,868.44		$15,025.52		$0.00		$0.00		$0.00		$0.00	$26,893.96	$34,175.00	$7,841.04	$34,175.00	
Bennett J	Residential	$88.36	15	$1,325.25	16	$1,413.60	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,738.85	$2,739.00	$0.15	$2,739.00	6281-R70-000
Borden D	Residential	$80.46	15	$1,206.90	16	$1,287.36	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,494.26	$2,494.00	($0.26)	$2,494.00	6281-R70-000
Cahill D	Residential	$93.88	15	$1,407.90	16	$1,501.76	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,909.66	$2,909.00	($0.66)	$2,909.00	6281-R70-000
Currier D	Residential	$84.16	10	$841.60	4	$256.64	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$898.24	$1,989.00	$1,090.76	$1,989.00	6281-R70-000
Freeman S	Residential	$85.36	15	$1,280.40	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,280.40	$2,646.00	$1,365.60	$2,646.00	6281-R70-000
Holland K	Residential	$71.88	15	$1,078.20	16	$1,150.08	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,228.28	$2,228.00	($0.28)	$2,228.00	6281-R70-000
Mallet J	Residential	$99.54	13	$1,294.02	10	$995.40	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,289.42	$3,086.00	$796.58	$3,086.00	6281-R70-000
Nichols C	Residential	$100.79	15	$1,511.85	16	$1,612.64	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$3,124.49	$3,124.00	($0.49)	$3,124.00	6281-R70-000
Peterson Rob	Residential	$118.97	15	$1,784.55	16	$1,871.52	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$3,626.07	$3,626.00	($0.07)	$3,626.00	6281-R70-000
Reidl E	Residential	$70.05	15	$1,050.75	16	$1,120.80	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,171.55	$2,171.00	($0.55)	$2,171.00	6281-R70-000
Sousa E	Residential	$83.57	15	$1,253.55	16	$1,337.12	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,590.67	$2,590.00	($0.67)	$2,590.00	6281-R70-000
Payment Due per bi-monthly billing period				$13,804.97		$12,546.92		$0.00		$0.00		$0.00		$0.00	$26,351.89	$29,602.00	$3,250.11	$29,602.00	
Amero S	SEP	$3.92	120	$470.40	120	$470.40	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$940.80	$1,036.00	$95.20	$1,036.00	6281-D70-000
Payment Due per bi-monthly billing period				$470.40		$470.40		$0.00		$0.00		$0.00		$0.00	$940.80	$1,036.00	$95.20	$1,036.00	
Total				$25,883.81		$28,042.84		$0.00		$0.00		$0.00		$0.00	$53,926.65	$64,813.00	$10,886.35	$64,813.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Living Innovations

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Aldrich J	CPS/DH	$3.72	251	$933.72	323	$1,201.56	302	$1,123.44		$0.00		$0.00		$0.00		$3,258.72	$5,838.85	$2,580.13	$23,165.00	6281-D65-000
Barlow S	CPS/DH	$5.13	0	$0.00	60	$307.80	90	$461.70		$0.00		$0.00		$0.00		$769.50	$4,026.58	$3,257.08	$15,975.00	6281-D65-000
Bexter T	CPS/DH	$4.60	234	$1,076.40	310	$1,426.00	253	$1,163.80		$0.00		$0.00		$0.00		$3,666.20	$8,433.00	$4,766.80	$33,457.00	6281-D65-000
Boulard A	CPS/DH	$5.41	192	$1,038.72	288	$1,558.08	257	$1,390.37		$0.00		$0.00		$0.00		$3,987.17	$8,501.05	$4,513.88	$33,727.00	6281-D65-000
Brown T	CPS/DH	$9.65	96	$926.40	112	$1,080.80	112	$1,080.80		$0.00		$0.00		$0.00		$3,088.00	$6,085.70	$2,977.70	$24,085.00	6281-D65-000
Caruso R	CPS/DH	$4.22	264	$1,114.08	288	$1,215.36	264	$1,114.08		$0.00		$0.00		$0.00		$3,443.52	$6,632.82	$3,189.30	$26,315.00	6281-D65-000
Chapman K	CPS/DH	$5.28	264	$1,393.92	288	$1,520.64	264	$1,393.92		$0.00		$0.00		$0.00		$4,308.48	$8,297.90	$3,989.42	$32,921.00	6281-D65-000
Cohen L	CPS/DH	$7.10	48	$340.80	72	$511.20	48	$340.80		$0.00		$0.00		$0.00		$1,192.80	$2,231.95	$1,039.15	$8,855.00	6281-D65-000
Cook D	CPS/DH	$9.34	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$8,298.14	$8,298.14	$37,448.00	6281-D65-000
Cote J	CPS/DH	$3.69	170	$610.30	129	$483.11	240	$861.60		$0.00		$0.00		$0.00		$1,935.01	$5,635.19	$3,700.18	$22,357.00	6281-D65-000
Desjardins T	CPS/DH	$6.12	150	$918.00	172	$1,052.64	129	$789.48		$0.00		$0.00		$0.00		$2,760.12	$5,132.84	$2,372.72	$20,364.00	6281-D65-000
Donnell E	CPS/DH	$5.51	120	$661.20	240	$1,322.40	220	$1,212.20		$0.00		$0.00		$0.00		$3,195.80	$7,210.78	$4,014.98	$28,608.00	6281-D65-000
Duncan J	CPS/DH	$7.22	184	$1,328.48	176	$1,270.72	180	$1,298.60		$0.00		$0.00		$0.00		$3,898.80	$7,567.95	$3,669.15	$30,025.00	6281-D65-000
Falzarano L	CPS/DH	$6.38	240	$1,531.20	216	$1,378.08	120	$765.60		$0.00		$0.00		$0.00		$3,674.88	$10,019.68	$6,344.80	$39,752.00	6281-D65-000
Fitts N	CPS/DH	$4.43	264	$1,169.52	288	$1,275.84	264	$1,169.52		$0.00		$0.00		$0.00		$3,614.88	$6,952.43	$3,337.55	$27,583.00	6281-D65-000
Fushpanski D	CPS/DH	$3.61	120	$433.20	168	$606.48	192	$693.12		$0.00		$0.00		$0.00		$1,732.80	$4,535.98	$2,803.18	$17,996.00	6281-D65-000
Gaudet M	CPS/DH	$4.77	96	$457.92	48	$228.96	72	$343.44		$0.00		$0.00		$0.00		$1,030.32	$7,501.40	$6,471.08	$29,761.00	6281-D65-000
Greenwood K	CPS/DH	$5.26	96	$504.96	168	$883.68	168	$883.68		$0.00		$0.00		$0.00		$2,272.32	$4,954.64	$2,682.32	$19,657.00	6281-D65-000
Hart D	CPS/DH	$10.80	92	$993.60	80	$864.00	82	$885.60		$0.00		$0.00		$0.00		$2,743.20	$5,661.65	$2,918.45	$22,462.00	6281-D65-000
Hyzer G	CPS/DH	$7.05	104	$733.20	130	$916.50	130	$916.50		$0.00		$0.00		$0.00		$2,566.20	$4,802.40	$2,236.20	$19,053.00	6281-D65-000
Kaplan J	CPS/DH	$3.70	72	$266.40	96	$355.20	88	$325.60		$0.00		$0.00		$0.00		$947.20	$1,935.78	$988.58	$7,880.00	6281-D65-000
Letourneau L	CPS/DH	$4.69	160	$782.40	176	$860.64	192	$938.88		$0.00		$0.00		$0.00		$2,581.92	$5,126.29	$2,544.37	$20,338.00	6281-D65-000
Lounsy R	CPS/DH	$4.99	240	$1,197.60	264	$1,317.36	245	$1,222.55		$0.00		$0.00		$0.00		$3,737.51	$7,408.00	$3,670.49	$7,408.00	6281-D65-000
Lounsy R	CPS/DH	$7.60	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$649.35	$649.35	$36,234.00	6281-D65-000
Mahon A	CPS/DH	$4.86	256	$1,244.16	264	$1,283.04	268	$1,302.48		$0.00		$0.00		$0.00		$3,829.68	$7,642.55	$3,812.87	$30,321.00	6281-D65-000
Marshall M	CPS/DH	$7.30	120	$876.00	264	$1,927.20	168	$1,226.40		$0.00		$0.00		$0.00		$4,029.60	$5,738.53	$1,708.93	$22,767.00	6281-D65-000
McNeese C	CPS/DH	$6.35	290	$1,841.50	327	$2,076.45	347	$2,203.45		$0.00		$0.00		$0.00		$6,121.40	$9,976.58	$3,855.18	$39,581.00	6281-D65-000
Pappas R	CPS/DH	$10.50	0	$0.00	0	$0.00	194	$2,037.00		$0.00		$0.00		$0.00		$2,037.00	$11,002.19	$8,965.19	$43,650.00	6281-D65-000
Pelletier J	CPS/DH	$10.66	48	$511.68	48	$511.68	72	$767.52		$0.00		$0.00		$0.00		$1,790.88	$3,351.57	$1,560.69	$13,297.00	6281-D65-000
Ralls C	CPS/DH	$3.56	264	$939.84	288	$1,025.28	264	$939.84		$0.00		$0.00		$0.00		$2,904.96	$5,590.07	$2,685.11	$22,178.00	6281-D65-000
Randall C	CPS/DH	$7.80	97	$737.20	126	$957.60	215	$1,634.00		$0.00		$0.00		$0.00		$3,328.80	$11,939.33	$8,610.53	$47,366.00	6281-D65-000
Reynolds G	CPS/DH	$3.75	250	$937.50	262	$982.50	245	$918.75		$0.00		$0.00		$0.00		$2,838.75	$5,887.24	$3,048.49	$23,357.00	6281-D65-000
Richardson D	CPS/DH	$7.58	240	$1,819.20	192	$1,455.36	192	$1,455.36		$0.00		$0.00		$0.00		$4,729.92	$15,879.70	$11,149.78	$63,001.00	6281-D65-000
Rogers J	CPS/DH	$3.75	146	$547.50	270	$1,012.50	219	$821.25		$0.00		$0.00		$0.00		$2,381.25	$5,887.24	$3,505.99	$23,357.00	6281-D65-000
Stevens Ja	CPS/DH	$7.59	240	$1,821.60	285	$2,163.15	264	$2,003.76		$0.00		$0.00		$0.00		$6,988.51	$11,932.27	$5,943.76	$47,340.00	6281-D65-000
Taylor K	CPS/DH	$7.03	34	$239.02	278	$1,954.34	261	$1,834.83		$0.00		$0.00		$0.00		$4,028.19	$11,054.67	$7,026.68	$43,859.00	6281-D65-000
Thornhill E	CPS/DH	$3.12	0	$0.00	276	$861.12	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$861.12	$1,651.00	$789.88	$1,651.00	6281-D65-000
Thornhill E	CPS/DH	$4.03	0	$0.00	0	$0.00	100	$403.00		$0.00		$0.00		$0.00		$403.00	$1,398.81	$995.81	$7,882.00	6281-D65-000
Tilson G	CPS/DH	$7.18	132	$947.76	140	$1,005.20	140	$1,005.20		$0.00		$0.00		$0.00		$2,958.16	$5,641.99	$2,683.83	$22,384.00	6281-D65-000
Verhelle K	CPS/DH	$6.27	104	$652.08	177	$1,109.79	131	$821.37		$0.00		$0.00		$0.00		$2,583.24	$5,907.91	$3,324.67	$23,439.00	6281-D65-000
Vetlese S	CPS/DH	$6.04	176	$1,063.04	192	$1,159.68	176	$1,063.04		$0.00		$0.00		$0.00		$3,285.76	$6,326.07	$3,040.31	$25,098.00	6281-D65-000
Walker J	CPS/DH	$5.08	144	$731.52	277	$1,407.16	216	$1,097.28		$0.00		$0.00		$0.00		$3,235.96	$7,987.87	$4,751.91	$31,691.00	6281-D65-000
Wetherington J	CPS/DH	$4.32	264	$1,140.48	192	$829.44	96	$414.72		$0.00		$0.00		$0.00		$2,384.64	$6,785.82	$4,401.18	$26,922.00	6281-D65-000
Zurbriggen K	CPS/DH	$4.72	216	$1,019.52	168	$792.96	168	$792.96		$0.00		$0.00		$0.00		$2,605.44	$5,930.60	$3,325.16	$23,529.00	6281-D65-000
Payment Due per bi-monthly billing period				$38,481.82		$44,131.60		$43,118.49		$0.00		$0.00		$0.00		$122,731.61	$290,932.59	$168,200.98	$1,167,678.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Living Innovations

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
Aldrich J	Residential	$100.94	15	$1,514.10	16	$1,615.04	15	$1,514.10		$0.00		$0.00		$0.00		$4,643.24	$9,285.70	$4,642.46	$36,840.00	6281-R65-000
Boulard A	Residential	$133.78	15	$2,006.70	16	$2,140.48	15	$2,006.70		$0.00		$0.00		$0.00		$6,153.88	$12,307.08	$6,153.20	$48,827.00	6281-R65-000
Brown T	Residential	$121.20	15	$1,818.00	16	$1,939.20	15	$1,818.00		$0.00		$0.00		$0.00		$5,575.20	$11,150.40	$5,575.20	$44,238.00	6281-R65-000
Campbell J	Residential	$236.06	15	$3,540.90	16	$3,776.96	15	$3,540.90		$0.00		$0.00		$0.00		$10,858.76	$21,717.29	$10,858.53	$86,181.00	6281-R65-000
Carlisle R	Residential	$135.74	15	$2,036.10	16	$2,171.84	15	$2,036.10		$0.00		$0.00		$0.00		$6,244.04	$12,487.55	$6,243.51	$49,543.00	6281-R65-000
Caruso R	Residential	$119.18	15	$1,787.40	16	$1,906.56	15	$1,787.40		$0.00		$0.00		$0.00		$5,481.36	$10,962.62	$5,481.26	$43,493.00	6281-R65-000
Chapman K	Residential	$114.23	15	$1,713.45	16	$1,827.68	15	$1,713.45		$0.00		$0.00		$0.00		$5,254.58	$10,508.67	$5,254.09	$41,692.00	6281-R65-000
Cohen L	Residential	$68.03	15	$990.45	16	$1,056.48	15	$990.45		$0.00		$0.00		$0.00		$3,037.38	$6,074.52	$3,037.14	$24,100.00	6281-R65-000
Cook D	Residential	$160.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$12,479.56	$12,479.56	$56,318.00	6281-R65-000
Cote J	Residential	$97.68	12	$1,172.16	14	$1,367.52	15	$1,465.20		$0.00		$0.00		$0.00		$4,004.88	$8,986.26	$4,981.38	$35,652.00	6281-R65-000
Desjardins T	Residential	$64.60	15	$969.00	16	$1,033.60	15	$969.00		$0.00		$0.00		$0.00		$2,971.60	$5,942.70	$2,971.10	$23,577.00	6281-R65-000
Donnell E	Residential	$63.36	15	$950.40	16	$1,013.76	15	$950.40		$0.00		$0.00		$0.00		$2,914.56	$5,828.77	$2,914.21	$23,125.00	6281-R65-000
Duncan J	Residential	$120.44	15	$1,806.60	16	$1,927.04	15	$1,806.60		$0.00		$0.00		$0.00		$5,540.24	$11,080.08	$5,539.84	$43,959.00	6281-R65-000
Fitts N	Residential	$134.98	15	$2,024.70	16	$2,159.68	15	$2,024.70		$0.00		$0.00		$0.00		$6,209.08	$12,417.98	$6,208.90	$49,267.00	6281-R65-000
Fowler K	Residential	$122.71	15	$1,840.65	16	$1,963.36	15	$1,840.65		$0.00		$0.00		$0.00		$5,644.66	$11,289.28	$5,644.62	$44,789.00	6281-R65-000
Hart D	Residential	$120.46	15	$1,806.90	16	$1,927.36	15	$1,806.90		$0.00		$0.00		$0.00		$5,541.16	$11,081.84	$5,540.68	$43,966.00	6281-R65-000
Hyzer G	Residential	$182.63	15	$2,739.45	16	$2,922.08	15	$2,739.45		$0.00		$0.00		$0.00		$8,400.98	$16,801.47	$8,400.49	$66,658.00	6281-R65-000
Letourneau L	Residential	$117.76	15	$1,766.40	16	$1,884.16	15	$1,766.40		$0.00		$0.00		$0.00		$5,416.96	$10,833.08	$5,416.10	$42,979.00	6281-R65-000
Louney R	Residential	$188.27	15	$2,824.05	16	$3,012.32	15	$2,824.05		$0.00		$0.00		$0.00		$8,660.42	$17,320.45	$8,660.03	$68,717.00	6281-R65-000
Mahon A	Residential	$97.20	13	$1,263.60	13	$1,263.60	15	$1,458.00		$0.00		$0.00		$0.00		$3,985.20	$8,941.64	$4,956.44	$35,475.00	6281-R65-000
Marshall M	Residential	$184.46	15	$2,466.90	16	$2,631.36	15	$2,466.90		$0.00		$0.00		$0.00		$7,565.16	$15,130.09	$7,564.93	$60,027.00	6281-R65-000
McArdle P	Residential	$157.85	13	$2,052.05	16	$2,525.60	15	$2,367.75		$0.00		$0.00		$0.00		$6,945.40	$14,521.38	$7,575.98	$57,812.00	6281-R65-000
McNeese C	Residential	$164.96	15	$2,474.40	16	$2,639.36	15	$2,474.40		$0.00		$0.00		$0.00		$7,588.16	$15,176.22	$7,588.06	$60,210.00	6281-R65-000
Moody J	Residential	$133.48	15	$2,002.20	16	$2,135.68	15	$2,002.20		$0.00		$0.00		$0.00		$6,140.08	$12,279.35	$6,139.27	$48,717.00	6281-R65-000
Olsen D	Residential	$122.39	15	$1,835.85	16	$1,958.24	15	$1,835.85		$0.00		$0.00		$0.00		$5,629.94	$11,259.54	$5,629.60	$44,671.00	6281-R65-000
Pelletier J	Residential	$131.71	13	$1,712.23	16	$2,107.36	15	$1,975.65		$0.00		$0.00		$0.00		$5,795.24	$12,117.03	$6,321.79	$48,073.00	6281-R65-000
Pesarik J	Residential	$116.55	15	$1,748.25	16	$1,864.80	15	$1,748.25		$0.00		$0.00		$0.00		$5,361.30	$10,722.16	$5,360.86	$42,539.00	6281-R65-000
Ralls C	Residential	$227.62	15	$3,414.30	16	$3,641.92	15	$3,414.30		$0.00		$0.00		$0.00		$10,470.52	$20,940.71	$10,470.19	$83,080.00	6281-R65-000
Reynolds G	Residential	$149.83	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$13,783.62	$13,783.62	$54,686.00	6281-R65-000
Souse R	Residential	$51.40	15	$771.00	9	$462.60	15	$771.00		$0.00		$0.00		$0.00		$2,004.60	$4,728.55	$2,723.95	$18,760.00	6281-R65-000
St. Onge R	Residential	$98.67	15	$1,480.05	16	$1,578.72	15	$1,480.05		$0.00		$0.00		$0.00		$4,538.82	$9,077.00	$4,538.18	$36,012.00	6281-R65-000
Taylor J	Residential	$119.18	15	$1,787.40	16	$1,906.56	16	$1,787.40		$0.00		$0.00		$0.00		$5,481.36	$10,962.62	$5,481.26	$43,493.00	6281-R65-000
Taylor K	Residential	$144.76	5	$723.80	16	$2,316.16	15	$2,171.40		$0.00		$0.00		$0.00		$5,211.36	$13,317.06	$8,105.70	$52,834.00	6281-R65-000
Thornhill E	Residential	$84.56	15	$1,268.40	16	$1,352.96	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$2,621.36	$2,621.00	($0.36)	$2,621.00	6281-R65-000
Thornhill E	Residential	$147.73	0	$0.00	0	$0.00	15	$2,215.95		$0.00		$0.00		$0.00		$2,215.95	$9,010.88	$6,794.93	$49,486.00	6281-R65-000
Tillson G	Residential	$116.13	15	$1,741.95	16	$1,858.08	15	$1,741.95		$0.00		$0.00		$0.00		$5,341.98	$10,683.09	$5,341.11	$42,384.00	6281-R65-000
Vettese S	Residential	$126.53	15	$1,897.95	16	$2,024.48	15	$1,897.95		$0.00		$0.00		$0.00		$5,820.38	$11,639.89	$5,819.51	$46,160.00	6281-R65-000
Wetherington J	Residential	$105.68	15	$1,583.70	10	$1,055.80	5	$527.90		$0.00		$0.00		$0.00		$3,167.40	$9,712.93	$6,545.53	$38,535.00	6281-R65-000
Zurbriggen K	Residential	$108.02	15	$1,620.30	10	$1,080.20	15	$1,620.30		$0.00		$0.00		$0.00		$4,320.80	$9,937.78	$5,616.98	$39,427.00	6281-R65-000
Payment Due per bi-monthly billing period				$95,151.74		$70,048.60		$87,557.65		$0.00		$0.00		$0.00		$202,757.99	$445,117.61	$242,359.62	$1,778,722.00	
Cohen L	SEP	$7.44	80	$595.20	90	$669.60	80	$595.20		$0.00		$0.00		$0.00		$1,860.00	$3,900.55	$2,040.55	$15,475.00	6281-D65-000
Lessard M	SEP	$7.07	160	$1,131.20	192	$1,357.44	176	$1,244.32		$0.00		$0.00		$0.00		$3,732.96	$8,338.22	$4,605.26	$33,061.00	6281-D65-000
Payment Due per bi-monthly billing period				$1,726.40		$2,027.04		$1,839.52		$0.00		$0.00		$0.00		$5,592.96	$12,238.77	$6,645.81	$48,536.00	
Total				$102,359.76		$116,207.14		$112,515.66		$0.00		$0.00		$0.00		$331,082.56	$749,289.17	$417,206.61	$2,994,986.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: May Institute

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Categari J	CPS/DH	$3.91	288	$1,126.08	308	$1,204.28	260	$1,016.60		$0.00		$0.00		$0.00	$3,346.96	$6,136.78	$2,789.82	$24,347.00	6281-D90-000
Nation J	CPS/DH	$3.91	296	$1,157.36	348	$1,360.68	308	$1,204.28		$0.00		$0.00		$0.00	$3,722.32	$6,136.78	$2,414.46	$24,347.00	6281-D90-000
Payment Due per bi-monthly billing period				$2,283.44		$2,564.96		$2,220.88		$0.00		$0.00		$0.00	$7,069.28	$12,273.56	$5,204.28	$48,694.00	
Categari J	Residential	$277.98	15	$4,169.70	16	$4,447.68	15	$4,169.70		$0.00		$0.00		$0.00	$12,787.08	$25,573.73	$12,786.65	$101,461.00	6281-R90-000
Nation J	Residential	$277.98	15	$4,169.70	16	$4,447.68	15	$4,169.70		$0.00		$0.00		$0.00	$12,787.08	$25,573.73	$12,786.65	$101,461.00	6281-R90-000
Payment Due per bi-monthly billing period				$8,338.40		$8,895.36		$8,339.40		$0.00		$0.00		$0.00	$25,574.16	$51,147.46	$25,573.30	$202,922.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$10,622.84		$11,460.32		$10,660.28		$0.00		$0.00		$0.00	$32,643.44	$63,421.02	$30,777.58	$251,616.00	

Area Agency: One Sky Community Services

Vendor Name: North Country Independent Living

Payment Period July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Thomas J	CPS/DH	$8.20	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$2,791.68	$2,791.68	$28,289.00	6281-D25-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,791.68	$2,791.68	$28,289.00	
Thomas J	Residential	$331.80	15	$4,977.00	16	$5,308.80		$0.00		$0.00	0	$0.00	0	$0.00	$10,285.80	$20,571.00	$10,285.20	$20,571.00	6281-R25-000
Thomas J	Residential	$238.44	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$7,129.64	$7,129.64	$72,247.00	6281-R25-000
Payment Due per bi-monthly billing period				$4,977.00		$5,308.80		$0.00		$0.00		$0.00		$0.00	$10,285.80	$27,700.64	$17,414.84	$92,818.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$4,977.00		$5,308.80		$0.00		$0.00		$0.00		$0.00	$10,285.80	$30,492.32	$20,206.52	$121,107.00	

Area Agency: One Sky Community Services

Vendor Name: Nourointernational

Payment Period July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CPS/DH	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Adams A	Residential	$1,096.00	15	$16,440.00	16	$17,536.00		$0.00		$0.00		$0.00		$0.00	$33,976.00	$100,832.00	$66,856.00	$400,040.00	6281-R44-000
Daniels S	Residential	$1,190.00	15	$17,850.00	16	$19,040.00		$0.00		$0.00		$0.00		$0.00	$36,890.00	$109,480.00	$72,590.00	$434,350.00	6281-R44-000
Drew P	Residential	$1,190.00	15	$17,850.00	16	$19,040.00		$0.00		$0.00		$0.00		$0.00	$36,890.00	$109,480.00	$72,590.00	$434,350.00	6281-R44-000
Hopkins J	Residential	$920.00	15	$13,800.00	16	$14,720.00		$0.00		$0.00		$0.00		$0.00	$28,520.00	$84,640.00	$56,120.00	$335,800.00	6281-R44-000
King R	Residential	$590.00	15	$8,850.00	16	$9,440.00		$0.00	0	$0.00	0	$0.00	0	$0.00	$18,290.00	$6,394.63	($11,895.37)	$25,370.00	6281-R44-000
Payment Due per bi-monthly billing period				$74,790.00		$79,776.00		$0.00		$0.00		$0.00		$0.00	$154,566.00	$410,826.63	$256,260.63	$1,629,910.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$74,790.00		$79,776.00		$0.00		$0.00		$0.00		$0.00	$154,566.00	$410,826.63	$256,260.63	$1,629,910.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: NeuroRestorative NH

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CPS/DH	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Castle A	Residential	$329.02	15	$4,935.30	16	$5,264.32		$0.00		$0.00		$0.00		$0.00	$10,199.62	$30,269.78	$20,070.14	$120,092.00	6281-R32-000
Rojas-Yeo T	Residential	$566.33	15	$8,494.95	16	$9,061.28		$0.00		$0.00		$0.00		$0.00	$17,556.23	$52,101.74	$34,545.51	$206,708.00	6281-R32-000
Payment Due per bi-monthly billing period				$13,430.25		$14,325.60		$0.00		$0.00		$0.00		$0.00	$27,755.85	$82,371.51	$54,615.66	$326,800.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$13,430.25		$14,325.60		$0.00		$0.00		$0.00		$0.00	$27,755.85	$82,371.51	$54,615.66	$326,800.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Robin Hill Farm

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CPS/DH	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Vershon B	Residential	$372.58	15	$5,588.70	11	$4,098.38	12	$4,470.96		$0.00		$0.00		$0.00	$14,158.04	$34,276.68	$20,118.64	$135,989.00	5261-R17-000
Payment Due per bi-monthly billing period				$5,588.70		$4,098.38		$4,470.96		$0.00		$0.00		$0.00	$14,158.04	$34,276.68	$20,118.64	$135,989.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$5,588.70		$4,098.38		$4,470.96		$0.00		$0.00		$0.00	$14,158.04	$34,276.68	$20,118.64	$135,989.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Residential Resources

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Marshall A	CPS/DH	$4.90		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$7,695.99	$7,695.99	$30,533.00	6281-D55-000
Nauman J	CPS/DH	$5.15		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$8,469.49	$8,469.49	$25,667.00	6281-D55-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$14,165.48	$14,165.48	$56,200.00	
Buck J	Residential	$238.61		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$21,951.96	$21,951.96	$87,092.00	6281-R55-000
Marshall A	Residential	$110.24		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$10,141.17	$10,141.17	$40,234.00	6281-R55-000
Nauman J	Residential	$109.80		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$10,109.92	$10,109.92	$40,110.00	6281-R55-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$42,203.05	$42,203.05	$167,436.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$56,368.53	$56,368.53	$223,636.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Work Opportunities

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Elliott J	CSS	$7.07	36	$254.52	36	$254.52		$0.00		$0.00		$0.00		$0.00		$509.04	$4,790.05	$4,281.01	$19,004.00	6281-L60-000
Foley M	CSS	$7.07	10	$70.70	23	$162.61		$0.00		$0.00		$0.00		$0.00		$233.31	$1,710.70	$1,477.39	$8,787.00	6281-L60-000
Macintosh R	CSS	$7.07	49	$346.43	80	$565.60		$0.00		$0.00		$0.00		$0.00		$912.03	$1,539.55	$627.52	$6,108.00	6281-L60-000
Mahan K	CSS	$7.07	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$2,382.10	$2,382.10	$13,082.00	6281-L60-000
Moore R	CSS	$7.07	46	$325.22	76	$537.32		$0.00		$0.00		$0.00		$0.00		$862.54	$1,197.51	$334.97	$4,751.00	6281-L60-000
Nation A	CSS	$6.88	40	$275.20	62	$426.56		$0.00		$0.00		$0.00		$0.00		$701.76	$2,164.14	$1,462.38	$8,586.00	6281-L60-000
Readel T	CSS	$7.07	51	$360.57	52	$367.64		$0.00		$0.00		$0.00		$0.00		$728.21	$1,710.70	$982.49	$8,787.00	6281-L60-000
Smith L	CSS	$7.07	24	$169.68	45	$318.15		$0.00		$0.00		$0.00		$0.00		$487.83	$2,566.17	$2,078.34	$10,181.00	6281-L60-000
Payment Due per bi-monthly billing period				$1,802.32		$2,632.40		$0.00		$0.00		$0.00		$0.00		$4,434.72	$18,080.91	$13,626.19	$75,286.00	
Call H	CPS/DH	$7.31	116	$847.96	154	$1,125.74		$0.00		$0.00		$0.00		$0.00		$1,973.70	$5,741.05	$3,767.35	$22,777.00	6281-D60-000
Hodgdon L	CPS/DH	$9.50	72	$812.00	80	$880.00		$0.00		$0.00		$0.00		$0.00		$1,292.00	$4,007.42	$2,715.42	$15,899.00	6281-D60-000
Kotkowski E	CPS/DH	$3.93	43	$168.99	42	$165.06		$0.00		$0.00		$0.00		$0.00		$334.05	$1,235.57	$901.52	$4,902.00	6281-D60-000
Langdon C	CPS/DH	$7.42	126	$934.92	170	$1,261.40		$0.00		$0.00		$0.00		$0.00		$2,196.32	$9,719.23	$7,522.91	$38,560.00	6281-D60-000
Leary B	CPS/DH	$4.46	63	$282.24	135	$604.60		$0.00		$0.00		$0.00		$0.00		$887.04	$7,034.80	$6,147.56	$27,909.00	6281-D60-000
McCaffrey K	CPS/DH	$6.68	168	$1,122.24	193	$1,289.24		$0.00		$0.00		$0.00		$0.00		$2,411.48	$9,463.32	$7,041.84	$37,505.00	6281-D60-000
Richard B	CPS/DH	$5.02	137	$687.74	205	$1,029.10		$0.00		$0.00		$0.00		$0.00		$1,716.84	$6,051.06	$4,334.24	$24,007.00	6281-D60-000
Richardson F	CPS/DH	$4.56	58	$264.48	83	$378.48		$0.00		$0.00		$0.00		$0.00		$642.96	$5,729.71	$5,086.75	$22,732.00	6281-D60-000
Weatherspoon S	CPS/DH	$5.27	83	$437.41	171	$901.17		$0.00		$0.00		$0.00		$0.00		$1,338.58	$8,901.51	$5,562.93	$27,381.00	6281-D60-000
Payment Due per bi-monthly billing period				$5,357.98		$7,434.99		$0.00		$0.00		$0.00		$0.00		$12,792.97	$55,873.49	$43,080.52	$221,872.00	
N/A	Residential	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Beaudet A	SEP	$11.01	12	$132.12	18	$198.18		$0.00		$0.00		$0.00		$0.00		$330.30	$5,768.78	$5,438.48	$22,887.00	6281-D60-000
Kotkowski E	SEP	$5.90	119	$702.10	159	$938.10		$0.00		$0.00		$0.00		$0.00		$1,640.20	$4,941.79	$3,301.59	$19,806.00	6281-D60-000
Molesky S	SEP	$8.08	4	$32.32	0	$0.00		$0.00		$0.00		$0.00		$0.00		$32.32	$2,329.49	$2,297.17	$9,242.00	6281-D60-000
Nation A	SEP	$7.43	26	$193.18	42	$312.06		$0.00		$0.00		$0.00		$0.00		$505.24	$1,947.38	$1,442.14	$7,726.00	6281-D60-000
Richardson F	SEP	$5.07	113	$572.91	168	$851.76		$0.00		$0.00		$0.00		$0.00		$1,424.67	$1,593.49	$168.82	$6,322.00	6281-D60-000
Sousa E	SEP	$11.85	34	$402.90	40	$474.00		$0.00		$0.00		$0.00		$0.00		$876.90	$4,967.24	$4,090.34	$19,707.00	6281-D60-000
Payment Due per bi-monthly billing period				$2,035.53		$2,774.10		$0.00		$0.00		$0.00		$0.00		$4,809.63	$21,548.16	$16,738.53	$85,490.00	
Total				$9,195.83		$12,841.49		$0.00		$0.00		$0.00		$0.00		$22,037.32	$96,482.57	$73,445.26	$382,448.00	

Exhibi D

Date: Thursday, October 10, 2019
Time: 09:54: AM
User: JOHNM

One Sky Community Services

Aged AP - Past Due - Detail

Period: 03-20 As of: 10/10/2019

Report: 03680D.rpt
Company: CDSP

Vendor Ref	Inv Nbr	Name / DocType	Master DocType/RefNbr	Vend Doc Stat	Disc Date	Due Date	Pay Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
								Days Past Due					
Company:		**CDSP**											
A+CONF		A+ CONFERENCING		A									
152683	201908363	VO		A		9/29/2019	8/21/2019	0.00	448.23	0.00	0.00	0.00	448.23
						Vendor Total		**0.00**	**448.23**	**0.00**	**0.00**	**0.00**	**448.23**
ADAMSE		EMILY ADAMS		A									
152668	TSM SEP 2	VO		A		10/7/2019	10/7/2019	0.00	79.60	0.00	0.00	0.00	79.60
152669	MSM SEP :	VO		A		10/7/2019	10/7/2019	0.00	79.60	0.00	0.00	0.00	79.60
						Vendor Total		**0.00**	**159.20**	**0.00**	**0.00**	**0.00**	**159.20**
ADAMSKA		Kara Adams		A									
152698	RAD 9/27/1	VO		A		10/9/2019	10/9/2019	0.00	30.00	0.00	0.00	0.00	30.00
						Vendor Total		**0.00**	**30.00**	**0.00**	**0.00**	**0.00**	**30.00**
APPLIAS		APPLIANCE SERVICES LLC		A									
152682	174376	VO		A		10/9/2019	10/9/2019	0.00	148.00	0.00	0.00	0.00	148.00
						Vendor Total		**0.00**	**148.00**	**0.00**	**0.00**	**0.00**	**148.00**
BACKINT		BACK IN THE SADDLE		A									
152674	1064	VO		A		10/7/2019	10/7/2019	0.00	60.00	0.00	0.00	0.00	60.00
152675	1031	VO		A		10/7/2019	10/7/2019	0.00	60.00	0.00	0.00	0.00	60.00
						Vendor Total		**0.00**	**120.00**	**0.00**	**0.00**	**0.00**	**120.00**
BAKERC		CARA BAKER		A									
152665	SEP 2019	VO		A		10/7/2019	10/7/2019	0.00	117.58	0.00	0.00	0.00	117.58
						Vendor Total		**0.00**	**117.58**	**0.00**	**0.00**	**0.00**	**117.58**
BECKET		BECKET FAMILY OF SERVICES		A									
152118	15246	VO		A		9/10/2019	9/10/2019	0.00	8,109.33	0.00	0.00	0.00	8,109.33
152272	16686	VO		A		9/18/2019	9/18/2019	0.00	2,578.67	0.00	0.00	0.00	2,578.67
152518	8/15/19	VO		A		10/4/2019	10/1/2019	0.00	113,675.61	0.00	0.00	0.00	113,675.61

152519	8/31/19	VO	A		10/4/2019	0.00	124,922.88	0.00	0.00	0.00	124,922.88
					10/1/2019						
152552	17552	VO	A		10/1/2019	0.00	405.45	0.00	0.00	0.00	405.45
					10/1/2019						
152553	17560	VO	A		10/1/2019	0.00	795.60	0.00	0.00	0.00	795.60
					10/1/2019						
152556	17581	VO	A		10/1/2019	0.00	91.80	0.00	0.00	0.00	91.80
					10/1/2019						
152557	17572	VO	A		10/1/2019	0.00	703.80	0.00	0.00	0.00	703.80
					10/1/2019						
152558	17574	VO	A		10/1/2019	0.00	729.30	0.00	0.00	0.00	729.30
					10/1/2019						
152567	17555	VO	A		10/1/2019	0.00	1,078.65	0.00	0.00	0.00	1,078.65
					10/1/2019						
152568	17557	VO	A		10/1/2019	0.00	604.35	0.00	0.00	0.00	604.35
					10/1/2019						
152569	17243	VO	A		7/30/2019	0.00	0.00	0.00	558.45	0.00	558.45
					10/1/2019						
152570	17563	VO	A		8/31/2019	0.00	0.00	581.40	0.00	0.00	581.40
					10/1/2019						
152571	17561	VO	A		8/31/2019	0.00	0.00	1,277.55	0.00	0.00	1,277.55
					10/1/2019						
152572	17578	VO	A		9/1/2019	0.00	0.00	499.80	0.00	0.00	499.80
					10/1/2019						
152573	17368	VO	A		10/1/2019	0.00	71.40	0.00	0.00	0.00	71.40
					10/1/2019						
152574	17575	VO	A		10/1/2019	0.00	198.90	0.00	0.00	0.00	198.90
					10/1/2019						
152575	17579	VO	A		10/1/2019	0.00	91.80	0.00	0.00	0.00	91.80
					10/1/2019						
					Vendor Total	**0.00**	**254,057.54**	**2,358.75**	**558.45**	**0.00**	**256,974.74**
BENSON		LUCILLE BENSON	A								
152667	PRA SEP 2	VO	A		10/7/2019	0.00	133.00	0.00	0.00	0.00	133.00
					10/7/2019						
					Vendor Total	**0.00**	**133.00**	**0.00**	**0.00**	**0.00**	**133.00**
BERGG		LYNN BERGGREN	A								
152709	BBE 9/2019	VO	A		9/30/2019	0.00	142.50	0.00	0.00	0.00	142.50
				9/30/2019	9/30/2019						
					Vendor Total	**0.00**	**142.50**	**0.00**	**0.00**	**0.00**	**142.50**
BUDGETS		Budget Document Technology	A								
152691	25623423	VO	A		10/22/2019	564.90	0.00	0.00	0.00	0.00	564.90
					10/9/2019						
					Vendor Total	**564.90**	**0.00**	**0.00**	**0.00**	**0.00**	**564.90**
CARMIP		PATRICIA A. CARMICHAEL	A								

152604 TCA 8/30/1	AD	A		10/2/2019	0.00	-51.00	0.00	0.00	0.00	-51.00
152645 TCA 9/24/1	VO	A		10/7/2019	0.00	153.00	0.00	0.00	0.00	153.00
				10/7/2019						
				Vendor Total	**0.00**	**102.00**	**0.00**	**0.00**	**0.00**	**102.00**
CHILD	WAYPOINT	A								
152453	VO	A		10/1/2019	0.00	40,498.64	0.00	0.00	0.00	40,498.64
			10/1/2019	10/1/2019						
				Vendor Total	**0.00**	**40,498.64**	**0.00**	**0.00**	**0.00**	**40,498.64**
CIS	Community Integrated Services,	A								
152503 9/15/19	VO	A		10/9/2019	0.00	91,953.11	0.00	0.00	0.00	91,953.11
				10/1/2019						
152564 1 MRI	VO	A		10/1/2019	0.00	773.00	0.00	0.00	0.00	773.00
				10/1/2019						
				Vendor Total	**0.00**	**92,726.11**	**0.00**	**0.00**	**0.00**	**92,726.11**
CLOCK-F	MICHELE CLOCK	A								
152648 BCL 9/30/1	VO	A		10/7/2019	0.00	126.00	0.00	0.00	0.00	126.00
				10/7/2019						
				Vendor Total	**0.00**	**126.00**	**0.00**	**0.00**	**0.00**	**126.00**
COMMPAR	COMMUNITY PARTNERS	A								
151849 8/15/19	VO	A		8/28/2019	0.00	0.00	13,979.58	0.00	0.00	13,979.58
				8/28/2019						
152197 8/31/19	VO	A		9/17/2019	0.00	15,108.90	0.00	0.00	0.00	15,108.90
				9/17/2019						
152271 0052031-IN	VO	A		9/18/2019	0.00	125.00	0.00	0.00	0.00	125.00
				9/18/2019						
152504 9/15/19	VO	A		10/10/2019	13,677.81	0.00	0.00	0.00	0.00	13,677.81
				10/1/2019						
				Vendor Total	**13,677.81**	**15,233.90**	**13,979.58**	**0.00**	**0.00**	**42,891.29**
COMMPC	Community Partners for Change	A								
152198 8/31/19	VO	A		9/17/2019	0.00	17,009.40	0.00	0.00	0.00	17,009.40
				9/17/2019						
152505 9/15/19	VO	A		10/16/2019	15,562.22	0.00	0.00	0.00	0.00	15,562.22
				10/1/2019						
				Vendor Total	**15,562.22**	**17,009.40**	**0.00**	**0.00**	**0.00**	**32,571.62**
COMMRES	COMMUNITY RESOURCES FOR	A								
152202 8/31/19	VO	A		9/13/2019	0.00	9,181.76	0.00	0.00	0.00	9,181.76
			9/13/2019	9/13/2019						
152506 9/15/19	VO	A		10/9/2019	0.00	8,192.73	0.00	0.00	0.00	8,192.73
			9/18/2019	10/9/2019						
				Vendor Total	**0.00**	**17,374.49**	**0.00**	**0.00**	**0.00**	**17,374.49**
CREELEY	Diane Creeley	A								
152710 DCR 9/201	VO	A		10/9/2019	0.00	2,520.00	0.00	0.00	0.00	2,520.00
				10/9/2019						

					Vendor Total	0.00	2,520.00	0.00	0.00	0.00	2,520.00
CROTCHE	Crotched Mountain Rehabilitati	A									
151850 8/15/19	VO	A		8/15/2019		0.00	0.00	37,954.95	0.00	0.00	37,954.95
			8/15/2019	8/15/2019							
152203 8/31/19	VO	A		9/9/2019		0.00	0.00	39,715.20	0.00	0.00	39,715.20
			9/9/2019	9/9/2019							
152507 9/15/19	VO	A		10/10/2019		38,124.65	0.00	0.00	0.00	0.00	38,124.65
			9/19/2019	10/10/2019							
					Vendor Total	38,124.65	0.00	77,670.15	0.00	0.00	115,794.80
CSN	COMMUNITY SUPPORT NETWO	A									
152615 OCT 2019 /	VO	A		9/16/2019		0.00	6,318.92	0.00	0.00	0.00	6,318.92
			9/16/2019	9/16/2019							
					Vendor Total	0.00	6,318.92	0.00	0.00	0.00	6,318.92
DAVIDSO	CYNTHIA DAVIDSON	A									
152707 KDA SEP 2	VO	A		9/30/2019		0.00	315.00	0.00	0.00	0.00	315.00
			9/30/2019	9/30/2019							
					Vendor Total	0.00	315.00	0.00	0.00	0.00	315.00
DEMOSS	STEPHANIE DEMOS	A									
152657 EDE 9/29/1	VO	A		10/7/2019		0.00	237.50	0.00	0.00	0.00	237.50
				10/7/2019							
					Vendor Total	0.00	237.50	0.00	0.00	0.00	237.50
DEMOULA	DEMOULAS SUPER MARKETS	A									
143821 604518	VO	A		7/29/2018		0.00	0.00	0.00	0.00	37.02	37.02
			6/29/2018	7/29/2018							
143822 516465	VO	A		2/12/2018		0.00	0.00	0.00	0.00	15.97	15.97
			2/12/2018	2/12/2018							
143823 7/31/18 CR	AD	A		7/31/2018		0.00	0.00	0.00	0.00	-186.12	-186.12
			7/31/2018								
151741 719367	VO	A		1/18/2019		0.00	0.00	0.00	0.00	59.13	59.13
			1/18/2019	1/18/2019							
					Vendor Total	0.00	0.00	0.00	0.00	-74.00	-74.00
DESCHEN	DESCHENES & SONS	A									
152597 0000708	VO	A		9/30/2019		0.00	216.00	0.00	0.00	0.00	216.00
				10/1/2019							
152598 0000717	VO	A		9/30/2019		0.00	164.00	0.00	0.00	0.00	164.00
				10/1/2019							
					Vendor Total	0.00	380.00	0.00	0.00	0.00	380.00
DOWLING	DOWLING CORP	A									
152680 195313	VO	A		10/7/2019		0.00	92.00	0.00	0.00	0.00	92.00
				10/7/2019							
					Vendor Total	0.00	92.00	0.00	0.00	0.00	92.00
EASTER	EASTER SEALS SOCIETY NH	A									
152510 9/15/19	VO	A		10/10/2019		163,079.31	0.00	0.00	0.00	0.00	163,079.31
			9/19/2019	9/19/2019							

					Vendor Total	163,079.31	0.00	0.00	0.00	0.00	163,079.31
EISENHO	Eisenhower Center	A									
151388 Q4 2019 RI	AD	A			7/30/2019	0.00	0.00	0.00	-4,426.68	0.00	-4,426.68
					Vendor Total	0.00	0.00	0.00	-4,426.68	0.00	-4,426.68
ELLIOMA	MARY ELLIOTT	A									
152692 MEL 9/27/1	VO	A			10/9/2019	0.00	208.00	0.00	0.00	0.00	208.00
					10/9/2019						
					Vendor Total	0.00	208.00	0.00	0.00	0.00	208.00
GARRETT	SCOTT GARRETT JR	A									
152673 MGA 9/23/1	VO	A			10/7/2019	0.00	405.22	0.00	0.00	0.00	405.22
					10/7/2019						
					Vendor Total	0.00	405.22	0.00	0.00	0.00	405.22
GB	GREAT BAY SERVICES	A									
152512 9/15/19	VO	A			10/7/2019	0.00	11,646.40	0.00	0.00	0.00	11,646.40
			9/16/2019		10/7/2019						
					Vendor Total	0.00	11,646.40	0.00	0.00	0.00	11,646.40
GEORGE	DAWN MARIE JONES	A									
152664 DGE 9/28/1	VO	A			9/28/2019	0.00	189.00	0.00	0.00	0.00	189.00
			9/28/2019		9/28/2019						
					Vendor Total	0.00	189.00	0.00	0.00	0.00	189.00
GLENN	NICOLE GLENN	A									
152699 LGL 9/29/1!	VO	A			10/9/2019	0.00	450.00	0.00	0.00	0.00	450.00
					10/9/2019						
					Vendor Total	0.00	450.00	0.00	0.00	0.00	450.00
GREENGA	GREENGARD CENTER FOR AUT	A									
152716 EKA 9/201!	VO	A			10/9/2019	0.00	11,256.57	0.00	0.00	0.00	11,256.57
					10/9/2019						
					Vendor Total	0.00	11,256.57	0.00	0.00	0.00	11,256.57
GREENWO	CHARLENE GREENWOOD	A									
152652 KGR 9/21/1	VO	A			9/21/2019	0.00	144.00	0.00	0.00	0.00	144.00
			9/21/2019		9/21/2019						
					Vendor Total	0.00	144.00	0.00	0.00	0.00	144.00
IPP	IPP INC	A									
152208 PKE 8/15/1	AD	A			8/15/2019	0.00	0.00	-437.41	0.00	0.00	-437.41
			8/15/2019								
152209 8/31/19	VO	A			9/4/2019	0.00	0.00	37,816.51	0.00	0.00	37,816.51
			9/4/2019		9/4/2019						
152513 9/15/19	VO	A			10/8/2019	0.00	36,335.04	0.00	0.00	0.00	36,335.04
			9/17/2019		9/17/2019						
					Vendor Total	0.00	36,335.04	37,379.10	0.00	0.00	73,714.14
JACKLEW	JACKSON LEWIS LLP	A									
152724 7406206	VO	A			10/30/2019	1,034.00	0.00	0.00	0.00	0.00	1,034.00
					10/9/2019						

					Vendor Total	1,034.00	0.00	0.00	0.00	0.00	1,034.00
JACKSOW	WENDY JACKSON	A									
152670	TMI SEP 2(	VO	A		10/7/2019	0.00	94.50	0.00	0.00	0.00	94.50
					10/7/2019						
					Vendor Total	0.00	94.50	0.00	0.00	0.00	94.50
JONESJ	JOHN A. JONES	A									
152693	JJO 9/27/1!	VO	A		9/27/2019	0.00	117.00	0.00	0.00	0.00	117.00
				9/27/2019	9/27/2019						
					Vendor Total	0.00	117.00	0.00	0.00	0.00	117.00
JUDGERO	Judge Rotenberg Center	A									
152210	AW 8/19	VO	A		9/17/2019	0.00	34,056.91	0.00	0.00	0.00	34,056.91
					9/17/2019						
					Vendor Total	0.00	34,056.91	0.00	0.00	0.00	34,056.91
KENDRIC	JO ANN KENDRICK	A									
152713	HKE 9/201!	VO	A		10/9/2019	0.00	495.00	0.00	0.00	0.00	495.00
					10/9/2019						
					Vendor Total	0.00	495.00	0.00	0.00	0.00	495.00
KIMI	KIMI NICHOLS CENTER INC	A									
152212	8/31/19	VO	A		9/17/2019	0.00	5,341.76	0.00	0.00	0.00	5,341.76
					9/17/2019						
					Vendor Total	0.00	5,341.76	0.00	0.00	0.00	5,341.76
KITT	TAMMY KITT	A									
152714	DKI 9/2019	VO	A		10/9/2019	0.00	990.00	0.00	0.00	0.00	990.00
					10/9/2019						
					Vendor Total	0.00	990.00	0.00	0.00	0.00	990.00
LAMIE	Mariah Lamie	A									
152666	STH SEP 2	VO	A		10/7/2019	0.00	75.20	0.00	0.00	0.00	75.20
					10/7/2019						
					Vendor Total	0.00	75.20	0.00	0.00	0.00	75.20
LANG	ALANNA LANG	A									
152694	SLA 9/21/1!	VO	A		10/9/2019	0.00	99.00	0.00	0.00	0.00	99.00
					10/9/2019						
					Vendor Total	0.00	99.00	0.00	0.00	0.00	99.00
LANZAG	Gloria Lanza	A									
152650	KLA 9/27/1!	VO	A		10/7/2019	0.00	126.00	0.00	0.00	0.00	126.00
					10/7/2019						
					Vendor Total	0.00	126.00	0.00	0.00	0.00	126.00
LIFE	LIFE VISIONS LLC	A									
152514	9/15/19	VO	A		10/7/2019	0.00	276.48	0.00	0.00	0.00	276.48
					10/1/2019						
					Vendor Total	0.00	276.48	0.00	0.00	0.00	276.48
LIVING	LIVING INNOVATIONS	A									
151851	8/15/19	VO	A		8/15/2019	0.00	0.00	112,515.66	0.00	0.00	112,515.66
				8/15/2019	8/15/2019						

152214 8/31/19	VO	A		9/12/2019		0.00	121,356.27	0.00	0.00	0.00	121,356.27
			9/12/2019	9/12/2019							
152406 LSAUG201	VO	A		8/31/2019		0.00	0.00	3,036.91	0.00	0.00	3,036.91
			8/31/2019	8/31/2019							
152407 AKAUG201	VO	A		8/31/2019		0.00	0.00	1,609.04	0.00	0.00	1,609.04
			8/31/2019	8/31/2019							
152408 KSAUG201	VO	A		8/31/2019		0.00	0.00	2,673.51	0.00	0.00	2,673.51
			8/31/2019	8/31/2019							
152409 MCAUG201	VO	A		8/31/2019		0.00	0.00	2,129.80	0.00	0.00	2,129.80
			8/31/2019	8/31/2019							
152410 EMAUG201	VO	A		8/31/2019		0.00	0.00	2,417.90	0.00	0.00	2,417.90
			8/31/2019	8/31/2019							
152411 KIRCAUG2	VO	A		8/31/2019		0.00	0.00	1,453.81	0.00	0.00	1,453.81
			8/31/2019	8/31/2019							
				Vendor Total		**0.00**	**121,356.27**	**125,836.63**	**0.00**	**0.00**	**247,192.90**
LORENTS	LYNNE LORENTSEN	A									
152681 SEP 2019	VO	A		10/7/2019		0.00	306.40	0.00	0.00	0.00	306.40
				10/7/2019							
				Vendor Total		**0.00**	**306.40**	**0.00**	**0.00**	**0.00**	**306.40**
LYONSTE	Terri Lyons	A									
152715 MLU 9/4/19	VO	A		10/9/2019		0.00	50.00	0.00	0.00	0.00	50.00
				10/9/2019							
				Vendor Total		**0.00**	**50.00**	**0.00**	**0.00**	**0.00**	**50.00**
MACINJ	John D. MacIntosh, P.C.	A									
152690 10200	VO	A		11/2/2019		1,800.00	0.00	0.00	0.00	0.00	1,800.00
				10/9/2019							
				Vendor Total		**1,800.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1,800.00**
MAYINST	MAY INSTITUTE, INC.	A									
151814 8/15/19	VO	A		8/15/2019		0.00	0.00	10,560.28	0.00	0.00	10,560.28
			8/15/2019	8/15/2019							
152215 8/31/19	VO	A		9/3/2019		0.00	0.00	11,569.80	0.00	0.00	11,569.80
			9/3/2019	9/3/2019							
152515 9/15/19	VO	A		10/8/2019		0.00	10,513.36	0.00	0.00	0.00	10,513.36
			9/17/2019	10/8/2019							
				Vendor Total		**0.00**	**10,513.36**	**22,130.08**	**0.00**	**0.00**	**32,643.44**
MCCOSH2	Jonathan McCosh	A									
152651 JMC 9/24/1	VO	A		10/7/2019		0.00	108.00	0.00	0.00	0.00	108.00
				10/7/2019							
				Vendor Total		**0.00**	**108.00**	**0.00**	**0.00**	**0.00**	**108.00**
MELLOE	ELIZABETH MELLO	A									
152706 KDA SEP 2	VO	A		10/9/2019		0.00	8.00	0.00	0.00	0.00	8.00
				10/9/2019							
				Vendor Total		**0.00**	**8.00**	**0.00**	**0.00**	**0.00**	**8.00**
MIKELLS	SHANNON MIKELL	A									

152663	TMI 9/14/19	VO	A		10/7/2019	0.00	420.00	0.00	0.00	0.00	420.00
					10/7/2019						
					Vendor Total	**0.00**	**420.00**	**0.00**	**0.00**	**0.00**	**420.00**
MITCHEL	JANET MITCHELL		A								
152659	EMI 9/28/19	VO	A		9/28/2019	0.00	160.00	0.00	0.00	0.00	160.00
				9/28/2019	9/28/2019						
					Vendor Total	**0.00**	**160.00**	**0.00**	**0.00**	**0.00**	**160.00**
MOHALLE	PATRICIA MOHALLEY		A								
152661	HKE SEP 2	VO	A		10/7/2019	0.00	101.50	0.00	0.00	0.00	101.50
					10/7/2019						
					Vendor Total	**0.00**	**101.50**	**0.00**	**0.00**	**0.00**	**101.50**
MORGAN	MICHELE G MORGAN		A								
152658	RMO 9/23/1	VO	A		9/23/2019	0.00	220.00	0.00	0.00	0.00	220.00
				9/23/2019	9/23/2019						
					Vendor Total	**0.00**	**220.00**	**0.00**	**0.00**	**0.00**	**220.00**
MOVITZ	NANCY MOVITZ		A								
152712	FMO JUL+!	VO	A		9/30/2019	0.00	2,710.00	0.00	0.00	0.00	2,710.00
				9/30/2019	9/30/2019						
					Vendor Total	**0.00**	**2,710.00**	**0.00**	**0.00**	**0.00**	**2,710.00**
MURPHYP	PAUL MURPHY		A								
152695	MMU 9/27/'	VO	A		10/9/2019	0.00	90.00	0.00	0.00	0.00	90.00
					10/9/2019						
					Vendor Total	**0.00**	**90.00**	**0.00**	**0.00**	**0.00**	**90.00**
NEPC	NEW ENGLAND PRINTING & COI		A								
152678	68232	VO	A		10/7/2019	0.00	359.50	0.00	0.00	0.00	359.50
					10/7/2019						
					Vendor Total	**0.00**	**359.50**	**0.00**	**0.00**	**0.00**	**359.50**
NEUROIN	Neurointernational Health		A								
152216	AAD 8/15/1!	VO	A		9/17/2019	0.00	16,440.00	0.00	0.00	0.00	16,440.00
					9/17/2019						
152217	AAD 8/31/1!	VO	A		9/17/2019	0.00	17,536.00	0.00	0.00	0.00	17,536.00
					9/17/2019						
152218	SDA 8/15/1	VO	A		9/17/2019	0.00	17,550.00	0.00	0.00	0.00	17,550.00
					9/17/2019						
152219	SDA 8/31/1	VO	A		9/17/2019	0.00	18,140.00	0.00	0.00	0.00	18,140.00
					9/17/2019						
152220	JHO 8/15/1	VO	A		9/17/2019	0.00	13,950.00	0.00	0.00	0.00	13,950.00
					9/17/2019						
152221	JHO 8/31/1	VO	A		9/17/2019	0.00	14,570.00	0.00	0.00	0.00	14,570.00
					9/17/2019						
152222	RKI 8/15/19	VO	A		9/17/2019	0.00	8,850.00	0.00	0.00	0.00	8,850.00
					9/17/2019						
152223	RKI 8/31/19	VO	A		9/17/2019	0.00	9,440.00	0.00	0.00	0.00	9,440.00
					9/17/2019						

152521	PDR 8/15/1	VO	A		10/14/2019	18,150.00	0.00	0.00	0.00	0.00	18,150.00
					10/1/2019						
152522	PDR 8/31/1	VO	A		10/14/2019	18,740.00	0.00	0.00	0.00	0.00	18,740.00
					10/1/2019						
					Vendor Total	**36,890.00**	**116,476.00**	**0.00**	**0.00**	**0.00**	**153,366.00**
NEURORE	NEURORESTORATIVE		A								
151815	PDR 7/15/1	VO	A		8/22/2019	0.00	0.00	18,150.00	0.00	0.00	18,150.00
					8/22/2019						
151816	PDR 7/31/1	VO	A		8/22/2019	0.00	0.00	18,740.00	0.00	0.00	18,740.00
					8/22/2019						
152224	8/15/19	VO	A		9/17/2019	0.00	13,430.25	0.00	0.00	0.00	13,430.25
					9/17/2019						
152225	8/31/19	VO	A		9/17/2019	0.00	14,325.60	0.00	0.00	0.00	14,325.60
					9/17/2019						
152640	VD REF#15	AD	A		10/4/2019	0.00	-18,740.00	0.00	0.00	0.00	-18,740.00
152641	VD REF#15	AD	A		10/4/2019	0.00	-18,150.00	0.00	0.00	0.00	-18,150.00
					Vendor Total	**0.00**	**-9,134.15**	**36,890.00**	**0.00**	**0.00**	**27,755.85**
NORTH	NO COUNTRY INDEPENDENT LI		A								
152227	8/31/19	VO	A		9/3/2019	0.00	0.00	5,308.80	0.00	0.00	5,308.80
				9/3/2019	9/3/2019						
					Vendor Total	**0.00**	**0.00**	**5,308.80**	**0.00**	**0.00**	**5,308.80**
NORTHRE	NORTHEAST RECORD RETENT		A								
152621	0227666	VO	A		11/1/2019	297.08	0.00	0.00	0.00	0.00	297.08
					10/2/2019						
					Vendor Total	**297.08**	**0.00**	**0.00**	**0.00**	**0.00**	**297.08**
NS&M	NATIONAL SEATING & MOBILITY		A								
152723	117-193104	VO	A		10/9/2019	0.00	4,979.50	0.00	0.00	0.00	4,979.50
					10/9/2019						
					Vendor Total	**0.00**	**4,979.50**	**0.00**	**0.00**	**0.00**	**4,979.50**
NUTE	JOSH NUTE		A								
152671	CTE SEP 2	VO	A		9/30/2019	0.00	345.75	0.00	0.00	0.00	345.75
				9/30/2019	9/30/2019						
					Vendor Total	**0.00**	**345.75**	**0.00**	**0.00**	**0.00**	**345.75**
OFFTEAM	OFFICE TEAM		A								
152462	54314558	VO	A		10/18/2019	990.00	0.00	0.00	0.00	0.00	990.00
				9/18/2019	10/18/2019						
152684	54351881	VO	A		10/24/2019	662.65	0.00	0.00	0.00	0.00	662.65
				9/24/1904	9/24/2019						
152685	54351828	VO	A		10/24/2019	950.00	0.00	0.00	0.00	0.00	950.00
				9/24/2019	9/24/2019						
152686	54352733	VO	A		10/24/2019	990.00	0.00	0.00	0.00	0.00	990.00
				9/24/2019	9/24/2019						

152687	54404236	VO	A		11/1/2019	914.00	0.00	0.00	0.00	0.00	914.00
				10/1/2019	10/1/2019						
152688	54404436	VO	A		11/1/2019	950.00	0.00	0.00	0.00	0.00	950.00
				10/1/2019	10/1/2019						
152689	54403383	VO	A		11/1/2019	990.00	0.00	0.00	0.00	0.00	990.00
				10/1/2019	10/1/2019						
					Vendor Total	**6,446.65**	**0.00**	**0.00**	**0.00**	**0.00**	**6,446.65**
PESIRID	EKATERINE PESIRIDIS		A								
152701	DPE 9/28/1	VO	A		9/28/2019	0.00	800.00	0.00	0.00	0.00	800.00
				9/28/2019	9/28/2019						
152702	DPE 9/14/1	VO	A		9/14/2019	0.00	735.00	0.00	0.00	0.00	735.00
				9/14/2019	9/14/2019						
					Vendor Total	**0.00**	**1,535.00**	**0.00**	**0.00**	**0.00**	**1,535.00**
PETTENG	Amy Pettengill		A								
152649	JPE 9/22/1!	VO	A		10/7/2019	0.00	108.00	0.00	0.00	0.00	108.00
					10/7/2019						
					Vendor Total	**0.00**	**108.00**	**0.00**	**0.00**	**0.00**	**108.00**
PREVOST	COURTNEY PREVOST		A								
152700	KPR 9/29/1	VO	A		10/9/2019	0.00	225.00	0.00	0.00	0.00	225.00
					10/9/2019						
					Vendor Total	**0.00**	**225.00**	**0.00**	**0.00**	**0.00**	**225.00**
PRIEST	LINDA M. PRIEST		A								
152703	HPR 9/27/1	VO	A		10/9/2019	0.00	144.00	0.00	0.00	0.00	144.00
					10/9/2019						
152704	JPR 9/27/1!	VO	A		10/9/2019	0.00	144.00	0.00	0.00	0.00	144.00
					10/9/2019						
					Vendor Total	**0.00**	**288.00**	**0.00**	**0.00**	**0.00**	**288.00**
RANDALW	WILBUR RANDALL		A								
152646	SRA 9/29/1	VO	A		10/7/2019	0.00	180.00	0.00	0.00	0.00	180.00
					10/7/2019						
152647	SRA 9/22/1	VO	A		10/7/2019	0.00	180.00	0.00	0.00	0.00	180.00
					10/7/2019						
					Vendor Total	**0.00**	**360.00**	**0.00**	**0.00**	**0.00**	**360.00**
REGENCY	REGENCY HOME HEALTH		A								
152717	1B19081-0'	VO	A		9/3/2019	0.00	0.00	106.25	0.00	0.00	106.25
					10/9/2019						
152718	1B19080-0'	VO	A		8/27/2019	0.00	0.00	112.50	0.00	0.00	112.50
					10/9/2019						
152719	1B19079-0'	VO	A		8/20/2019	0.00	0.00	156.25	0.00	0.00	156.25
					10/9/2019						
152720	1B19078-0'	VO	A		8/13/2019	0.00	0.00	62.50	0.00	0.00	62.50
					10/9/2019						
152721	1B20634-0'	VO	A		10/9/2019	0.00	200.00	0.00	0.00	0.00	200.00
					10/9/2019						

152722	1B19082-0'	VO	A		9/10/2019	0.00	187.50	0.00	0.00	0.00	187.50
					10/9/2019						
					Vendor Total	**0.00**	**387.50**	**437.50**	**0.00**	**0.00**	**825.00**
RICHER	EDITH RICHER		A								
152711	KWE 9/201	VO	A		9/30/2019	0.00	1,980.00	0.00	0.00	0.00	1,980.00
				9/30/2019	9/30/2019						
					Vendor Total	**0.00**	**1,980.00**	**0.00**	**0.00**	**0.00**	**1,980.00**
RICHIE	THE RICHIE MCFARLAND		A								
152450		VO	A		10/1/2019	0.00	61,203.20	0.00	0.00	0.00	61,203.20
				10/1/2019	10/1/2019						
					Vendor Total	**0.00**	**61,203.20**	**0.00**	**0.00**	**0.00**	**61,203.20**
ROBINHI	ROBIN HILL FARM		A								
152228	8/31/19	VO	A		9/17/2019	0.00	4,470.96	0.00	0.00	0.00	4,470.96
					9/17/2019						
152516	9/15/19	VO	A		10/7/2019	0.00	5,588.70	0.00	0.00	0.00	5,588.70
					10/1/2019						
					Vendor Total	**0.00**	**10,059.66**	**0.00**	**0.00**	**0.00**	**10,059.66**
RRI	RESIDENTIAL RESOURCES INC		A								
152525	8/15/19	VO	A		10/10/2019	9,169.65	0.00	0.00	0.00	0.00	9,169.65
				9/19/2019	10/10/2019						
152526	8/31/19	VO	A		10/10/2019	9,869.60	0.00	0.00	0.00	0.00	9,869.60
				9/19/2019	10/10/2019						
					Vendor Total	**19,039.25**	**0.00**	**0.00**	**0.00**	**0.00**	**19,039.25**
SIDDHAR	SIDDHARTH SERVICES INC		A								
152517	9/15/19	VO	A		10/7/2019	0.00	9,636.00	0.00	0.00	0.00	9,636.00
					10/1/2019						
152528	8/31/19	VO	A		9/24/2019	0.00	10,371.68	0.00	0.00	0.00	10,371.68
					10/1/2019						
					Vendor Total	**0.00**	**20,007.68**	**0.00**	**0.00**	**0.00**	**20,007.68**
SIMONDS	JULIE SIMONDS		A								
152655	LSI 9/29/19	VO	A		10/7/2019	0.00	240.00	0.00	0.00	0.00	240.00
					10/7/2019						
152656	NSI 9/20/19	VO	A		10/7/2019	0.00	200.00	0.00	0.00	0.00	200.00
					10/7/2019						
					Vendor Total	**0.00**	**440.00**	**0.00**	**0.00**	**0.00**	**440.00**
SMARTD	David A Smart		A								
152653	MSM 9/17/'	VO	A		10/7/2019	0.00	100.00	0.00	0.00	0.00	100.00
					10/7/2019						
152654	TSM 9/17/1	VO	A		10/7/2019	0.00	100.00	0.00	0.00	0.00	100.00
					10/7/2019						
					Vendor Total	**0.00**	**200.00**	**0.00**	**0.00**	**0.00**	**200.00**
SMHC	SEACOAST MENTAL HEALTH CE		A								
152676	HPR 8/30/1	VO	A		8/30/2019	0.00	0.00	1,098.78	0.00	0.00	1,098.78
				8/30/2019	8/30/2019						

152677 JPR 8/26/1!	VO	A		8/26/2019	0.00	0.00	934.50	0.00	0.00	934.50
			8/26/2019	8/26/2019						
				Vendor Total	**0.00**	**0.00**	**2,033.28**	**0.00**	**0.00**	**2,033.28**
SOUCY	CANDACE SOUCY	A								
152697 CSO 9/17/1	VO	A		10/9/2019	0.00	135.00	0.00	0.00	0.00	135.00
				10/9/2019						
				Vendor Total	**0.00**	**135.00**	**0.00**	**0.00**	**0.00**	**135.00**
STRUBLE	JULIE A STRUBLE	A								
152660 LST 9/25/1!	VO	A		10/7/2019	0.00	195.00	0.00	0.00	0.00	195.00
				10/7/2019						
152679 CST 9/28/1	VO	A		10/7/2019	0.00	10.00	0.00	0.00	0.00	10.00
				10/7/2019						
152696 SST 9/12/1	VO	A		10/9/2019	0.00	99.00	0.00	0.00	0.00	99.00
				10/9/2019						
				Vendor Total	**0.00**	**304.00**	**0.00**	**0.00**	**0.00**	**304.00**
SYSTEME	Systems Engineering	A								
152538 A57594	VO	A		10/1/2019	0.00	1,120.00	0.00	0.00	0.00	1,120.00
				10/1/2019						
152618 A57386	VO	A		10/2/2019	0.00	5,275.20	0.00	0.00	0.00	5,275.20
				10/2/2019						
				Vendor Total	**0.00**	**6,395.20**	**0.00**	**0.00**	**0.00**	**6,395.20**
TELEPHO	TELEPHONE SYSTEMS EFFICIE	A								
152672 22334	VO	A		10/7/2019	0.00	266.42	0.00	0.00	0.00	266.42
				10/7/2019						
				Vendor Total	**0.00**	**266.42**	**0.00**	**0.00**	**0.00**	**266.42**
TUSTINJ	JENNIFER TUSTIN	A								
152705 SEP 2019	VO	A		10/9/2019	0.00	131.48	0.00	0.00	0.00	131.48
				10/9/2019						
				Vendor Total	**0.00**	**131.48**	**0.00**	**0.00**	**0.00**	**131.48**
WESTEND	WEST END DENTAL	A								
151935 MHE 8/28/1	VO	A		8/29/2019	0.00	0.00	400.00	0.00	0.00	400.00
				8/29/2019						
				Vendor Total	**0.00**	**0.00**	**400.00**	**0.00**	**0.00**	**400.00**
WINCH	DIANNE WINCHELL	A								
152708 MEL 9/30/1	VO	A		10/9/2019	0.00	184.68	0.00	0.00	0.00	184.68
				10/9/2019						
				Vendor Total	**0.00**	**184.68**	**0.00**	**0.00**	**0.00**	**184.68**
WOODD	DARCI WOOD	A								
152662 SWO 9/29/	VO	A		10/7/2019	0.00	144.00	0.00	0.00	0.00	144.00
				10/7/2019						
				Vendor Total	**0.00**	**144.00**	**0.00**	**0.00**	**0.00**	**144.00**
WOU	WORK OPPORTUNITIES	A								
152229 8/15/19	VO	A		9/10/2019	0.00	12,160.54	0.00	0.00	0.00	12,160.54
			9/10/2019	9/10/2019						

Exhibit D

152230	8/31/19	VO		A	9/10/2019		0.00	10,748.89	0.00	0.00	0.00	10,748.89
					9/10/2019	9/10/2019						
					Vendor Total		**0.00**	**22,909.43**	**0.00**	**0.00**	**0.00**	**22,909.43**
					Company Total		**296,515.87**	**926,930.47**	**324,423.87**	**-3,868.23**	**-74.00**	**1,543,927.98**

Exhibit LLL

Analysis of One Sky Community Services
Accounts Payable System

One Sky provides each of its service providers with a Master Agreement. A sample copy of the Exhibit B included in the FY 19 Master Agreement was included in Appendix F, Exhibit 31 of our July 31, 2019 submittal. A sample copy FY 20 Master Agreement was included as Exhibit A of our September 11, 2019 Update. Beginning with FY 18 each Master Agreement has included an Exhibit B that lays out in detail how the service provider will be paid and what deliverables will be the service provider's responsibility.

"Bulk Billing Invoices" are the vehicle by which our service provider partners request payment. Copies of the bulk billing invoices for each of our service providers for the first quarter of FY 20 were included as Exhibit D of our September 11, 2019 Update.

The Accounts Payable system utilized by One Sky is a component part of the Microsoft Dynamics financial reporting system.

All invoices received from our service provider partners are entered into our Account Payable System by our Account Payable/Receivable Specialist using the date noted by the vendor on the vendor's invoice. If that date is not provided then we use the date that the invoice is received. This is the more accurate way of tracking our liability for payment then the suggestion included in the Remediation Report that we should use "service date".

Assuming there are no issues with an invoice, it is scheduled to be paid 3 weeks from receipt; generally on a Friday. Exceptions to this policy may occur if there are delays in the receipt of Medicaid or general fund payments to us. Exhibit B to the Master Agreement that each service provider has signed, is clear that all payments by One Sky to them are "Subject to the satisfactory completion of services to be performed under the Agreement ***and the receipt by (One Sky) of sufficient revenues from the State of New Hampshire Bureau of Developmental Services and from Medicaid.***"

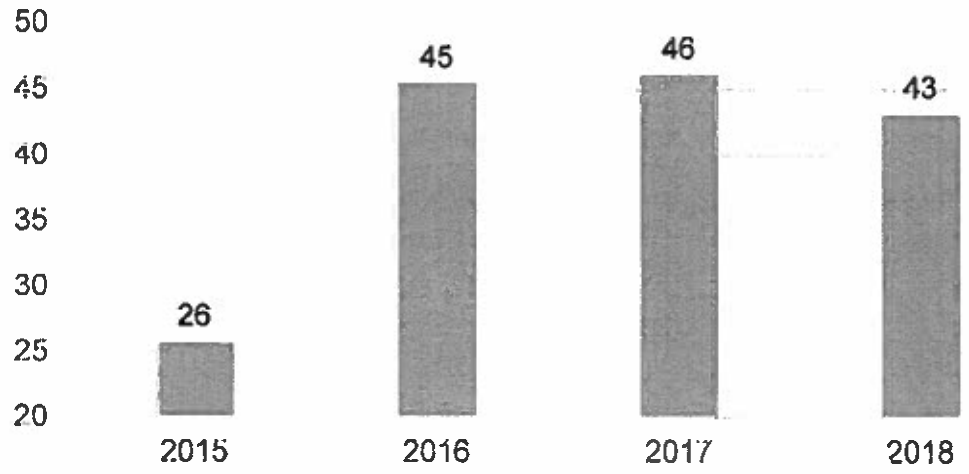
All payments by check made by us include a remittance that provides the following information; Invoice Date, Reference Number, Invoice Number, Description, Invoice Amounts, Amount Paid and Net Check Amount (as sample was included as Appendix F, Exhibit 32 to our July 31 submission). For payments made by ACH, if the service provider requests it, we will provide e-mail notification of payments processed, expected payment receipt date in vendor's bank account, invoice number, invoice description and amount, is sent to vendor's directed contacts. (included in Appendix F, Exhibit 33).

The finance department, as part of its normal process, reviews vendors' accounts for missing or incorrect invoices and communicates with the vendors accordingly if a discrepancy is identified. Vendor statements – if submitted - are reviewed and reconciled by One Sky. To date, no service provider has provided a monthly statement for review of accuracy. We have also been willing to speak with any service provider who has indicated that they have not received a remittance advice from us.

The finance department reconciles the accounts payable account each month by utilizing the accounts payable aging report, samples of which are included as Exhibits CCC and DDD to our October 25, 2019 Update.

EXHIBIT MMM

Days Expense in Accounts Payable



Days expense in accounts payable measures how quickly expenses are paid. It is the average amount of days that it takes the organization to pay expenses.

A target range is approximately 30 days.

Consistent with prior years

Remediation Action #3

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan Finance

COMPLIANCE WITH AREA AGENCY FINANCIAL CONDITION

STANDARD

Regulatory	None References
Contractual	Contract, Exhibit A, Section 2:12: Maintenance of Fiscal Integrity (see Appendix B, Exhibit 11 Contract, Exhibit A, Section 2:6: Wait List Registry (see Appendix B, Exhibit 12)

FINDING

- Days of cash on hand has decreased over time and is lower than the target of 30 days for the reporting period.
- Operating with an average deficit of $159,745 which demonstrates that One Sky is not fiscally sound
- Late and/or incorrect financial data submission to the Bureau of Improvement and Integrity (BII)
- Inconsistent and/or inaccurate Wait List Management
- Untimely provider payments
- Improper Billing Practices (late, inconsistent, incorrect and in some cases, no billing)

REQUIRED REMEDIATION

3. Coordinate with vendors to determine that both One Sky and the vendor organizations have the same understanding as to what is owed and when

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

One Sky provides each of its service providers with a Master Agreement. The template for the Master Agreement was developed by CSNI in collaboration with service provider community was used for FY20 Master Agreements sent out to all service provider partners. Exhibit B to the Master Agreement details the method, schedule, and conditions precedent to payments and is unique to each Area Agency. The Exhibit B attached to the FY 20 Master Agreement is very similar in format to the Exhibit B's included with the FY 18 Master Agreement and the FY 19 Master Agreement (see Exhibit 31), but we tried to more clearly lay out the exact processes we will follow and the responsibilities of our service provider partners. A sample copy FY 20 Master Agreement is included as Exhibit A.

Exhibit B to the FY 20 Master Agreement was reviewed with our service provider partners at both the August 15, 2019 (see Exhibit Y) and September 12, 2019 (see Exhibit DD) All Vendor Meetings.

To date, signed copies have been received from 20 of 23 service providers (see Exhibit CC update of service providers who have signed and returned agreements). It is important when talking with vendors about the terms and conditions of payment that the people responding have seen the Master Agreement signed by their organization.

"Bulk Billing Invoices" are the vehicle by which our service provider partners request payment. Copies of the bulk billing invoices for each of our service providers for the first quarter of FY 20 were included as Exhibit D of our September 11, 2019 Update.

The Accounts Payable system utilized by One Sky is a component part of the Microsoft Dynamics financial reporting system.

All invoices received from our service provider partners are entered into our Account Payable System by our Account Payable/Receivable Specialist using the date noted by the vendor on the vendor's invoice. If that date is not provided by the service provider we then use the date that the invoice is received. This is the more accurate way of tracking our liability for payment then the suggestion included in the Remediation Report that we should use "service date".

Assuming there are no issues with an invoice, it is scheduled to be paid 3 weeks from receipt; generally on a Friday. Exceptions to this policy may occur if there are delays in the receipt of Medicaid or general fund payments to us. Exhibit B to the Master Agreement that each service provider has signed, is clear that all payments by One Sky to them are "Subject to the satisfactory completion of services to be performed under the Agreement and the receipt by (One Sky) of sufficient revenues from the State of New Hampshire Bureau of Developmental Services and from Medicaid."

All payments by check made by us include a remittance that provides the following information; Invoice Date, Reference Number, Invoice Number, Description, Invoice Amounts, Amount Paid and Net Check Amount (see Exhibit 32). For payments made by ACH, if the service provider requests it, we will provide e-mail notification of payments processed, expected payment receipt date in vendor's bank account, invoice number, invoice description and amount, is sent to vendor's directed contacts (see Exhibit 33).

The finance department, as part of its normal process, reviews vendors' accounts for missing or incorrect invoices and communicates with the vendors accordingly if a discrepancy is identified. Vendor statements – if submitted - are reviewed and reconciled by One Sky.

The finance department reconciles the accounts payable account each month by utilizing the accounts payable aging report, samples of were included as Exhibits CCC and DDD to our October 25, 2019 Update. Since 2015 the Days Expense in Accounts Payable (as reported by our outside financial auditor – see Exhibit MMM) has been as follows:

- 2015: 26 Days
- 2016: 45 Days
- 2017: 46 Days
- 2018: 43 Days

A review of our accounts payable system is an important part of the annual financial audit that our outside auditors perform. During the past five years, no material weakness in our accounts payable process has been identified by our outside auditors as part of their testing and audit procedures.

Exhibit 31

FY 19 MASTER AGREEMENT FOR SERVICES
Between
One Sky Community Services, Inc. and <Name of Service Provider>

EXHIBIT B

METHOD, SCHEDULE, AND CONDITIONS PRECEDENT TO PAYMENT

1) Subject to the satisfactory completion of the services to be performed under this Agreement and the receipt by the AA of sufficient revenues from the State of New Hampshire Bureau of Developmental Services, under its contract, and from Medicaid for the service (s), if applicable, to reimburse the Contractor, the AA agrees to purchase services from the Contractor, which are specified in The Master Agreement and, Exhibit "A".

2) PAYMENT TO THE CONTRACTOR WILL BE BASED UPON SIGNED BULK BILLING INVOICE/FORM "A" AGREEMENTS AS FOLLOWS:

A. Residential Programs

Residential program payments to the Contractor will be made following service delivery. Payments will be made on a per diem basis based on invoices for services delivered submitted by Contactor. The rate paid will be the annual residential budget divided by 365. The reimbursement for a Consumer will not exceed their annual budget (prorated for a mid-year start date) subject to the conditions below and provided Contractor has delivered to Consumer 327 days of services over the course of a twelve month period. Payments will be made within 30 days of invoice date or three weeks after receipt of Invoice or Bulk Billing Invoice. Invoice date cannot be earlier than the last date of Service Delivery Dates covered within the invoice.

At the end of each calendar quarter (ending September 30, December 31, March 31 and June 30) AA will reconcile YTD payments made to Contractor to actual days services were delivered to Consumer by Contractor. If Contactor has delivered the following days of services through each quarter end, AA will make a Quarterly Adjustment Payment to Contractor as follows

Quarter Ending	If YTD Days of Services Delivered Equals or is Greater Than:	Quarter Adjustment Payment Will Equal:
September 30	81 days	25% of Annual Budget Minus Actual YTD Payments
December 31	162 days	50% of Annual Budget Minus Actual YTD Payments
March 31	243 days	75% of Annual Budget Minus Actual YTD Payments
June 30	327 days	100% of Annual Budget Minus Actual YTD Payments

B. Community Participation Programs (CPS)

Day program payments to the Contractor will be made following service delivery. Payments will be made based on invoices for services delivered in ¼ hour units submitted by Contactor. The rate paid will be the annual day budget divided by the ISA expected hours of service to be delivered multiplied by 4 (For example: the ¼ hour unit rate paid for 30 hours of services per week for a program with an annual budget of $20,000, would be $20,000 divided by 1,560 hours times 4 or $3.21 per unit). The

reimbursement for a Consumer will not exceed their annual budget (prorated for a mid-year start date) subject to the conditions below and provided Contractor has delivered to Consumer 89% of the ISA expected units of service over the course of a twelve month period. Payments will be made within 30 days of invoice date or three weeks after receipt of Invoice or Bulk Billing Invoice. Invoice date cannot be earlier than the oldest date of Service Delivery Dates covered with in the invoice.
At the end of each calendar quarter (ending September 30, December 31, March 31 and June 30) AA will reconcile YTD payments made to Contractor to actual units of services delivered to Consumer by Contractor. If Contractor has actually delivered 89% or greater of the YTD ISA expected units of service, AA will make a Quarterly Adjustment Payments to Contractor as follows:

Quarter Ending	**If YTD Units of Services Delivered as a Percentage of YTD ISA Expected Units of Services**	**Quarter Adjustment Payment Will Equal:**
September 30	89%	25% of Annual Budget Minus Actual YTD Payments
December 31	89%	50% of Annual Budget Minus Actual YTD Payments
March 31	89%	75% of Annual Budget Minus Actual YTD Payments
June 30	89%	100% of Annual Budget Minus Actual YTD Payments

3) Documentation

AA participates in the Community Support Network Inc. (CSNI) Uniformity of Practice and requires the use of all mandatory forms developed by this committee. Copies of these forms and instructions for their use can be found at: http://www.csni.org/statewide-forms

The Contractor agrees to submit the following documents on the following dates, without delay. Failure to do so will result in payments to Contractor being withheld until the required documentation is satisfactorily delivered to the AA:

A. Daily Attendance Records and Bulk Billing Invoices

i. Daily Attendance Records and Bulk Billing Invoices for Consumers are due twice per month on the following schedule:
   a. On the 18th day of each month: Daily Attendance Records and Bulk Billing Invoices for the 1st through 15th day of the current month

ii. On the 5th day of each month: Daily Attendance Records and Bulk Billing Invoices for the 16th day of the previous month through the previous month end. All Daily Attendance Records will be submitted directly to East Coast Reimbursement Services via the "e-Bridge" data transmittal application. Information explaining this application is included as Exhibit L to this agreement.

iii. All Bulk Billing Invoice will be submitted to AP@oneskyservices.org.

B. Monthly Progress Note, Health Risk Screen Tool (HRST) Tracker and Monthly Home Visit Reports

Due by the 5th day of the following month

C. Incident Reports (includes Nursing Interventions and Emergency Physical Restraint)

Any significant incidents needs to be reported to each Consumer's Service Coordinator within 24 hours of the incident occurring. Contractor must notify the Service Coordinator by phone as soon as possible and follow-up with a written incident report submitted to AA within 24 hours. In the event Contractor is

unable to reach Consumer's Service Coordinator by phone, Contractor should call AA's On-Call Service at (603) 436-6111 which is available between 4:30 PM and 8:30 AM weekdays and 24/7 on weekends.

D. Daily Notes

Contactor recognizes and acknowledges that they are required to take and maintain Daily Notes of Consumer activity. Contractor will maintain all Daily Records such that if requested by AA to provide copies of Daily Notes for any day or period of days, they will be able to do so within 24 hours. Contractor understands and acknowledges that AA may from time to time request Daily Notes for purposes of ensuring that Contractor is complying with this request.

E. Rep Payee Reporting

Monthly Financial records related to consumer for whom AA is the Representative Payee, including employment and wage reports

F. Other Documentation; such as the following, all of which shall be produced / maintained by Contractor delivered to AA as needed. Failure to provide such documentation on a timely basis may result in a delay in payment to Contractor for services delivered:

i. Consumer Behavior Plans-Receipt of required signatures and other needed documentation to complete and submit the Behavior Plan for prior approval by the Contractor's Human Rights Committee at least three weeks prior to each Human Rights Committee meeting which are generally scheduled on first Tuesday of every month

ii. Certification Documentation (He-M 1001 and He-M 507 Programs)

a. To be eligible for reimbursement by the State of New Hampshire or by Medicaid, Contractor must ensure that any community residence they operate is to be certified in accordance with He-M 1001 and/or He-M 507. To that end, Contractor must provide to AA the following information for each certified community residences:

- Life Safety Report
- Certificate (Emergency/Temp/New/Renewal)
- Self-Reports
- Results of Inspection
- Plan of Correction
- Appeals
- Closure Letters
- Skip Year Packet

b. Emergency Certifications

If an individual has an unanticipated move, and Contractor needs an emergency certification, Contractor must provide AA with the following within 7 days.

- Completed Emergency Certification for Community Residences – 3 or fewer beds
- Floor Plan with bedrooms and smoke detectors

- Completed and signed Emergency Certification Residence Review Form this verifies that "the home meets the requirements of He-M 503, He-M 1001, He-M 1201 and He-M 507, as applicable."

iii. Waivers - If a program needs to request a waiver for a specific He-M, the Contractor must provide AA with a completed NHBDS Waiver Request Form dated January, 2018 or later signed by the individual/guardian, along with any supporting documentation.

iv. Employment Tracking – Contractor shall update the Employment Data System (EDS) on the following dates, such that AA will be able to extract timely and up-date information on the employment status of Consumers served by Contractor:

- September 15 (for the period June 16 through September 15)
- December 15 (for the period September 16 through December 15)
- March 15 (for the period December 16 through March 15)
- June 15 (for the period March 16 through June 15)

iv. Quarterly Financial Update – Contractor will provide AA with a quarterly summary of Contractor revenues and expenses by the 25th day of the month following the end of each calendar quarter.

v. Contractor shall provide the AA with health information as outlined in He-M 503.11(b).

vi. Any other reporting/documentation that is outlined in state or federal regulations, or is requested in regards to a state or federal audit; including but not limited to confirmation that all employees of Contractor have undergone a Criminal Background Check which demonstrates no convictions for the following crimes:

a. A felony of any individual of neglect, spousal abuse, any crime against children, child pornography, rape, sexual assault or homicide, but not including other physical assault or battery.
b. A violent or sexually-related crime against a child or an adult which shows that the person might be reasonably expected to pose a threat to any individual.
c. A felony for physical assault, battery or a drug-related offense and that felony conviction was committed within the past five (5) years in accordance with 42 USC 671 (a)(20)(A)(ii). In such case, Contractor shall provide the required documentation to the AA prior to any Contractor employee commencing work.

vii. Contractor shall ensure that it obtains the necessary releases from its employees at time of hire to enable it to comply with AA's request for training or background check information on such employees. This information must be submitted within 7 days of a request.

G. Other reports that the AA may require to support payment for services delivered by Contractor. In the event that AA requests such reporting AA will make best efforts to notify Contractor in advance and provide Contractor with 30 days to comply with any new reporting requirement.

4) Format and Manner of Transmittal

Contractor agrees to utilize reporting format and manner of transmittal of all required documentation as specified by AA. All documentation submitted to be included in the consumers record shall be "legible, dated and have the author identified by name and position as outlined in He-M 503.12 (c) The AA shall only accept electronic/digital signatures approved by the U.S. Department of Health and Human Services Centers

for Medicare &Medicaid Services (CMS) . At the present time CMS permits the use of Citrix Right Signature, DocuSign and eSignSystems. Any of these electronic/digital services will be accepted by AA.

5) Termination

In the event a consumer terminates services, for any reason, during the contract year the AA reserves the right to recalculate the payments made year to date to the Contractor and adjust future payments to reflect any short fall in revenue received, by the AA, as compared to payments made to the Contractor for the terminated individual's services. These adjustments may be made against the overall future contract payment not only payments for the terminated consumer.

EXHIBIT B

METHOD, SCHEDULE, AND CONDITIONS PRECEDENT TO PAYMENT

1) Subject to the satisfactory completion of the services to be performed under this Agreement and the receipt by the AA of sufficient revenues from the State of New Hampshire Bureau of Developmental Services, under its contract, and from Medicaid for the service (s), if applicable, to reimburse the Contractor, the AA agrees to purchase services from the Contractor, which are specified in The Master Agreement and, Exhibit "A".

2) PAYMENT TO THE CONTRACTOR WILL BE BASED UPON SIGNED FEE AGREEMENTS AS FOLLOWS:

   A. Residential Programs

   Residential program payments to the Contractor will be made following service delivery. Payments will be made on a per diem basis based on actual Daily Attendance Records submitted. The rate paid will be the annual residential budget divided by 365. The reimbursement for a Consumer will not exceed their annual budget (prorated for a mid-year start date) subject to the conditions below and provided Contractor has delivered to Consumer 327 days of services over the course of a twelve month period. Payments will be made within 30 days of invoice date or three weeks after receipt of Invoice or Bulk Billing Invoice. Invoice date cannot be earlier than the oldest date of Service Dates covered within the invoice.

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Contractor's Human Rights Committee at least three weeks prior to each Human Rights Committee meeting which are generally scheduled on first Tuesday of every month

ii. Certification Documentation (He-m 1001 and He-m 507 Programs)

a. To be eligible for reimbursement by the State of New Hampshire or by Medicaid, Contractor must ensure that any community residence they operate is be certified in accordance with He-m 1001 and/or He-m 507. To that end, Contract must provide to AA the following information for each certified community residences:

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- Floor Plan with bedrooms and smoke detectors
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vi. Any other reporting/documentation that is outlined in state or federal regulations, or is requested in regards to a state or federal audit; including but not limited to confirmation that all employees of Contractor have undergone a Criminal Background Check which demonstrates no convictions for the following crimes:

a. A felony of any individual of neglect, spousal abuse, any crime against children, child pornography, rape, sexual assault or homicide, but not including other physical assault or battery.
b. A violent or sexually-related crime against a child or an adult which shows that the person might be reasonably expected to pose a threat to any individual.
c. A felony for physical assault, battery or a drug-related offense and that felony conviction was committed within the past five (5) years in accordance with 42 USC 671 (a)(20)(A)(ii). In such case, Contractor shall provide the required documentation to the AA prior to any Contractor employee commencing work.

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Contractor agrees to utilize reporting format and manner of transmittal of all required documentation as specified by AA. All documentation submitted to be included in the consumers record shall be "legible, dated and have the author identified by name and position as outlined in He-m 503.12 (c) The AA shall only accept electronic/digital signatures approved by the U.S. Department of Health and Human Services Centers for Medicare &Medicaid Services (CMS) . At the present time CMS permits the use of Citrix

Right Signature, DocuSign and eSignSystems. Any of these electronic/digital services will be accepted by AA.

1) Termination

In the event a consumer terminates services, for any reason, during the contract year the AA reserves the right to recalculate the payments made year to date to the Contractor and adjust future payments to reflect any short fall in revenue received, by the AA, as compared to payments made to the Contractor for the terminated individual's services. These adjustments may be made against the overall future contract payment not only payments for the terminated consumer.

Service Provider Name	FirstName	LastName	Title	Email Address	FY 2020 Contract Received	Notes
Becket Family Of Services	Jay	Wolter	President/CFO	JWolter@Becket.org	8/6/2019	
Community Home Solutions	Ellen	Chase	Executive Director	echase5100@aol.com	Closed	
Community Integrated Services	Chet	Bowen	State Director	CBowen@gbcinc.org	8/13/2019	
Community Partners For Change	Joseph	Ntengeri	Executive Director	jntengeri@cpciservicesnh.com	8/8/2019	
Community Resources for Justice (CSNH)	Michelle	White	Manager of Budgets and Contracts	mwhite@crj.org	8/8/2019	
Crotched Mountain Rehabilitation Center	Scott	Graf	CFO	scott.graf@crotchedmountain.org	9/25/2019	
Easter Seals, NH, Inc.	Elin	Treanor	CFO/COO	etreanor@eastersealsnh.org	8/6/2019	
Farmsteads Of New England, Inc.	Deborah	Descenza	Executive Director	deborah@farmsteads-ne.org	9/26/2019	
Friends of Lafayette House	Lisa	Press	President	lpress2@gmail.com		New Vendor. Sent 10/15/19.
Great Bay Services	Jennifer	Nickerson	Executive Director	jnickerson@greatbayservices.org	8/16/2019	
Kimi Nichols Center, Inc.	Joseph	Freeman	Executive Director	jfreeman@kiminicholscenter.org		Last outreach 10/16/19
Life Visions	Joel	Morris	CEO	j.morris@lifevisionsllc.org	9/23/2019	
Living Innovations Support Services, Inc.	Marci	Poulin	Controller	mpoulin@livinginnovations.com	10/16/2019	
NeuroInternational - New Hampshire	Bruce	Blake	Controller	bruceblake@neurointernational.com		Updates sent 10/3/19
NeuroRestorative - New Hampshire	Shelly	King	Executive Director	Shelly.King@NeuroRestorative.com	8/15/2019	
North Country Independent Living, Inc.	Garry	Sherry	President	gsherry@ncilnh.com	10/4/2019	
Residential Resources, Inc.	Chris	Bertoncini	CFO	cbertoncini@resresources.com	9/9/2019	
Robin Hill Farm	Jeremiah	Donovan	President	jerry.donovan@robinhillfarm.com	9/12/2019	
Siddharth	Nar	Gurung	President	NarGurung@siddharthservices.com	9/12/2019	
The Institute Of Professional Practice, Inc.	Le'Ann	Milinder	NH State Director	lmilinder@ippi.org	9/25/2019	
The May Institute, Inc.	Ed	Follen	CFO	efollen@mayinstitute.org	10/15/2019	
Work Opportunities Unlimited Contracts, Inc.	David	Dwyer	Senior VP	DDwyer@WorkOpportunities.net	9/17/2019	

ESS Providers					
Waypoint	Melissa	Hugener	Director	HugenerM@waypointnh.org	8/20/2019
Richie McFarland Children's Center	Peggy	Small-Porter	Executive Director	psmallporter@richiemcfarland.org	9/12/2019

Ope Sky
Accounts Pa as of 6/30/19

Exhibit CCC

Ref Nbr	Inv Nbr	DocType	Doc Stat	Date	Date	Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
Company:	CDSP											
A+CONF	A+ CONFERENCING		A									
150834	20190636362	VO	A		7/28/2019	7/8/2019	780.10	0.00	0.00	0.00	0.00	780.10
					Vendor Total		780.10	0.00	0.00	0.00	0.00	780.10
ABBOTT	Linsey Abbott		A									
150850	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	457.20	0.00	0.00	0.00	457.20
					Vendor Total		0.00	457.20	0.00	0.00	0.00	457.20
ABSOLUT	Absolute Resource Associates,		A									
150278	51367	VO	A		6/11/2019	6/11/2019	0.00	0.00	675.00	0.00	0.00	675.00
					Vendor Total		0.00	0.00	675.00	0.00	0.00	675.00
ACS	ALTERNATIVE COMMUNICATI		A									
150823	00047577	VO	A		7/24/2019	7/8/2019	95.00	0.00	0.00	0.00	0.00	95.00
150824	00047587	VO	A		7/8/2019	7/8/2019	0.00	774.00	0.00	0.00	0.00	774.00
150825	00047528	VO	A		7/17/2019	7/8/2019	71.25	0.00	0.00	0.00	0.00	71.25
					Vendor Total		166.25	774.00	0.00	0.00	0.00	940.25
ADAMSE	EMILY ADAMS		A									
151012	MSM JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	50.40	0.00	0.00	0.00	50.40
151013	TSM JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	50.40	0.00	0.00	0.00	50.40
					Vendor Total		0.00	100.80	0.00	0.00	0.00	100.80
ADAMSKA	Kara Adams		A									
150989	RAD 6/27/19	VO	A		7/10/2019	7/10/2019	0.00	160.00	0.00	0.00	0.00	160.00
					Vendor Total		0.00	160.00	0.00	0.00	0.00	160.00
ADDISON	JOYCE ADDISON		A									
150922	MAD 6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	252.00	0.00	0.00	0.00	252.00
					Vendor Total		0.00	252.00	0.00	0.00	0.00	252.00
AMTRUST	AMTRUST NORTH AMERICA		A									
150980	WC 6/30/19	VO	A		7/20/2019	7/10/2019	6,622.00	0.00	0.00	0.00	0.00	6,622.00
					Vendor Total		6,622.00	0.00	0.00	0.00	0.00	6,622.00
ANDERAM	Amy Marie Anderson		A									
150858	JAN 6/28/19	VO	A		7/9/2019	7/9/2019	0.00	144.00	0.00	0.00	0.00	144.00
					Vendor Total		0.00	144.00	0.00	0.00	0.00	144.00
AQUAR	AQUARION WATER COMPANY		A									
150817	WOOD 6/17/19	VO	A		7/12/2019	7/8/2019	114.50	0.00	0.00	0.00	0.00	114.50
150979	WOOD 6/27/19	VO	A		7/24/2019	7/10/2019	37.41	0.00	0.00	0.00	0.00	37.41
					Vendor Total		151.91	0.00	0.00	0.00	0.00	151.91
ARTHURD	ARTHUR DAVIS PUBLISHING		A									
150843	386235	VO	A		7/19/2019	7/8/2019	550.41	0.00	0.00	0.00	0.00	550.41
					Vendor Total		550.41	0.00	0.00	0.00	0.00	550.41
BAKER	ASHLEY BAKER		A									
150849	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	213.54	0.00	0.00	0.00	213.54
					Vendor Total		0.00	213.54	0.00	0.00	0.00	213.54
BAKERC	CARA BAKER		A									
150784	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	5.60	0.00	0.00	0.00	5.60
150821	6/30/19	VO	A		7/8/2019	7/8/2019	0.00	49.80	0.00	0.00	0.00	49.80
					Vendor Total		0.00	55.40	0.00	0.00	0.00	55.40
BANE	Shawn Bane		A									
150709		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,546.29	0.00	0.00	0.00	1,546.29
150710		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	624.00	0.00	0.00	0.00	624.00

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					Vendor Total		0.00	2,170.29	0.00	0.00	0.00	2,170.29
BARTLEM	MICHELE LYNN BARTLETT		A									
150966	SBA 6/29/19	VO	A		7/10/2019	7/10/2019	0.00	192.00	0.00	0.00	0.00	192.00
150967	ABA 6/29/19	VO	A		7/10/2019	7/10/2019	0.00	192.00	0.00	0.00	0.00	192.00
					Vendor Total		0.00	384.00	0.00	0.00	0.00	384.00
BATES	ROBERTA BATES		A									
150711		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,022.46	0.00	0.00	0.00	1,022.46
					Vendor Total		0.00	1,022.46	0.00	0.00	0.00	1,022.46
BEALJ	JULIE BEAL		A									
150848	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	52.25	0.00	0.00	0.00	52.25
					Vendor Total		0.00	52.25	0.00	0.00	0.00	52.25
BECKET	BECKET FAMILY OF SERVICES		A									
149822	4/15/19	VO	A		5/21/2019	5/21/2019	0.00	0.00	57,862.65	0.00	0.00	57,862.65
149823	4/30/19	VO	A		5/21/2019	5/21/2019	0.00	0.00	66,904.41	0.00	0.00	66,904.41
150458	SCA 4/30/19 ADJ	AD	A		6/25/2019		0.00	-98.02	0.00	0.00	0.00	-98.02
150547	16943	VO	A		6/30/2019	6/25/2019	0.00	1,675.35	0.00	0.00	0.00	1,675.35
150548	16597	VO	A		5/30/2019	6/25/2019	0.00	0.00	696.15	0.00	0.00	696.15
150549	16934	VO	A		6/30/2019	6/25/2019	0.00	979.20	0.00	0.00	0.00	979.20
150550	16595	VO	A		6/25/2019	6/25/2019	0.00	298.35	0.00	0.00	0.00	298.35
150551	16937	VO	A		6/25/2019	6/25/2019	0.00	879.75	0.00	0.00	0.00	879.75
150552	16593	VO	A		6/25/2019	6/25/2019	0.00	657.90	0.00	0.00	0.00	657.90
150553	16938	VO	A		6/30/2019	6/25/2019	0.00	1,147.50	0.00	0.00	0.00	1,147.50
150554	16931	VO	A		6/30/2019	6/25/2019	0.00	1,889.55	0.00	0.00	0.00	1,889.55
150555	16599	VO	A		5/30/2019	6/25/2019	0.00	0.00	627.30	0.00	0.00	627.30
150556	16927	VO	A		6/30/2019	6/25/2019	0.00	933.30	0.00	0.00	0.00	933.30
150557	16592	VO	A		5/30/2019	6/25/2019	0.00	0.00	657.90	0.00	0.00	657.90
150558	16928	VO	A		6/30/2019	6/25/2019	0.00	810.90	0.00	0.00	0.00	810.90
150560	DCA 5/7/19	VO	A		6/26/2019	6/26/2019	0.00	178.50	0.00	0.00	0.00	178.50
150561	SCA 5/7/19	VO	A		6/26/2019	6/26/2019	0.00	107.10	0.00	0.00	0.00	107.10
150562	TNE 5/1/19	VO	A		6/26/2019	6/26/2019	0.00	999.60	0.00	0.00	0.00	999.60
150563	TNE 5/7/19	VO	A		6/26/2019	6/26/2019	0.00	107.10	0.00	0.00	0.00	107.10
150788	16687	VO	A		5/30/2019	5/30/2019	0.00	0.00	2,578.67	0.00	0.00	2,578.67
150789	16688	VO	A		6/30/2019	6/30/2019	0.00	2,578.67	0.00	0.00	0.00	2,578.67
150790	16689	VO	A		7/30/2019	6/30/2019	2,578.67	0.00	0.00	0.00	0.00	2,578.67
150791	16684	VO	A		5/30/2019	7/8/2019	0.00	0.00	2,578.67	0.00	0.00	2,578.67
150792	16685	VO	A		6/30/2019	7/8/2019	0.00	2,578.67	0.00	0.00	0.00	2,578.67
150793	5/15/19	VO	A		7/8/2019	7/8/2019	0.00	80,316.10	0.00	0.00	0.00	80,316.10
150794	5/31/19	VO	A		7/8/2019	7/8/2019	0.00	88,675.33	0.00	0.00	0.00	88,675.33
150938	17246	VO	A		7/10/2019	7/10/2019	0.00	443.70	0.00	0.00	0.00	443.70
150939	17244	VO	A		7/10/2019	7/10/2019	0.00	742.05	0.00	0.00	0.00	742.05
150940	17243	VO	A		7/10/2019	7/10/2019	0.00	933.30	0.00	0.00	0.00	933.30
150941	17241	VO	A		7/10/2019	7/10/2019	0.00	757.35	0.00	0.00	0.00	757.35
150942	17237	VO	A		7/10/2019	7/10/2019	0.00	726.75	0.00	0.00	0.00	726.75
150943	17235	VO	A		7/10/2019	7/10/2019	0.00	1,025.10	0.00	0.00	0.00	1,025.10
150944	17234	VO	A		7/10/2019	7/10/2019	0.00	390.15	0.00	0.00	0.00	390.15
151036	6/15/19	VO	A		7/11/2019	7/11/2019	0.00	84,495.20	0.00	0.00	0.00	84,495.20
151037	6/30/19	VO	A		7/11/2019	7/11/2019	0.00	82,900.56	0.00	0.00	0.00	82,900.56
					Vendor Total		2,578.67	357,129.01	131,905.75	0.00	0.00	491,613.43

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BERGG	LYNN BERGGREN		A									
151001	BBE 6/2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	277.50	0.00	0.00	0.00	277.50
					Vendor Total		0.00	277.50	0.00	0.00	0.00	277.50
BERGLUN	LISA BERGLUND		A									
150852	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	267.44	0.00	0.00	0.00	267.44
					Vendor Total		0.00	267.44	0.00	0.00	0.00	267.44
BERRYDU	BerryDunn		A									
150974	381816	VO	A		7/26/2019	7/10/2019	6,038.00	0.00	0.00	0.00	0.00	6,038.00
					Vendor Total		6,038.00	0.00	0.00	0.00	0.00	6,038.00
BOTTARI	MADELINE BOTTARI-EATON		A									
150845	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	341.60	0.00	0.00	0.00	341.60
					Vendor Total		0.00	341.60	0.00	0.00	0.00	341.60
BOUDREA	JACQUELINE BOUDREAU		A									
150712		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	820.33	0.00	0.00	0.00	820.33
					Vendor Total		0.00	820.33	0.00	0.00	0.00	820.33
BOWEN	KATHIE BOWEN		A									
150964	ABO 4/28/19	VO	A	4/28/2019	4/28/2019	4/28/2019	0.00	0.00	0.00	612.00	0.00	612.00
150965	ABO 6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	1,026.00	0.00	0.00	0.00	1,026.00
					Vendor Total		0.00	1,026.00	0.00	612.00	0.00	1,638.00
BURLEYL	LEIGH BURLEY		A									
151009	SCO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	24.80	0.00	0.00	0.00	24.80
					Vendor Total		0.00	24.80	0.00	0.00	0.00	24.80
BURNHAM	STEPHEN BURNHAM		A									
150959	JBU 6/29/19	VO	A		7/10/2019	7/10/2019	0.00	45.00	0.00	0.00	0.00	45.00
					Vendor Total		0.00	45.00	0.00	0.00	0.00	45.00
BUTLERP	PAUL BUTLER		A									
150899	BBU 6/26/19	VO	A	6/26/2019	6/26/2019	6/26/2019	0.00	384.00	0.00	0.00	0.00	384.00
					Vendor Total		0.00	384.00	0.00	0.00	0.00	384.00
BUXTONO	BUXTON OIL CO		A									
150978	10208025	VO	A		7/6/2019	7/10/2019	0.00	376.60	0.00	0.00	0.00	376.60
					Vendor Total		0.00	376.60	0.00	0.00	0.00	376.60
BYRNEM	MARIE BYRNE		A									
150713		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,853.29	0.00	0.00	0.00	1,853.29
					Vendor Total		0.00	1,853.29	0.00	0.00	0.00	1,853.29
CAMPF	CAMP FATIMA, INC.		A									
150818	SBA 5/6/19	VO	A		7/8/2019	7/8/2019	0.00	700.00	0.00	0.00	0.00	700.00
					Vendor Total		0.00	700.00	0.00	0.00	0.00	700.00
CARMIP	PATRICIA A. CARMICHAEL		A									
150859	TCA 6/28/19	VO	A		7/9/2019	7/9/2019	0.00	102.00	0.00	0.00	0.00	102.00
					Vendor Total		0.00	102.00	0.00	0.00	0.00	102.00
CASIAN	RENEE CASIAN		A									
150893	PCA 6/27/19	VO	A		7/9/2019	7/9/2019	0.00	128.00	0.00	0.00	0.00	128.00
					Vendor Total		0.00	128.00	0.00	0.00	0.00	128.00
CHILD	WAYPOINT		A									
150612	6/14/19 REC - 2	VO	A	6/26/2019	6/26/2019	6/26/2019	0.00	18,426.00	0.00	0.00	0.00	18,426.00
150714		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	18,698.46	0.00	0.00	0.00	18,698.46
150854	H0619LM	VO	H	7/9/2019	7/28/2019	7/28/2019	735.26	0.00	0.00	0.00	0.00	735.26
150855	V0619AT	VO	A	7/3/2019	8/3/2019	8/3/2019	122.66	0.00	0.00	0.00	0.00	122.66

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150856	V0619CM	VO	A	7/3/2019	7/3/2019	7/3/2019	0.00	184.76	0.00	0.00	0.00	184.76
151074		VO	A	7/15/2019	7/15/2019	7/15/2019	18,698.46	0.00	0.00	0.00	0.00	18,698.46
					Vendor Total		19,556.38	37,309.22	0.00	0.00	0.00	56,865.60
CIS	Community Integrated Services,		A									
149556	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	26,873.01	0.00	26,873.01
149557	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	23,988.34	0.00	23,988.34
150094	5/15/19	VO	A		6/5/2019	6/5/2019	0.00	0.00	24,219.64	0.00	0.00	24,219.64
150460	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	25,749.66	0.00	0.00	0.00	25,749.66
150972	6/15/19	VO	A		7/10/2019	7/10/2019	0.00	22,895.20	0.00	0.00	0.00	22,895.20
150973	6/30/19	VO	A		7/10/2019	7/10/2019	0.00	20,628.78	0.00	0.00	0.00	20,628.78
					Vendor Total		0.00	69,273.64	24,219.64	50,861.35	0.00	144,354.63
CITYWID	CITY WIDE OF NEW HAMPSHIR		A									
150831	INV001906	VO	A		7/27/2019	7/8/2019	35.00	0.00	0.00	0.00	0.00	35.00
					Vendor Total		35.00	0.00	0.00	0.00	0.00	35.00
CLOCK-F	MICHELE CLOCK		A									
150766	BCL 6/18/19	VO	A		7/8/2019	7/8/2019	0.00	126.00	0.00	0.00	0.00	126.00
150814	BCL 6/14/19	VO	A		7/8/2019	7/8/2019	0.00	500.00	0.00	0.00	0.00	500.00
					Vendor Total		0.00	626.00	0.00	0.00	0.00	626.00
COMCAST	COMCAST		A									
150816	DAME 6/15/19	VO	A		7/10/2019	7/8/2019	0.00	336.31	0.00	0.00	0.00	336.31
					Vendor Total		0.00	336.31	0.00	0.00	0.00	336.31
COMHOME	Community Home Solutions		A									
149136	3/15/19	VO	A		4/23/2019	4/23/2019	0.00	0.00	0.00	1,495.35	0.00	1,495.35
149137	3/31/19	VO	A		4/23/2019	4/23/2019	0.00	0.00	0.00	1,595.66	0.00	1,595.66
149554	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	1,538.80	0.00	1,538.80
149555	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	1,543.27	0.00	1,543.27
149681	Q3 2019 REC	VO	A		5/13/2019	5/13/2019	0.00	0.00	311.18	0.00	0.00	311.18
150093	5/15/19	VO	A		6/5/2019	6/5/2019	0.00	0.00	1,502.86	0.00	0.00	1,502.86
150459	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	1,591.19	0.00	0.00	0.00	1,591.19
150795	6/15/19	VO	A		7/8/2019	7/8/2019	0.00	1,543.27	0.00	0.00	0.00	1,543.27
151038	6/30/19	VO	A		7/11/2019	7/11/2019	0.00	1,471.39	0.00	0.00	0.00	1,471.39
					Vendor Total		0.00	4,605.85	1,814.04	6,173.08	0.00	12,592.97
COMMPAR	COMMUNITY PARTNERS		A									
149558	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	13,433.52	0.00	13,433.52
149559	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	14,094.54	0.00	14,094.54
149679	Q3 2019 REC	VO	A		5/13/2019	5/13/2019	0.00	0.00	7,785.63	0.00	0.00	7,785.63
150461	5/15/19	VO	A		6/25/2019	6/25/2019	0.00	13,979.58	0.00	0.00	0.00	13,979.58
150462	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	15,266.97	0.00	0.00	0.00	15,266.97
150564	0051560-IN	VO	A		4/30/2019	6/26/2019	0.00	0.00	0.00	1,767.15	0.00	1,767.15
150565	0051561-IN	VO	A		6/26/2019	6/26/2019	0.00	2,478.60	0.00	0.00	0.00	2,478.60
150566	0051562-IN	VO	A		6/26/2019	6/26/2019	0.00	2,455.65	0.00	0.00	0.00	2,455.65
150567	0051905-IN	VO	A		6/26/2019	6/26/2019	0.00	3,213.00	0.00	0.00	0.00	3,213.00
150568	0052270-IN	VO	A		6/26/2019	6/26/2019	0.00	2,295.00	0.00	0.00	0.00	2,295.00
150865	6/15/19	VO	A		7/9/2019	7/9/2019	0.00	14,209.50	0.00	0.00	0.00	14,209.50
150866	6/30/19	VO	A		7/9/2019	7/9/2019	0.00	13,764.03	0.00	0.00	0.00	13,764.03
150948	0052782-IN	VO	A		7/10/2019	7/10/2019	0.00	229.50	0.00	0.00	0.00	229.50
					Vendor Total		0.00	67,891.83	7,785.63	29,295.21	0.00	104,972.67
COMMPC	Community Partners for Change		A									

Ref Nbr	Inv Nbr	DocType	Doc Stat	Date	Date	Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
149560	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	6,903.44	0.00	6,903.44
149561	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	7,040.24	0.00	7,040.24
149683	Q3 2019 REC	VO	A		5/13/2019	5/13/2019	0.00	0.00	4,870.98	0.00	0.00	4,870.98
150095	5/15/19	VO	A		6/5/2019	6/5/2019	0.00	0.00	6,766.64	0.00	0.00	6,766.64
150463	TOW 4/1-5/15/19	VO	A		6/25/2019	6/25/2019	0.00	19,165.50	0.00	0.00	0.00	19,165.50
150464	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	7,410.64	0.00	0.00	0.00	7,410.64
150805	TOW 5/31/19	VO	A		7/8/2019	7/8/2019	0.00	3,407.20	0.00	0.00	0.00	3,407.20
150873	6/15/19	VO	A		7/9/2019	7/9/2019	0.00	6,654.24	0.00	0.00	0.00	6,654.24
150874	6/30/19	VO	A		7/9/2019	7/9/2019	0.00	9,209.64	0.00	0.00	0.00	9,209.64
150926	TOW 5/15/19 ADJ	AD	A		7/9/2019		0.00	-2,129.50	0.00	0.00	0.00	-2,129.50
				Vendor Total			0.00	43,717.72	11,637.62	13,943.68	0.00	69,299.02
COMMRES	COMMUNITY RESOURCES FO		A									
149824	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	8,774.29	0.00	8,774.29
149825	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	8,649.55	0.00	8,649.55
150465	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	8,905.96	0.00	0.00	8,905.96
150466	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	9,211.93	0.00	0.00	9,211.93
150583	CTA 5/3/19	VO	A	5/3/2019	5/3/2019	5/3/2019	0.00	0.00	0.00	170.00	0.00	170.00
150875	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	8,500.73	0.00	0.00	0.00	8,500.73
150876	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	8,512.35	0.00	0.00	0.00	8,512.35
				Vendor Total			0.00	17,013.08	18,117.89	17,593.84	0.00	52,724.81
CORBETT	Janice Corbett		A									
151005	JMA JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	375.00	0.00	0.00	0.00	375.00
				Vendor Total			0.00	375.00	0.00	0.00	0.00	375.00
CORMIEA	AMY CORMIER		A									
150778	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	109.15	0.00	0.00	0.00	109.15
				Vendor Total			0.00	109.15	0.00	0.00	0.00	109.15
COUSINA	ALEX ASCANI		A									
151006	SCO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	15.60	0.00	0.00	0.00	15.60
				Vendor Total			0.00	15.60	0.00	0.00	0.00	15.60
COUSINS	MARIA COUSINS		A									
150988	SCO 6/29/19	VO	A		7/10/2019	7/10/2019	0.00	130.00	0.00	0.00	0.00	130.00
151008	SCO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	72.00	0.00	0.00	0.00	72.00
				Vendor Total			0.00	202.00	0.00	0.00	0.00	202.00
CREELEY	Diane Creeley		A									
151000	JCR 6/2019	VO	A		7/10/2019	7/10/2019	0.00	2,400.00	0.00	0.00	0.00	2,400.00
				Vendor Total			0.00	2,400.00	0.00	0.00	0.00	2,400.00
CROTCHE	Crotched Mountain Rehabilitati		A									
148182	967142	VO	A	3/6/2019	3/6/2019	3/6/2019	0.00	0.00	0.00	0.00	1,000.00	1,000.00
148867	3/15/19	VO	A	3/15/2019	3/15/2019	3/15/2019	0.00	0.00	0.00	0.00	37,266.47	37,266.47
149141	3/31/19	VO	A	3/31/2019	3/31/2019	3/31/2019	0.00	0.00	0.00	0.00	36,416.25	36,416.25
149475	967206	VO	A	3/13/2019	3/28/2019	3/28/2019	0.00	0.00	0.00	0.00	950.00	950.00
149562	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	38,578.52	0.00	38,578.52
149684	Q3 2019 REC	VO	A	5/13/2019	5/13/2019	5/13/2019	0.00	0.00	20,703.96	0.00	0.00	20,703.96
149826	BHE 7/1-4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	19,566.27	0.00	19,566.27
149827	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	36,079.26	0.00	36,079.26
150467	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	39,840.79	0.00	0.00	39,840.79
150468	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	43,086.62	0.00	0.00	43,086.62
150582	967356	VO	A	6/3/2019	7/3/2019	7/3/2019	0.00	1,025.00	0.00	0.00	0.00	1,025.00

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150877	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	38,861.55	0.00	0.00	0.00	38,861.55
150878	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	39,476.71	0.00	0.00	0.00	39,476.71
				Vendor Total			0.00	79,363.26	103,631.37	94,224.05	75,632.72	352,851.40
CSN	COMMUNITY SUPPORT NETW		A									
150888	6/30/19 SIS	VO	A	7/9/2019	7/9/2019	7/9/2019	0.00	767.96	0.00	0.00	0.00	767.96
				Vendor Total			0.00	767.96	0.00	0.00	0.00	767.96
DAVIDSM	MARYLEE DAVIDSON		A									
150765	RDA 6/2/19	VO	A	6/2/2019	6/2/2019	6/2/2019	0.00	0.00	128.00	0.00	0.00	128.00
				Vendor Total			0.00	0.00	128.00	0.00	0.00	128.00
DAVIDSO	CYNTHIA DAVIDSON		A									
150994	KDA 6/2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	617.48	0.00	0.00	0.00	617.48
				Vendor Total			0.00	617.48	0.00	0.00	0.00	617.48
DELIAM	Megan Delia		A									
150812	KVI 6/20/19	VO	A		7/8/2019	7/8/2019	0.00	50.00	0.00	0.00	0.00	50.00
				Vendor Total			0.00	50.00	0.00	0.00	0.00	50.00
DEMOULA	DEMOULAS SUPER MARKETS		A									
143821	604518	VO	A	6/29/2018	7/29/2018	7/29/2018	0.00	0.00	0.00	0.00	37.02	37.02
143822	516465	VO	A	2/12/2018	2/12/2018	2/12/2018	0.00	0.00	0.00	0.00	15.97	15.97
143823	7/31/18 CREDIT	AD	A	7/31/2018	7/31/2018		0.00	0.00	0.00	0.00	-186.12	-186.12
				Vendor Total			0.00	0.00	0.00	0.00	-133.13	-133.13
DEMSEYW	WENDY DEMSEY		A									
150917	RSU JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	103.55	0.00	0.00	0.00	103.55
				Vendor Total			0.00	103.55	0.00	0.00	0.00	103.55
DESCHEN	DESCHENES & SONS		A									
150976	0000446	VO	A		7/10/2019	7/10/2019	0.00	84.00	0.00	0.00	0.00	84.00
150977	0000445	VO	A		7/10/2019	7/10/2019	0.00	108.00	0.00	0.00	0.00	108.00
				Vendor Total			0.00	192.00	0.00	0.00	0.00	192.00
DEVINEJ	JESSICA DEVINE		A									
150715		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,977.91	0.00	0.00	0.00	2,977.91
				Vendor Total			0.00	2,977.91	0.00	0.00	0.00	2,977.91
DIAMOND	DIAMOND HILL BUILDERS		A									
151075	CYU 5/3/19	VO	A		7/11/2019	7/11/2019	0.00	4,000.00	0.00	0.00	0.00	4,000.00
				Vendor Total			0.00	4,000.00	0.00	0.00	0.00	4,000.00
DIMARCO	LORI DIMARCO		A									
151011	GGI JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	129.52	0.00	0.00	0.00	129.52
				Vendor Total			0.00	129.52	0.00	0.00	0.00	129.52
DIPIERO	VINCENT DIPIERO		A									
150752	6/28/19	VO	A		7/1/2019	7/1/2019	0.00	132.85	0.00	0.00	0.00	132.85
150839	6/28/19 PETTY C	VO	A		7/8/2019	7/8/2019	0.00	161.98	0.00	0.00	0.00	161.98
				Vendor Total			0.00	294.83	0.00	0.00	0.00	294.83
DOVEY	SAMANTHA DOVEY		A									
150916	RSU JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	67.15	0.00	0.00	0.00	67.15
				Vendor Total			0.00	67.15	0.00	0.00	0.00	67.15
DURGINL	LYNN DURGIN		A									
150846	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	232.40	0.00	0.00	0.00	232.40
				Vendor Total			0.00	232.40	0.00	0.00	0.00	232.40
DYER	CORINNE DYER		A									
150863	NDY 6/22/19	VO	A	6/22/2019	6/22/2019	6/22/2019	0.00	150.00	0.00	0.00	0.00	150.00

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				Vendor Total			0.00	150.00	0.00	0.00	0.00	150.00
EASTER	EASTER SEALS SOCIETY NH		A									
018022		CK	O				0.00	-2,408.34	0.00	0.00	0.00	-2,408.34
150098	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	162,206.58	0.00	0.00	162,206.58
150442	CBR 5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	2,302.51	0.00	0.00	2,302.51
150443	NDE 5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	3,796.32	0.00	0.00	3,796.32
150469	DET 12/31/18	AD	A	12/31/2018	12/31/2018		0.00	0.00	0.00	0.00	-404.39	-404.39
150470	159460	VO	A	6/4/2019	6/4/2019	6/4/2019	0.00	0.00	9,689.05	0.00	0.00	9,689.05
150471	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	181,335.16	0.00	0.00	181,335.16
150521	160090	VO	A	6/7/2019	7/7/2019	6/7/2019	0.00	225.00	0.00	0.00	0.00	225.00
150522	156520	VO	A	5/6/2019	6/6/2019	5/6/2019	0.00	0.00	270.00	0.00	0.00	270.00
150523	156390	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	360.00	0.00	360.00
150524	159900	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	225.00	0.00	0.00	225.00
150525	156440	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	540.00	0.00	540.00
150526	159980	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	450.00	0.00	0.00	450.00
150527	156320	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	112.50	0.00	112.50
150528	159850	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	135.00	0.00	0.00	135.00
150529	156240	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	157.50	0.00	157.50
150530	159760	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	135.00	0.00	0.00	135.00
150531	156250	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	45.00	0.00	45.00
150532	159770	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	45.00	0.00	0.00	45.00
150533	156270	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	112.50	0.00	112.50
150534	159790	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	90.00	0.00	0.00	90.00
150535	159750	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	270.00	0.00	0.00	270.00
150536	156230	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	225.00	0.00	225.00
150537	156220	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	225.00	0.00	225.00
150538	156120	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	225.00	0.00	225.00
150539	156160	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	90.00	0.00	90.00
150540	159690	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	630.00	0.00	0.00	630.00
150541	156170	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	90.00	0.00	90.00
150542	156180	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	90.00	0.00	90.00
150543	159700	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	405.00	0.00	0.00	405.00
150544	156110	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	585.00	0.00	585.00
150545	156020	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	270.00	0.00	270.00
150546	159590	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	225.00	0.00	0.00	225.00
150593	156380	VO	A	5/6/2019	6/6/2019	5/6/2019	0.00	0.00	135.00	0.00	0.00	135.00
150594	TZA 5/16/19	VO	A	5/16/2019	5/16/2019	5/16/2019	0.00	0.00	90.00	0.00	0.00	90.00
150796	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	169,337.38	0.00	0.00	0.00	169,337.38
150879	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	162,908.60	0.00	0.00	0.00	162,908.60
150880	JBA 6/30/19 ADJ	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	7,813.75	0.00	0.00	0.00	7,813.75
150928	163290	VO	A	7/2/2019	8/2/2019	7/2/2019	180.00	0.00	0.00	0.00	0.00	180.00
150929	163140	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	180.00	0.00	0.00	0.00	180.00
150930	163070	VO	A	7/2/2019	8/2/2019	7/2/2019	270.00	0.00	0.00	0.00	0.00	270.00
150931	163010	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	45.00	0.00	0.00	0.00	45.00
150932	162990	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	45.00	0.00	0.00	0.00	45.00
150933	162980	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	157.50	0.00	0.00	0.00	157.50
150934	162920	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	450.00	0.00	0.00	0.00	450.00
150935	162910	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	45.00	0.00	0.00	0.00	45.00

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150936	162870	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	405.00	0.00	0.00	0.00	405.00
150937	162780	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	180.00	0.00	0.00	0.00	180.00
					Vendor Total		450.00	339,383.89	362,434.62	3,127.50	-404.39	704,991.62
EISENHO	Eisenhower Center		A									
149567	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	7,020.00	0.00	7,020.00
149568	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	2,808.00	0.00	2,808.00
				Vendor Total			0.00	0.00	0.00	9,828.00	0.00	9,828.00
EJORQUE	Peter Ejorgue		A									
150716		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,615.16	0.00	0.00	0.00	1,615.16
				Vendor Total			0.00	1,615.16	0.00	0.00	0.00	1,615.16
ELDREDP	PATRICIA ELDREDGE		A									
150756	EEL 5/30/19	VO	A		7/8/2019	7/8/2019	0.00	72.00	0.00	0.00	0.00	72.00
150862	EEL 6/24/19	VO	A		7/9/2019	7/9/2019	0.00	108.00	0.00	0.00	0.00	108.00
				Vendor Total			0.00	180.00	0.00	0.00	0.00	180.00
EPPSEPT	E & E SEPTIC, LLC		A									
150844	3944	VO	A	6/19/2019	7/19/2019	7/19/2019	325.00	0.00	0.00	0.00	0.00	325.00
				Vendor Total			325.00	0.00	0.00	0.00	0.00	325.00
EVANSJO	Joshua Evans		A									
150993	JEV JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	117.50	0.00	0.00	0.00	117.50
				Vendor Total			0.00	117.50	0.00	0.00	0.00	117.50
EVERSO	EVERSOURCE		A									
150975	DAME 6/24/19	VO	A		7/20/2019	7/10/2019	599.46	0.00	0.00	0.00	0.00	599.46
				Vendor Total			599.46	0.00	0.00	0.00	0.00	599.46
FAIRPOI	CONSOLIDATED COMMUNICA		A									
150842	78917-6/15/19	VO	A		7/8/2019	7/8/2019	0.00	600.88	0.00	0.00	0.00	600.88
				Vendor Total			0.00	600.88	0.00	0.00	0.00	600.88
FARM	FARMSTEADS OF NEW ENGLA		A									
150797	6/15/19	VO	A		7/8/2019	7/8/2019	0.00	22,468.48	0.00	0.00	0.00	22,468.48
150881	6/30/19	VO	A		7/9/2019	7/9/2019	0.00	22,803.68	0.00	0.00	0.00	22,803.68
150961	MGU 5/31/19	VO	A		7/10/2019	7/10/2019	0.00	3,553.60	0.00	0.00	0.00	3,553.60
				Vendor Total			0.00	48,825.76	0.00	0.00	0.00	48,825.76
FARMER	Sheena Farmer		A									
150783	MAY 2019	VO	A		7/8/2019	7/8/2019	0.00	137.75	0.00	0.00	0.00	137.75
150927	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	191.92	0.00	0.00	0.00	191.92
				Vendor Total			0.00	329.67	0.00	0.00	0.00	329.67
FERRARA	CYNDEE FERRARA		A									
150990	JCL 6/30/19	VO	A		7/10/2019	7/10/2019	0.00	500.00	0.00	0.00	0.00	500.00
				Vendor Total			0.00	500.00	0.00	0.00	0.00	500.00
FLIBOTT	DEBORAH FLIBOTTE		A									
150717		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,012.63	0.00	0.00	0.00	2,012.63
				Vendor Total			0.00	2,012.63	0.00	0.00	0.00	2,012.63
FORD	PATRICIA A. FORD, M.Ed., LMH		A									
150945	1109	VO	A		7/10/2019	7/10/2019	0.00	270.00	0.00	0.00	0.00	270.00
150946	1105	VO	A		7/10/2019	7/10/2019	0.00	270.00	0.00	0.00	0.00	270.00
				Vendor Total			0.00	540.00	0.00	0.00	0.00	540.00
FORDK	KAITLAN FORD		A									
150991	PZO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	403.20	0.00	0.00	0.00	403.20
				Vendor Total			0.00	403.20	0.00	0.00	0.00	403.20

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FORSY	REBECCA FORSYTH		A									
150968	OFO 6/23/19	VO	A		7/10/2019	7/10/2019	0.00	210.00	0.00	0.00	0.00	210.00
				Vendor Total			0.00	210.00	0.00	0.00	0.00	210.00
FOSHER	RICHARD FOSHER		A									
150718		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,241.62	0.00	0.00	0.00	2,241.62
				Vendor Total			0.00	2,241.62	0.00	0.00	0.00	2,241.62
GAYHARD	VICTORIA GAYHARDT		A									
150810	VGA 6/17/19	VO	A	6/17/2019	6/17/2019	6/17/2019	0.00	102.00	0.00	0.00	0.00	102.00
150811	JGA 6/17/19	VO	A	6/17/2019	6/17/2019	6/17/2019	0.00	102.00	0.00	0.00	0.00	102.00
				Vendor Total			0.00	204.00	0.00	0.00	0.00	204.00
GB	GREAT BAY SERVICES		A									
150474	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	9,834.66	0.00	0.00	0.00	9,834.66
150882	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	10,642.78	0.00	0.00	0.00	10,642.78
				Vendor Total			0.00	20,477.44	0.00	0.00	0.00	20,477.44
GEARYL	Liam Geary		A									
150813	IGE 6/11/19	VO	A		7/8/2019	7/8/2019	0.00	500.00	0.00	0.00	0.00	500.00
				Vendor Total			0.00	500.00	0.00	0.00	0.00	500.00
GEORGE	DAWN MARIE JONES		A									
150958	DGE 6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	288.00	0.00	0.00	0.00	288.00
				Vendor Total			0.00	288.00	0.00	0.00	0.00	288.00
GILLG	GERARD GILL		A									
150897	GGI 6/22/19	VO	A		7/9/2019	7/9/2019	0.00	216.00	0.00	0.00	0.00	216.00
				Vendor Total			0.00	216.00	0.00	0.00	0.00	216.00
GILVAR	DEBRA GILVAR		A									
150864	CGI 6/22/19	VO	A		7/9/2019	7/9/2019	0.00	60.00	0.00	0.00	0.00	60.00
				Vendor Total			0.00		60.00	0.00	0.00	60.00
GIRI	ARJUN GIRI		A									
150719		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,346.75	0.00	0.00	0.00	2,346.75
150720		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,600.66	0.00	0.00	0.00	1,600.66
				Vendor Total			0.00	3,947.41	0.00	0.00	0.00	3,947.41
GIRIR	Rudra Giri		A									
150721		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,664.12	0.00	0.00	0.00	2,664.12
				Vendor Total			0.00	2,664.12	0.00	0.00	0.00	2,664.12
GLYNNDE	Dennis Glynn		A									
150903	DGL 7/28/18	VO	A		7/9/2019	7/9/2019	0.00	720.00	0.00	0.00	0.00	720.00
150904	DGL 8/16/18	VO	A		7/9/2019	7/9/2019	0.00	885.00	0.00	0.00	0.00	885.00
150905	DGL 9/29/18	VO	A		7/9/2019	7/9/2019	0.00	615.00	0.00	0.00	0.00	615.00
150906	DGL 10/21/18	VO	A		7/9/2019	7/9/2019	0.00	570.00	0.00	0.00	0.00	570.00
150907	DGL 11/24/18	VO	A		7/9/2019	7/9/2019	0.00	780.00	0.00	0.00	0.00	780.00
150908	DGL 12/29/18	VO	A		7/9/2019	7/9/2019	0.00	735.00	0.00	0.00	0.00	735.00
150909	DGL 1/27/19	VO	A		7/9/2019	7/9/2019	0.00	690.00	0.00	0.00	0.00	690.00
150910	DGL 2/24/19	VO	A		7/9/2019	7/9/2019	0.00	495.00	0.00	0.00	0.00	495.00
150911	DGL 3/30/19	VO	A		7/9/2019	7/9/2019	0.00	720.00	0.00	0.00	0.00	720.00
150912	DGL 4/28/19	VO	A		7/9/2019	7/9/2019	0.00	510.00	0.00	0.00	0.00	510.00
151014	DGL 5/31/19	VO	A		7/10/2019	7/10/2019	0.00	480.00	0.00	0.00	0.00	480.00
				Vendor Total			0.00	7,200.00	0.00	0.00	0.00	7,200.00
GONZALE	CHADIA GONZALES		A									
150781	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	140.25	0.00	0.00	0.00	140.25

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150782	MAY 2019	VO	A		7/8/2019	7/8/2019	0.00	148.77	0.00	0.00	0.00	148.77
				Vendor Total			0.00	289.02	0.00	0.00	0.00	289.02
GREENGA	GREENGARD CENTER FOR AU		A									
150947	EKA JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	500.00	0.00	0.00	0.00	500.00
150986	EKA 6/2019	VO	A		7/10/2019	7/10/2019	0.00	13,461.12	0.00	0.00	0.00	13,461.12
				Vendor Total			0.00	13,961.12	0.00	0.00	0.00	13,961.12
GREENWO	CHARLENE GREENWOOD		A									
150770	KGR 6/22/19	VO	A	6/22/2019	6/22/2019	6/22/2019	0.00	144.00	0.00	0.00	0.00	144.00
				Vendor Total			0.00	144.00	0.00	0.00	0.00	144.00
HARM	BRIAN HARMON		A									
150851	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	128.31	0.00	0.00	0.00	128.31
				Vendor Total			0.00	128.31	0.00	0.00	0.00	128.31
HAUEN	DONALD HAUENSTEIN		A									
150921	LHA 6/28/19	VO	A		7/9/2019	7/9/2019	0.00	90.00	0.00	0.00	0.00	90.00
				Vendor Total			0.00	90.00	0.00	0.00	0.00	90.00
HOMEDEP	HOME DEPOT CREDIT SERVIC		A									
150981	12230-6/22/19	VO	A	6/22/2019	7/17/2019	7/17/2019	1,162.24	0.00	0.00	0.00	0.00	1,162.24
				Vendor Total			1,162.24	0.00	0.00	0.00	0.00	1,162.24
HOWARDJ	Jennifer Howard		A									
150822	6/30/19	VO	A		7/8/2019	7/8/2019	0.00	14.00	0.00	0.00	0.00	14.00
				Vendor Total			0.00	14.00	0.00	0.00	0.00	14.00
HUTCHIE	Elizabeth Hutchinson		A									
150757	BPL 6/22/19	VO	A		7/8/2019	7/8/2019	0.00	198.00	0.00	0.00	0.00	198.00
				Vendor Total			0.00	198.00	0.00	0.00	0.00	198.00
IPP	IPP INC		A									
149575	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	33,209.41	0.00	33,209.41
149576	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	32,604.99	0.00	32,604.99
150101	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	33,465.82	0.00	0.00	33,465.82
150475	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	36,305.78	0.00	0.00	36,305.78
150569	JST 5/2019	VO	A	6/5/2019	6/5/2019	6/5/2019	0.00	0.00	229.50	0.00	0.00	229.50
150570	SRU 5/2019	VO	A	6/5/2019	6/5/2019	6/5/2019	0.00	0.00	45.90	0.00	0.00	45.90
150571	SRU 4/2019	VO	A	5/7/2019	5/7/2019	5/7/2019	0.00	0.00	0.00	459.00	0.00	459.00
150572	SBI 4/2019	VO	A	5/7/2019	5/7/2019	5/7/2019	0.00	0.00	0.00	45.90	0.00	45.90
150573	SBI 5/2019	VO	A	6/5/2019	6/5/2019	6/5/2019	0.00	0.00	91.80	0.00	0.00	91.80
150798	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	33,714.43	0.00	0.00	0.00	33,714.43
150802	MEL 6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	445.12	0.00	0.00	0.00	445.12
150883	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	28,507.07	0.00	0.00	0.00	28,507.07
150949	DLA 6/2019	VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,542.45	0.00	0.00	0.00	1,542.45
150984	DLA 4/2019	VO	A	4/1/2019	4/1/2019	4/1/2019	0.00	0.00	0.00	0.00	1,186.76	1,186.76
150985	DLA 5/2019	VO	A	5/1/2019	5/1/2019	5/1/2019	0.00	0.00	0.00	1,777.25	0.00	1,777.25
151077	MEL 6/15/19 ADJ	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	89.44	0.00	0.00	0.00	89.44
151078	MEL 6/30/19 ADJ	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	37.84	0.00	0.00	0.00	37.84
				Vendor Total			0.00	64,336.35	70,138.80	68,096.55	1,186.76	203,758.46
JBLOCK	JB Lock & Key		A									
150838	J18069	VO	A		7/26/2019	7/8/2019	667.00	0.00	0.00	0.00	0.00	667.00
				Vendor Total			667.00	0.00	0.00	0.00	0.00	667.00
JEWELLS	SARAH JEWELL		A									
151007	SCO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	20.00	0.00	0.00	0.00	20.00

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				Vendor Total			0.00	20.00	0.00	0.00	0.00	20.00
JOHNDAK	DAKOTA BOCKUS		A									
150847	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	215.40	0.00	0.00	0.00	215.40
				Vendor Total			0.00	215.40	0.00	0.00	0.00	215.40
JOHNSKO	KONA JOHNSON		A									
150969	TMA 4/26/19	VO	A		7/10/2019	7/10/2019	0.00	252.00	0.00	0.00	0.00	252.00
150970	TMA 6/23/19	VO	A		7/10/2019	7/10/2019	0.00	180.00	0.00	0.00	0.00	180.00
				Vendor Total			0.00	432.00	0.00	0.00	0.00	432.00
JONESJ	JOHN A. JONES		A									
150924	JJO 6/23/19	VO	A	6/23/2019	6/23/2019	6/23/2019	0.00	117.00	0.00	0.00	0.00	117.00
				Vendor Total			0.00	117.00	0.00	0.00	0.00	117.00
JUDGERO	Judge Rotenberg Center		A									
149577	AS 4/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	22,993.50	0.00	22,993.50
149578	AW 4/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	31,393.50	0.00	31,393.50
150476	AS 5/19	VO	A		7/1/2019	6/25/2019	0.00	5,365.15	0.00	0.00	0.00	5,365.15
150477	AW 5/19	VO	A		7/1/2019	6/25/2019	0.00	32,439.95	0.00	0.00	0.00	32,439.95
150806	AW 6/19	VO	A		7/8/2019	7/8/2019	0.00	31,393.50	0.00	0.00	0.00	31,393.50
				Vendor Total			0.00	69,198.60	0.00	54,387.00	0.00	123,585.60
KAPLE	Elizabeth Kaple		A									
150780	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	83.48	0.00	0.00	0.00	83.48
151056	6/30/19 PR	VO	A		7/11/2019	7/11/2019	0.00	365.01	0.00	0.00	0.00	365.01
				Vendor Total			0.00	448.49	0.00	0.00	0.00	448.49
KARCZ	DANIELLE A. KARCZ		A									
150960	PKA 6/22/19	VO	A		7/10/2019	7/10/2019	0.00	180.00	0.00	0.00	0.00	180.00
				Vendor Total			0.00	180.00	0.00	0.00	0.00	180.00
KEENANC	CYNTHIA KEENAN		A									
150772	SKE 5/19/19	VO	A		5/19/2019	5/19/2019	0.00	0.00	126.00	0.00	0.00	126.00
150773	JKE 5/26/19	VO	A		7/8/2019	7/8/2019	0.00	135.00	0.00	0.00	0.00	135.00
150774	SKE 6/25/19	VO	A		7/8/2019	7/8/2019	0.00	126.00	0.00	0.00	0.00	126.00
150775	JKE 6/16/19	VO	A		7/8/2019	7/8/2019	0.00	135.00	0.00	0.00	0.00	135.00
				Vendor Total			0.00	396.00	126.00	0.00	0.00	522.00
KELLEYN	Nancy Kelley		A									
150992	SPO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	14.00	0.00	0.00	0.00	14.00
				Vendor Total			0.00	14.00	0.00	0.00	0.00	14.00
KELLYAM	Amanda Kelly		A									
150809	MKE 6/18/19	VO	A		7/8/2019	7/8/2019	0.00	500.00	0.00	0.00	0.00	500.00
150956	MKE 6/28/19	VO	A		7/10/2019	7/10/2019	0.00	384.00	0.00	0.00	0.00	384.00
				Vendor Total			0.00	884.00	0.00	0.00	0.00	884.00
KENDRIC	JO ANN KENDRICK		A									
151003	HKE 6/2019	VO	A		7/10/2019	7/10/2019	0.00	375.00	0.00	0.00	0.00	375.00
				Vendor Total			0.00	375.00	0.00	0.00	0.00	375.00
KIMI	KIMI NICHOLS CENTER INC		A									
149579	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	4,960.65	0.00	4,960.65
149580	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	5,111.85	0.00	5,111.85
150478	5/15/19	VO	A		6/25/2019	6/25/2019	0.00	4,960.65	0.00	0.00	0.00	4,960.65
150479	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	5,341.76	0.00	0.00	0.00	5,341.76
150884	6/15/19	VO	A		7/9/2019	7/9/2019	0.00	4,960.65	0.00	0.00	0.00	4,960.65
150885	6/30/19	VO	A		7/9/2019	7/9/2019	0.00	4,960.65	0.00	0.00	0.00	4,960.65

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				Vendor Total			0.00	20,223.71	0.00	10,072.50	0.00	30,296.21
KITCHEN	Shaylei Kitchen		A									
150779	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	98.53	0.00	0.00	0.00	98.53
				Vendor Total			0.00	98.53	0.00	0.00	0.00	98.53
KUZ	YVETTE CHAISSON		A									
150997	JKU 6/2019	VO	A		7/10/2019	7/10/2019	0.00	450.00	0.00	0.00	0.00	450.00
				Vendor Total			0.00	450.00	0.00	0.00	0.00	450.00
LANZAG	Gloria Lanza		A									
150771	KLA 6/24/19	VO	A		7/8/2019	7/8/2019	0.00	126.00	0.00	0.00	0.00	126.00
				Vendor Total			0.00	126.00	0.00	0.00	0.00	126.00
LASSINS	Melissa Lassins		A									
151010	JGA JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	220.00	0.00	0.00	0.00	220.00
				Vendor Total			0.00	220.00	0.00	0.00	0.00	220.00
LATTIME	BEVERLY LATTIME		A									
150987	DLA 6/26/19	VO	A	6/26/2019	6/26/2019	6/26/2019	0.00	150.00	0.00	0.00	0.00	150.00
				Vendor Total			0.00	150.00	0.00	0.00	0.00	150.00
LAUDER	Alisha Lauder		A									
150785	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	121.84	0.00	0.00	0.00	121.84
				Vendor Total			0.00	121.84	0.00	0.00	0.00	121.84
LAWLESS	BARBARA LAWLESS		A									
150760	MPA 6/19/19	VO	A		7/8/2019	7/8/2019	0.00	108.00	0.00	0.00	0.00	108.00
				Vendor Total			0.00	108.00	0.00	0.00	0.00	108.00
LE	TAMARA LE		A									
150915	CLE 7/5/19	VO	A		7/9/2019	7/9/2019	0.00	1,195.00	0.00	0.00	0.00	1,195.00
				Vendor Total			0.00	1,195.00	0.00	0.00	0.00	1,195.00
LEBLAJU	JUDY LEBLANC		A									
150894	PRA 6/30/19	VO	A		7/9/2019	7/9/2019	0.00	280.00	0.00	0.00	0.00	280.00
				Vendor Total			0.00	280.00	0.00	0.00	0.00	280.00
LEBLANJ	JAMES LEBLANC		A									
150405	PRA MAY 2019	VO	A		6/19/2019	6/19/2019	0.00	884.58	0.00	0.00	0.00	884.58
				Vendor Total			0.00	884.58	0.00	0.00	0.00	884.58
LEDDYGR	LEDDY GROUP		A									
150601	34518	VO	A		6/26/2019	6/26/2019	0.00	966.96	0.00	0.00	0.00	966.96
150602	34432	VO	A		7/11/2019	6/26/2019	0.00	979.20	0.00	0.00	0.00	979.20
150833	34611	VO	A		7/25/2019	7/8/2019	195.84	0.00	0.00	0.00	0.00	195.84
				Vendor Total			195.84	1,946.16	0.00	0.00	0.00	2,142.00
LIFE CO	LIFE COPING INC		A									
148797	18-24539	VO	A		4/30/2019	4/30/2019	0.00	0.00	0.00	257.35	0.00	257.35
148798	18-24540	VO	A		4/30/2019	4/5/2019	0.00	0.00	0.00	210.00	0.00	210.00
148799	18-24541	VO	A		4/30/2019	4/5/2019	0.00	0.00	0.00	210.00	0.00	210.00
148800	18-24542	VO	A		4/30/2019	4/5/2019	0.00	0.00	0.00	210.00	0.00	210.00
148801	18-24543	VO	A		4/30/2019	4/5/2019	0.00	0.00	0.00	210.00	0.00	210.00
148802	18-24544	VO	A		4/30/2019	4/5/2019	0.00	0.00	0.00	210.00	0.00	210.00
148803	18-24545	VO	A		4/5/2019	4/5/2019	0.00	0.00	0.00	0.00	210.00	210.00
149786	18-24568	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00
149787	18-24567	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00
149788	18-24569	VO	A		6/1/2019	5/15/2019	0.00	0.00	257.35	0.00	0.00	257.35
149789	18-24563	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00

Ref Nbr	Inv Nbr	DocType	Doc Stat	Date	Date	Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
149790	18-24564	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00
149791	18-24565	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00
149792	18-24566	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00
150258	18-24594	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
150259	18-24595	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
150260	18-24596	VO	A		7/1/2019	6/7/2019	0.00	257.35	0.00	0.00	0.00	257.35
150261	18-24593	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
150262	18-24590	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
150263	18-24591	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
150264	18-24592	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
				Vendor Total			0.00	1,517.35	1,517.35	1,307.35	210.00	4,552.05
LIFESHA	LIFESHARE MANAGEMENT GR		A									
149581	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	30,911.08	0.00	30,911.08
149582	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	29,978.81	0.00	29,978.81
149897	NLE APR 2019	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	4,787.08	0.00	4,787.08
149898	RFE APR 2019	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	3,853.27	0.00	3,853.27
149899	DRO APR 2019	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	2,769.33	0.00	2,769.33
150444	RFE MAY 2019	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	3,907.30	0.00	0.00	3,907.30
150445	NLE MAY 2019	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	3,020.83	0.00	0.00	3,020.83
150446	DRO MAY 2019	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	2,991.89	0.00	0.00	2,991.89
150480	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	30,880.69	0.00	0.00	30,880.69
150481	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	32,079.56	0.00	0.00	32,079.56
				Vendor Total			0.00	0.00	72,880.27	72,299.57	0.00	145,179.84
LIVING	LIVING INNOVATIONS		A									
149039	APR190412	VO	A	4/12/2019	4/12/2019	4/12/2019	0.00	0.00	0.00	0.00	100.00	100.00
149040	APR190405	VO	A	4/5/2019	4/5/2019	4/5/2019	0.00	0.00	0.00	0.00	100.00	100.00
149041	MAR190329	VO	A	3/29/2019	3/29/2019	3/29/2019	0.00	0.00	0.00	0.00	100.00	100.00
149383	APR190419	VO	A	4/19/2019	5/19/2019	4/19/2019	0.00	0.00	100.00	0.00	0.00	100.00
149583	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	105,382.11	0.00	105,382.11
149831	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	104,901.31	0.00	104,901.31
150102	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	102,070.17	0.00	0.00	102,070.17
150430	52219	VO	A	6/3/2019	6/3/2019	6/3/2019	0.00	0.00	2,006.00	0.00	0.00	2,006.00
150447	MCMAY2019	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	2,306.46	0.00	0.00	2,306.46
150448	MCAPR2019	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	2,110.11	0.00	2,110.11
150482	GTI 5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	232.35	0.00	0.00	232.35
150483	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	111,672.39	0.00	0.00	111,672.39
150886	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	102,234.41	0.00	0.00	0.00	102,234.41
151039	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	103,255.24	0.00	0.00	0.00	103,255.24
				Vendor Total			0.00	205,489.65	218,387.37	212,393.53	300.00	636,570.55
LLTALIE	Jacqueline L'Italients		A									
150954	JSC JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	84.45	0.00	0.00	0.00	84.45
				Vendor Total			0.00	84.45	0.00	0.00	0.00	84.45
MACINNE	MARY MACINNES		A									
150723		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,544.58	0.00	0.00	0.00	1,544.58
				Vendor Total			0.00	1,544.58	0.00	0.00	0.00	1,544.58
MADISON	ROBERT MADISON		A									
150826	4/30/19 STIPEND	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	770.65	0.00	770.65
150827	APR 2019 STIPEN	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	771.61	0.00	771.61

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				Vendor Total			0.00	0.00	0.00	1,542.26	0.00	1,542.26
MAIO	ANDREW MAIO		A									
150841	19_FUTURES_06	VO	A		7/8/2019	7/8/2019	0.00	2,700.00	0.00	0.00	0.00	2,700.00
151081	ZMA 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	765.00	0.00	0.00	0.00	765.00
				Vendor Total			0.00	3,465.00	0.00	0.00	0.00	3,465.00
MAKHOUL	LORRAINE J MAKHOUL		A									
150759	CMA 6/15/19	VO	A		7/8/2019	7/8/2019	0.00	135.00	0.00	0.00	0.00	135.00
				Vendor Total			0.00	135.00	0.00	0.00	0.00	135.00
MARCUSM	MAHARANI MARCUS		A									
150962	AMA 6/27/19	VO	A		7/10/2019	7/10/2019	0.00	117.00	0.00	0.00	0.00	117.00
				Vendor Total			0.00	117.00	0.00	0.00	0.00	117.00
MAYINST	MAY INSTITUTE, INC.		A									
149584	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	10,935.64	0.00	10,935.64
149585	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	10,297.94	0.00	10,297.94
150103	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	10,669.76	0.00	0.00	10,669.76
150484	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	11,475.96	0.00	0.00	11,475.96
150485	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	10,607.20	0.00	0.00	0.00	10,607.20
150887	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	10,403.88	0.00	0.00	0.00	10,403.88
				Vendor Total			0.00	21,011.08	22,145.72	21,233.58	0.00	64,390.38
MCCAF	Kimberly McCaffrey		A									
150861	KMC 6/19/19	VO	A		7/9/2019	7/9/2019	0.00	117.00	0.00	0.00	0.00	117.00
				Vendor Total			0.00	117.00	0.00	0.00	0.00	117.00
MCCOSH2	Jonathan McCosh		A									
150769	JMC 6/18/19	VO	A		7/8/2019	7/8/2019	0.00	108.00	0.00	0.00	0.00	108.00
				Vendor Total			0.00	108.00	0.00	0.00	0.00	108.00
MCGOWEN	KATHLEEN MCGOWEN		A									
150786	JUN 2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	116.20	0.00	0.00	0.00	116.20
				Vendor Total			0.00	116.20	0.00	0.00	0.00	116.20
MCKAIG	RACHEL E. MCKAIG		A									
150951	DGL JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	320.96	0.00	0.00	0.00	320.96
150952	DGL 5/31/19	VO	A		7/10/2019	7/10/2019	0.00	349.24	0.00	0.00	0.00	349.24
				Vendor Total			0.00	670.20	0.00	0.00	0.00	670.20
MILLERC	Cecily Carsky Miller		A									
150953	JSC JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	151.08	0.00	0.00	0.00	151.08
				Vendor Total			0.00	151.08	0.00	0.00	0.00	151.08
MINORS	SHELBY MINOR		A									
151004	MKU JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	296.93	0.00	0.00	0.00	296.93
				Vendor Total			0.00	296.93	0.00	0.00	0.00	296.93
MITCHEL	JANET MITCHELL		A									
150895	EMI 6/8/19	VO	A	6/8/2019	6/8/2019	6/8/2019	0.00	0.00	160.00	0.00	0.00	160.00
				Vendor Total			0.00	0.00	160.00	0.00	0.00	160.00
MORTON	SHARON MORTON		A									
150764	EGU 6/28/19	VO	A		7/8/2019	7/8/2019	0.00	64.00	0.00	0.00	0.00	64.00
				Vendor Total			0.00	64.00	0.00	0.00	0.00	64.00
MOUA	FLINT MOUA		A									
150753	6/30/19 PR	VO	A		7/3/2019	7/3/2019	0.00	919.46	0.00	0.00	0.00	919.46
				Vendor Total			0.00	919.46	0.00	0.00	0.00	919.46
MOVITZ	NANCY MOVITZ		A									

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151002	FMO 6/2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	1,860.00	0.00	0.00	0.00	1,860.00
				Vendor Total			0.00	1,860.00	0.00	0.00	0.00	1,860.00
MURPHY	NANCY MURPHY		A									
150724		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	274.90	0.00	0.00	0.00	274.90
				Vendor Total			0.00	274.90	0.00	0.00	0.00	274.90
MURPHYP	PAUL MURPHY		A									
150768	MMU 6/28/19	VO	A		7/8/2019	7/8/2019	0.00	90.00	0.00	0.00	0.00	90.00
				Vendor Total			0.00	90.00	0.00	0.00	0.00	90.00
MUTASCI	Albert Mutascio		A									
150725		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,853.29	0.00	0.00	0.00	1,853.29
				Vendor Total			0.00	1,853.29	0.00	0.00	0.00	1,853.29
NAGLER	THE NAGLER GROUP		A									
150597	133605	VO	A		7/11/2019	6/26/2019	0.00	952.00	0.00	0.00	0.00	952.00
150598	133716	VO	A		7/18/2019	6/26/2019	952.00	0.00	0.00	0.00	0.00	952.00
150600	132944	VO	A		6/26/2019	6/26/2019	0.00	1,933.75	0.00	0.00	0.00	1,933.75
				Vendor Total			952.00	2,885.75	0.00	0.00	0.00	3,837.75
NEPC	NEW ENGLAND PRINTING & C		A									
150890	67644	VO	A		7/19/2019	7/9/2019	413.55	0.00	0.00	0.00	0.00	413.55
				Vendor Total			413.55	0.00	0.00	0.00	0.00	413.55
NEUROIN	Neurointernational Health		A									
150486	AAD 5/15/19	VO	A		6/25/2019	6/25/2019	0.00	16,440.00	0.00	0.00	0.00	16,440.00
150487	AAD 5/31/19	VO	A		6/25/2019	6/25/2019	0.00	17,536.00	0.00	0.00	0.00	17,536.00
150488	SDA 4/15/19	VO	A		6/25/2019	6/25/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
150489	SDA 4/30/19	VO	A		6/25/2019	6/25/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
150490	SDA 5/15/19	VO	A		6/25/2019	6/25/2019	0.00	18,150.00	0.00	0.00	0.00	18,150.00
150491	SDA 5/31/19	VO	A		6/25/2019	6/25/2019	0.00	18,740.00	0.00	0.00	0.00	18,740.00
150492	PDR 4/15/19	VO	A		6/25/2019	6/25/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
150493	PDR 4/30/19	VO	A		6/25/2019	6/25/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
150494	PDR 5/15/19	VO	A		6/25/2019	6/25/2019	0.00	18,150.00	0.00	0.00	0.00	18,150.00
150495	PDR 5/31/19	VO	A		6/25/2019	6/25/2019	0.00	18,740.00	0.00	0.00	0.00	18,740.00
150496	JHO 4/15/19	VO	A		6/25/2019	6/25/2019	0.00	13,800.00	0.00	0.00	0.00	13,800.00
150497	JHO 4/30/19	VO	A		6/25/2019	6/25/2019	0.00	13,800.00	0.00	0.00	0.00	13,800.00
150498	JHO 5/15/19	VO	A		6/25/2019	6/25/2019	0.00	13,500.00	0.00	0.00	0.00	13,500.00
150499	JHO 5/31/19	VO	A		6/25/2019	6/25/2019	0.00	14,120.00	0.00	0.00	0.00	14,120.00
150500	RKI 5/15/19	VO	A		6/25/2019	6/25/2019	0.00	590.00	0.00	0.00	0.00	590.00
150501	RKI 5/31/19	VO	A		6/25/2019	6/25/2019	0.00	19,946.00	0.00	0.00	0.00	19,946.00
151045	AAD 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	16,440.00	0.00	0.00	0.00	16,440.00
151046	SDA 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
151047	PDR 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
151048	JHO 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	13,800.00	0.00	0.00	0.00	13,800.00
151049	RKI 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	14,927.00	0.00	0.00	0.00	14,927.00
151050	AAD 6/30/19	VO	A		7/11/2019	7/11/2019	0.00	16,440.00	0.00	0.00	0.00	16,440.00
151051	SDA 6/30/19	VO	A		7/11/2019	7/11/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
151052	PDR 6/30/19	VO	A		7/11/2019	7/11/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
151053	JHO 6/30/19	VO	A		7/11/2019	7/11/2019	0.00	13,800.00	0.00	0.00	0.00	13,800.00
151054	RKI 6/30/19	VO	A		7/11/2019	7/11/2019	0.00	14,927.00	0.00	0.00	0.00	14,927.00
				Vendor Total			0.00	416,646.00	0.00	0.00	0.00	416,646.00
NEURORE	NEURORESTORATIVE		A									

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149819	4/15/19	VO	A		5/21/2019	5/21/2019	0.00	0.00	13,430.25	0.00	0.00	13,430.25
149820	4/30/19	VO	A		5/21/2019	5/21/2019	0.00	0.00	13,430.25	0.00	0.00	13,430.25
150803	5/15/19	VO	A		7/8/2019	7/8/2019	0.00	13,430.25	0.00	0.00	0.00	13,430.25
150804	5/31/19	VO	A		7/8/2019	7/8/2019	0.00	14,325.60	0.00	0.00	0.00	14,325.60
151040	6/15/19	VO	A		7/11/2019	7/11/2019	0.00	13,430.25	0.00	0.00	0.00	13,430.25
151041	6/30/19	VO	A		7/11/2019	7/11/2019	0.00	13,430.25	0.00	0.00	0.00	13,430.25
				Vendor Total			0.00	54,616.35	26,860.50	0.00	0.00	81,476.85
NHSTATL	NEW HAMPSHIRE STATE LOT		A									
150755	2019 ANNUAL FEE	VO	A		7/3/2019	7/3/2019	0.00	50.00	0.00	0.00	0.00	50.00
				Vendor Total			0.00	50.00	0.00	0.00	0.00	50.00
NHTRESF	STATE OF NEW HAMPSHIRE		A									
151055	R8JUNE19	VO	A	7/8/2019	7/8/2019	7/8/2019	0.00	2,064.50	0.00	0.00	0.00	2,064.50
				Vendor Total			0.00	2,064.50	0.00	0.00	0.00	2,064.50
NORRIS	JENNIFER NORRIS		A									
150919	PRA JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	60.00	0.00	0.00	0.00	60.00
				Vendor Total			0.00	60.00	0.00	0.00	0.00	60.00
NORTH	NO COUNTRY INDEPENDENT I		A									
150502	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	6,159.26	0.00	6,159.26
150503	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	476.88	0.00	476.88
151042	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	3,697.68	0.00	0.00	0.00	3,697.68
151043	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	4,331.00	0.00	0.00	0.00	4,331.00
				Vendor Total			0.00	8,028.68	0.00	6,636.14	0.00	14,664.82
NORTHHA	NORTH HAMPTON SERVICE C		A									
150829	15354	VO	A		7/8/2019	7/8/2019	0.00	325.72	0.00	0.00	0.00	325.72
				Vendor Total			0.00	325.72	0.00	0.00	0.00	325.72
NOYES	LORI NOYES		A									
151022	JNO 6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	852.00	0.00	0.00	0.00	852.00
				Vendor Total			0.00	852.00	0.00	0.00	0.00	852.00
OPALKAJ	JOE OPALKA		A									
150726		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,328.08	0.00	0.00	0.00	2,328.08
150727		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,476.89	0.00	0.00	0.00	1,476.89
				Vendor Total			0.00	3,804.97	0.00	0.00	0.00	3,804.97
PETTENG	Amy Pettengill		A									
150763	JPE 6/30/19	VO	A		7/8/2019	7/8/2019	0.00	108.00	0.00	0.00	0.00	108.00
150807	JPE 6/24/19	VO	A		7/8/2019	7/8/2019	0.00	55.00	0.00	0.00	0.00	55.00
150808	JPE 6/24/19	VO	A		7/8/2019	7/8/2019	0.00	75.00	0.00	0.00	0.00	75.00
				Vendor Total			0.00	238.00	0.00	0.00	0.00	238.00
PICKERS	SUZANNE PICKERING		A									
150728		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	3,866.79	0.00	0.00	0.00	3,866.79
				Vendor Total			0.00	3,866.79	0.00	0.00	0.00	3,866.79
PITTS	Alison Pitts		A									
150776	RCA 6/13/19	VO	A		7/8/2019	7/8/2019	0.00	108.00	0.00	0.00	0.00	108.00
				Vendor Total			0.00	108.00	0.00	0.00	0.00	108.00
PORTRI2	KATE PORTRIE		A									
150892	SPO 6/16/19	VO	A		7/9/2019	7/9/2019	0.00	535.50	0.00	0.00	0.00	535.50
				Vendor Total			0.00	535.50	0.00	0.00	0.00	535.50
PREVOST	COURTNEY PREVOST		A									
150971	KPR 6/26/19	VO	A		7/10/2019	7/10/2019	0.00	180.00	0.00	0.00	0.00	180.00

Ref Nbr	Inv Nbr	DocType	Doc Stat	Date	Date	Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
				Vendor Total			0.00	180.00	0.00	0.00	0.00	180.00
PRIESTW	William Priest		A									
150729		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,157.51	0.00	0.00	0.00	1,157.51
				Vendor Total			0.00	1,157.51	0.00	0.00	0.00	1,157.51
PUDA	CHERYL PUDA		A									
150857	SPU 6/29/19	VO	A	6/29/2019	6/29/2019	6/29/2019	0.00	117.00	0.00	0.00	0.00	117.00
				Vendor Total			0.00	117.00	0.00	0.00	0.00	117.00
RANDALW	WILBUR RANDALL		A									
150920	SRA 6/30/19	VO	A		7/9/2019	7/9/2019	0.00	180.00	0.00	0.00	0.00	180.00
				Vendor Total			0.00	180.00	0.00	0.00	0.00	180.00
RAYPARK	RAY PARKHURST REMODELIN		A									
150835	AWE 6/30/19	VO	A		7/8/2019	7/8/2019	0.00	2,600.00	0.00	0.00	0.00	2,600.00
				Vendor Total			0.00	2,600.00	0.00	0.00	0.00	2,600.00
RICHER	EDITH RICHER		A									
150898	KWE 6/27/19	VO	A	6/27/2019	6/27/2019	6/27/2019	0.00	600.00	0.00	0.00	0.00	600.00
150995	KWE JUN 2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	1,890.00	0.00	0.00	0.00	1,890.00
				Vendor Total			0.00	2,490.00	0.00	0.00	0.00	2,490.00
RICHIE	THE RICHIE MCFARLAND		A									
150611	6/14/19 REC - 2	VO	A	6/26/2019	6/26/2019	6/26/2019	0.00	24,108.00	0.00	0.00	0.00	24,108.00
150730		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	56,498.51	0.00	0.00	0.00	56,498.51
				Vendor Total			0.00	80,606.51	0.00	0.00	0.00	80,606.51
ROBINHI	ROBIN HILL FARM		A									
150867	4/15/19	VO	A		7/9/2019	7/9/2019	0.00	5,588.70	0.00	0.00	0.00	5,588.70
150868	4/30/19	VO	A		7/9/2019	7/9/2019	0.00	3,353.22	0.00	0.00	0.00	3,353.22
150869	5/15/19	VO	A		7/9/2019	7/9/2019	0.00	3,725.80	0.00	0.00	0.00	3,725.80
150870	5/31/19	VO	A		7/9/2019	7/9/2019	0.00	5,961.28	0.00	0.00	0.00	5,961.28
150871	6/15/19	VO	A		7/9/2019	7/9/2019	0.00	5,588.70	0.00	0.00	0.00	5,588.70
150872	6/30/19	VO	A		7/9/2019	7/9/2019	0.00	4,843.54	0.00	0.00	0.00	4,843.54
				Vendor Total			0.00	29,061.24	0.00	0.00	0.00	29,061.24
ROPARSS	Susan Ropars		A									
150731		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,044.45	0.00	0.00	0.00	2,044.45
				Vendor Total			0.00	2,044.45	0.00	0.00	0.00	2,044.45
ROUSE	RENEE ROUSE		A									
150732		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	3,454.75	0.00	0.00	0.00	3,454.75
				Vendor Total			0.00	3,454.75	0.00	0.00	0.00	3,454.75
RRI	RESIDENTIAL RESOURCES IN		A									
149832	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	8,840.25	0.00	8,840.25
149833	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	9,169.65	0.00	9,169.65
150799	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	9,287.25	0.00	0.00	9,287.25
150889	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	9,869.60	0.00	0.00	9,869.60
151079	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	9,179.45	0.00	0.00	0.00	9,179.45
151080	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	9,026.45	0.00	0.00	0.00	9,026.45
				Vendor Total			0.00	18,205.90	19,156.85	18,009.90	0.00	55,372.65
SALIE	CHERI SALIE		A									
106696		CK	O				0.00	0.00	0.00	0.00	-350.00	-350.00
				Vendor Total			0.00	0.00	0.00	0.00	-350.00	-350.00
SARO	DENISE SAROFIAN		A									
150762	ASA 6/26/19	VO	A		7/8/2019	7/8/2019	0.00	90.00	0.00	0.00	0.00	90.00

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				Vendor Total			0.00	90.00	0.00	0.00	0.00	90.00
SCHMUHL	Pamela Schmuhl		A									
150950	JSC 6/14/19	VO	A		7/10/2019	7/10/2019	0.00	17.00	0.00	0.00	0.00	17.00
				Vendor Total			0.00	17.00	0.00	0.00	0.00	17.00
SEMPRIN	DOROTHY SEMPRINI		A									
150925	WSE 6/23/19	VO	A	6/23/2019	6/23/2019	6/23/2019	0.00	117.00	0.00	0.00	0.00	117.00
				Vendor Total			0.00	117.00	0.00	0.00	0.00	117.00
SIDDHAR	SIDDHARTH SERVICES INC		A									
150504	5/15/19	VO	A		6/25/2019	6/25/2019	0.00	4,590.08	0.00	0.00	0.00	4,590.08
150505	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	10,651.52	0.00	0.00	0.00	10,651.52
150800	6/15/19	VO	A		7/8/2019	7/8/2019	0.00	9,636.00	0.00	0.00	0.00	9,636.00
151044	6/30/19	VO	A		7/11/2019	7/11/2019	0.00	9,915.84	0.00	0.00	0.00	9,915.84
				Vendor Total			0.00	34,793.44	0.00	0.00	0.00	34,793.44
SIMONDS	JULIE SIMONDS		A									
150902	NSI 6/30/19	VO	A		7/9/2019	7/9/2019	0.00	200.00	0.00	0.00	0.00	200.00
150957	LSI 6/22/19	VO	A		7/10/2019	7/10/2019	0.00	220.00	0.00	0.00	0.00	220.00
				Vendor Total			0.00	420.00	0.00	0.00	0.00	420.00
SMARTD	David A Smart		A									
150900	MSM 6/25/19	VO	A		7/9/2019	7/9/2019	0.00	975.00	0.00	0.00	0.00	975.00
150901	TSM 6/25/19	VO	A		7/9/2019	7/9/2019	0.00	585.00	0.00	0.00	0.00	585.00
150998	MSM 6/2019	VO	A		7/10/2019	7/10/2019	0.00	420.00	0.00	0.00	0.00	420.00
150999	TSM 6/2019	VO	A		7/10/2019	7/10/2019	0.00	420.00	0.00	0.00	0.00	420.00
				Vendor Total			0.00	2,400.00	0.00	0.00	0.00	2,400.00
SMERDON	CYNTHIA SMERDON		A									
150733		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,701.21	0.00	0.00	0.00	1,701.21
150734		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,208.50	0.00	0.00	0.00	2,208.50
				Vendor Total			0.00	3,909.71	0.00	0.00	0.00	3,909.71
SMHC	SEACOAST MENTAL HEALTH (		A									
150913	JPR 6/30/19	VO	A	6/27/2019	6/27/2019	6/27/2019	0.00	1,125.24	0.00	0.00	0.00	1,125.24
150914	HPR 6/30/19	VO	A	6/26/2019	6/26/2019	6/26/2019	0.00	1,117.68	0.00	0.00	0.00	1,117.68
				Vendor Total			0.00	2,242.92	0.00	0.00	0.00	2,242.92
STEVENH	HEATHER STEVENS		A									
150761	CST 6/29/19	VO	A		7/8/2019	7/8/2019	0.00	162.00	0.00	0.00	0.00	162.00
150923	CST 7/7/19	VO	A		7/9/2019	7/9/2019	0.00	171.00	0.00	0.00	0.00	171.00
				Vendor Total			0.00	333.00	0.00	0.00	0.00	333.00
STONEP	Lisa Stone-Parsons		A									
150735		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,807.66	0.00	0.00	0.00	1,807.66
				Vendor Total			0.00	1,807.66	0.00	0.00	0.00	1,807.66
STRUBLE	JULIE A STRUBLE		A									
150860	SST 6/20/19	VO	A		7/9/2019	7/9/2019	0.00	81.00	0.00	0.00	0.00	81.00
				Vendor Total			0.00	81.00	0.00	0.00	0.00	81.00
SUBEDI	Ghanashayam Subedi		A									
150736		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,544.54	0.00	0.00	0.00	2,544.54
150830	RLA 5/29/19	VO	A		7/8/2019	7/8/2019	0.00	119.49	0.00	0.00	0.00	119.49
				Vendor Total			0.00	2,664.03	0.00	0.00	0.00	2,664.03
SULLIVJ	JACQUELYN SULLIVAN		A									
150819	RSU 6/24/19	VO	A		7/8/2019	7/8/2019	0.00	189.96	0.00	0.00	0.00	189.96
				Vendor Total			0.00	189.96	0.00	0.00	0.00	189.96

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SYSTEME	Systems Engineering		A									
150610	A53791	VO	A		7/13/2019	6/26/2019	1,865.72	0.00	0.00	0.00	0.00	1,865.72
				Vendor Total			1,865.72	0.00	0.00	0.00	0.00	1,865.72
TELEPHO	TELEPHONE SYSTEMS EFFICI		A									
150832	21955	VO	A		7/5/2019	7/8/2019	0.00	257.69	0.00	0.00	0.00	257.69
				Vendor Total			0.00	257.69	0.00	0.00	0.00	257.69
THOMASL	LOREANA THOMAS		A									
150787	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	62.62	0.00	0.00	0.00	62.62
				Vendor Total			0.00	62.62	0.00	0.00	0.00	62.62
TOMLIN	ANDREA TOMLINSON		A									
150767	ETO 6/21/19	VO	A		7/8/2019	7/8/2019	0.00	135.00	0.00	0.00	0.00	135.00
150963	ETO 6/30/19	VO	A		7/10/2019	7/10/2019	0.00	96.00	0.00	0.00	0.00	96.00
				Vendor Total			0.00	231.00	0.00	0.00	0.00	231.00
TOOLEY	Billie Tooley		A									
150820	6/30/19	VO	A		7/8/2019	7/8/2019	0.00	313.02	0.00	0.00	0.00	313.02
				Vendor Total			0.00	313.02	0.00	0.00	0.00	313.02
TRUG	TRUGREEN COMMERCIAL		A									
150828	100466289	VO	A		5/12/2019	7/8/2019	0.00	0.00	0.00	102.76	0.00	102.76
				Vendor Total			0.00	0.00	0.00	102.76	0.00	102.76
TUCKER	HERTA TUCKER		A									
150737		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	790.95	0.00	0.00	0.00	790.95
				Vendor Total			0.00	790.95	0.00	0.00	0.00	790.95
UNHAREN	UNH ARENA		A									
150754	7/13/19 PARKING	VO	A	7/3/2019	7/3/2019	7/3/2019	0.00	25.00	0.00	0.00	0.00	25.00
				Vendor Total			0.00	25.00	0.00	0.00	0.00	25.00
VERIZON	VERIZON WIRELESS		A									
150815	9832778051	VO	A	6/23/2019	7/15/2019	7/15/2019	2,884.44	0.00	0.00	0.00	0.00	2,884.44
				Vendor Total			2,884.44	0.00	0.00	0.00	0.00	2,884.44
WALKER	Ellen M. Walker		A									
150758	JWA 6/25/19	VO	A	6/25/2019	6/25/2019	6/25/2019	0.00	81.00	0.00	0.00	0.00	81.00
				Vendor Total			0.00	81.00	0.00	0.00	0.00	81.00
WARUSZY	JEANNE WARUSZYLA		A									
150777	WWA 6/20/19	VO	A		7/8/2019	7/8/2019	0.00	95.00	0.00	0.00	0.00	95.00
				Vendor Total			0.00	95.00	0.00	0.00	0.00	95.00
WBMASON	W.B. MASON CO., INC.		A									
150604	200025064	VO	A		7/14/2019	6/26/2019	187.67	0.00	0.00	0.00	0.00	187.67
150605	200063428	VO	A		7/17/2019	6/26/2019	121.37	0.00	0.00	0.00	0.00	121.37
150836	200398750	VO	A		7/27/2019	7/8/2019	418.10	0.00	0.00	0.00	0.00	418.10
150837	200189773	VO	A		7/8/2019	7/8/2019	0.00	276.57	0.00	0.00	0.00	276.57
				Vendor Total			727.14	276.57	0.00	0.00	0.00	1,003.71
WHOLE	WHOLE LIFE PLAN, LLC		A									
150982	BDO 6/2019	VO	A		7/10/2019	7/10/2019	0.00	5,627.31	0.00	0.00	0.00	5,627.31
150983	NDO 6/2019	VO	A		7/10/2019	7/10/2019	0.00	6,350.98	0.00	0.00	0.00	6,350.98
				Vendor Total			0.00	11,978.29	0.00	0.00	0.00	11,978.29
WILLANT	DIANE WILLANT		A									
150996	MWI 5-6/2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	600.00	0.00	0.00	0.00	600.00
				Vendor Total			0.00	600.00	0.00	0.00	0.00	600.00
WILLIAR	RACHEL WILLIAMS		A									

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151015	DEC 2018	VO	A		7/10/2019	7/10/2019	0.00	70.00	0.00	0.00	0.00	70.00
151016	JAN 2019	VO	A		7/10/2019	7/10/2019	0.00	140.00	0.00	0.00	0.00	140.00
151017	FEB 2019	VO	A		7/10/2019	7/10/2019	0.00	149.00	0.00	0.00	0.00	149.00
151018	MAR 2019	VO	A		7/10/2019	7/10/2019	0.00	167.40	0.00	0.00	0.00	167.40
151019	APR 2019	VO	A		7/10/2019	7/10/2019	0.00	114.80	0.00	0.00	0.00	114.80
151020	MAY 2019	VO	A		7/10/2019	7/10/2019	0.00	241.00	0.00	0.00	0.00	241.00
151021	JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	256.60	0.00	0.00	0.00	256.60
				Vendor Total			0.00	1,138.80	0.00	0.00	0.00	1,138.80
WILSONR	ROSE WILSON		A									
150918	PRA JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	110.00	0.00	0.00	0.00	110.00
				Vendor Total			0.00	110.00	0.00	0.00	0.00	110.00
WOODD	DARCI WOOD		A									
150896	SWO 6/23/19	VO	A		7/9/2019	7/9/2019	0.00	144.00	0.00	0.00	0.00	144.00
				Vendor Total			0.00	144.00	0.00	0.00	0.00	144.00
WOU	WORK OPPORTUNITIES		A									
149588	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	13,557.67	0.00	13,557.67
149821	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	14,274.97	0.00	14,274.97
150104	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	13,944.90	0.00	0.00	13,944.90
150506	RMO 5/15/19	AD	A	5/15/2019	5/15/2019		0.00	0.00	-14.14	0.00	0.00	-14.14
150507	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	13,220.25	0.00	0.00	13,220.25
150801	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	11,373.68	0.00	0.00	0.00	11,373.68
150955	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	11,762.22	0.00	0.00	0.00	11,762.22
				Vendor Total			0.00	23,135.90	27,151.01	27,832.64	0.00	78,119.55
ZIAR	LINDA ZIARNOWSKI		A									
150853	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	211.40	0.00	0.00	0.00	211.40
				Vendor Total			0.00	211.40	0.00	0.00	0.00	211.40
ZIK	AMANDA JACKMAN		A									
150722		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,071.92	0.00	0.00	0.00	2,071.92
150738		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,657.71	0.00	0.00	0.00	1,657.71
				Vendor Total			0.00	3,729.63	0.00	0.00	0.00	3,729.63
				Company Total			**1,501,592.17**	**1,339,914.98**	**779,629.20**	**545,784.18**	**74,845.20**	**4,241,765.73**

Area Agency: One Sky Community Services

Vendor Name: Becket

Payment Period July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis			$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Bennett J	CPS/DH	$7.61	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,985.55	$3,985.55	$21,778.00	6281-D16-000
Borden D	CPS/DH	$2.73	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,845.88	$2,845.88	$15,829.00	6281-D16-000
Cahill D	CPS/DH	$4.72	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,953.13	$2,953.13	$16,218.00	6281-D16-000
Carey D	CPS/DH	$10.77	182	$1,960.14	107	$1,152.39		$0.00		$0.00		$0.00		$0.00	$3,112.53	$8,468.03	$5,355.50	$33,596.00	6281-D16-000
Caron E	CPS/DH	$3.10	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,230.09	$3,230.09	$17,739.00	6281-D16-000
Carr S	CPS/DH	$9.44	264	$2,492.16	258	$2,435.52		$0.00		$0.00		$0.00		$0.00	$4,927.68	$14,841.49	$9,913.81	$58,882.00	6281-D16-000
Catinchi C	CPS/DH	$3.86	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,007.72	$2,007.72	$11,026.00	6281-D16-000
Currier D	CPS/DH	$4.42	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,302.89	$2,302.89	$12,647.00	6281-D16-000
Fowler K	CPS/DH	$5.86	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$6,103.10	$6,103.10	$33,517.00	6281-D16-000
Holland K	CPS/DH	$2.98	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,098.07	$3,098.07	$17,014.00	6281-D16-000
Houle T	CPS/DH	$3.57	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,714.81	$3,714.81	$20,401.00	6281-D16-000
Howland J	CPS/DH	$2.67	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,225.50	$2,225.50	$12,222.00	6281-D16-000
Maillet J	CPS/DH	$2.73	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,837.50	$2,837.50	$15,583.00	6281-D16-000
Makhoul C	CPS/DH	$6.06	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$4,431.70	$4,431.70	$24,338.00	6281-D16-000
Moody J	CPS/DH	$6.12	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$6,377.50	$6,377.50	$35,024.00	6281-D16-000
Nichols C	CPS/DH	$5.46	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,684.47	$5,684.47	$31,218.00	6281-D16-000
Peterson Rob	CPS/DH	$5.29	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,513.13	$5,513.13	$30,277.00	6281-D16-000
Reidi E	CPS/DH	$2.83	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,944.75	$2,944.75	$16,172.00	6281-D16-000
Semprini W	CPS/DH	$6.04	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,302.92	$3,302.92	$18,139.00	6281-D16-000
Shipley J	CPS/DH	$3.56	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,708.25	$3,708.25	$20,365.00	6281-D16-000
Payment Due per bi-monthly billing period				$4,452.30		$3,587.91		$0.00		$0.00		$0.00		$0.00	$8,040.21	$90,558.47	$82,518.26	$491,786.00	
Barclay G	Residential	$725.04	15	$10,875.60	16	$11,600.64		$0.00		$0.00		$0.00		$0.00	$22,476.24	$66,703.53	$44,227.29	$264,639.00	6281-R16-000
Barker S	Residential	$635.60	15	$9,534.00	16	$10,169.60		$0.00		$0.00		$0.00		$0.00	$19,703.60	$58,474.44	$38,770.84	$231,991.00	6281-R16-000
Bennett J	Residential	$88.35	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,389.30	$5,389.30	$29,597.00	6281-R16-000
Borden D	Residential	$80.48	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$4,907.86	$4,907.86	$26,953.00	6281-R16-000
Cahill D	Residential	$93.86	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,725.08	$5,725.08	$31,441.00	6281-R16-000
Carey D	Residential	$220.17	15	$3,302.55	16	$3,522.72		$0.00		$0.00		$0.00		$0.00	$6,825.27	$20,255.12	$13,429.85	$80,360.00	6281-R16-000
Carr S	Residential	$251.63	15	$3,774.45	13	$3,271.19		$0.00		$0.00		$0.00		$0.00	$7,045.64	$23,149.22	$16,103.58	$91,842.00	6281-R16-000
Currier D	Residential	$64.16	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,913.47	$3,913.47	$21,492.00	6281-R16-000
Freeman S	Residential	$85.36	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,208.49	$5,208.49	$28,593.00	6281-R16-000
Hillman J	Residential	$252.87	8	$2,022.96	16	$4,045.92		$0.00		$0.00		$0.00		$0.00	$6,068.88	$23,263.40	$17,194.52	$92,295.00	6281-R16-000
Holland K	Residential	$71.88	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$4,384.53	$4,384.53	$24,079.00	6281-R16-000
Holliday B	Residential	$629.69	15	$9,448.35	16	$10,078.24		$0.00		$0.00		$0.00		$0.00	$19,526.59	$57,949.41	$38,422.82	$229,908.00	6281-R16-000
Maillet J	Residential	$99.54	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$6,071.96	$6,071.96	$33,346.00	6281-R16-000
Newbury T	Residential	$311.03	7	$2,177.21	15	$4,665.45		$0.00		$0.00		$0.00		$0.00	$6,842.66	$28,614.02	$21,771.36	$113,523.00	6281-R16-000
Nguyen L	Residential	$683.30	15	$10,249.50	16	$10,932.80		$0.00		$0.00		$0.00		$0.00	$21,182.30	$62,862.72	$41,680.42	$249,401.00	6281-R16-000
Nichols C	Residential	$100.79	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$8,147.89	$8,147.89	$33,783.00	6281-R16-000
Peterson Rob	Residential	$116.97	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$7,134.81	$7,134.81	$39,183.00	6281-R16-000
Phelps P	Residential	$637.37	15	$9,560.55	16	$10,197.92		$0.00		$0.00		$0.00		$0.00	$19,758.47	$58,837.52	$38,679.05	$232,638.00	6281-R16-000
Regan T	Residential	$637.37	15	$9,560.55	16	$10,197.92		$0.00		$0.00		$0.00		$0.00	$19,758.47	$58,837.52	$38,679.05	$232,638.00	6281-R16-000
Reidi E	Residential	$70.05	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$4,272.55	$4,272.55	$23,464.00	6281-R16-000
Senok A	Residential	$721.68	15	$10,825.20	11	$7,938.48		$0.00		$0.00		$0.00		$0.00	$18,763.68	$66,394.51	$47,630.83	$263,413.00	6281-R16-000
Sousa E	Residential	$83.57	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,097.23	$5,097.23	$27,993.00	6281-R16-000
Payment Due per bi-monthly billing period				$81,330.92		$86,620.88		$0.00		$0.00		$0.00		$0.00	$167,951.80	$583,192.59	$415,240.79	$2,402,542.00	
Amero S	SEP	$3.92	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,039.40	$2,039.40	$11,200.00	6281-D16-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,039.40	$2,039.40	$11,200.00	
Total				$85,783.22		$90,208.79		$0.00		$0.00		$0.00		$0.00	$175,992.01	$675,768.46	$499,776.45	$2,875,537.00	

Area Agency: One Sky Community Services

Vendor Name: Community Home Solutions

Payment Period: July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Baxter T	CSS	$5.99		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,182.14	$1,182.14	$4,690.00	6281-L29-000
Brown N	CSS	$5.99		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,415.29	$1,415.29	$5,615.00	6281-L29-000
Michitson N	CSS	$5.99		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,422.60	$1,422.60	$5,644.00	6281-L29-000
Moynahan N	CSS	$5.99		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,080.05	$1,080.05	$4,285.00	6281-L29-000
Woodburn B	CSS	$5.99		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,756.07	$1,756.07	$6,967.00	6281-L29-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$6,856.14	$6,856.14	$27,201.00	
N/A	CPS/DH	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Fortin P	Residential	$18.45		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,512.58	$1,512.58	$6,001.00	6281-R29-000
Kaplan J	Residential	$18.45		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,512.58	$1,512.58	$6,001.00	6281-R29-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,025.16	$3,025.16	$12,002.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$9,881.30	$9,881.30	$39,203.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Community Integrated Services

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Witham F	CSS	$6.89	160	$1,102.40	196	$1,350.44	176	$1,212.64		$0.00		$0.00		$0.00	$3,665.48	$7,214.31	$3,548.83	$28,622.00	6281-L21-000
Payment Due per bi-monthly billing period				$1,102.40		$1,350.44		$1,212.64		$0.00		$0.00		$0.00	$3,665.48	$7,214.31	$3,548.83	$28,622.00	
Addison M	CPS/DH	$8.30	166	$1,377.80	166	$1,377.80	144	$1,195.20		$0.00		$0.00		$0.00	$3,950.80	$7,824.03	$3,873.23	$31,041.00	6281-D21-000
Bennis D	CPS/DH	$7.03	142	$998.26	167	$1,174.01	138	$970.14		$0.00		$0.00		$0.00	$3,142.41	$7,367.06	$4,224.65	$29,228.00	6281-D21-000
Brindamour R	CPS/DH	$6.22	264	$1,642.08	288	$1,791.36	264	$1,642.08		$0.00		$0.00		$0.00	$5,075.52	$9,782.25	$4,706.73	$38,810.00	6281-D21-000
Carter K	CPS/DH	$6.81	212	$1,443.72	328	$2,233.68	284	$1,934.04		$0.00		$0.00		$0.00	$5,611.44	$9,271.06	$3,659.64	$36,782.00	6281-D21-000
Denis M	CPS/DH	$9.11	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$0.00	$14,312.93	$14,312.93	$56,785.00	6281-D21-000
DeVeaux M	CPS/DH	$8.03	240	$1,927.20	288	$2,312.64	264	$2,119.92		$0.00		$0.00		$0.00	$6,359.76	$12,617.86	$6,258.10	$50,060.00	6281-D21-000
Devins L	CPS/DH	$6.53	167	$1,090.51	210	$1,371.30	205	$1,338.65		$0.00		$0.00		$0.00	$3,800.46	$7,183.31	$3,382.85	$28,499.00	6281-D21-000
Gaw W	CPS/DH	$8.93	59	$526.87	148	$1,321.64	188	$1,678.84		$0.00		$0.00		$0.00	$3,527.35	$9,357.53	$5,830.18	$37,125.00	6281-D21-000
Geldart V	CPS/DH	$8.89	184	$1,230.96	240	$1,605.60	220	$1,471.80		$0.00		$0.00		$0.00	$4,308.36	$9,112.79	$4,804.43	$36,154.00	6281-D21-000
Gray N	CPS/DH	$6.80	0	$0.00	8	$54.40	12	$81.60		$0.00		$0.00		$0.00	$136.00	$2,851.50	$2,715.50	$11,313.00	6281-D21-000
Hayes K	CPS/DH	$7.06	180	$1,270.80	180	$1,270.80	180	$1,270.80		$0.00		$0.00		$0.00	$3,812.40	$7,397.81	$3,585.41	$29,350.00	6281-D21-000
James A	CPS/DH	$7.03	188	$1,321.64	238	$1,673.14	192	$1,349.76		$0.00		$0.00		$0.00	$4,344.54	$11,053.11	$6,708.57	$43,852.00	6281-D21-000
Johnson B	CPS/DH	$5.09	160	$974.40	200	$1,218.00	180	$1,096.20		$0.00		$0.00		$0.00	$3,288.60	$6,380.01	$3,091.41	$25,312.00	6281-D21-000
Kirby J	CPS/DH	$9.91	120	$1,189.20	140	$1,387.40	140	$1,387.40		$0.00		$0.00		$0.00	$3,964.00	$11,422.12	$7,458.12	$45,316.00	6281-D21-000
Knowles M	CPS/DH	$7.02	194	$1,361.88	266	$1,867.32	264	$1,853.28		$0.00		$0.00		$0.00	$5,082.48	$5,887.24	$804.76	$23,357.00	6281-D21-000
Laforest R	CPS/DH	$4.39	96	$421.44	96	$421.44	100	$439.00		$0.00		$0.00		$0.00	$1,281.88	$6,898.24	$5,616.36	$27,366.00	6281-D21-000
Landry P	CPS/DH	$13.39	108	$1,445.04	132	$1,766.16	112	$1,498.56		$0.00		$0.00		$0.00	$4,709.76	$8,411.82	$3,702.06	$33,373.00	6281-D21-000
Lanza K	CPS/DH	$8.51	0	$0.00	0	$0.00	0	$0.00		$0.00	0	$0.00	0	$0.00	$0.00	$4,506.00	$4,506.00	$4,506.00	6281-D21-000
Leggett-Lewis D	CPS/DH	$7.80	0	$0.00	0	$0.00	144	$1,123.20		$0.00		$0.00		$0.00	$1,123.20	$7,359.24	$6,236.04	$29,197.00	6281-D21-000
Mason Z	CPS/DH	$8.75	128	$1,120.00	160	$1,400.00	144	$1,260.00		$0.00		$0.00		$0.00	$3,780.00	$7,335.80	$3,555.80	$29,104.00	6281-D21-000
Morgan H	CPS/DH	$7.85	56	$440.16	140	$1,100.40	112	$880.32		$0.00		$0.00		$0.00	$2,420.88	$5,761.97	$3,341.09	$22,860.00	6281-D21-000
Morse J	CPS/DH	$8.54	132	$863.28	212	$1,386.48	136	$889.44		$0.00		$0.00		$0.00	$3,139.20	$6,848.58	$3,709.38	$27,171.00	6281-D21-000
Rey B	CPS/DH	$4.96	100	$496.00	125	$620.00	108	$535.68		$0.00		$0.00		$0.00	$1,651.68	$7,277.83	$5,626.15	$26,874.00	6281-D21-000
Reed D	CPS/DH	$7.52	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$0.00	$11,815.07	$11,815.07	$46,875.00	6281-D21-000
Rix D	CPS/DH	$3.00	209	$627.00	305	$915.00	260	$780.00		$0.00		$0.00		$0.00	$2,322.00	$4,715.44	$2,393.44	$18,708.00	6281-D21-000
Soucie C	CPS/DH	$5.36	120	$645.60	144	$774.72	132	$710.16		$0.00		$0.00		$0.00	$2,130.48	$4,228.22	$2,097.74	$16,775.00	6281-D21-000
Sousa A	CPS/DH	$5.43	160	$868.80	189	$1,026.27	178	$966.54		$0.00		$0.00		$0.00	$2,861.61	$4,835.92	$1,974.31	$19,186.00	6281-D21-000
Thomas C	CPS/DH	$6.03	240	$1,447.20	288	$1,736.64	264	$1,591.92		$0.00		$0.00		$0.00	$4,776.76	$9,481.29	$4,705.53	$37,616.00	6281-D21-000
Tobin H	CPS/DH	$7.43	80	$594.40	30	$222.90	0	$0.00		$0.00		$0.00		$0.00	$817.30	$9,730.58	$8,913.28	$38,605.00	6281-D21-000
Wallace M	CPS/DH	$7.60	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$0.00	$7,740.80	$7,740.80	$30,710.00	6281-D21-000
Williams D	CPS/DH	$8.51	44	$374.44	44	$374.44	58	$493.58		$0.00		$0.00		$0.00	$1,242.46	$2,453.00	$1,210.54	$9,732.00	6281-D21-000
Payment Due per bi-monthly billing period				$25,099.68		$32,403.54		$30,658.11		$0.00		$0.00		$0.00	$88,860.33	$241,222.24	$152,361.91	$943,846.00	

Area Agency: One Sky Community Services

Vendor Name: Community Integrated Services

Payment Period: July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
Bennis D	Residential	$112.97	15	$1,694.55	16	$1,807.52	15	$1,694.55		$0.00		$0.00		$0.00	$5,196.62	$10,392.98	$5,196.36	$41,233.00	6281-R21-000
Bernier L	Residential	$111.40	15	$1,671.00	16	$1,782.40	15	$1,671.00		$0.00		$0.00		$0.00	$5,124.40	$10,248.30	$5,123.90	$40,659.00	6281-R21-000
Brindamour R	Residential	$213.94	15	$3,209.10	16	$3,423.04	15	$3,209.10		$0.00		$0.00		$0.00	$9,841.24	$19,681.70	$9,840.46	$78,065.00	6281-R21-000
Carter K	Residential	$83.56	15	$1,253.40	16	$1,336.96	15	$1,253.40		$0.00		$0.00		$0.00	$3,843.76	$7,686.92	$3,843.16	$30,497.00	6281-R21-000
Denis M	Residential	$176.19	0	$0.00	14	$2,466.66	15	$2,642.85		$0.00		$0.00		$0.00	$5,109.51	$16,206.69	$11,099.38	$84,307.00	6281-R21-000
Denyou C	Residential	$63.96	15	$959.40	16	$1,023.36	15	$959.40		$0.00		$0.00		$0.00	$2,942.16	$5,884.22	$2,942.06	$23,345.00	6281-R21-000
DeVaux M	Residential	$159.15	15	$2,387.25	16	$2,546.40	15	$2,387.25		$0.00		$0.00		$0.00	$7,320.90	$14,641.11	$7,320.21	$58,087.00	6281-R21-000
Devins L	Residential	$108.72	15	$1,630.80	16	$1,739.52	15	$1,630.80		$0.00		$0.00		$0.00	$5,001.12	$10,001.79	$5,000.67	$39,681.00	6281-R21-000
Fortin D	Residential	$127.72	14	$1,788.08	16	$2,043.52	15	$1,915.80		$0.00		$0.00		$0.00	$5,747.40	$11,749.79	$6,002.39	$46,616.00	6281-R21-000
Gaw W	Residential	$90.57	8	$724.56	14	$1,267.98	13	$1,177.41		$0.00		$0.00		$0.00	$3,169.95	$8,331.92	$5,161.97	$33,056.00	6281-R21-000
Geldart V	Residential	$102.86	15	$1,542.90	16	$1,646.76	15	$1,542.90		$0.00		$0.00		$0.00	$4,731.56	$9,462.64	$4,731.08	$37,542.00	6281-R21-000
Hayes K	Residential	$212.38	15	$3,185.70	16	$3,398.08	15	$3,185.70		$0.00		$0.00		$0.00	$9,769.48	$19,538.26	$9,768.80	$77,516.00	6281-R21-000
James A	Residential	$117.56	15	$1,763.40	13	$1,528.28	15	$1,763.40		$0.00		$0.00		$0.00	$5,055.08	$10,814.92	$5,759.84	$42,907.00	6281-R21-000
Johnson B	Residential	$95.84	15	$1,437.60	16	$1,533.44	15	$1,437.60		$0.00		$0.00		$0.00	$4,408.64	$8,817.13	$4,408.49	$34,981.00	6281-R21-000
Ketchen J	Residential	$122.30	8	$978.40	16	$1,956.80	15	$1,834.50		$0.00		$0.00		$0.00	$4,769.70	$11,250.72	$6,481.02	$44,836.00	6281-R21-000
Kirby J	Residential	$239.00	15	$3,585.00	16	$3,824.00	15	$3,585.00		$0.00		$0.00		$0.00	$10,994.00	$21,987.50	$10,993.50	$87,233.00	6281-R21-000
Knowles M	Residential	$112.09	13	$1,457.17	14	$1,569.26	15	$1,681.35		$0.00		$0.00		$0.00	$4,707.78	$10,311.81	$5,604.03	$40,911.00	6281-R21-000
Laforest R	Residential	$107.02	15	$1,605.30	16	$1,712.32	15	$1,605.30		$0.00		$0.00		$0.00	$4,922.92	$9,845.26	$4,922.34	$39,080.00	6281-R21-000
Landry P	Residential	$135.10	15	$2,026.50	16	$2,161.60	15	$2,026.50		$0.00		$0.00		$0.00	$6,214.60	$12,429.07	$6,214.47	$49,311.00	6281-R21-000
Mason Z	Residential	$106.39	15	$1,595.85	16	$1,702.24	15	$1,595.85		$0.00		$0.00		$0.00	$4,893.94	$9,787.29	$4,893.35	$38,830.00	6281-R21-000
McNamara J	Residential	$644.15	15	$9,662.25	16	$10,306.40	15	$9,662.25		$0.00		$0.00		$0.00	$29,630.90	$59,261.81	$29,630.71	$235,114.00	6281-R21-000
Morse J	Residential	$83.47	15	$1,252.05	16	$1,335.52	13	$1,085.11		$0.00		$0.00		$0.00	$3,672.68	$7,678.85	$4,006.17	$30,465.00	6281-R21-000
Richards M	Residential	$156.30	15	$2,344.50	16	$2,500.80	15	$2,344.50		$0.00		$0.00		$0.00	$7,189.80	$14,378.97	$7,189.17	$57,047.00	6281-R21-000
Rix D	Residential	$114.80	12	$1,377.60	16	$1,836.80	13	$1,492.40		$0.00		$0.00		$0.00	$4,706.80	$10,560.84	$5,854.04	$41,699.00	6281-R21-000
Smith L	Residential	$146.41	15	$2,196.15	16	$2,342.56	15	$2,196.15		$0.00		$0.00		$0.00	$6,734.86	$13,469.56	$6,734.70	$53,439.00	6281-R21-000
Soucie C	Residential	$146.95	15	$2,204.25	16	$2,351.20	15	$2,204.25		$0.00		$0.00		$0.00	$6,759.70	$13,516.96	$6,759.26	$53,636.00	6281-R21-000
Sousa A	Residential	$70.41	15	$1,056.15	16	$1,126.56	15	$1,056.15		$0.00		$0.00		$0.00	$3,238.86	$6,477.05	$3,238.19	$25,697.00	6281-R21-000
Spooner L	Residential	$134.33	15	$2,014.95	16	$2,149.28	15	$2,014.95		$0.00		$0.00		$0.00	$6,179.18	$12,358.25	$6,179.07	$49,030.00	6281-R21-000
Thomas C	Residential	$84.70	13	$1,101.10	16	$1,355.20	14	$1,185.80		$0.00		$0.00		$0.00	$3,642.10	$7,791.77	$4,149.67	$30,913.00	6281-R21-000
Wallace M	Residential	$564.50	15	$8,467.50	16	$9,032.00	15	$8,467.50		$0.00		$0.00		$0.00	$25,967.00	$51,933.67	$25,966.67	$78,465.00	6281-R21-000
Williams D	Residential	$123.87	15	$1,858.05	16	$1,981.92	15	$1,858.05		$0.00		$0.00		$0.00	$5,698.02	$11,395.40	$5,697.38	$45,210.00	6281-R21-000
Payment Due per bi-monthly billing period				$89,830.81		$76,787.38		$72,368.77		$0.00		$0.00		$0.00	$217,184.96	$447,897.13	$230,712.47	$1,649,407.00	
Williams D	SEP	$5.38	44	$236.72	80	$430.40	88	$473.44		$0.00		$0.00		$0.00	$1,140.56	$2,816.46	$1,675.90	$11,174.00	6281-D21-000
Payment Due per bi-monthly billing period				$236.72		$430.40		$473.44		$0.00		$0.00		$0.00	$1,140.56	$2,816.46	$1,675.90	$11,174.00	
Total				$86,066.31		$110,971.76		$104,610.98		$0.00		$0.00		$0.00	$310,651.03	$699,150.14	$388,499.11	$2,632,849.00	

Area Agency: One Sky Community Services

Vendor Name: Community Partners

Payment Period: July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Sinclair B	CPS/DH	$14.37	165	$2,371.05	186	$2,672.82	169	$2,428.53		$0.00		$0.00		$0.00	$7,472.40	$13,162.97	$5,710.57	$52,302.00	6281-D23-000
Payment Due per bi-monthly billing period				$2,371.05		$2,672.82		$2,428.53		$0.00		$0.00		$0.00	$7,472.40	$13,162.97	$5,710.57	$52,302.00	
Sinclair B	Residential	$770.07	15	$11,551.05	16	$12,321.12	15	$11,551.05		$0.00		$0.00		$0.00	$35,423.22	$70,846.05	$35,422.83	$281,074.00	6281-R23-000
Payment Due per bi-monthly billing period				$11,551.05		$12,321.12		$11,551.05		$0.00		$0.00		$0.00	$35,423.22	$70,846.05	$35,422.83	$281,074.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$13,922.10		$14,993.94		$13,979.58		$0.00		$0.00		$0.00	$42,895.62	$84,029.02	$41,133.40	$333,376.00	

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

Area Agency: One Sky Community Services

Vendor Name: Community Partners For Change

Payment Period July 1st - September 30th 2019

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Gutowski S	CPS/DH	$5.70	264	$1,504.80	288	$1,641.60	264	$1,504.80		$0.00		$0.00		$0.00	$4,651.20	$8,981.81	$4,310.61	$35,555.00	6281-D94-000
Owens T	CPS/DH	$8.96	216	$1,935.36	224	$2,007.04	216	$1,935.36		$0.00		$0.00		$0.00	$5,877.76	$11,269.12	$5,391.36	$44,709.00	6281-D94-000
Peterson Ros	CPS/DH	$5.57	184	$1,024.88	222	$1,236.54	240	$1,336.80		$0.00		$0.00		$0.00	$3,598.22	$6,753.11	$3,154.89	$34,727.00	6281-D94-000
Thayer Z	CPS/DH	$5.62	212	$1,191.44	232	$1,303.84	212	$1,191.44		$0.00		$0.00		$0.00	$3,686.72	$7,064.84	$3,378.12	$28,029.00	6281-D94-000
Payment Due per bi-monthly billing period				$5,656.48		$6,189.02		$5,968.40		$0.00		$0.00		$0.00	$17,813.90	$36,048.88	$18,234.98	$143,020.00	
Gutowski S	Residential	$133.91	15	$2,008.65	16	$2,142.56	15	$2,008.65		$0.00		$0.00		$0.00	$6,159.86	$12,319.68	$6,159.82	$48,877.00	6281-R94-000
Owens T	Residential	$303.40	15	$4,551.00	16	$4,854.40	15	$4,551.00		$0.00		$0.00		$0.00	$13,956.40	$27,912.30	$13,955.90	$110,739.00	6281-R94-000
Peterson Ros	Residential	$113.46	15	$1,701.90	16	$1,815.36	15	$1,701.90		$0.00		$0.00		$0.00	$5,219.16	$10,438.09	$5,218.93	$41,412.00	6281-R94-000
Thayer Z	Residential	$146.57	15	$2,198.55	16	$2,345.12	15	$2,198.55		$0.00		$0.00		$0.00	$6,742.22	$13,483.92	$6,741.70	$53,496.00	6281-R94-000
Payment Due per bi-monthly billing period				$10,460.10		$11,157.44		$10,460.10		$0.00		$0.00		$0.00	$32,077.64	$64,153.99	$32,076.35	$254,524.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$16,116.58		$17,346.46		$16,428.50		$0.00		$0.00		$0.00	$49,891.54	$100,202.87	$50,311.33	$397,544.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Crotched Mountain

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Burgon A	CPS/DH	$5.94	260	$1,544.40	272	$1,615.68	244	$1,449.36		$0.00		$0.00		$0.00	$4,609.44	$8,332.58	$4,723.14	$37,026.00	6281-D75-000
Himmer A	CPS/DH	$6.32	186	$1,175.52	216	$1,365.12	13	$82.16		$0.00		$0.00		$0.00	$2,622.80	$9,927.43	$7,304.63	$39,386.00	6281-D75-000
Mattucci M	CPS/DH	$6.62	68	$450.16	0	$0.00	80	$529.60		$0.00		$0.00		$0.00	$979.76	$4,852.31	$3,872.55	$19,251.00	6281-D75-000
Mayer C	CPS/DH	$5.63	240	$1,351.20	288	$1,621.44	264	$1,486.32		$0.00		$0.00		$0.00	$4,458.96	$8,852.42	$4,393.46	$35,121.00	6281-D75-000
Papoulias C	CPS/DH	$7.08	217	$1,536.36	244	$1,727.52	170	$1,203.60		$0.00		$0.00		$0.00	$4,467.48	$11,131.75	$6,664.27	$44,164.00	6281-D75-000
Yuknewicz S	CPS/DH	$4.40	146	$642.40	132	$580.80	120	$528.00		$0.00		$0.00		$0.00	$1,751.20	$8,451.34	$4,700.14	$25,595.00	6281-D75-000
Payment Due per bi-monthly billing period				$6,700.04		$6,910.56		$5,279.04		$0.00		$0.00		$0.00	$18,889.64	$50,547.82	$31,658.18	$200,543.00	
Burgon A	Residential	$356.85	15	$5,352.75	15	$5,352.75	15	$5,352.75		$0.00		$0.00		$0.00	$16,058.25	$32,829.36	$16,771.13	$130,247.00	6281-R75-000
Hersam B	Residential	$341.31	15	$5,119.65	13	$4,437.03	15	$5,119.65		$0.00		$0.00		$0.00	$14,676.33	$31,399.73	$16,723.40	$124,575.00	6281-R75-000
Himmer A	Residential	$284.97	13	$3,704.61	15	$4,274.55	13	$3,704.61		$0.00		$0.00		$0.00	$11,683.77	$26,217.23	$14,533.46	$104,014.00	6281-R75-000
Mattucci M	Residential	$284.30	15	$4,264.50	15	$4,264.50	15	$4,264.50		$0.00		$0.00		$0.00	$12,793.50	$26,154.72	$13,361.22	$103,766.00	6281-R75-000
Mayer C	Residential	$302.96	15	$4,544.40	15	$4,544.40	15	$4,544.40		$0.00		$0.00		$0.00	$13,633.20	$27,872.22	$14,239.02	$110,580.00	6281-R75-000
Papoulias C	Residential	$374.82	15	$5,622.30	15	$5,622.30	15	$5,622.30		$0.00		$0.00		$0.00	$16,866.90	$34,482.86	$17,615.96	$136,807.00	6281-R75-000
Yuknewicz S	Residential	$271.18	15	$4,067.70	15	$4,067.70	15	$4,067.70		$0.00		$0.00		$0.00	$12,203.10	$24,948.38	$12,745.28	$98,980.00	6281-R75-000
Payment Due per bi-monthly billing period				$32,675.91		$32,663.23		$32,675.91		$0.00		$0.00		$0.00	$97,915.05	$203,904.52	$105,989.47	$808,969.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$39,375.95		$39,473.79		$37,954.95		$0.00		$0.00		$0.00	$116,804.69	$254,452.34	$137,647.65	$1,009,512.00	

Area Agency: One Sky Community Services

Vendor Name: Community Strategies (CRJ)

Payment Period July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Tanner C	CPS/DH	$5.81		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$9,129.68	$9,129.68	$36,221.00	6281-D45-000
Van Burkirk E	CPS/DH	$6.93		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,442.12	$5,442.12	$21,591.00	6281-D45-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$14,571.79	$14,571.79	$57,812.00	
Amero S	Residential	$158.62		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$14,592.96	$14,592.96	$57,896.00	6281-R45-000
Tanner C	Residential	$157.57		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$14,496.43	$14,496.43	$57,513.00	6281-R45-000
Van Burkirk E	Residential	$102.90		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$9,466.42	$9,466.42	$37,557.00	6281-R45-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$38,556.81	$38,556.81	$152,966.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$53,127.61	$53,127.61	$210,779.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Easter Seals

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
Hammond R	Crisis	$4.80		$0.00		$0.00		$0.00		$0.00		$0.00	0	$0.00	$0.00	$4,594.00	$4,594.00	$4,594.00	6281-R30-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$4,594.00	$4,594.00	$4,594.00	
Sidutas K	CSS	$8.43	18	$151.74	54	$455.22	18	$151.74		$0.00		$0.00		$0.00	$758.70	$1,988.21	$1,229.51	$7,888.00	6281-L30-000
Payment Due per bi-monthly billing period				$151.74		$455.22		$151.74		$0.00		$0.00		$0.00	$758.70	$1,988.21	$1,229.51	$7,888.00	
Applebee D	CPS/DH	$8.06	140	$1,128.40	125	$1,007.50	176	$1,418.56		$0.00		$0.00		$0.00	$3,554.46	$6,336.66	$2,782.20	$25,140.00	6281-D30-000
Barksdale J	CPS/DH	$2.63	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$0.00	$4,121.60	$4,121.60	$16,352.00	6281-D30-000
Chase D	CPS/DH	$6.42	94	$791.48	144	$1,212.48	104	$875.68		$0.00		$0.00		$0.00	$2,879.64	$6,619.21	$3,739.57	$26,261.00	6281-D30-000
Chiampa C	CPS/DH	$7.44	240	$1,785.60	168	$1,249.92	264	$1,964.16		$0.00		$0.00		$0.00	$4,999.68	$11,699.88	$6,700.20	$46,418.00	6281-D30-000
Edwinson J	CPS/DH	$8.18	101	$826.18	193	$1,578.74	206	$1,685.08		$0.00		$0.00		$0.00	$4,090.00	$10,288.62	$6,198.62	$40,819.00	6281-D30-000
Ethier D	CPS/DH	$9.33	106	$988.98	207	$1,931.31	176	$1,642.08		$0.00		$0.00		$0.00	$4,562.37	$11,730.13	$7,167.76	$46,538.00	6281-D30-000
Finley J	CPS/DH	$7.92	168	$1,330.56	224	$1,774.08	250	$1,980.00		$0.00		$0.00		$0.00	$5,084.64	$12,456.55	$7,371.91	$49,420.00	6281-D30-000
Gatchel B	CPS/DH	$8.18	85	$695.30	63	$515.34	194	$1,586.92		$0.00		$0.00		$0.00	$2,797.56	$10,288.62	$7,491.06	$40,819.00	6281-D30-000
Gaudette A	CPS/DH	$4.58	120	$549.60	144	$659.52	72	$329.76		$0.00		$0.00		$0.00	$1,538.88	$4,312.91	$2,774.03	$17,111.00	6281-D30-000
Gingras V	CPS/DH	$2.68	96	$257.28	104	$278.72	88	$235.84		$0.00		$0.00		$0.00	$771.84	$4,202.51	$3,430.67	$16,673.00	6281-D30-000
Goodwin E	CPS/DH	$4.67	150	$700.50	158	$737.86	172	$803.24		$0.00		$0.00		$0.00	$2,241.60	$4,403.65	$2,162.05	$17,471.00	6281-D30-000
Gorski S	CPS/DH	$6.72	24	$161.28	80	$537.60	68	$591.36		$0.00		$0.00		$0.00	$1,290.24	$7,045.18	$5,754.94	$27,951.00	6281-D30-000
Grasso C	CPS/DH	$7.79	24	$186.96	288	$2,243.52	264	$2,056.56		$0.00		$0.00		$0.00	$4,487.04	$12,239.78	$7,752.74	$46,560.00	6281-D30-000
Haley D	CPS/DH	$3.71	240	$890.40	288	$1,068.48	264	$979.44		$0.00		$0.00		$0.00	$2,938.32	$5,823.22	$2,884.90	$23,103.00	6281-D30-000
Hall J	CPS/DH	$3.25	240	$780.00	288	$936.00	264	$858.00		$0.00		$0.00		$0.00	$2,574.00	$5,111.42	$2,537.42	$20,279.00	6281-D30-000
Hammond R	CPS/DH	$4.80	197	$945.60	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$945.60	$1,147.00	$201.40	$1,147.00	6281-D30-000
Hammond R	CPS/DH	$4.80	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$1,802.59	$1,802.59	$24,263.00	6281-D30-000
Hatch D	CPS/DH	$4.80	240	$1,104.00	288	$1,324.80	264	$1,214.40		$0.00		$0.00		$0.00	$3,643.20	$7,232.96	$3,589.76	$28,696.00	6281-D30-000
Healy M	CPS/DH	$4.54	240	$1,089.60	200	$908.00	264	$1,198.56		$0.00		$0.00		$0.00	$3,196.16	$7,127.35	$3,931.19	$28,277.00	6281-D30-000
Hiott M	CPS/DH	$7.26	271	$1,967.46	287	$2,083.62	241	$1,749.66		$0.00		$0.00		$0.00	$5,800.74	$11,406.49	$5,605.75	$45,254.00	6281-D30-000
House A	CPS/DH	$7.66	240	$1,838.40	288	$2,206.08	264	$2,022.24		$0.00		$0.00		$0.00	$5,066.72	$12,038.89	$5,972.17	$47,763.00	6281-D30-000
Kalfaoglu K	CPS/DH	$4.68	216	$1,010.88	288	$1,347.84	216	$1,010.88		$0.00		$0.00		$0.00	$3,369.60	$7,349.16	$3,979.56	$29,157.00	6281-D30-000
Kelley A	CPS/DH	$3.92	240	$940.80	288	$1,128.96	264	$1,034.88		$0.00		$0.00		$0.00	$3,104.64	$6,157.45	$3,052.81	$24,429.00	6281-D30-000
King N	CPS/DH	$8.01	216	$1,730.16	288	$2,306.88	264	$2,114.64		$0.00		$0.00		$0.00	$6,151.68	$12,583.58	$6,431.90	$49,924.00	6281-D30-000
Klaye L	CPS/DH	$3.61	236	$899.16	240	$914.40	240	$914.40		$0.00		$0.00		$0.00	$2,727.96	$5,983.78	$3,255.82	$23,740.00	6281-D30-000
Landry S	CPS/DH	$7.62	240	$1,828.80	288	$2,194.56	228	$1,737.36		$0.00		$0.00		$0.00	$5,760.72	$11,969.33	$6,208.61	$47,487.00	6281-D30-000
Leatham C	CPS/DH	$7.30	250	$1,825.00	308	$2,248.40	280	$2,044.00		$0.00		$0.00		$0.00	$6,117.40	$13,381.59	$7,264.19	$53,090.00	6281-D30-000
Mathis W	CPS/DH	$7.56	84	$635.72	128	$970.24	84	$635.72		$0.00		$0.00		$0.00	$2,243.68	$3,575.15	$1,331.47	$14,184.00	6281-D30-000
McAveeney P	CPS/DH	$8.79	238	$2,092.02	204	$1,793.16	245	$2,153.55		$0.00		$0.00		$0.00	$6,038.73	$6,911.85	$873.12	$27,422.00	6281-D30-000
Mott K	CPS/DH	$7.97	120	$956.40	90	$717.30	120	$956.40		$0.00		$0.00		$0.00	$2,630.10	$6,260.28	$3,630.18	$24,837.00	6281-D30-000
Naudzunas A	CPS/DH	$4.92	220	$1,082.40	240	$1,180.80	220	$1,082.40		$0.00		$0.00		$0.00	$3,346.80	$6,447.81	$3,102.21	$25,581.00	6281-D30-000
Parsons M	CPS/DH	$4.15	240	$996.00	168	$697.20	0	$0.00		$0.00		$0.00		$0.00	$1,693.20	$6,512.59	$4,819.39	$25,836.00	6281-D30-000
Phillips R	CPS/DH	$8.49	140	$1,188.60	100	$849.00	100	$849.00		$0.00		$0.00		$0.00	$2,886.60	$6,671.13	$3,784.53	$26,467.00	6281-D30-000
Pryor W	CPS/DH	$4.93	216	$1,064.88	216	$1,064.88	120	$591.60		$0.00		$0.00		$0.00	$2,721.36	$3,099.01	$377.85	$12,295.00	6281-D30-000
Reid C	CPS/DH	$8.47	120	$1,016.40	60	$508.20	48	$406.56		$0.00		$0.00		$0.00	$1,931.16	$6,659.29	$4,728.13	$26,420.00	6281-D30-000
Reid J	CPS/DH	$4.71	162	$763.02	160	$753.60	186	$876.06		$0.00		$0.00		$0.00	$2,392.68	$4,931.96	$2,539.28	$19,567.00	6281-D30-000
Rodriguez J	CPS/DH	$5.97	177	$1,056.69	222	$1,325.34	220	$1,313.40		$0.00		$0.00		$0.00	$3,695.43	$7,822.77	$4,127.34	$31,036.00	6281-D30-000
Smith K	CPS/DH	$8.79	161	$1,415.19	224	$1,968.96	234	$2,056.86		$0.00		$0.00		$0.00	$5,441.01	$6,911.85	$1,470.84	$27,422.00	6281-D30-000
Smith L	CPS/DH	$4.07	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$2,087.17	$2,087.17	$21,150.00	6281-D30-000
Spaulding L	CPS/DH	$4.14	256	$1,059.84	272	$1,126.08	260	$1,076.40		$0.00		$0.00		$0.00	$3,262.32	$6,507.80	$3,245.48	$25,819.00	6281-D30-000
Wentworth T	CPS/DH	$4.60	216	$993.60	288	$1,324.80	240	$1,104.00		$0.00		$0.00		$0.00	$3,422.40	$7,232.96	$3,810.56	$28,696.00	6281-D30-000
Wolton P	CPS/DH	$2.37	120	$284.40	282	$668.34	240	$568.80		$0.00		$0.00		$0.00	$1,521.54	$3,724.11	$2,202.57	$14,775.00	6281-D30-000
Zogopoulous T	CPS/DH	$4.48	240	$1,075.20	282	$1,263.36	260	$1,164.80		$0.00		$0.00		$0.00	$3,503.36	$5,626.12	$2,122.76	$22,321.00	6281-D30-000
Payment Due per bi-monthly billing period				$41,933.74		$48,606.67		$46,884.25		$0.00		$0.00		$0.00	$137,423.66	$306,841.98	$169,418.12	$1,239,962.00	

Area Agency: One Sky Community Services

Vendor Name: Easter Seals

Payment Period: July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
Applebee D	Residential	$319.15	15	$4,787.25	16	$5,106.40	15	$4,787.25		$0.00		$0.00		$0.00		$14,680.90	$29,361.61	$14,680.71	$116,489.00	6281-R30-000
Berkedale J	Residential	$106.54	15	$1,598.10	16	$1,704.64	15	$1,598.10		$0.00		$0.00		$0.00		$4,900.84	$9,801.65	$4,900.81	$38,887.00	6281-R30-000
Cahill-Hassett C	Residential	$1,110.70	15	$16,660.50	16	$17,771.20	15	$16,660.50		$0.00		$0.00		$0.00		$51,092.20	$81,747.17	$30,654.97	$324,323.00	6281-R30-000
Chase D	Residential	$309.39	15	$4,640.85	16	$4,950.24	15	$4,640.85		$0.00		$0.00		$0.00		$14,231.94	$28,463.29	$14,231.35	$112,925.00	6281-R30-000
Cummings M	Residential	$135.65	15	$2,034.75	16	$2,170.40	15	$2,034.75		$0.00		$0.00		$0.00		$6,239.90	$12,479.48	$6,239.58	$49,511.00	6281-R30-000
Edwinson J	Residential	$397.28	15	$5,959.20	16	$6,356.48	15	$5,959.20		$0.00		$0.00		$0.00		$18,274.88	$36,548.95	$18,274.07	$145,004.00	6281-R30-000
Ethier D	Residential	$404.39	14	$5,661.46	15	$6,065.85	15	$6,065.85		$0.00		$0.00		$0.00		$17,793.16	$37,203.29	$19,410.13	$147,600.00	6281-R30-000
Fatzarano L	Residential	$93.44	12	$1,121.28	12	$1,121.28	3	$280.32		$0.00		$0.00		$0.00		$2,522.88	$8,595.82	$6,072.94	$34,103.00	6281-R30-000
Finley J	Residential	$341.58	15	$5,123.40	16	$5,464.96	14	$4,781.84		$0.00		$0.00		$0.00		$15,370.20	$31,423.17	$16,052.97	$124,868.00	6281-R30-000
Gatchell B	Residential	$397.05	13	$5,161.65	7	$2,779.35	15	$5,956.75		$0.00		$0.00		$0.00		$13,896.75	$36,528.03	$22,631.28	$144,921.00	6281-R30-000
Gaudette A	Residential	$97.97	12	$1,175.64	12	$1,175.64	8	$783.76		$0.00		$0.00		$0.00		$3,135.04	$9,012.98	$5,877.94	$35,758.00	6281-R30-000
Gingras V	Residential	$72.62	15	$1,089.30	12	$871.44	15	$1,089.30		$0.00		$0.00		$0.00		$3,050.04	$6,680.96	$3,630.92	$26,506.00	6281-R30-000
Goodwin E	Residential	$93.67	15	$1,405.05	16	$1,498.72	15	$1,405.05		$0.00		$0.00		$0.00		$4,308.82	$8,616.75	$4,307.93	$34,186.00	6281-R30-000
Gorski S	Residential	$258.56	15	$3,878.40	16	$4,136.96	15	$3,878.40		$0.00		$0.00		$0.00		$11,893.76	$23,787.17	$11,893.41	$94,373.00	6281-R30-000
Grasso C	Residential	$228.41	1	$228.41	13	$2,969.33	15	$3,426.15		$0.00		$0.00		$0.00		$6,623.89	$17,962.18	$11,338.29	$71,263.00	6281-R30-000
Hall J	Residential	$118.02	14	$1,652.28	16	$1,888.32	14	$1,652.28		$0.00		$0.00		$0.00		$5,192.88	$8,626.07	$3,433.19	$34,223.00	6281-R30-000
Hammond R	Residential	$111.39	15	$1,670.85	14	$1,559.46	16	$1,670.85		$0.00		$0.00		$0.00		$4,901.16	$10,247.04	$5,345.88	$40,854.00	6281-R30-000
Healy M	Residential	$181.16	15	$2,717.40	12	$2,173.92	15	$2,717.40		$0.00		$0.00		$0.00		$7,608.72	$14,109.27	$6,500.55	$56,977.00	6281-R30-000
Hiott M	Residential	$366.90	15	$5,488.50	16	$5,854.40	15	$5,488.50		$0.00		$0.00		$0.00		$16,831.40	$33,661.92	$16,830.52	$133,550.00	6281-R30-000
Kelley A	Residential	$116.32	15	$1,744.80	16	$1,861.12	15	$1,744.80		$0.00		$0.00		$0.00		$5,350.72	$8,589.78	$3,239.06	$34,079.00	6281-R30-000
King N	Residential	$107.07	15	$1,606.05	16	$1,713.12	15	$1,606.05		$0.00		$0.00		$0.00		$4,925.22	$9,850.05	$4,924.83	$39,079.00	6281-R30-000
Klaye L	Residential	$118.53	15	$1,777.95	16	$1,896.48	15	$1,777.95		$0.00		$0.00		$0.00		$5,452.38	$10,904.65	$5,452.27	$43,263.00	6281-R30-000
Landry S	Residential	$146.16	15	$2,192.40	11	$1,607.76	15	$2,192.40		$0.00		$0.00		$0.00		$5,992.56	$13,445.86	$7,453.30	$53,346.00	6281-R30-000
Leatham C	Residential	$111.33	11	$1,224.63	16	$1,781.28	15	$1,669.95		$0.00		$0.00		$0.00		$4,675.86	$10,242.25	$5,566.39	$40,635.00	6281-R30-000
Mathis W	Residential	$298.48	15	$4,447.20	16	$4,743.68	15	$4,447.20		$0.00		$0.00		$0.00		$13,638.08	$27,275.86	$13,637.78	$108,214.00	6281-R30-000
McAveeney P	Residential	$383.15	15	$5,897.25	16	$6,280.40	15	$5,897.25		$0.00		$0.00		$0.00		$18,084.90	$36,169.11	$18,084.21	$143,497.00	6281-R30-000
Naudzunas A	Residential	$280.21	15	$4,203.15	16	$4,483.36	15	$4,203.15		$0.00		$0.00		$0.00		$12,889.66	$25,779.16	$12,889.50	$102,276.00	6281-R30-000
Pryor W	Residential	$74.13	15	$1,111.95	16	$1,186.08	15	$1,111.95		$0.00		$0.00		$0.00		$3,409.98	$6,819.85	$3,409.87	$27,057.00	6281-R30-000
Randall C	Residential	$260.10	8	$2,080.80	16	$4,161.60	15	$3,901.50		$0.00		$0.00		$0.00		$10,143.90	$23,928.57	$13,784.67	$94,934.00	6281-R30-000
Reid J	Residential	$124.66	15	$1,869.90	16	$1,994.56	15	$1,869.90		$0.00		$0.00		$0.00		$5,734.36	$11,467.99	$5,733.63	$45,498.00	6281-R30-000
Rodriguez J	Residential	$126.47	14	$1,770.58	16	$2,023.52	12	$1,517.64		$0.00		$0.00		$0.00		$5,311.74	$11,634.85	$6,323.11	$48,180.00	6281-R30-000
Roe S	Residential	$93.96	15	$1,409.40	16	$1,503.36	15	$1,409.40		$0.00		$0.00		$0.00		$4,322.16	$8,644.22	$4,322.06	$34,295.00	6281-R30-000
Smith K	Residential	$383.15	15	$5,897.25	16	$6,280.40	15	$5,897.25		$0.00		$0.00		$0.00		$18,084.90	$36,169.11	$18,084.21	$143,497.00	6281-R30-000
Spaulding L	Residential	$154.29	15	$2,314.35	16	$2,468.64	15	$2,314.35		$0.00		$0.00		$0.00		$7,097.34	$14,193.96	$7,096.62	$56,313.00	6281-R30-000
Verhelle K	Residential	$101.01	15	$1,515.15	16	$1,616.16	15	$1,515.15		$0.00		$0.00		$0.00		$4,646.46	$9,292.50	$4,646.04	$38,867.00	6281-R30-000
Verhelle N	Residential	$111.65	15	$1,674.75	16	$1,786.40	15	$1,674.75		$0.00		$0.00		$0.00		$5,135.90	$10,271.48	$5,135.58	$40,751.00	6281-R30-000
Wotton P	Residential	$94.96	15	$1,424.40	16	$1,519.36	15	$1,424.40		$0.00		$0.00		$0.00		$4,368.16	$8,735.46	$4,367.30	$34,657.00	6281-R30-000
Zogopoulous T	Residential	$131.51	15	$1,972.65	14	$1,841.14	14	$1,841.14		$0.00		$0.00		$0.00		$5,654.93	$12,098.13	$6,443.20	$47,998.00	6281-R30-000
Payment Due per bi-monthly billing period				$118,188.69		$128,387.41		$122,892.28		$0.00		$0.00		$0.00		$367,468.37	$740,369.62	$372,901.08	$2,937,336.00	
Gaudette A	SEP	$8.25	128	$800.00	52	$325.00	52	$325.00		$0.00		$0.00		$0.00		$1,450.00	$3,931.30	$2,481.30	$15,597.00	6281-D30-000
Griffin L	SEP	$8.28	120	$993.60	120	$993.60	124	$1,026.72		$0.00		$0.00		$0.00		$3,013.92	$5,637.96	$2,624.04	$22,369.00	6281-D30-000
Pryor W	SEP	$8.56	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$2,412.67	$2,412.67	$9,572.00	6281-D30-000
Payment Due per bi-monthly billing period				$1,793.60		$1,318.60		$1,351.72		$0.00		$0.00		$0.00		$4,463.92	$11,981.93	$7,518.01	$47,537.00	
Total				$162,067.96		$176,767.10		$171,279.99		$0.00		$0.00		$0.00		$510,115.06	$1,064,776.73	$554,660.68	$4,237,317.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Farmsteads

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Caulder J	CSS	$6.89	28	$192.92	30	$206.70	42	$289.38		$0.00		$0.00		$0.00	$689.00	$4,690.24	$4,001.24	$18,608.00	6281-L85-000
Smith D M	CSS	$5.95	183	$1,088.85	162	$963.90	371	$2,207.45		$0.00		$0.00		$0.00	$4,260.20	$4,674.36	$414.16	$18,545.00	6281-L85-000
Payment Due per bi-monthly billing period				$1,281.77		$1,170.60		$2,496.83		$0.00		$0.00		$0.00	$4,949.20	$9,364.59	$4,415.39	$37,153.00	
Bernier L	CPS/DH	$9.36	84	$786.24	153	$1,432.08	141	$1,319.76		$0.00		$0.00		$0.00	$3,538.08	$6,868.75	$3,330.67	$27,251.00	6281-D85-000
Caulder J	CPS/DH	$10.52	34	$357.68	46	$483.92	36	$378.72		$0.00		$0.00		$0.00	$1,220.32	$2,755.21	$1,534.89	$10,931.00	6281-D85-000
Correia C	CPS/DH	$3.07	237	$727.59	302	$927.14	267	$819.69		$0.00		$0.00		$0.00	$2,474.42	$4,827.61	$2,353.19	$19,153.00	6281-D85-000
Gray A	CPS/DH	$4.81	315	$1,515.15	341	$1,640.21	264	$1,269.84		$0.00		$0.00		$0.00	$4,425.20	$7,558.37	$3,133.17	$29,987.00	6281-D85-000
Hussey J	CPS/DH	$5.74	358	$2,054.92	323	$1,854.02	337	$1,934.38		$0.00		$0.00		$0.00	$5,843.32	$9,017.01	$3,173.69	$35,774.00	6281-D85-000
Longo A	CPS/DH	$6.45	316	$2,038.20	287	$1,851.15	280	$1,806.00		$0.00		$0.00		$0.00	$5,695.35	$10,136.64	$4,441.29	$40,216.00	6281-D85-000
Smith D M	CPS/DH	$2.56	240	$614.40	288	$737.28	134	$343.04		$0.00		$0.00		$0.00	$1,694.72	$4,012.46	$2,317.74	$15,919.00	6281-D85-000
Payment Due per bi-monthly billing period				$8,694.18		$8,925.80		$7,871.43		$0.00		$0.00		$0.00	$24,891.41	$45,176.03	$20,284.62	$179,231.00	
Correia C	Residential	$81.33	15	$1,219.95	12	$975.96	15	$1,219.95		$0.00		$0.00		$0.00	$3,415.86	$7,481.99	$4,066.13	$29,884.00	6281-R85-000
Gray A	Residential	$274.46	15	$4,116.90	16	$4,391.36	15	$4,116.90		$0.00		$0.00		$0.00	$12,625.16	$26,249.84	$12,624.68	$100,176.00	6281-R85-000
Hussey J	Residential	$237.07	15	$3,556.05	13	$3,081.91	15	$3,556.05		$0.00		$0.00		$0.00	$10,194.01	$21,809.80	$11,615.79	$86,528.00	6281-R85-000
Longo A	Residential	$228.57	15	$3,398.55	16	$3,625.12	15	$3,398.55		$0.00		$0.00		$0.00	$10,422.22	$20,843.67	$10,421.45	$82,895.00	6281-R85-000
Payment Due per bi-monthly billing period				$12,291.45		$12,074.35		$12,291.45		$0.00		$0.00		$0.00	$36,657.25	$75,385.30	$38,728.05	$299,083.00	
Caulder J	SEP	$10.31	40	$412.40	19	$195.89	24	$247.44		$0.00		$0.00		$0.00	$855.73	$2,700.77	$1,845.04	$10,715.00	6281-D85-000
Payment Due per bi-monthly billing period				$412.40		$195.89		$247.44		$0.00		$0.00		$0.00	$855.73	$2,700.77	$1,845.04	$10,715.00	
Total				$22,079.80		$22,366.64		$22,907.15		$0.00		$0.00		$0.00	$67,353.59	$132,626.70	$65,273.11	$526,182.00	

Area Agency: One Sky Community Services

Vendor Name: Great Bay Services

Payment Period July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Molasky L	CSS	$8.21	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$0.00	$860.26	$860.26	$3,413.00	6281-L36-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$860.26	$860.26	$3,413.00	
Blades D	CPS/DH	$3.91	211	$825.01	274	$1,071.34	233	$911.03		$0.00		$0.00		$0.00	$2,807.38	$6,134.76	$3,327.38	$24,339.00	6281-D35-000
Brown N	CPS/DH	$3.62	45	$162.90	227	$821.74	204	$738.48		$0.00		$0.00		$0.00	$1,723.12	$5,692.41	$3,969.29	$22,584.00	6281-D35-000
Duff H	CPS/DH	$4.24	211	$894.64	277	$1,174.48	137	$580.88		$0.00		$0.00		$0.00	$2,650.00	$6,660.30	$4,010.30	$26,424.00	6281-D35-000
Eaton N	CPS/DH	$8.30	143	$900.90	272	$1,713.60	183	$1,152.90		$0.00		$0.00		$0.00	$3,767.40	$9,906.76	$6,139.36	$39,304.00	6281-D35-000
Fortin P	CPS/DH	$1.24	183	$226.92	276	$342.24	227	$281.48	0	$0.00	0	$0.00	0	$0.00	$850.64	$947.00	$96.36	$947.00	6281-D35-000
Fortin P	CPS/DH	$5.13	0	$0.00	0	$0.00	23	$117.99		$0.00		$0.00		$0.00	$117.99	$4,121.80	$4,003.81	$28,151.00	6281-D35-000
Henry C	CPS/DH	$1.24	44	$54.56	112	$138.88	137	$169.88	0	$0.00	0	$0.00	0	$0.00	$363.32	$947.00	$583.68	$947.00	6281-D35-000
Henry C	CPS/DH	$2.48	0	$0.00	0	$0.00	22	$54.56		$0.00		$0.00		$0.00	$54.56	$1,990.25	$1,935.69	$13,393.00	6281-D35-000
Jacobs B	CPS/DH	$1.14	47	$53.58	94	$107.16	109	$124.26		$0.00		$0.00		$0.00	$285.00	$1,935.78	$1,650.78	$7,680.00	6281-D35-000
Jones J	CPS/DH	$4.75	162	$769.50	225	$1,068.75	182	$864.50		$0.00		$0.00		$0.00	$2,702.75	$7,468.38	$4,765.63	$29,830.00	6281-D35-000
Ketchen J	CPS/DH	$4.13	146	$602.98	284	$1,172.92	265	$1,094.45		$0.00		$0.00		$0.00	$2,870.35	$6,493.18	$3,622.83	$25,761.00	6281-D35-000
Mcardle P	CPS/DH	$1.24	46	$57.04	79	$97.96	87	$107.88		$0.00		$0.00		$0.00	$262.88	$1,935.78	$1,672.90	$7,680.00	6281-D35-000
Michitson N	CPS/DH	$3.47	206	$714.82	276	$957.72	182	$631.54		$0.00		$0.00		$0.00	$2,304.09	$5,453.71	$3,149.63	$21,637.00	6281-D35-000
Moulton E	CPS/DH	$1.24	187	$231.88	256	$317.44	234	$290.16		$0.00		$0.00		$0.00	$839.48	$1,935.78	$1,096.30	$7,680.00	6281-D35-000
Moynahan N	CPS/DH	$3.13	196	$613.74	253	$791.89	220	$688.60		$0.00		$0.00		$0.00	$2,100.23	$4,919.86	$2,819.63	$19,519.00	6281-D35-000
Page L	CPS/DH	$4.37	219	$957.03	268	$1,171.16	269	$1,175.53		$0.00		$0.00		$0.00	$3,303.72	$6,870.26	$3,566.54	$27,257.00	6281-D35-000
Pesarik J	CPS/DH	$6.95	136	$959.10	219	$1,522.05	162	$1,125.90		$0.00		$0.00	0	$0.00	$3,607.05	$8,907.00	$5,299.95	$8,907.00	6281-D35-000
Pesarik J	CPS/DH	$7.50	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$1,743.52	$1,743.52	$29,845.00	6281-D35-000
Roe S	CPS/DH	$1.82	184	$334.88	285	$518.70	237	$431.34	0	$0.00	0	$0.00	0	$0.00	$1,284.92	$9,417.00	$8,132.08	$9,417.00	6281-D35-000
Roe S	CPS/DH	$3.99	0	$0.00	0	$0.00	25	$99.75		$0.00		$0.00		$0.00	$99.75	$3,202.88	$3,103.13	$21,875.00	6281-D35-000
Runcie R	CPS/DH	$2.95	0	$0.00	4	$11.80	0	$0.00		$0.00		$0.00		$0.00	$11.80	$4,633.27	$4,621.47	$18,382.00	6281-D35-000
St Onge R	CPS/DH	$4.17	214	$892.38	285	$1,188.45	234	$975.78		$0.00		$0.00		$0.00	$3,056.61	$6,555.19	$3,498.58	$26,007.00	6281-D35-000
Payment Due per bi-monthly billing period				$9,257.88		$14,188.28		$11,618.89		$0.00		$0.00		$0.00	$35,063.03	$107,871.87	$72,808.84	$417,666.00	
N/A	Residential	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Roe S	SEP	$7.19	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$0.00	$921.00	$921.00	$921.00	6281-D35-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$921.00	$921.00	$921.00	
Total				$9,257.88		$14,188.28		$11,618.89		$0.00		$0.00		$0.00	$35,063.03	$109,663.14	$74,590.11	$421,900.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Institute of Professional Practice

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Augusta T	CPS/DH	$5.75	236	$1,357.00	285	$1,638.75	264	$1,518.00		$0.00		$0.00		$0.00	$4,513.75	$9,034.15	$4,520.40	$35,842.00	6281-D40-000
Binkowski S	CPS/DH	$4.69	252	$1,181.88	224	$1,050.56	308	$1,444.52		$0.00		$0.00		$0.00	$3,676.96	$8,593.30	$4,916.34	$34,093.00	6281-D40-000
Boucher T	CPS/DH	$3.69	240	$885.60	288	$1,062.72	168	$619.92	0	$0.00	0	$0.00	0	$0.00	$2,568.24	$2,835.00	$266.76	$2,835.00	6281-D40-000
Boucher T	CPS/DH	$5.53	0	$0.00	0	$0.00	24	$132.72		$0.00		$0.00		$0.00	$132.72	$4,440.40	$4,307.68	$30,327.00	6281-D40-000
Carlisle R	CPS/DH	$5.50	240	$1,320.00	288	$1,584.00	264	$1,452.00		$0.00		$0.00		$0.00	$4,356.00	$8,647.50	$4,291.50	$34,308.00	6281-D40-000
Ellis M	CPS/DH	$5.14	90	$462.60	68	$349.52	86	$442.04		$0.00		$0.00		$0.00	$1,254.16	$5,383.89	$4,129.73	$21,360.00	6281-D40-000
Erdbrink M	CPS/DH	$5.78	192	$1,106.92	264	$1,520.64	264	$1,520.64		$0.00		$0.00		$0.00	$4,147.20	$9,052.30	$4,905.10	$35,914.00	6281-D40-000
Fortin D	CPS/DH	$4.23	240	$1,015.20	288	$1,218.24	232	$981.36	0	$0.00	0	$0.00	0	$0.00	$3,214.80	$3,251.00	$36.20	$3,251.00	6281-D40-000
Fortin D	CPS/DH	$9.15	0	$0.00	0	$0.00	24	$219.60		$0.00		$0.00		$0.00	$219.60	$7,347.23	$7,127.63	$50,180.00	6281-D40-000
Gill S	CPS/DH	$5.63	240	$1,351.20	288	$1,621.44	264	$1,486.32		$0.00		$0.00		$0.00	$4,458.96	$8,842.33	$4,383.37	$35,081.00	6281-D40-000
Haley N	CPS/DH	$3.95	236	$932.20	288	$1,137.60	264	$1,042.80		$0.00		$0.00		$0.00	$3,112.60	$6,204.06	$3,091.46	$24,614.00	6281-D40-000
O'Neil K	CPS/DH	$5.67	240	$1,360.80	288	$1,632.96	264	$1,496.88		$0.00		$0.00		$0.00	$4,490.64	$8,915.93	$4,425.29	$35,373.00	6281-D40-000
Richards M	CPS/DH	$6.22	240	$1,492.80	240	$1,492.80	264	$1,642.08		$0.00		$0.00		$0.00	$4,627.68	$9,782.50	$5,154.82	$38,811.00	6281-D40-000
Rutherford S	CPS/DH	$5.32	240	$1,276.80	288	$1,532.16	250	$1,330.00	0	$0.00	0	$0.00	0	$0.00	$4,138.96	$4,091.00	($47.96)	$4,091.00	6281-D40-000
Rutherford S	CPS/DH	$8.33	0	$0.00	0	$0.00	24	$199.92		$0.00		$0.00		$0.00	$199.92	$6,691.42	$6,491.50	$45,701.00	6281-D40-000
Stevens Ju	CPS/DH	$5.50	216	$1,188.00	108	$594.00	264	$1,452.00		$0.00		$0.00	0	$0.00	$3,234.00	$7,139.00	$3,905.00	$7,139.00	6281-D40-000
Stevens Ju	CPS/DH	$7.73	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$2,113.38	$2,113.38	$38,305.00	6281-D40-000
Verhelle N	CPS/DH	$5.78	232	$1,336.32	288	$1,658.88	264	$1,520.64		$0.00		$0.00		$0.00	$4,515.84	$9,052.80	$4,536.96	$35,916.00	6281-D40-000
Verreault L	CPS/DH	$6.09	96	$584.64	246	$1,498.14	240	$1,461.60		$0.00		$0.00		$0.00	$3,544.38	$9,575.06	$6,030.68	$37,988.00	6281-D40-000
Whitlock D	CPS/DH	$4.70	192	$902.40	216	$1,015.20	216	$1,015.20		$0.00		$0.00	0	$0.00	$2,932.80	$4,882.00	$1,949.20	$4,882.00	6281-D40-000
Whitlock D	CPS/DH	$5.43	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$1,484.47	$1,484.47	$26,906.00	6281-D40-000
Payment Due per bi-monthly billing period				$17,753.36		$20,997.61		$20,978.24		$0.00		$0.00		$0.00	$59,939.21	$137,356.74	$78,019.53	$562,917.00	
Augusta T	Residential	$115.11	12	$1,381.32	16	$1,841.76	10	$1,151.10		$0.00		$0.00		$0.00	$4,374.18	$8,703.70	$4,329.52	$34,531.00	6281-R40-000
Binkowski S	Residential	$113.88	12	$1,366.56	11	$1,252.68	12	$1,366.56		$0.00		$0.00		$0.00	$3,985.80	$8,611.20	$4,625.40	$34,164.00	6281-R40-000
Ellis M	Residential	$157.28	15	$2,359.20	16	$2,516.48	15	$2,359.20		$0.00		$0.00		$0.00	$7,234.88	$14,469.71	$7,234.83	$57,407.00	6281-R40-000
Keisher P	Residential	$437.41	14	$6,123.74	16	$6,998.56	14	$6,123.74		$0.00		$0.00		$0.00	$19,246.04	$36,051.90	$16,805.86	$143,032.00	6281-R40-000
Rutherford S	Residential	$108.35	15	$1,625.25	16	$1,733.60	14	$1,516.90	0	$0.00	0	$0.00	0	$0.00	$4,875.75	$4,875.00	($0.75)	$4,875.00	6281-R40-000
Rutherford S	Residential	$191.06	0	$0.00	0	$0.00	1	$191.06		$0.00		$0.00		$0.00	$191.06	$8,979.49	$8,788.43	$61,328.00	6281-R40-000
Stevens Ja	Residential	$121.20	15	$1,818.00	16	$1,939.20	15	$1,818.00		$0.00		$0.00		$0.00	$5,575.20	$11,149.90	$5,574.70	$44,236.00	6281-R40-000
Stevens Ju	Residential	$105.75	13	$1,374.75	7	$740.25	15	$1,586.25		$0.00		$0.00	0	$0.00	$3,701.25	$8,037.00	$4,335.75	$8,037.00	6281-R40-000
Stevens Ju	Residential	$121.20	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$1,939.09	$1,939.09	$35,146.00	6281-R40-000
Payment Due per bi-monthly billing period				$16,048.82		$17,022.53		$16,112.81		$0.00		$0.00		$0.00	$49,184.16	$102,916.99	$53,632.83	$422,756.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$33,802.18		$37,630.14		$37,091.05		$0.00		$0.00		$0.00	$108,523.37	$240,176.73	$131,652.36	$1,005,673.00	

Area Agency: One Sky Community Services

Vendor Name: Judge Rotenberg Center

Payment Period July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
Werchniak A	Crisis	$4.875	960	$4,680.00	1024	$4,992.00		$0.00		$0.00		$0.00		$0.00		$9,672.00	$28,704.00	$19,032.00	$28,704.00	6281-R10-000
Payment Due per bi-monthly billing period				$4,680.00		$4,992.00		$0.00		$0.00		$0.00		$0.00		$9,672.00	$28,704.00	$19,032.00	$28,704.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
N/A	CPS/DH	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Werchniak A	Residential	$786.61	15	$11,799.15	16	$12,585.76		$0.00		$0.00		$0.00		$0.00		$24,384.91	$72,368.12	$47,983.21	$287,112.65	6281-R10-000
Payment Due per bi-monthly billing period				$11,799.15		$12,585.76		$0.00		$0.00		$0.00		$0.00		$24,384.91	$72,368.12	$47,983.21	$287,112.65	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Total				$16,479.15		$17,577.76		$0.00		$0.00		$0.00		$0.00		$34,056.91	$101,072.12	$67,015.21	$315,816.65	

Area Agency: One Sky Community Services

Vendor Name: Kimi Nichols Center

Payment Period: July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Kennedy, J	CPS/DH	$6.30	192	$1,209.60	96	$604.80		$0.00		$0.00		$0.00		$0.00	$1,814.40	$9,902.48	$8,088.08	$39,287.00	6281-D92-000
Payment Due per bi-monthly billing period				$1,209.60		$604.80		$0.00		$0.00		$0.00		$0.00	$1,814.40	$9,902.48	$8,088.08	$39,287.00	
Kennedy, J	Residential	$229.91	13	$2,988.83	7	$1,609.37		$0.00		$0.00		$0.00		$0.00	$4,598.20	$21,151.18	$16,552.98	$83,915.00	6281-R92-000
Payment Due per bi-monthly billing period				$2,988.83		$1,609.37		$0.00		$0.00		$0.00		$0.00	$4,598.20	$21,151.18	$16,552.98	$83,915.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$4,198.43		$2,214.17		$0.00		$0.00		$0.00		$0.00	$6,412.60	$31,053.66	$24,641.06	$123,202.00	

Area Agency: One Sky Community Services

Vendor Name: Life Visions

Payment Period July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Dyer N	CPS/DH	$2.88	216	$622.08	216	$622.08	216	$622.08		$0.00		$0.00		$0.00	$1,866.24	$4,525.39	$2,659.15	$17,954.00	6281-D18-000
Payment Due per bi-monthly billing period				$622.08		$622.08		$622.08		$0.00		$0.00		$0.00	$1,866.24	$4,525.39	$2,659.15	$17,954.00	
N/A	Residential	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$622.08		$622.08		$622.08		$0.00		$0.00		$0.00	$1,866.24	$4,525.39	$2,659.15	$17,954.00	

Area Agency: One Sky Community Services

Vendor Name: LifeShare

Payment Period July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Bennett J	CPS/DH	$7.61	216	$1,643.76	256	$1,948.16	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$3,591.92	$2,015.00	($1,576.92)	$2,015.00	6281-D70-000
Borden D	CPS/DH	$2.73	216	$589.68	236	$644.28	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,233.96	$1,446.00	$212.04	$1,446.00	6281-D70-000
Cahill D	CPS/DH	$4.72	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$0.00	$1,501.00	$1,501.00	$1,501.00	6281-D70-000
Caron E	CPS/DH	$3.10	108	$334.80	228	$706.80	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,041.60	$1,642.00	$600.40	$1,642.00	6281-D70-000
Catinchi C	CPS/DH	$3.86	118	$455.48	60	$231.60	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$687.08	$1,020.00	$332.92	$1,020.00	6281-D70-000
Currier D	CPS/DH	$4.42	60	$265.20	60	$265.20	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$530.40	$1,170.00	$639.60	$1,170.00	6281-D70-000
Fowler K	CPS/DH	$5.86	192	$1,125.12	264	$1,547.04	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,672.16	$3,102.00	$429.84	$3,102.00	6281-D70-000
Holland K	CPS/DH	$2.98	192	$572.16	280	$834.40	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,406.56	$1,574.00	$167.44	$1,574.00	6281-D70-000
Houle T	CPS/DH	$3.57	120	$428.40	252	$899.64	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,328.04	$1,888.00	$559.96	$1,888.00	6281-D70-000
Howland J	CPS/DH	$2.67	0	$0.00	112	$299.04	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$299.04	$1,131.00	$831.96	$1,131.00	6281-D70-000
Mallet J	CPS/DH	$2.73	192	$524.16	168	$458.64	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$982.80	$1,442.00	$459.20	$1,442.00	6281-D70-000
Makhoul C	CPS/DH	$6.08	84	$510.72	196	$1,191.68	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,702.40	$2,252.00	$549.60	$2,252.00	6281-D70-000
Moody J	CPS/DH	$6.12	188	$1,150.56	284	$1,738.08	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,888.64	$3,241.00	$352.36	$3,241.00	6281-D70-000
Nichols C	CPS/DH	$5.46	216	$1,179.36	288	$1,572.48	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,751.84	$2,889.00	$137.16	$2,889.00	6281-D70-000
Peterson Rob	CPS/DH	$6.29	192	$1,015.68	232	$1,227.28	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,242.96	$2,802.00	$559.04	$2,802.00	6281-D70-000
Reidl E	CPS/DH	$2.63	216	$611.28	280	$792.40	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,403.68	$1,496.00	$92.32	$1,496.00	6281-D70-000
Semprini W	CPS/DH	$6.04	100	$604.00	40	$241.60	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$845.60	$1,679.00	$833.40	$1,679.00	6281-D70-000
Shipley J	CPS/DH	$3.58	168	$598.08	120	$427.20	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,025.28	$1,885.00	$859.72	$1,885.00	6281-D70-000
Payment Due per bi-monthly billing period				$11,868 44		$16,025 52		$0 00		$0 00		$0 00		$0.00	$28,893 96	$34,175 00	$7,641.04	$34,175.00	
Bennett J	Residential	$88.35	15	$1,325.25	16	$1,413.60	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,738.85	$2,739.00	$0.15	$2,739.00	6281-R70-000
Borden D	Residential	$80.46	15	$1,206.90	16	$1,287.36	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,494.26	$2,494.00	($0.26)	$2,494.00	6281-R70-000
Cahill D	Residential	$93.86	15	$1,407.90	16	$1,501.76	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,909.66	$2,909.00	($0.66)	$2,909.00	6281-R70-000
Currier D	Residential	$64.16	10	$641.60	4	$256.64	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$898.24	$1,969.00	$1,090.76	$1,969.00	6281-R70-000
Freeman S	Residential	$85.36	15	$1,280.40	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,280.40	$2,646.00	$1,365.60	$2,646.00	6281-R70-000
Holland K	Residential	$71.88	15	$1,078.20	16	$1,150.08	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,228.28	$2,228.00	($0.28)	$2,228.00	6281-R70-000
Mallet J	Residential	$99.54	13	$1,294.02	10	$995.40	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,289.42	$3,086.00	$796.58	$3,086.00	6281-R70-000
Nichols C	Residential	$100.79	15	$1,511.85	16	$1,612.64	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$3,124.49	$3,124.00	($0.49)	$3,124.00	6281-R70-000
Peterson Rob	Residential	$118.97	15	$1,784.55	16	$1,871.52	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$3,626.07	$3,626.00	($0.07)	$3,626.00	6281-R70-000
Reidl E	Residential	$70.06	15	$1,050.75	16	$1,120.96	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,171.66	$2,171.00	($0.66)	$2,171.00	6281-R70-000
Sousa E	Residential	$83.57	15	$1,253.55	16	$1,337.12	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,590.67	$2,590.00	($0.67)	$2,590.00	6281-R70-000
Payment Due per bi-monthly billing period				$13,804 97		$12,546 92		$0 00		$0 00		$0 00		$0.00	$26,351 89	$29,602 00	$3,250 11	$29,602 00	
Amero S	SEP	$3.92	120	$470.40	120	$470.40	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$940.80	$1,036.00	$95.20	$1,036.00	6281-D70-000
Payment Due per bi-monthly billing period				$470 40		$470 40		$0 00		$0 00		$0.00		$0.00	$940 80	$1,036 00	$95 20	$1,036 00	
Total				$25,683 81		$28,042 84		$0 00		$0 00		$0 00		$0 00	$53,926 65	$64,813 00	$10,886 35	$64,813 00	

Area Agency: One Sky Community Services

Vendor Name: Living Innovations

Payment Period: July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Aldrich J	CPS/DH	$3.72	251	$933.72	323	$1,201.56	302	$1,123.44		$0.00		$0.00		$0.00	$3,258.72	$5,838.85	$2,580.13	$23,165.00	6281-D65-000
Barlow S	CPS/DH	$5.13	0	$0.00	60	$307.80	90	$461.70		$0.00		$0.00		$0.00	$769.50	$4,026.58	$3,257.08	$15,975.00	6281-D65-000
Baxter T	CPS/DH	$4.60	234	$1,076.40	310	$1,426.00	253	$1,163.80		$0.00		$0.00		$0.00	$3,666.20	$8,433.00	$4,766.80	$33,457.00	6281-D65-000
Boutard A	CPS/DH	$5.41	192	$1,038.72	288	$1,558.08	257	$1,390.37		$0.00		$0.00		$0.00	$3,987.17	$8,501.05	$4,513.88	$33,727.00	6281-D65-000
Brown T	CPS/DH	$9.65	96	$926.40	112	$1,080.80	112	$1,080.80		$0.00		$0.00		$0.00	$3,088.00	$6,065.70	$2,977.70	$24,085.00	6281-D65-000
Caruso R	CPS/DH	$4.22	264	$1,114.08	288	$1,215.36	264	$1,114.08		$0.00		$0.00		$0.00	$3,443.52	$6,632.82	$3,189.30	$26,315.00	6281-D65-000
Chapman K	CPS/DH	$5.28	264	$1,393.92	288	$1,520.64	264	$1,393.92		$0.00		$0.00		$0.00	$4,308.48	$8,297.90	$3,989.42	$32,921.00	6281-D65-000
Cohen L	CPS/DH	$7.10	48	$340.80	72	$511.20	48	$340.80		$0.00		$0.00		$0.00	$1,192.80	$2,231.95	$1,039.15	$8,855.00	6281-D65-000
Cook D	CPS/DH	$9.34	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$0.00	$8,298.14	$8,298.14	$37,448.00	6281-D65-000
Cote J	CPS/DH	$3.69	170	$810.30	129	$463.11	240	$861.60		$0.00		$0.00		$0.00	$1,935.01	$5,635.19	$3,700.18	$22,357.00	6281-D65-000
Desjardins T	CPS/DH	$6.12	150	$918.00	172	$1,052.64	129	$789.48		$0.00		$0.00		$0.00	$2,760.12	$5,132.84	$2,372.72	$20,364.00	6281-D65-000
Donnell E	CPS/DH	$5.51	120	$661.20	240	$1,322.40	220	$1,212.20		$0.00		$0.00		$0.00	$3,195.80	$7,210.78	$4,014.98	$28,608.00	6281-D65-000
Duncan J	CPS/DH	$7.22	184	$1,328.48	176	$1,270.72	180	$1,298.60		$0.00		$0.00		$0.00	$3,898.80	$7,567.95	$3,669.15	$30,025.00	6281-D65-000
Falzarano L	CPS/DH	$6.38	240	$1,531.20	216	$1,378.08	120	$765.60		$0.00		$0.00		$0.00	$3,674.88	$10,019.68	$6,344.80	$39,752.00	6281-D65-000
Fitts N	CPS/DH	$4.43	264	$1,169.52	288	$1,275.84	264	$1,169.52		$0.00		$0.00		$0.00	$3,614.88	$6,952.43	$3,337.55	$27,583.00	6281-D65-000
Fushpanski D	CPS/DH	$3.61	120	$433.20	168	$606.48	192	$693.12		$0.00		$0.00		$0.00	$1,732.80	$4,535.98	$2,803.18	$17,996.00	6281-D65-000
Gaudet M	CPS/DH	$4.77	96	$457.92	48	$228.96	72	$343.44		$0.00		$0.00		$0.00	$1,030.32	$7,501.40	$6,471.08	$29,761.00	6281-D65-000
Greenwood K	CPS/DH	$5.28	96	$504.96	168	$883.68	168	$883.68		$0.00		$0.00		$0.00	$2,272.32	$4,954.64	$2,682.32	$19,857.00	6281-D65-000
Hart D	CPS/DH	$10.80	92	$993.60	80	$864.00	82	$885.60		$0.00		$0.00		$0.00	$2,743.20	$5,661.65	$2,918.45	$22,462.00	6281-D65-000
Hyzer G	CPS/DH	$7.05	104	$733.20	130	$916.50	130	$916.50		$0.00		$0.00		$0.00	$2,566.20	$4,802.40	$2,236.20	$19,053.00	6281-D65-000
Kaplan J	CPS/DH	$3.70	72	$266.40	96	$355.20	88	$325.60		$0.00		$0.00		$0.00	$947.20	$1,935.78	$988.58	$7,680.00	6281-D65-000
Letourneau L	CPS/DH	$4.89	160	$782.40	176	$860.64	192	$938.88		$0.00		$0.00		$0.00	$2,581.92	$5,126.29	$2,544.37	$20,338.00	6281-D65-000
Lounsy R	CPS/DH	$4.99	240	$1,197.60	264	$1,317.36	245	$1,222.55		$0.00		$0.00		$0.00	$3,737.51	$7,408.00	$3,670.49	$7,408.00	6281-D65-000
Lounsy R	CPS/DH	$7.60	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00	$0.00	$649.35	$649.35	$36,234.00	6281-D65-000
Mahon A	CPS/DH	$4.86	256	$1,244.16	264	$1,283.04	268	$1,302.48		$0.00		$0.00		$0.00	$3,829.68	$7,642.55	$3,812.87	$30,321.00	6281-D65-000
Marshall M	CPS/DH	$7.30	120	$876.00	264	$1,927.20	168	$1,226.40		$0.00		$0.00		$0.00	$4,029.60	$5,738.53	$1,708.93	$22,767.00	6281-D65-000
McNeese C	CPS/DH	$6.35	290	$1,841.50	327	$2,076.45	347	$2,203.45		$0.00		$0.00		$0.00	$6,121.40	$9,976.58	$3,855.18	$39,581.00	6281-D65-000
Pappas R	CPS/DH	$10.50	0	$0.00	0	$0.00	194	$2,037.00		$0.00		$0.00		$0.00	$2,037.00	$11,002.19	$8,965.19	$43,650.00	6281-D65-000
Pelletier J	CPS/DH	$10.66	48	$511.68	48	$511.68	72	$767.52		$0.00		$0.00		$0.00	$1,790.88	$3,351.57	$1,560.69	$13,297.00	6281-D65-000
Ralls C	CPS/DH	$3.56	264	$939.84	288	$1,025.28	264	$939.84		$0.00		$0.00		$0.00	$2,904.96	$5,590.07	$2,685.11	$22,178.00	6281-D65-000
Randall C	CPS/DH	$7.60	97	$737.20	126	$957.60	215	$1,634.00		$0.00		$0.00		$0.00	$3,328.80	$11,939.33	$8,610.53	$47,368.00	6281-D65-000
Reynolds G	CPS/DH	$3.75	250	$937.50	262	$982.50	245	$918.75		$0.00		$0.00		$0.00	$2,838.75	$5,887.24	$3,048.49	$23,357.00	6281-D65-000
Richardson D	CPS/DH	$7.58	240	$1,819.20	192	$1,455.36	192	$1,455.36		$0.00		$0.00		$0.00	$4,729.92	$15,879.70	$11,149.78	$63,001.00	6281-D65-000
Rogers J	CPS/DH	$3.75	146	$547.50	270	$1,012.50	219	$821.25		$0.00		$0.00		$0.00	$2,381.25	$5,887.24	$3,505.99	$23,357.00	6281-D65-000
Stevens Ja	CPS/DH	$7.59	240	$1,821.60	285	$2,163.15	264	$2,003.76		$0.00		$0.00		$0.00	$5,988.51	$11,932.27	$5,943.76	$47,340.00	6281-D65-000
Taylor K	CPS/DH	$7.03	34	$239.02	278	$1,954.34	261	$1,834.83		$0.00		$0.00		$0.00	$4,028.19	$11,054.87	$7,026.68	$43,859.00	6281-D65-000
Thornhill E	CPS/DH	$3.12	0	$0.00	276	$861.12	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$861.12	$1,651.00	$789.88	$1,651.00	6281-D65-000
Thornhill E	CPS/DH	$4.03	0	$0.00	0	$0.00	100	$403.00		$0.00		$0.00		$0.00	$403.00	$1,398.81	$995.81	$7,882.00	6281-D65-000
Tilson G	CPS/DH	$7.18	132	$947.76	140	$1,005.20	140	$1,005.20		$0.00		$0.00		$0.00	$2,958.16	$5,641.99	$2,683.83	$22,384.00	6281-D65-000
Verhelle K	CPS/DH	$6.27	104	$652.08	177	$1,109.79	131	$821.37		$0.00		$0.00		$0.00	$2,583.24	$5,907.91	$3,324.67	$23,439.00	6281-D65-000
Vetese S	CPS/DH	$6.04	176	$1,063.04	192	$1,159.68	178	$1,083.04		$0.00		$0.00		$0.00	$3,285.76	$6,326.07	$3,040.31	$25,098.00	6281-D65-000
Walker J	CPS/DH	$5.08	144	$731.52	277	$1,407.16	216	$1,097.28		$0.00		$0.00		$0.00	$3,235.96	$7,987.87	$4,751.91	$31,691.00	6281-D65-000
Wetherington J	CPS/DH	$4.32	264	$1,140.48	192	$829.44	96	$414.72		$0.00		$0.00		$0.00	$2,384.64	$6,785.82	$4,401.18	$26,922.00	6281-D65-000
Zurbriggen K	CPS/DH	$4.72	216	$1,019.52	168	$792.96	168	$792.96		$0.00		$0.00		$0.00	$2,605.44	$5,930.60	$3,325.16	$23,529.00	6281-D65-000
Payment Due per bi-monthly billing period				$35,481.62		$44,131.50		$43,118.49		$0.00		$0.00		$0.00	$122,731.61	$290,932.59	$168,200.98	$1,167,678.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Living Innovations

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
Aldrich J	Residential	$100.94	15	$1,514.10	16	$1,615.04	15	$1,514.10		$0.00		$0.00		$0.00	$4,643.24	$9,285.70	$4,642.46	$38,840.00	6281-R65-000
Boulard A	Residential	$133.78	15	$2,006.70	16	$2,140.48	15	$2,006.70		$0.00		$0.00		$0.00	$6,153.88	$12,307.08	$6,153.20	$48,827.00	6281-R65-000
Brown T	Residential	$121.20	15	$1,818.00	16	$1,939.20	15	$1,818.00		$0.00		$0.00		$0.00	$5,575.20	$11,150.40	$5,575.20	$44,238.00	6281-R65-000
Campbell J	Residential	$236.06	15	$3,540.90	16	$3,776.96	15	$3,540.90		$0.00		$0.00		$0.00	$10,858.76	$21,717.29	$10,858.53	$86,161.00	6281-R65-000
Carlisle R	Residential	$135.74	15	$2,036.10	16	$2,171.84	15	$2,036.10		$0.00		$0.00		$0.00	$6,244.04	$12,487.55	$6,243.51	$49,543.00	6281-R65-000
Caruso R	Residential	$119.18	15	$1,787.40	16	$1,906.56	15	$1,787.40		$0.00		$0.00		$0.00	$5,481.36	$10,962.62	$5,481.26	$43,493.00	6281-R65-000
Chapman K	Residential	$114.23	15	$1,713.45	16	$1,827.68	15	$1,713.45		$0.00		$0.00		$0.00	$5,254.58	$10,508.67	$5,254.09	$41,692.00	6281-R65-000
Cohen L	Residential	$66.03	15	$990.45	16	$1,056.48	15	$990.45		$0.00		$0.00		$0.00	$3,037.38	$6,074.52	$3,037.14	$24,100.00	6281-R65-000
Cook D	Residential	$160.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$0.00	$12,479.56	$12,479.56	$56,318.00	6281-R65-000
Cote J	Residential	$97.68	12	$1,172.16	14	$1,367.52	15	$1,465.20		$0.00		$0.00		$0.00	$4,004.88	$8,986.26	$4,981.38	$35,652.00	6281-R65-000
Desjardins T	Residential	$64.60	15	$969.00	16	$1,033.60	15	$969.00		$0.00		$0.00		$0.00	$2,971.60	$5,942.70	$2,971.10	$23,577.00	6281-R65-000
Dornell E	Residential	$63.36	15	$950.40	16	$1,013.76	15	$950.40		$0.00		$0.00		$0.00	$2,914.56	$5,828.77	$2,914.21	$23,125.00	6281-R65-000
Duncan J	Residential	$120.44	15	$1,806.60	16	$1,927.04	15	$1,806.60		$0.00		$0.00		$0.00	$5,540.24	$11,080.08	$5,539.84	$43,959.00	6281-R65-000
Fitts N	Residential	$134.98	15	$2,024.70	16	$2,159.68	15	$2,024.70		$0.00		$0.00		$0.00	$6,209.08	$12,417.98	$6,208.90	$49,267.00	6281-R65-000
Fowler K	Residential	$122.71	15	$1,840.65	16	$1,963.36	15	$1,840.65		$0.00		$0.00		$0.00	$5,644.66	$11,289.28	$5,644.62	$44,789.00	6281-R65-000
Hart D	Residential	$120.46	15	$1,806.90	16	$1,927.36	15	$1,806.90		$0.00		$0.00		$0.00	$5,541.16	$11,081.84	$5,540.68	$43,986.00	6281-R65-000
Hyzer G	Residential	$182.63	15	$2,739.45	16	$2,922.08	15	$2,739.45		$0.00		$0.00		$0.00	$8,400.98	$16,801.47	$8,400.49	$66,658.00	6281-R65-000
Letourneau L	Residential	$117.76	15	$1,766.40	16	$1,884.16	15	$1,766.40		$0.00		$0.00		$0.00	$5,416.96	$10,833.06	$5,416.10	$42,979.00	6281-R65-000
Lourey R	Residential	$188.27	15	$2,824.05	16	$3,012.32	15	$2,824.05		$0.00		$0.00		$0.00	$8,660.42	$17,320.45	$8,660.03	$68,717.00	6281-R65-000
Mahon A	Residential	$97.20	13	$1,263.60	13	$1,263.60	15	$1,458.00		$0.00		$0.00		$0.00	$3,985.20	$8,941.64	$4,956.44	$35,475.00	6281-R65-000
Marshall M	Residential	$184.46	15	$2,466.90	16	$2,631.36	15	$2,466.90		$0.00		$0.00		$0.00	$7,565.16	$15,130.09	$7,564.93	$60,027.00	6281-R65-000
McArdle P	Residential	$157.85	13	$2,052.05	16	$2,525.60	15	$2,367.75		$0.00		$0.00		$0.00	$6,945.40	$14,521.38	$7,575.98	$57,812.00	6281-R65-000
McNeese C	Residential	$164.96	16	$2,474.40	16	$2,639.36	15	$2,474.40		$0.00		$0.00		$0.00	$7,588.16	$15,178.22	$7,588.06	$60,210.00	6281-R65-000
Moody J	Residential	$133.48	16	$2,002.20	16	$2,135.68	15	$2,002.20		$0.00		$0.00		$0.00	$6,140.08	$12,279.35	$6,139.27	$48,717.00	6281-R65-000
Olsen D	Residential	$122.39	15	$1,835.85	16	$1,958.24	15	$1,835.85		$0.00		$0.00		$0.00	$5,629.94	$11,259.54	$5,629.60	$44,671.00	6281-R65-000
Pelletier J	Residential	$131.71	13	$1,712.23	16	$2,107.36	15	$1,975.65		$0.00		$0.00		$0.00	$5,795.24	$12,117.03	$6,321.79	$48,073.00	6281-R65-000
Pesarik J	Residential	$116.55	15	$1,748.25	16	$1,864.80	15	$1,748.25		$0.00		$0.00		$0.00	$5,361.30	$10,722.16	$5,360.86	$42,539.00	6281-R65-000
Ralls C	Residential	$227.62	15	$3,414.30	16	$3,641.92	15	$3,414.30		$0.00		$0.00		$0.00	$10,470.52	$20,940.71	$10,470.19	$83,080.00	6281-R65-000
Reynolds G	Residential	$149.83	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$0.00	$13,783.62	$13,783.62	$54,885.00	6281-R65-000
Sousa R	Residential	$51.40	15	$771.00	9	$462.60	15	$771.00		$0.00		$0.00		$0.00	$2,004.60	$4,728.55	$2,723.95	$18,760.00	6281-R65-000
St. Onge R	Residential	$98.67	15	$1,480.05	16	$1,578.72	15	$1,480.05		$0.00		$0.00		$0.00	$4,538.82	$9,077.00	$4,538.18	$36,012.00	6281-R65-000
Taylor J	Residential	$119.16	15	$1,787.40	16	$1,906.56	16	$1,787.40		$0.00		$0.00		$0.00	$5,481.36	$10,962.62	$5,481.26	$43,493.00	6281-R65-000
Taylor K	Residential	$144.76	5	$723.80	16	$2,316.16	15	$2,171.40		$0.00		$0.00		$0.00	$5,211.36	$13,317.06	$8,105.70	$52,834.00	6281-R65-000
Thornhill E	Residential	$84.56	15	$1,268.40	16	$1,352.96	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,621.36	$2,621.00	($0.36)	$2,821.00	6281-R65-000
Thornhill E	Residential	$147.73	0	$0.00	0	$0.00	15	$2,215.95		$0.00		$0.00		$0.00	$2,215.95	$9,010.88	$6,794.93	$49,486.00	6281-R65-000
Tillson G	Residential	$116.13	15	$1,741.95	16	$1,858.08	15	$1,741.95		$0.00		$0.00		$0.00	$5,341.98	$10,683.09	$5,341.11	$42,364.00	6281-R65-000
Vettese S	Residential	$126.53	15	$1,897.95	16	$2,024.48	15	$1,897.95		$0.00		$0.00		$0.00	$5,820.38	$11,639.89	$5,819.51	$46,160.00	6281-R65-000
Wetherington J	Residential	$105.59	15	$1,583.70	10	$1,055.80	5	$527.90		$0.00		$0.00		$0.00	$3,167.40	$9,712.93	$6,545.53	$38,535.00	6281-R65-000
Zurbriggen K	Residential	$108.02	15	$1,620.30	10	$1,080.20	15	$1,620.30		$0.00		$0.00		$0.00	$4,320.80	$9,937.76	$5,616.96	$39,427.00	6281-R65-000
Payment Due per bi-monthly billing period				$65,151.74		$70,049.68		$67,557.65		$0.00		$0.00		$0.00	$202,757.99	$445,117.81	$242,359.82	$1,778,722.00	
Cohen L	SEP	$7.44	80	$595.20	90	$669.60	80	$595.20		$0.00		$0.00		$0.00	$1,860.00	$3,900.55	$2,040.55	$15,475.00	6281-D65-000
Lessard M	SEP	$7.07	160	$1,131.20	192	$1,357.44	176	$1,244.32		$0.00		$0.00		$0.00	$3,732.96	$8,338.22	$4,605.26	$33,081.00	6281-D65-000
Payment Due per bi-monthly billing period				$1,726.40		$2,027.04		$1,839.52		$0.00		$0.00		$0.00	$5,592.96	$12,238.77	$6,645.81	$48,556.00	
Total				$102,359.75		$116,207.14		$112,515.68		$0.00		$0.00		$0.00	$331,082.56	$748,289.17	$417,206.61	$2,904,966.00	

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

Area Agency: One Sky Community Services

Vendor Name: May Institute

Payment Period July 1st - September 30th 2019

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Categari J	CPS/DH	$3.91	288	$1,126.08	308	$1,204.28	260	$1,016.60		$0.00		$0.00		$0.00	$3,346.96	$6,136.78	$2,789.82	$24,347.00	6281-D90-000
Nation J	CPS/DH	$3.91	296	$1,157.36	348	$1,360.68	308	$1,204.28		$0.00		$0.00		$0.00	$3,722.32	$6,136.78	$2,414.46	$24,347.00	6281-D90-000
Payment Due per bi-monthly billing period				$2,283.44		$2,564.96		$2,220.88		$0.00		$0.00		$0.00	$7,069.28	$12,273.56	$5,204.28	$48,694.00	
Categari J	Residential	$277.98	15	$4,169.70	16	$4,447.68	15	$4,169.70		$0.00		$0.00		$0.00	$12,787.08	$25,573.73	$12,786.65	$101,461.00	6281-R90-000
Nation J	Residential	$277.98	15	$4,169.70	16	$4,447.68	15	$4,169.70		$0.00		$0.00		$0.00	$12,787.08	$25,573.73	$12,786.65	$101,461.00	6281-R90-000
Payment Due per bi-monthly billing period				$8,339.40		$8,895.36		$8,339.40		$0.00		$0.00		$0.00	$25,574.16	$51,147.46	$25,573.30	$202,922.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$10,622.84		$11,460.32		$10,560.28		$0.00		$0.00		$0.00	$32,643.44	$63,421.02	$30,777.58	$251,616.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: North Country Independent Living

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Thomas J	CPS/DH	$8.20	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$2,791.66	$2,791.66	$28,289.00	6281-D25-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$2,791.66	$2,791.66	$28,289.00	
Thomas J	Residential	$331.80	15	$4,977.00	16	$5,308.80		$0.00		$0.00	0	$0.00	0	$0.00		$10,285.80	$20,571.00	$10,285.20	$20,571.00	6281-R25-000
Thomas J	Residential	$238.44	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$7,129.64	$7,129.64	$72,247.00	6281-R25-000
Payment Due per bi-monthly billing period				$4,977.00		$5,308.80		$0.00		$0.00		$0.00		$0.00		$10,285.80	$27,700.64	$17,414.84	$92,818.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Total				$4,977.00		$5,308.80		$0.00		$0.00		$0.00		$0.00		$10,285.80	$30,492.32	$20,206.52	$121,107.00	

Area Agency: One Sky Community Services

Vendor Name: Neurointernational

Payment Period July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	94	91

To be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CPS/DH	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Adams A	Residential	$1,096.00	15	$16,440.00	16	$17,536.00		$0.00		$0.00		$0.00		$0.00	$33,976.00	$100,832.00	$66,856.00	$400,040.00	6281-R44-000
Daniels S	Residential	$1,190.00	15	$17,850.00	16	$19,040.00		$0.00		$0.00		$0.00		$0.00	$36,890.00	$109,480.00	$72,590.00	$434,350.00	6281-R44-000
Drew P	Residential	$1,190.00	15	$17,850.00	16	$19,040.00		$0.00		$0.00		$0.00		$0.00	$36,890.00	$109,480.00	$72,590.00	$434,350.00	6281-R44-000
Hopkins J	Residential	$920.00	15	$13,800.00	16	$14,720.00		$0.00		$0.00		$0.00		$0.00	$28,520.00	$84,640.00	$56,120.00	$335,800.00	6281-R44-000
King R	Residential	$590.00	15	$8,850.00	16	$9,440.00		$0.00	0	$0.00	0	$0.00	0	$0.00	$18,290.00	$6,394.63	($11,895.37)	$25,370.00	6281-R44-000
Payment Due per bi-monthly billing period				$74,790.00		$79,776.00		$0.00		$0.00		$0.00		$0.00	$154,566.00	$410,826.63	$256,260.63	$1,629,910.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$74,790.00		$79,776.00		$0.00		$0.00		$0.00		$0.00	$154,566.00	$410,826.63	$256,260.63	$1,629,910.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: NeuroRestorative NH

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CPS/DH	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Castle A	Residential	$329.02	15	$4,935.30	16	$5,264.32		$0.00		$0.00		$0.00		$0.00	$10,199.62	$30,269.76	$20,070.14	$120,092.00	6261-R32-000
Rojas-Yeo T	Residential	$566.33	15	$8,494.95	16	$9,061.28		$0.00		$0.00		$0.00		$0.00	$17,556.23	$52,101.74	$34,545.51	$206,706.00	6261-R32-000
Payment Due per bi-monthly billing period				$13,430 25		$14,325 60		$0.00		$0 00		$0 00		$0 00	$27,755.85	$82,371 51	$54,615.66	$326,800.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0 00		$0 00		$0 00		$0 00		$0 00		$0 00	$0.00	$0 00	$0.00	$0.00	
Total				$13,430 25		$14,325 60		$0 00		$0 00		$0 00		$0 00	$27,755 85	$82,371 51	$54,615 66	$326,800 00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Robin Hill Farm

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CPS/DH	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Vershon B	Residential	$372.58	15	$5,588.70	11	$4,098.38	12	$4,470.96		$0.00		$0.00		$0.00	$14,158.04	$34,276.68	$20,118.64	$135,989.00	6281-R17-000
Payment Due per bi-monthly billing period				$5,588.70		$4,098.38		$4,470.96		$0.00		$0.00		$0.00	$14,158.04	$34,276.68	$20,118.64	$135,989.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$5,588.70		$4,098.38		$4,470.96		$0.00		$0.00		$0.00	$14,158.04	$34,276.68	$20,118.64	$135,989.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Residential Resources

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Marshall A	CPS/DH	$4.90		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$7,895.99	$7,895.99	$30,533.00	6281-D55-000
Naumen J	CPS/DH	$5.15		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$6,469.49	$6,469.49	$25,667.00	6281-D55-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$14,165.48	$14,165.48	$56,200.00	
Buck J	Residential	$238.61		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$21,951.96	$21,951.96	$87,092.00	6281-R55-000
Marshall A	Residential	$110.24		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$10,141.17	$10,141.17	$40,234.00	6281-R55-000
Naumen J	Residential	$109.90		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$10,109.92	$10,109.92	$40,110.00	6281-R55-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$42,203.05	$42,203.05	$167,436.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$56,368.53	$56,368.53	$223,636.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Work Opportunities

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Elliott J	CSS	$7.07	36	$254.52	36	$254.52		$0.00		$0.00		$0.00		$0.00		$509.04	$4,790.05	$4,281.01	$19,004.00	6281-L60-000
Foley M	CSS	$7.07	10	$70.70	23	$162.61		$0.00		$0.00		$0.00		$0.00		$233.31	$1,710.70	$1,477.39	$8,787.00	6281-L60-000
Macintosh R	CSS	$7.07	49	$346.43	80	$565.60		$0.00		$0.00		$0.00		$0.00		$912.03	$1,539.55	$627.52	$6,106.00	6281-L60-000
Mahan K	CSS	$7.07	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$2,382.10	$2,382.10	$13,082.00	6281-L60-000
Moore R	CSS	$7.07	46	$325.22	76	$537.32		$0.00		$0.00		$0.00		$0.00		$862.54	$1,197.51	$334.97	$4,751.00	6281-L60-000
Nation A	CSS	$6.88	40	$275.20	62	$426.56		$0.00		$0.00		$0.00		$0.00		$701.76	$2,164.14	$1,462.38	$8,586.00	6281-L60-000
Readel T	CSS	$7.07	51	$360.57	52	$367.64		$0.00		$0.00		$0.00		$0.00		$728.21	$1,710.70	$982.49	$8,787.00	6281-L60-000
Smith L	CSS	$7.07	24	$169.68	45	$318.15		$0.00		$0.00		$0.00		$0.00		$487.83	$2,566.17	$2,078.34	$10,181.00	6281-L60-000
Payment Due per bi-monthly billing period				$1,802.32		$2,632.40		$0.00		$0.00		$0.00		$0.00		$4,434.72	$18,080.91	$13,626.19	$76,286.00	
Call H	CPS/DH	$7.31	116	$847.96	154	$1,125.74		$0.00		$0.00		$0.00		$0.00		$1,973.70	$5,741.05	$3,767.35	$22,777.00	6281-D60-000
Hodgdon L	CPS/DH	$8.50	72	$612.00	80	$680.00		$0.00		$0.00		$0.00		$0.00		$1,292.00	$4,007.42	$2,715.42	$15,899.00	6281-D60-000
Kotkowski E	CPS/DH	$3.93	43	$168.99	42	$165.06		$0.00		$0.00		$0.00		$0.00		$334.05	$1,235.57	$901.52	$4,902.00	6281-D60-000
Langdon C	CPS/DH	$7.42	126	$934.92	170	$1,261.40		$0.00		$0.00		$0.00		$0.00		$2,196.32	$9,719.23	$7,522.91	$38,560.00	6281-D60-000
Leary B	CPS/DH	$4.48	63	$282.24	135	$604.80		$0.00		$0.00		$0.00		$0.00		$887.04	$7,034.80	$6,147.56	$27,909.00	6281-D60-000
McCaffrey K	CPS/DH	$6.88	166	$1,122.24	193	$1,289.24		$0.00		$0.00		$0.00		$0.00		$2,411.48	$9,453.32	$7,041.84	$37,506.00	6281-D60-000
Richard B	CPS/DH	$5.02	137	$687.74	205	$1,029.10		$0.00		$0.00		$0.00		$0.00		$1,716.84	$6,051.08	$4,334.24	$24,007.00	6281-D60-000
Richardson F	CPS/DH	$4.68	56	$264.48	83	$378.48		$0.00		$0.00		$0.00		$0.00		$642.96	$5,729.71	$5,086.75	$22,732.00	6281-D60-000
Weatherspoon S	CPS/DH	$5.27	83	$437.41	171	$901.17		$0.00		$0.00		$0.00		$0.00		$1,338.58	$6,901.51	$5,562.93	$27,381.00	6281-D60-000
Payment Due per bi-monthly billing period				$5,357.98		$7,434.99		$0.00		$0.00		$0.00		$0.00		$12,792.97	$55,673.49	$43,080.52	$221,672.00	
N/A	Residential	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Beaudet A	SEP	$11.01	12	$132.12	18	$198.18		$0.00		$0.00		$0.00		$0.00		$330.30	$5,768.78	$5,438.48	$22,887.00	6281-D60-000
Kotkowski E	SEP	$5.90	119	$702.10	159	$938.10		$0.00		$0.00		$0.00		$0.00		$1,640.20	$4,941.79	$3,301.59	$19,606.00	6281-D60-000
Molasky S	SEP	$8.08	4	$32.32	0	$0.00		$0.00		$0.00		$0.00		$0.00		$32.32	$2,329.49	$2,297.17	$9,242.00	6281-D60-000
Nation A	SEP	$7.43	26	$193.18	42	$312.06		$0.00		$0.00		$0.00		$0.00		$505.24	$1,947.38	$1,442.14	$7,726.00	6281-D60-000
Richardson F	SEP	$5.07	113	$572.91	168	$851.76		$0.00		$0.00		$0.00		$0.00		$1,424.67	$1,593.49	$168.82	$6,322.00	6281-D60-000
Sousa E	SEP	$11.85	34	$402.90	40	$474.00		$0.00		$0.00		$0.00		$0.00		$876.90	$4,967.24	$4,090.34	$19,707.00	6281-D60-000
Payment Due per bi-monthly billing period				$2,035.53		$2,774.10		$0.00		$0.00		$0.00		$0.00		$4,809.63	$21,548.16	$16,738.53	$85,490.00	
Total				$9,195.83		$12,841.49		$0.00		$0.00		$0.00		$0.00		$22,037.32	$95,482.57	$73,445.25	$382,448.00	

Exhibit DD

One Sky Community Services, Inc.
755 Banfield Road | Suite 3 | Portsmouth | New Hampshire | 03801

Phone: (603) 436-6111 . Voice/TDD: (800) 660-4103
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ALL-VENDOR MEETING
Thursday, September 12, 2019 (3:00PM)

LOCATION:
One Sky Community Services (755 Banfield Rd, Portsmouth)

ATTENDEES:
Katie Kelly (IPPI), Jon Noble (FNE), Joseph Ntengeri (CPFC), Marci Poulin (LISS), Terry Blaisdell (CMRS), Kenda Howell (RRI), Chris Bertoncini (RRI), Scott Dow (RRI), Michael McKenna (MAY), Peggy Small-Porter (RMCC), Michelle Donovan (LISS), Patten Lohmann (WOU)

One Sky: John Ford (Director of Organizational Development), John Moran (Chief Financial Officer), Victoria Putnam (Manager of Quality Innovations), Lenore Sciuto (Senior Policy Advisor), Cara Baker (SC Team Manager, Traditional Services), Sharon Richey (SC Team Manager, ITS), Anthony MacConnell (SC Team Manager, Family Services), Kelly Scanlon (Quality Improvement Specialist).

MINUTES:

1. Introduction & Updates
    - John Moran, One Sky's new Chief Financial Officer, was introduced to the group. John has over 25 years' experience working with organizations specializing in serving DD populations both in Massachusetts and Rhode Island. He is learning NH-specific processes. His main focus since joining the agency has been to speed up cash flow process and get out late payments. There has been concern among provider agencies regarding delayed invoice payment, and many stress that transparency and communication by the area agency is needed during this time. Victoria noted that there was a shift in philosophy when the CFO change occurred earlier this year that focused on getting processes established which may have contributed to a slowdown in payment dissemination.
    - John Ford (Director of Organizational Development) will be leaving the agency effective tomorrow (9/13/19) due to health reasons. The agency is working on a transition plan to address his departure.
    - One Sky is close to fully staffed. A second part-time Nurse Trainer has started this month. As of 10/15/19 the traditional Service Coordination department will be fully staffed.

2. Communication Review
    - The One Sky service coordination team managers Cara Baker (Traditional Service Coordination), Anthony MacConnell (PDMS Service Coordination), and Sharon Richey (ITS Service Coordination) were re-introduced to the group, and provided a brief

overview of their backgrounds. They will serve as internal leads to their respective groups and as additional points of contact for provider agencies.

- Victoria stressed that the team management structure was created to enforce a "team approach" to providing services. A new Communication Matrix was distributed to the group that outlines agency points of contacts according to business need, and various team members will serve as escalation contacts if initial response is not received or if further clarification is needed. Any person listed on a line of the matrix will be a point of contact.
- Victoria will always serve as an internal point of contact if she needs to respond to a query. She will update provider agencies to any changes in communication protocols.
- Victoria also noted that the One Sky On-Call telephone number should be used by all provider agencies for an urgent matter/incident that occurs outside business hours. Depending on the severity of the issue, the on-call staff member can then escalate critical matters to senior leadership ASAP. This will ensure that serious matters are addressed timely by the agency.
- It is expected that leadership within each provider agency disseminate One Sky's On-Call information to appropriate staff as needed.

3. Vendor Reporting Processes Review
    - Victoria distributed copies of the vendor reporting requirements taken from the Master Agreements and highlighted critical documentation such as attendance needed for timely payment.
    - One Sky has a new email address (quality@oneskyservices.org) that will gate keep the important quality control documentation turned in by the provider agencies, such as certification documentation, 1201 reports, waiver requests, and BDS complaint communications.
    - Provider agencies have struggled to adhere to the 24-hour turnaround requirement for incident report submission, and Victoria stressed that agencies need to focus on turning those in in a timely manner for our records. Jon Noble (FNE) noted that during some cert reviews the certifier will note if Service Coordinator sign-off is not listed on the forms. At this time, One Sky will accept electronic signatures on incident reports as long as the Program Manager Review section on page 2 is completed.

4. Corrective Action Plan – Redesignation Updates
    - As part of the corrective action plan implementation, One Sky has been reviewing both internal and provider agency deficiencies for all certification reports from 2014-2018, as well as the first half of 2019. Victoria will reach out to providers in the coming

months to discuss the findings of this review and review proof of corrective actions that the agencies reported to BDS.

- One Sky will also be reinstating quarterly Nurse Trainer meetings. The first meeting is slated to occur sometime in late October (exact date TBD). The purpose of these meetings will be to discuss issues, share information, and document trends experienced by Nurse Trainers across the region, with the goal of creating a stronger community among nurses. Both of the new One Sky Nurse Trainers have a wealth of experience working in this field, and will be a welcome resource for the provider agencies.
- Additional positive outcomes noted by One Sky during the Corrective Action Plan (CAP) implementation:
    - Overdue ISAs have dropped by a rate of 41%
    - Approximately 53% of the 88 CAP action steps have already been implemented, and we are projected to have all CAP requirements completed prior to the state deadline of November 27, 2019.
- The state is still expected to release a survey to affected stakeholders sometime in November. It was suggested that another All-Vendor Meeting occur prior to that time in order to have a real-time update regarding the progress of the CAP. Victoria noted that another CAP update will be disseminated within the next month to keep provider agencies informed of progress.

5. Resources
    - There will be scheduled trainings hosted by the Region 8 START coordinator (Justin Smith) at the One Sky main office the third Friday of every month starting this September. An outline of topics for these trainings was given to the group and attendance was encouraged.

Next All-Vendor Meeting:
Thursday, December 12, 2019 at 3:00pm
One Sky Community Services main office

Exhibit DDD

One Sky Community Services

Aged AP - Past Due - Detail

Period: 03-20 As of: 10/10/2019

Vendor Ref	Inv Nbr	Name / DocType	Master DocType/RefNbr	Vend Doc Stat	Disc Date	Due Date	Pay Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
								Days Past Due					
Company:		**CDSP**											
A+CONF		A+ CONFERENCING		A									
152683	201908363	VO		A		9/29/2019	8/21/2019	0.00	448.23	0.00	0.00	0.00	448.23
						Vendor Total		**0.00**	**448.23**	**0.00**	**0.00**	**0.00**	**448.23**
ADAMSE		EMILY ADAMS		A									
152668	TSM SEP 2	VO		A		10/7/2019	10/7/2019	0.00	79.60	0.00	0.00	0.00	79.60
152669	MSM SEP 2	VO		A		10/7/2019	10/7/2019	0.00	79.60	0.00	0.00	0.00	79.60
						Vendor Total		**0.00**	**159.20**	**0.00**	**0.00**	**0.00**	**159.20**
ADAMSKA		Kara Adams		A									
152698	RAD 9/27/1	VO		A		10/9/2019	10/9/2019	0.00	30.00	0.00	0.00	0.00	30.00
						Vendor Total		**0.00**	**30.00**	**0.00**	**0.00**	**0.00**	**30.00**
APPLIAS		APPLIANCE SERVICES LLC		A									
152682	174376	VO		A		10/9/2019	10/9/2019	0.00	148.00	0.00	0.00	0.00	148.00
						Vendor Total		**0.00**	**148.00**	**0.00**	**0.00**	**0.00**	**148.00**
BACKINT		BACK IN THE SADDLE		A									
152674	1064	VO		A		10/7/2019	10/7/2019	0.00	60.00	0.00	0.00	0.00	60.00
152675	1031	VO		A		10/7/2019	10/7/2019	0.00	60.00	0.00	0.00	0.00	60.00
						Vendor Total		**0.00**	**120.00**	**0.00**	**0.00**	**0.00**	**120.00**
BAKERC		CARA BAKER		A									
152665	SEP 2019	VO		A		10/7/2019	10/7/2019	0.00	117.58	0.00	0.00	0.00	117.58
						Vendor Total		**0.00**	**117.58**	**0.00**	**0.00**	**0.00**	**117.58**
BECKET		BECKET FAMILY OF SERVICES		A									
152118	15246	VO		A		9/10/2019	9/10/2019	0.00	8,109.33	0.00	0.00	0.00	8,109.33
152272	16686	VO		A		9/18/2019	9/18/2019	0.00	2,578.67	0.00	0.00	0.00	2,578.67
152518	8/15/19	VO		A		10/4/2019	10/1/2019	0.00	113,675.61	0.00	0.00	0.00	113,675.61

Exhibit DDD

152519	8/31/19	VO	A		10/4/2019	0.00	124,922.88	0.00	0.00	0.00	124,922.88
					10/1/2019						
152552	17552	VO	A		10/1/2019	0.00	405.45	0.00	0.00	0.00	405.45
					10/1/2019						
152553	17560	VO	A		10/1/2019	0.00	795.60	0.00	0.00	0.00	795.60
					10/1/2019						
152556	17581	VO	A		10/1/2019	0.00	91.80	0.00	0.00	0.00	91.80
					10/1/2019						
152557	17572	VO	A		10/1/2019	0.00	703.80	0.00	0.00	0.00	703.80
					10/1/2019						
152558	17574	VO	A		10/1/2019	0.00	729.30	0.00	0.00	0.00	729.30
					10/1/2019						
152567	17555	VO	A		10/1/2019	0.00	1,078.65	0.00	0.00	0.00	1,078.65
					10/1/2019						
152568	17557	VO	A		10/1/2019	0.00	604.35	0.00	0.00	0.00	604.35
					10/1/2019						
152569	17243	VO	A		7/30/2019	0.00	0.00	0.00	558.45	0.00	558.45
					10/1/2019						
152570	17563	VO	A		8/31/2019	0.00	0.00	581.40	0.00	0.00	581.40
					10/1/2019						
152571	17561	VO	A		8/31/2019	0.00	0.00	1,277.55	0.00	0.00	1,277.55
					10/1/2019						
152572	17578	VO	A		9/1/2019	0.00	0.00	499.80	0.00	0.00	499.80
					10/1/2019						
152573	17368	VO	A		10/1/2019	0.00	71.40	0.00	0.00	0.00	71.40
					10/1/2019						
152574	17575	VO	A		10/1/2019	0.00	198.90	0.00	0.00	0.00	198.90
					10/1/2019						
152575	17579	VO	A		10/1/2019	0.00	91.80	0.00	0.00	0.00	91.80
					10/1/2019						
					Vendor Total	**0.00**	**254,057.54**	**2,358.75**	**558.45**	**0.00**	**256,974.74**
BENSON		LUCILLE BENSON	A								
152667	PRA SEP 2	VO	A		10/7/2019	0.00	133.00	0.00	0.00	0.00	133.00
					10/7/2019						
					Vendor Total	**0.00**	**133.00**	**0.00**	**0.00**	**0.00**	**133.00**
BERGG		LYNN BERGGREN	A								
152709	BBE 9/2019	VO	A		9/30/2019	0.00	142.50	0.00	0.00	0.00	142.50
				9/30/2019	9/30/2019						
					Vendor Total	**0.00**	**142.50**	**0.00**	**0.00**	**0.00**	**142.50**
BUDGETS		Budget Document Technology	A								
152691	25623423	VO	A		10/22/2019	564.90	0.00	0.00	0.00	0.00	564.90
					10/9/2019						
					Vendor Total	**564.90**	**0.00**	**0.00**	**0.00**	**0.00**	**564.90**
CARMIP		PATRICIA A. CARMICHAEL	A								

152604	TCA 8/30/1	AD		A		10/2/2019	0.00	-51.00	0.00	0.00	0.00	-51.00
152645	TCA 9/24/1	VO		A		10/7/2019	0.00	153.00	0.00	0.00	0.00	153.00
						10/7/2019						
						Vendor Total	**0.00**	**102.00**	**0.00**	**0.00**	**0.00**	**102.00**
CHILD		WAYPOINT		A								
152453		VO		A		10/1/2019	0.00	40,498.64	0.00	0.00	0.00	40,498.64
			10/1/2019			10/1/2019						
						Vendor Total	**0.00**	**40,498.64**	**0.00**	**0.00**	**0.00**	**40,498.64**
CIS		Community Integrated Services		A								
152503	9/15/19	VO		A		10/9/2019	0.00	91,953.11	0.00	0.00	0.00	91,953.11
						10/1/2019						
152564	1 MRI	VO		A		10/1/2019	0.00	773.00	0.00	0.00	0.00	773.00
						10/1/2019						
						Vendor Total	**0.00**	**92,726.11**	**0.00**	**0.00**	**0.00**	**92,726.11**
CLOCK-F		MICHELE CLOCK		A								
152648	BCL 9/30/1	VO		A		10/7/2019	0.00	126.00	0.00	0.00	0.00	126.00
						10/7/2019						
						Vendor Total	**0.00**	**126.00**	**0.00**	**0.00**	**0.00**	**126.00**
COMMPAR		COMMUNITY PARTNERS		A								
151849	8/15/19	VO		A		8/28/2019	0.00	0.00	13,979.58	0.00	0.00	13,979.58
						8/28/2019						
152197	8/31/19	VO		A		9/17/2019	0.00	15,108.90	0.00	0.00	0.00	15,108.90
						9/17/2019						
152271	0052031-IN	VO		A		9/18/2019	0.00	125.00	0.00	0.00	0.00	125.00
						9/18/2019						
152504	9/15/19	VO		A		10/10/2019	13,677.81	0.00	0.00	0.00	0.00	13,677.81
						10/1/2019						
						Vendor Total	**13,677.81**	**15,233.90**	**13,979.58**	**0.00**	**0.00**	**42,891.29**
COMMPC		Community Partners for Change		A								
152198	8/31/19	VO		A		9/17/2019	0.00	17,009.40	0.00	0.00	0.00	17,009.40
						9/17/2019						
152505	9/15/19	VO		A		10/16/2019	15,562.22	0.00	0.00	0.00	0.00	15,562.22
						10/1/2019						
						Vendor Total	**15,562.22**	**17,009.40**	**0.00**	**0.00**	**0.00**	**32,571.62**
COMMRES		COMMUNITY RESOURCES FOR		A								
152202	8/31/19	VO		A		9/13/2019	0.00	9,181.76	0.00	0.00	0.00	9,181.76
			9/13/2019			9/13/2019						
152506	9/15/19	VO		A		10/9/2019	0.00	8,192.73	0.00	0.00	0.00	8,192.73
			9/18/2019			10/9/2019						
						Vendor Total	**0.00**	**17,374.49**	**0.00**	**0.00**	**0.00**	**17,374.49**
CREELEY		Diane Creeley		A								
152710	DCR 9/201!	VO		A		10/9/2019	0.00	2,520.00	0.00	0.00	0.00	2,520.00
						10/9/2019						

					Vendor Total	0.00	2,520.00	0.00	0.00	0.00	2,520.00
CROTCHE	Crotched Mountain Rehabilitati	A									
151850 8/15/19	VO	A		8/15/2019		0.00	0.00	37,954.95	0.00	0.00	37,954.95
			8/15/2019	8/15/2019							
152203 8/31/19	VO	A		9/9/2019		0.00	0.00	39,715.20	0.00	0.00	39,715.20
			9/9/2019	9/9/2019							
152507 9/15/19	VO	A		10/10/2019		38,124.65	0.00	0.00	0.00	0.00	38,124.65
			9/19/2019	10/10/2019							
					Vendor Total	38,124.65	0.00	77,670.15	0.00	0.00	115,794.80
CSN	COMMUNITY SUPPORT NETWO	A									
152615 OCT 2019 /	VO	A		9/16/2019		0.00	6,318.92	0.00	0.00	0.00	6,318.92
			9/16/2019	9/16/2019							
					Vendor Total	0.00	6,318.92	0.00	0.00	0.00	6,318.92
DAVIDSO	CYNTHIA DAVIDSON	A									
152707 KDA SEP 2	VO	A		9/30/2019		0.00	315.00	0.00	0.00	0.00	315.00
			9/30/2019	9/30/2019							
					Vendor Total	0.00	315.00	0.00	0.00	0.00	315.00
DEMOSS	STEPHANIE DEMOS	A									
152657 EDE 9/29/1	VO	A		10/7/2019		0.00	237.50	0.00	0.00	0.00	237.50
				10/7/2019							
					Vendor Total	0.00	237.50	0.00	0.00	0.00	237.50
DEMOULA	DEMOULAS SUPER MARKETS	A									
143821 604518	VO	A		7/29/2018		0.00	0.00	0.00	0.00	37.02	37.02
			6/29/2018	7/29/2018							
143822 516465	VO	A		2/12/2018		0.00	0.00	0.00	0.00	15.97	15.97
			2/12/2018	2/12/2018							
143823 7/31/18 CR	AD	A		7/31/2018		0.00	0.00	0.00	0.00	-186.12	-186.12
			7/31/2018								
151741 719367	VO	A		1/18/2019		0.00	0.00	0.00	0.00	59.13	59.13
			1/18/2019	1/18/2019							
					Vendor Total	0.00	0.00	0.00	0.00	-74.00	-74.00
DESCHEN	DESCHENES & SONS	A									
152597 0000708	VO	A		9/30/2019		0.00	216.00	0.00	0.00	0.00	216.00
				10/1/2019							
152598 0000717	VO	A		9/30/2019		0.00	164.00	0.00	0.00	0.00	164.00
				10/1/2019							
					Vendor Total	0.00	380.00	0.00	0.00	0.00	380.00
DOWLING	DOWLING CORP	A									
152680 195313	VO	A		10/7/2019		0.00	92.00	0.00	0.00	0.00	92.00
				10/7/2019							
					Vendor Total	0.00	92.00	0.00	0.00	0.00	92.00
EASTER	EASTER SEALS SOCIETY NH	A									
152510 9/15/19	VO	A		10/10/2019		163,079.31	0.00	0.00	0.00	0.00	163,079.31
			9/19/2019	9/19/2019							

					Vendor Total	**163,079.31**	**0.00**	**0.00**	**0.00**	**0.00**	**163,079.31**
EISENHO	Eisenhower Center	A									
151388 Q4 2019 RE	AD	A			7/30/2019	0.00	0.00	0.00	-4,426.68	0.00	-4,426.68
					Vendor Total	**0.00**	**0.00**	**0.00**	**-4,426.68**	**0.00**	**-4,426.68**
ELLIOMA	MARY ELLIOTT	A									
152692 MEL 9/27/1	VO	A			10/9/2019	0.00	208.00	0.00	0.00	0.00	208.00
					10/9/2019						
					Vendor Total	**0.00**	**208.00**	**0.00**	**0.00**	**0.00**	**208.00**
GARRETT	SCOTT GARRETT JR	A									
152673 MGA 9/23/1	VO	A			10/7/2019	0.00	405.22	0.00	0.00	0.00	405.22
					10/7/2019						
					Vendor Total	**0.00**	**405.22**	**0.00**	**0.00**	**0.00**	**405.22**
GB	GREAT BAY SERVICES	A									
152512 9/15/19	VO	A			10/7/2019	0.00	11,646.40	0.00	0.00	0.00	11,646.40
			9/16/2019		10/7/2019						
					Vendor Total	**0.00**	**11,646.40**	**0.00**	**0.00**	**0.00**	**11,646.40**
GEORGE	DAWN MARIE JONES	A									
152664 DGE 9/28/1	VO	A			9/28/2019	0.00	189.00	0.00	0.00	0.00	189.00
			9/28/2019		9/28/2019						
					Vendor Total	**0.00**	**189.00**	**0.00**	**0.00**	**0.00**	**189.00**
GLENN	NICOLE GLENN	A									
152699 LGL 9/29/1!	VO	A			10/9/2019	0.00	450.00	0.00	0.00	0.00	450.00
					10/9/2019						
					Vendor Total	**0.00**	**450.00**	**0.00**	**0.00**	**0.00**	**450.00**
GREENGA	GREENGARD CENTER FOR AUT	A									
152716 EKA 9/201!	VO	A			10/9/2019	0.00	11,256.57	0.00	0.00	0.00	11,256.57
					10/9/2019						
					Vendor Total	**0.00**	**11,256.57**	**0.00**	**0.00**	**0.00**	**11,256.57**
GREENWO	CHARLENE GREENWOOD	A									
152652 KGR 9/21/1	VO	A			9/21/2019	0.00	144.00	0.00	0.00	0.00	144.00
			9/21/2019		9/21/2019						
					Vendor Total	**0.00**	**144.00**	**0.00**	**0.00**	**0.00**	**144.00**
IPP	IPP INC	A									
152208 PKE 8/15/1	AD	A			8/15/2019	0.00	0.00	-437.41	0.00	0.00	-437.41
			8/15/2019								
152209 8/31/19	VO	A			9/4/2019	0.00	0.00	37,816.51	0.00	0.00	37,816.51
			9/4/2019		9/4/2019						
152513 9/15/19	VO	A			10/8/2019	0.00	36,335.04	0.00	0.00	0.00	36,335.04
			9/17/2019		9/17/2019						
					Vendor Total	**0.00**	**36,335.04**	**37,379.10**	**0.00**	**0.00**	**73,714.14**
JACKLEW	JACKSON LEWIS LLP	A									
152724 7406206	VO	A			10/30/2019	1,034.00	0.00	0.00	0.00	0.00	1,034.00
					10/9/2019						

Exhibit DDD

					Vendor Total	1,034.00	0.00	0.00	0.00	0.00	1,034.00
JACKSOW	WENDY JACKSON	A									
152670	TMI SEP 2(	VO	A		10/7/2019	0.00	94.50	0.00	0.00	0.00	94.50
					10/7/2019						
					Vendor Total	0.00	94.50	0.00	0.00	0.00	94.50
JONESJ	JOHN A. JONES	A									
152693	JJO 9/27/1!	VO	A		9/27/2019	0.00	117.00	0.00	0.00	0.00	117.00
				9/27/2019	9/27/2019						
					Vendor Total	0.00	117.00	0.00	0.00	0.00	117.00
JUDGERO	Judge Rotenberg Center	A									
152210	AW 8/19	VO	A		9/17/2019	0.00	34,056.91	0.00	0.00	0.00	34,056.91
					9/17/2019						
					Vendor Total	0.00	34,056.91	0.00	0.00	0.00	34,056.91
KENDRIC	JO ANN KENDRICK	A									
152713	HKE 9/201!	VO	A		10/9/2019	0.00	495.00	0.00	0.00	0.00	495.00
					10/9/2019						
					Vendor Total	0.00	495.00	0.00	0.00	0.00	495.00
KIMI	KIMI NICHOLS CENTER INC	A									
152212	8/31/19	VO	A		9/17/2019	0.00	5,341.76	0.00	0.00	0.00	5,341.76
					9/17/2019						
					Vendor Total	0.00	5,341.76	0.00	0.00	0.00	5,341.76
KITT	TAMMY KITT	A									
152714	DKI 9/2019	VO	A		10/9/2019	0.00	990.00	0.00	0.00	0.00	990.00
					10/9/2019						
					Vendor Total	0.00	990.00	0.00	0.00	0.00	990.00
LAMIE	Mariah Lamie	A									
152666	STH SEP 2	VO	A		10/7/2019	0.00	75.20	0.00	0.00	0.00	75.20
					10/7/2019						
					Vendor Total	0.00	75.20	0.00	0.00	0.00	75.20
LANG	ALANNA LANG	A									
152694	SLA 9/21/1!	VO	A		10/9/2019	0.00	99.00	0.00	0.00	0.00	99.00
					10/9/2019						
					Vendor Total	0.00	99.00	0.00	0.00	0.00	99.00
LANZAG	Gloria Lanza	A									
152650	KLA 9/27/1!	VO	A		10/7/2019	0.00	126.00	0.00	0.00	0.00	126.00
					10/7/2019						
					Vendor Total	0.00	126.00	0.00	0.00	0.00	126.00
LIFE	LIFE VISIONS LLC	A									
152514	9/15/19	VO	A		10/7/2019	0.00	276.48	0.00	0.00	0.00	276.48
					10/1/2019						
					Vendor Total	0.00	276.48	0.00	0.00	0.00	276.48
LIVING	LIVING INNOVATIONS	A									
151851	8/15/19	VO	A		8/15/2019	0.00	0.00	112,515.66	0.00	0.00	112,515.66
				8/15/2019	8/15/2019						

152214 8/31/19	VO	A		9/12/2019	0.00	121,356.27	0.00	0.00	0.00	121,356.27
			9/12/2019	9/12/2019						
152406 LSAUG201	VO	A		8/31/2019	0.00	0.00	3,036.91	0.00	0.00	3,036.91
			8/31/2019	8/31/2019						
152407 AKAUG201	VO	A		8/31/2019	0.00	0.00	1,609.04	0.00	0.00	1,609.04
			8/31/2019	8/31/2019						
152408 KSAUG201	VO	A		8/31/2019	0.00	0.00	2,673.51	0.00	0.00	2,673.51
			8/31/2019	8/31/2019						
152409 MCAUG201	VO	A		8/31/2019	0.00	0.00	2,129.80	0.00	0.00	2,129.80
			8/31/2019	8/31/2019						
152410 EMAUG201	VO	A		8/31/2019	0.00	0.00	2,417.90	0.00	0.00	2,417.90
			8/31/2019	8/31/2019						
152411 KIRCAUG2	VO	A		8/31/2019	0.00	0.00	1,453.81	0.00	0.00	1,453.81
			8/31/2019	8/31/2019						
				Vendor Total	**0.00**	**121,356.27**	**125,836.63**	**0.00**	**0.00**	**247,192.90**
LORENTS	LYNNE LORENTSEN	A								
152681 SEP 2019	VO	A		10/7/2019	0.00	306.40	0.00	0.00	0.00	306.40
				10/7/2019						
				Vendor Total	**0.00**	**306.40**	**0.00**	**0.00**	**0.00**	**306.40**
LYONSTE	Terri Lyons	A								
152715 MLU 9/4/19	VO	A		10/9/2019	0.00	50.00	0.00	0.00	0.00	50.00
				10/9/2019						
				Vendor Total	**0.00**	**50.00**	**0.00**	**0.00**	**0.00**	**50.00**
MACINJ	John D. MacIntosh, P.C.	A								
152690 10200	VO	A		11/2/2019	1,800.00	0.00	0.00	0.00	0.00	1,800.00
				10/9/2019						
				Vendor Total	**1,800.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1,800.00**
MAYINST	MAY INSTITUTE, INC.	A								
151814 8/15/19	VO	A		8/15/2019	0.00	0.00	10,560.28	0.00	0.00	10,560.28
			8/15/2019	8/15/2019						
152215 8/31/19	VO	A		9/3/2019	0.00	0.00	11,569.80	0.00	0.00	11,569.80
			9/3/2019	9/3/2019						
152515 9/15/19	VO	A		10/8/2019	0.00	10,513.36	0.00	0.00	0.00	10,513.36
			9/17/2019	10/8/2019						
				Vendor Total	**0.00**	**10,513.36**	**22,130.08**	**0.00**	**0.00**	**32,643.44**
MCCOSH2	Jonathan McCosh	A								
152651 JMC 9/24/1	VO	A		10/7/2019	0.00	108.00	0.00	0.00	0.00	108.00
				10/7/2019						
				Vendor Total	**0.00**	**108.00**	**0.00**	**0.00**	**0.00**	**108.00**
MELLOE	ELIZABETH MELLO	A								
152706 KDA SEP 2	VO	A		10/9/2019	0.00	8.00	0.00	0.00	0.00	8.00
				10/9/2019						
				Vendor Total	**0.00**	**8.00**	**0.00**	**0.00**	**0.00**	**8.00**
MIKELLS	SHANNON MIKELL	A								

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152663 TMI 9/14/19	VO	A		10/7/2019	0.00	420.00	0.00	0.00	0.00	420.00
				10/7/2019						
				Vendor Total	**0.00**	**420.00**	**0.00**	**0.00**	**0.00**	**420.00**
MITCHEL	JANET MITCHELL	A								
152659 EMI 9/28/19	VO	A		9/28/2019	0.00	160.00	0.00	0.00	0.00	160.00
			9/28/2019	9/28/2019						
				Vendor Total	**0.00**	**160.00**	**0.00**	**0.00**	**0.00**	**160.00**
MOHALLE	PATRICIA MOHALLEY	A								
152661 HKE SEP 2	VO	A		10/7/2019	0.00	101.50	0.00	0.00	0.00	101.50
				10/7/2019						
				Vendor Total	**0.00**	**101.50**	**0.00**	**0.00**	**0.00**	**101.50**
MORGAN	MICHELE G MORGAN	A								
152658 RMO 9/23/	VO	A		9/23/2019	0.00	220.00	0.00	0.00	0.00	220.00
			9/23/2019	9/23/2019						
				Vendor Total	**0.00**	**220.00**	**0.00**	**0.00**	**0.00**	**220.00**
MOVITZ	NANCY MOVITZ	A								
152712 FMO JUL+	VO	A		9/30/2019	0.00	2,710.00	0.00	0.00	0.00	2,710.00
			9/30/2019	9/30/2019						
				Vendor Total	**0.00**	**2,710.00**	**0.00**	**0.00**	**0.00**	**2,710.00**
MURPHYP	PAUL MURPHY	A								
152695 MMU 9/27/	VO	A		10/9/2019	0.00	90.00	0.00	0.00	0.00	90.00
				10/9/2019						
				Vendor Total	**0.00**	**90.00**	**0.00**	**0.00**	**0.00**	**90.00**
NEPC	NEW ENGLAND PRINTING & COI	A								
152678 68232	VO	A		10/7/2019	0.00	359.50	0.00	0.00	0.00	359.50
				10/7/2019						
				Vendor Total	**0.00**	**359.50**	**0.00**	**0.00**	**0.00**	**359.50**
NEUROIN	Neurointernational Health	A								
152216 AAD 8/15/1	VO	A		9/17/2019	0.00	16,440.00	0.00	0.00	0.00	16,440.00
				9/17/2019						
152217 AAD 8/31/1	VO	A		9/17/2019	0.00	17,536.00	0.00	0.00	0.00	17,536.00
				9/17/2019						
152218 SDA 8/15/1	VO	A		9/17/2019	0.00	17,550.00	0.00	0.00	0.00	17,550.00
				9/17/2019						
152219 SDA 8/31/1	VO	A		9/17/2019	0.00	18,140.00	0.00	0.00	0.00	18,140.00
				9/17/2019						
152220 JHO 8/15/1	VO	A		9/17/2019	0.00	13,950.00	0.00	0.00	0.00	13,950.00
				9/17/2019						
152221 JHO 8/31/1	VO	A		9/17/2019	0.00	14,570.00	0.00	0.00	0.00	14,570.00
				9/17/2019						
152222 RKI 8/15/19	VO	A		9/17/2019	0.00	8,850.00	0.00	0.00	0.00	8,850.00
				9/17/2019						
152223 RKI 8/31/19	VO	A		9/17/2019	0.00	9,440.00	0.00	0.00	0.00	9,440.00
				9/17/2019						

152521	PDR 8/15/1	VO		A		10/14/2019	18,150.00	0.00	0.00	0.00	0.00	18,150.00
						10/1/2019						
152522	PDR 8/31/1	VO		A		10/14/2019	18,740.00	0.00	0.00	0.00	0.00	18,740.00
						10/1/2019						
						Vendor Total	**36,890.00**	**116,476.00**	**0.00**	**0.00**	**0.00**	**153,366.00**
NEURORE	NEURORESTORATIVE			A								
151815	PDR 7/15/1	VO		A		8/22/2019	0.00	0.00	18,150.00	0.00	0.00	18,150.00
						8/22/2019						
151816	PDR 7/31/1	VO		A		8/22/2019	0.00	0.00	18,740.00	0.00	0.00	18,740.00
						8/22/2019						
152224	8/15/19	VO		A		9/17/2019	0.00	13,430.25	0.00	0.00	0.00	13,430.25
						9/17/2019						
152225	8/31/19	VO		A		9/17/2019	0.00	14,325.60	0.00	0.00	0.00	14,325.60
						9/17/2019						
152640	VD REF#15	AD		A		10/4/2019	0.00	-18,740.00	0.00	0.00	0.00	-18,740.00
152641	VD REF#15	AD		A		10/4/2019	0.00	-18,150.00	0.00	0.00	0.00	-18,150.00
						Vendor Total	**0.00**	**-9,134.15**	**36,890.00**	**0.00**	**0.00**	**27,755.85**
NORTH	NO COUNTRY INDEPENDENT LI			A								
152227	8/31/19	VO		A		9/3/2019	0.00	0.00	5,308.80	0.00	0.00	5,308.80
			9/3/2019			9/3/2019						
						Vendor Total	**0.00**	**0.00**	**5,308.80**	**0.00**	**0.00**	**5,308.80**
NORTHRE	NORTHEAST RECORD RETENT			A								
152621	0227666	VO		A		11/1/2019	297.08	0.00	0.00	0.00	0.00	297.08
						10/2/2019						
						Vendor Total	**297.08**	**0.00**	**0.00**	**0.00**	**0.00**	**297.08**
NS&M	NATIONAL SEATING & MOBILITY			A								
152723	117-193104	VO		A		10/9/2019	0.00	4,979.50	0.00	0.00	0.00	4,979.50
						10/9/2019						
						Vendor Total	**0.00**	**4,979.50**	**0.00**	**0.00**	**0.00**	**4,979.50**
NUTE	JOSH NUTE			A								
152671	CTE SEP 2	VO		A		9/30/2019	0.00	345.75	0.00	0.00	0.00	345.75
			9/30/2019			9/30/2019						
						Vendor Total	**0.00**	**345.75**	**0.00**	**0.00**	**0.00**	**345.75**
OFFTEAM	OFFICE TEAM			A								
152462	54314558	VO		A		10/18/2019	990.00	0.00	0.00	0.00	0.00	990.00
			9/18/2019			10/18/2019						
152684	54351881	VO		A		10/24/2019	662.65	0.00	0.00	0.00	0.00	662.65
			9/24/1904			9/24/2019						
152685	54351828	VO		A		10/24/2019	950.00	0.00	0.00	0.00	0.00	950.00
			9/24/2019			9/24/2019						
152686	54352733	VO		A		10/24/2019	990.00	0.00	0.00	0.00	0.00	990.00
			9/24/2019			9/24/2019						

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152687	54404236	VO	A	11/1/2019		914.00	0.00	0.00	0.00	0.00	914.00
				10/1/2019	10/1/2019						
152688	54404436	VO	A	11/1/2019		950.00	0.00	0.00	0.00	0.00	950.00
				10/1/2019	10/1/2019						
152689	54403383	VO	A	11/1/2019		990.00	0.00	0.00	0.00	0.00	990.00
				10/1/2019	10/1/2019						
					Vendor Total	**6,446.65**	**0.00**	**0.00**	**0.00**	**0.00**	**6,446.65**
PESIRID	EKATERINE PESIRIDIS		A								
152701	DPE 9/28/1	VO	A	9/28/2019		0.00	800.00	0.00	0.00	0.00	800.00
				9/28/2019	9/28/2019						
152702	DPE 9/14/1	VO	A	9/14/2019		0.00	735.00	0.00	0.00	0.00	735.00
				9/14/2019	9/14/2019						
					Vendor Total	**0.00**	**1,535.00**	**0.00**	**0.00**	**0.00**	**1,535.00**
PETTENG	Amy Pettengill		A								
152649	JPE 9/22/1!	VO	A	10/7/2019		0.00	108.00	0.00	0.00	0.00	108.00
					10/7/2019						
					Vendor Total	**0.00**	**108.00**	**0.00**	**0.00**	**0.00**	**108.00**
PREVOST	COURTNEY PREVOST		A								
152700	KPR 9/29/1	VO	A	10/9/2019		0.00	225.00	0.00	0.00	0.00	225.00
					10/9/2019						
					Vendor Total	**0.00**	**225.00**	**0.00**	**0.00**	**0.00**	**225.00**
PRIEST	LINDA M. PRIEST		A								
152703	HPR 9/27/1	VO	A	10/9/2019		0.00	144.00	0.00	0.00	0.00	144.00
					10/9/2019						
152704	JPR 9/27/1!	VO	A	10/9/2019		0.00	144.00	0.00	0.00	0.00	144.00
					10/9/2019						
					Vendor Total	**0.00**	**288.00**	**0.00**	**0.00**	**0.00**	**288.00**
RANDALW	WILBUR RANDALL		A								
152646	SRA 9/29/1	VO	A	10/7/2019		0.00	180.00	0.00	0.00	0.00	180.00
					10/7/2019						
152647	SRA 9/22/1	VO	A	10/7/2019		0.00	180.00	0.00	0.00	0.00	180.00
					10/7/2019						
					Vendor Total	**0.00**	**360.00**	**0.00**	**0.00**	**0.00**	**360.00**
REGENCY	REGENCY HOME HEALTH		A								
152717	1B19081-0	VO	A	9/3/2019		0.00	0.00	106.25	0.00	0.00	106.25
					10/9/2019						
152718	1B19080-0	VO	A	8/27/2019		0.00	0.00	112.50	0.00	0.00	112.50
					10/9/2019						
152719	1B19079-0	VO	A	8/20/2019		0.00	0.00	156.25	0.00	0.00	156.25
					10/9/2019						
152720	1B19078-0	VO	A	8/13/2019		0.00	0.00	62.50	0.00	0.00	62.50
					10/9/2019						
152721	1B20634-0	VO	A	10/9/2019		0.00	200.00	0.00	0.00	0.00	200.00
					10/9/2019						

152722	1B19082-0'	VO		A		9/10/2019	0.00	187.50	0.00	0.00	0.00	187.50
						10/9/2019						
						Vendor Total	**0.00**	**387.50**	**437.50**	**0.00**	**0.00**	**825.00**
RICHER		EDITH RICHER		A								
152711	KWE 9/201	VO		A		9/30/2019	0.00	1,980.00	0.00	0.00	0.00	1,980.00
			9/30/2019			9/30/2019						
						Vendor Total	**0.00**	**1,980.00**	**0.00**	**0.00**	**0.00**	**1,980.00**
RICHIE		THE RICHIE MCFARLAND		A								
152450		VO		A		10/1/2019	0.00	61,203.20	0.00	0.00	0.00	61,203.20
			10/1/2019			10/1/2019						
						Vendor Total	**0.00**	**61,203.20**	**0.00**	**0.00**	**0.00**	**61,203.20**
ROBINHI		ROBIN HILL FARM		A								
152228	8/31/19	VO		A		9/17/2019	0.00	4,470.96	0.00	0.00	0.00	4,470.96
						9/17/2019						
152516	9/15/19	VO		A		10/7/2019	0.00	5,588.70	0.00	0.00	0.00	5,588.70
						10/1/2019						
						Vendor Total	**0.00**	**10,059.66**	**0.00**	**0.00**	**0.00**	**10,059.66**
RRI		RESIDENTIAL RESOURCES INC		A								
152525	8/15/19	VO		A		10/10/2019	9,169.65	0.00	0.00	0.00	0.00	9,169.65
			9/19/2019			10/10/2019						
152526	8/31/19	VO		A		10/10/2019	9,869.60	0.00	0.00	0.00	0.00	9,869.60
			9/19/2019			10/10/2019						
						Vendor Total	**19,039.25**	**0.00**	**0.00**	**0.00**	**0.00**	**19,039.25**
SIDDHAR		SIDDHARTH SERVICES INC		A								
152517	9/15/19	VO		A		10/7/2019	0.00	9,636.00	0.00	0.00	0.00	9,636.00
						10/1/2019						
152528	8/31/19	VO		A		9/24/2019	0.00	10,371.68	0.00	0.00	0.00	10,371.68
						10/1/2019						
						Vendor Total	**0.00**	**20,007.68**	**0.00**	**0.00**	**0.00**	**20,007.68**
SIMONDS		JULIE SIMONDS		A								
152655	LSI 9/29/19	VO		A		10/7/2019	0.00	240.00	0.00	0.00	0.00	240.00
						10/7/2019						
152656	NSI 9/20/19	VO		A		10/7/2019	0.00	200.00	0.00	0.00	0.00	200.00
						10/7/2019						
						Vendor Total	**0.00**	**440.00**	**0.00**	**0.00**	**0.00**	**440.00**
SMARTD		David A Smart		A								
152653	MSM 9/17/'	VO		A		10/7/2019	0.00	100.00	0.00	0.00	0.00	100.00
						10/7/2019						
152654	TSM 9/17/1	VO		A		10/7/2019	0.00	100.00	0.00	0.00	0.00	100.00
						10/7/2019						
						Vendor Total	**0.00**	**200.00**	**0.00**	**0.00**	**0.00**	**200.00**
SMHC		SEACOAST MENTAL HEALTH CE		A								
152676	HPR 8/30/1	VO		A		8/30/2019	0.00	0.00	1,098.78	0.00	0.00	1,098.78
			8/30/2019			8/30/2019						

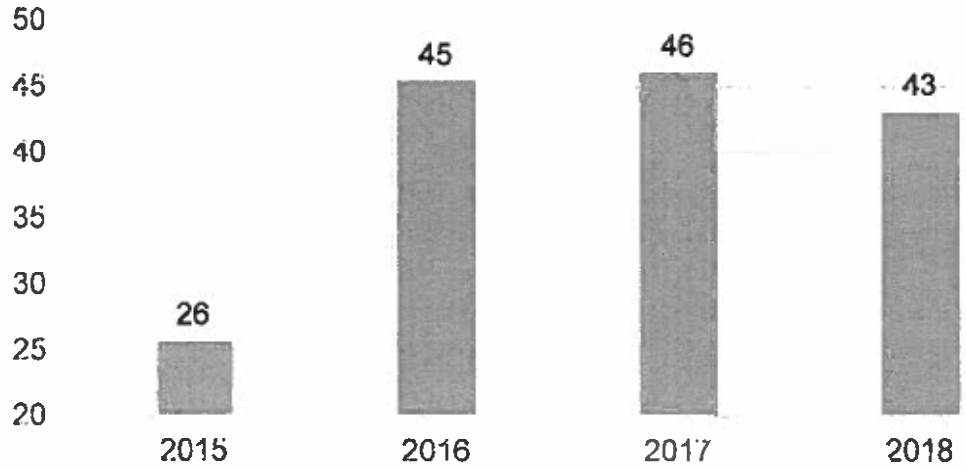
152677 JPR 8/26/1	VO	A		8/26/2019	0.00	0.00	934.50	0.00	0.00	934.50
			8/26/2019	8/26/2019						
				Vendor Total	**0.00**	**0.00**	**2,033.28**	**0.00**	**0.00**	**2,033.28**
SOUCY	CANDACE SOUCY	A								
152697 CSO 9/17/1	VO	A		10/9/2019	0.00	135.00	0.00	0.00	0.00	135.00
				10/9/2019						
				Vendor Total	**0.00**	**135.00**	**0.00**	**0.00**	**0.00**	**135.00**
STRUBLE	JULIE A STRUBLE	A								
152660 LST 9/25/1	VO	A		10/7/2019	0.00	195.00	0.00	0.00	0.00	195.00
				10/7/2019						
152679 CST 9/28/1	VO	A		10/7/2019	0.00	10.00	0.00	0.00	0.00	10.00
				10/7/2019						
152696 SST 9/12/1	VO	A		10/9/2019	0.00	99.00	0.00	0.00	0.00	99.00
				10/9/2019						
				Vendor Total	**0.00**	**304.00**	**0.00**	**0.00**	**0.00**	**304.00**
SYSTEME	Systems Engineering	A								
152538 A57594	VO	A		10/1/2019	0.00	1,120.00	0.00	0.00	0.00	1,120.00
				10/1/2019						
152618 A57386	VO	A		10/2/2019	0.00	5,275.20	0.00	0.00	0.00	5,275.20
				10/2/2019						
				Vendor Total	**0.00**	**6,395.20**	**0.00**	**0.00**	**0.00**	**6,395.20**
TELEPHO	TELEPHONE SYSTEMS EFFICIE	A								
152672 22334	VO	A		10/7/2019	0.00	266.42	0.00	0.00	0.00	266.42
				10/7/2019						
				Vendor Total	**0.00**	**266.42**	**0.00**	**0.00**	**0.00**	**266.42**
TUSTINJ	JENNIFER TUSTIN	A								
152705 SEP 2019	VO	A		10/9/2019	0.00	131.48	0.00	0.00	0.00	131.48
				10/9/2019						
				Vendor Total	**0.00**	**131.48**	**0.00**	**0.00**	**0.00**	**131.48**
WESTEND	WEST END DENTAL	A								
151935 MHE 8/28/1	VO	A		8/29/2019	0.00	0.00	400.00	0.00	0.00	400.00
				8/29/2019						
				Vendor Total	**0.00**	**0.00**	**400.00**	**0.00**	**0.00**	**400.00**
WINCH	DIANNE WINCHELL	A								
152708 MEL 9/30/1	VO	A		10/9/2019	0.00	184.68	0.00	0.00	0.00	184.68
				10/9/2019						
				Vendor Total	**0.00**	**184.68**	**0.00**	**0.00**	**0.00**	**184.68**
WOODD	DARCI WOOD	A								
152662 SWO 9/29/	VO	A		10/7/2019	0.00	144.00	0.00	0.00	0.00	144.00
				10/7/2019						
				Vendor Total	**0.00**	**144.00**	**0.00**	**0.00**	**0.00**	**144.00**
WOU	WORK OPPORTUNITIES	A								
152229 8/15/19	VO	A		9/10/2019	0.00	12,160.54	0.00	0.00	0.00	12,160.54
			9/10/2019	9/10/2019						

Exhibit DDD

152230	8/31/19	VO	A	9/10/2019		0.00	10,748.89	0.00	0.00	0.00	10,748.89
			9/10/2019	9/10/2019							
				Vendor Total		**0.00**	**22,909.43**	**0.00**	**0.00**	**0.00**	**22,909.43**
				Company Total		**296,515.87**	**926,930.47**	**324,423.87**	**-3,868.23**	**-74.00**	**1,543,927.98**

EXHIBIT MMM

Days Expense in Accounts Payable



Days expense in accounts payable measures how quickly expenses are paid. It is the average amount of days that it takes the organization to pay expenses.

A target range is approximately 30 days.

Consistent with prior years

Exhibit Y

One Sky Community Services, Inc.
755 Banfield Road | Suite 3 | Portsmouth | New Hampshire | 03801

Phone: (603) 436-6111 | Voice/TDD: (800) 660-4103
Fax: (603) 436-4622 | Visit us online: www.oneskyservices.org

"EXTRAORDINARY" ALL-VENDOR MEETING
Thursday, August 15, 2019 (1:00PM)

LOCATION:
One Sky Community Services (755 Banfield Rd, Portsmouth)

ATTENDEES:
Katie Kelly (IPPI), Scott Slattery (CPFC), Jon Noble (FNE), Tim Higgins (FNE), Susan Silsby (ES), Renee Fisher (ES), Carl Pufahl (LISS), Marci Poulin (LISS), Jerry Donovan (Robin Hill), Leslie Nelson (CSNH/CRJ), Chet Bowen (CIS), Hannah Reed (CIS), Alison Kraft (CIS), Terry Blaisdell (CMRS), Lorrie Winslow (NEURO), Pat Ciarfella (NEURO), Kelly Davies (BFS), Julie Redlon (RMCC)

One Sky: Chris Muns (CEO), Victoria Putnam (Manager of Quality Innovation), Keryn Bernard-Kriegl (Director of Service Coordination), Tina Holmes (Director of Human Resources), Cassie Travers (HR Assistant), Kelly Scanlon (Quality Improvement Specialist)

MINUTES:

1. Introduction
    - New service coordination team managers Cara Baker (Traditional Service Coordination) and Anthony MacConnell (PDMS Service Coordination) were introduced to the group. They, along with Sharon Richey (ITS Service Coordination) will serve as internal leads to their respective groups and as additional points of contact for provider agencies.

2. Staffing
    - Tina Holmes introduced Cassie Travers (HR Assistant) and addressed the group. She noted that One Sky is almost fully staffed, though DSP hires are still a struggle.
    - CSNI has a new initiative this year starting with 2 NH high schools to begin a DSP integration program for those students not pursuing post-secondary education after graduation. All NH area agencies are helping to promote the program, and CSNI is looking for provider agency involvement as well.
    - The state has continued an education reimbursement program for staff to pursue various degree programs. Tina Holmes will be the Region 8 liaison for provider agency staff who wish to apply for this reimbursement.
    - One Sky is looking for provider agency input as to how we can help support staff recruitment. Jon Noble (Farmsteads) noted that his agency looks at regional recruitment as a best strategy. If he encounters potential staff that live closer to another agency, he will refer them to that agency.

- An obstacle providers struggle with to retain staff is limitations with transportation reimbursement. Updating the reimbursement model may produce more successful recruitment. The $5000 cap (between both Res & Day) is difficult to adhere to, especially in rural areas.
- CSNH noted that they decline services for individuals who live over 15 miles outside of their area due to this limitation.
- Providers are also limited to adhering to the ISA staffing ratios during transport. One potential workaround may be to specifically indicate in an ISA that transportation time will not be factored into the staffing/service ratio. However, the budget needs to reflect this and this also needs to meet the requirements of Medicaid reimbursement.
- One Sky floated the idea of providing transportation directly through "pickup/drop-off" routes, which could be supported through additional One Sky fundraising efforts. However, creating a pickup/drop-off transportation model could be hampered at the agency or vendor level due to the fact that individuals move frequently.

3. RFP Process
    - The state is still on track to revamp the RFP process to a statewide electronic individual provider selection starting in 2021.
    - Keryn informed the group that One Sky is looking to collect data for BDS regarding real service costs so they can get a better understanding of budget limitations faced by the provider agencies.
    - There will be a new RFP process implemented by One Sky. Single-page RFPs with an individual's main demographic and program data will be distributed using a global "Scheduler" email (scheduler@oneskyservices.org) and agencies will be requested to respond yes or no within 5 days of posting.
    - If providers respond "yes" to the initial demographic sheet, One Sky will send that provider a copy of the full proposal packet. Providers will then be asked to submit a proposal within 30 days (if they want to bid) along with a description of services they can provide. Providers will still have the option to turn down a proposal upon receiving the proposal packet.
    - For proposal bids that include a pre-determined budget projection, One Sky asks for providers to include both a "real cost" budget will full cost projections for the services requested, along with a budget noting what exact services can be provided for "X" amount of dollars if that amount is lower.
    - Both Easter Seals and IPP noted that they cannot submit a proposal with a budget until they meet with the individual/individual's family to fully determine the needs of that individual. This should be an integrated step within the RFP process.

- One Sky asks providers to include a written timeline in their proposal (60-90 days to become operational?) as to when the provider can start services assuming their proposal and budget are approved, as the state has a 90-day window to approve PA's. The issue that providers are facing is hiring staff prior to a program being approved, as they cannot assume those costs up front. Neither providers nor area agencies can assume costs of supporting an individual before PA approval.
- Chris noted that there needs to be a mechanism within the RFP process that holds a spot for an individual after submission of the PA. (Is there a way to integrate "pre-funding" by the state?). Programs are not always able to hold residential slots for that entire time if another individual needs to be placed within that timeframe.
- Providers will still be communicating with service coordinators and team managers during this RFP process. Final budgets and approvals must come from the One Sky Business Office.

4. Region 8 Re-designation
    - One Sky's efforts to implement the Corrective Action Plan (CAP) are ongoing. Providers have been sent a copy of One Sky's CAP, and BDS and One Sky's Board of Directors are getting frequent progress updates. There were approximately 25-26 required recommendations given by the state, and the agency has already completed approximately half of these.
    - The biggest issue for remediation was the staffing shortage experienced by the agency last year. The agency hopes to be fully staffed by September. Our conditional re-designation period ends November 27, and One Sky has requested a status from the bureau at that time.
    - A forum held in November 2018, along with electronic survey responses, yielded some negative feedback by external stakeholders last year. There was concern expressed regarding the agency's financial stability. Chris assured the group that the agency is financially stable with a solid line of credit. Any financial questions that come up can be directed to Chris and he will address. An updated survey is expected to be disseminated to stakeholders again this fall, and Chris asked that those completing the survey focus on work performed by the agency over the past year as the point of reference for their feedback.
    - Victoria Putnam has been designated as the Senior Manager for Provider Relations. She is currently working on a communications matrix for the agency that will outline protocols and escalation procedures. A new "Quality" email portal (quality@oneskyservices.org) has been created by One Sky that will send/receive updates related to quality initiatives and tasks.

- One Sky will also be sending out quarterly updates to provider agencies, including current service coordination contacts for the individuals each agency serves.
- The Master Agreements have two exhibits (B and C) that outline communication and documentation requirements. One Sky is working to ensure that all current forms for use by the provider agencies are updated and available on One Sky website.

5. EDS
    - Victoria has been designated the agency point-person for ensuring the employment data system (EDS) is updated. She is working with the service coordination team to monitor and quality-check the data that is updated by the providers. The goal will be to make sure all work/volunteer goals from the ISAs are updated in the EDS. Service coordinators should be informed of any change in goals that would affect the EDS.
    - Some providers asked if any end-user training would be available. Victoria said that we could set this up. Training via webinar may be a viable option.

Next All-Vendor Meeting:
Thursday, September 12, 2019 at 3:00pm
One Sky Community Services main office
Projected Agenda Topic(s): Service Coordination Performance Measures & Feedback

Remediation Action #4

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan Finance

COMPLIANCE WITH AREA AGENCY FINANCIAL CONDITION

STANDARD

Regulatory	None References
Contractual	Contract, Exhibit A, Section 2:12: Maintenance of Fiscal Integrity (see Appendix B, Exhibit 11 Contract, Exhibit A, Section 2:6: Wait List Registry (see Appendix B, Exhibit 12)

FINDING

- Days of cash on hand has decreased over time and is lower than the target of 30 days for the reporting period.
- Operating with an average deficit of $159,745 which demonstrates that One Sky is not fiscally sound
- Late and/or incorrect financial data submission to the Bureau of Improvement and Integrity (BII)
- Inconsistent and/or inaccurate Wait List Management
- Untimely provider payments
- Improper Billing Practices (late, inconsistent, incorrect and in some cases, no billing)

REQUIRED REMEDIATION

4. Develop a system so that bills are paid timely and accurately;

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

One Sky provides each of its service providers with a Master Agreement. The template for the Master Agreement was developed by CSNI in collaboration with service provider community was used for FY20 Master Agreements sent out to all service provider partners. Exhibit B to the Master Agreement details the method, schedule, and conditions precedent to payments and is unique to each Area Agency. The Exhibit B attached to the FY 20 Master Agreement is very similar in format to the Exhibit B's included with the FY 18 Master Agreement and the FY 19 Master Agreement (see Exhibit 31), but we tried to more clearly lay out the exact processes we will follow and the responsibilities of our service provider partners. A sample copy FY 20 Master Agreement is included as Exhibit A.

Exhibit B to the FY 20 Master Agreement was reviewed with our service provider partners at both the August 15, 2019 (see Exhibit Y) and September 12, 2019 (see Exhibit DD) All Vendor Meetings.

To date, signed copies have been received from 20 of 23 service providers (see Exhibit CC update of service providers who have signed and returned agreements). It is important when talking with vendors about the terms and conditions of payment that the people responding have seen the Master Agreement signed by their organization.

"Bulk Billing Invoices" are the vehicle by which our service provider partners request payment. Copies of the bulk billing invoices for each of our service providers for the first quarter of FY 20 were included as Exhibit D of our September 11, 2019 Update.

The Accounts Payable system utilized by One Sky is a component part of the Microsoft Dynamics financial reporting system.

All invoices received from our service provider partners are entered into our Account Payable System by our Account Payable/Receivable Specialist using the date noted by the vendor on the vendor's invoice. If that date is not provided by the service provider, we then use the date that the invoice is received. This is the more accurate way of tracking our liability for payment then the suggestion included in the Remediation Report that we should use "service date".

Every effort is made by One Sky to process all invoices within the time frames spelled out in the Master Agreement. Assuming there are no issues with an invoice, it is scheduled to be paid 3 weeks from receipt; generally, on a Friday. Exceptions to this policy may occur if there are delays in the receipt of Medicaid or general fund payments to us. Exhibit B to the Master Agreement that each service provider has signed, is clear that all payments by One Sky to them are "Subject to the satisfactory completion of services to be performed under the Agreement and the receipt by (One Sky) of sufficient revenues from the State of New Hampshire Bureau of Developmental Services and from Medicaid."

To provide BDS with the time it has requested to process Prior Authorizations (PA) and Unit Change Requests (UCR) submitted by all area agencies, One Sky has spent a great deal of time informing and training all staff, not only about these deadlines but also the importance of accuracy in the paperwork that we submit. The Finance Committee of our Board of Directors reviews outstanding pending and denied claims with management every month and routinely asks for follow-up when balances increase.

Included in the updated Fiscal Manual is a copy of our PA Authorization Process. One of the reasons we re-organized into teams of service coordinator lead by a Team Manager was to ensure that individual service coordinator receives the training and positive reinforcement they need to plan ahead and ensure that commitments for new or changed services are not made before the necessary approvals have been obtained. Team Managers will also be able to provide real-time feedback on errors in submissions before they are submitted to BDS for final action. We still have work to do in this area, but our overall goal is to ensure that we have no pending claims, which will significantly improve our overall organizational cash flow.

Also included in our updated Fiscal Manual is our new UCR Processing Policy, which since it has been implemented has significantly reduced the number of denied claims.

All payments by check made by us include a remittance that provides the following information; Invoice Date, Reference Number, Invoice Number, Description, Invoice Amounts, Amount Paid and Net Check Amount (see Exhibit 32). For payments made by ACH, if the service provider requests it, we will provide e-mail notification of payments processed, expected payment receipt date in vendor's bank account, invoice number, invoice description and amount, is sent to vendor's directed contacts (see Exhibit 33).

The finance department, as part of its normal process, reviews vendors' accounts for missing or incorrect invoices and communicates with the vendors accordingly if a discrepancy is identified. Vendor statements – if submitted - are reviewed and reconciled by One Sky.

The finance department reconciles the accounts payable account each month by utilizing the accounts payable aging report, samples of were included as Exhibits CCC and DDD to our October 25, 2019 Update. Since 2015 the Days Expense in Accounts Payable (as reported by our outside financial auditor – see Exhibit MMM) has been as follows:

- 2015: 26 Days
- 2016: 45 Days
- 2017: 46 Days
- 2018: 43 Days

A review of our accounts payable system is an important part of the annual financial audit that our outside auditors perform. During the past five years, no material weakness in our accounts payable process has been identified by our outside auditors as part of their testing and audit procedures.

FY 19 MASTER AGREEMENT FOR SERVICES
Between
One Sky Community Services, Inc. and <Name of Service Provider>

EXHIBIT B

METHOD, SCHEDULE, AND CONDITIONS PRECEDENT TO PAYMENT

1) Subject to the satisfactory completion of the services to be performed under this Agreement and the receipt by the AA of sufficient revenues from the State of New Hampshire Bureau of Developmental Services, under its contract, and from Medicaid for the service (s), if applicable, to reimburse the Contractor, the AA agrees to purchase services from the Contractor, which are specified in The Master Agreement and, Exhibit "A".

2) PAYMENT TO THE CONTRACTOR WILL BE BASED UPON SIGNED BULK BILLING INVOICE/FORM "A" AGREEMENTS AS FOLLOWS:

A. Residential Programs

Residential program payments to the Contractor will be made following service delivery. Payments will be made on a per diem basis based on invoices for services delivered submitted by Contactor. The rate paid will be the annual residential budget divided by 365. The reimbursement for a Consumer will not exceed their annual budget (prorated for a mid-year start date) subject to the conditions below and provided Contractor has delivered to Consumer 327 days of services over the course of a twelve month period. Payments will be made within 30 days of invoice date or three weeks after receipt of Invoice or Bulk Billing Invoice. Invoice date cannot be earlier than the last date of Service Delivery Dates covered within the invoice.

At the end of each calendar quarter (ending September 30, December 31, March 31 and June 30) AA will reconcile YTD payments made to Contractor to actual days services were delivered to Consumer by Contractor. If Contactor has delivered the following days of services through each quarter end, AA will make a Quarterly Adjustment Payment to Contractor as follows

Quarter Ending	If YTD Days of Services Delivered Equals or is Greater Than:	Quarter Adjustment Payment Will Equal:
September 30	81 days	25% of Annual Budget Minus Actual YTD Payments
December 31	162 days	50% of Annual Budget Minus Actual YTD Payments
March 31	243 days	75% of Annual Budget Minus Actual YTD Payments
June 30	327 days	100% of Annual Budget Minus Actual YTD Payments

B. Community Participation Programs (CPS)

Day program payments to the Contractor will be made following service delivery. Payments will be made based on invoices for services delivered in ¼ hour units submitted by Contactor. The rate paid will be the annual day budget divided by the ISA expected hours of service to be delivered multiplied by 4 (For example: the ¼ hour unit rate paid for 30 hours of services per week for a program with an annual budget of $20,000, would be $20,000 divided by 1,560 hours times 4 or $3.21 per unit). The

reimbursement for a Consumer will not exceed their annual budget (prorated for a mid-year start date) subject to the conditions below and provided Contractor has delivered to Consumer 89% of the ISA expected units of service over the course of a twelve month period. Payments will be made within 30 days of invoice date or three weeks after receipt of Invoice or Bulk Billing Invoice. Invoice date cannot be earlier than the oldest date of Service Delivery Dates covered with in the invoice.
At the end of each calendar quarter (ending September 30, December 31, March 31 and June 30) AA will reconcile YTD payments made to Contractor to actual units of services delivered to Consumer by Contractor. If Contractor has actually delivered 89% or greater of the YTD ISA expected units of service, AA will make a Quarterly Adjustment Payments to Contractor as follows:

Quarter Ending	**If YTD Units of Services Delivered as a Percentage of YTD ISA Expected Units of Services**	**Quarter Adjustment Payment Will Equal:**
September 30	89%	25% of Annual Budget Minus Actual YTD Payments
December 31	89%	50% of Annual Budget Minus Actual YTD Payments
March 31	89%	75% of Annual Budget Minus Actual YTD Payments
June 30	89%	100% of Annual Budget Minus Actual YTD Payments

3) Documentation

AA participates in the Community Support Network Inc. (CSNI) Uniformity of Practice and requires the use of all mandatory forms developed by this committee. Copies of these forms and instructions for their use can be found at: http://www.csni.org/statewide-forms

The Contractor agrees to submit the following documents on the following dates, without delay. Failure to do so will result in payments to Contractor being withheld until the required documentation is satisfactorily delivered to the AA:

A. Daily Attendance Records and Bulk Billing Invoices

i. Daily Attendance Records and Bulk Billing Invoices for Consumers are due twice per month on the following schedule:
   a. On the 18th day of each month: Daily Attendance Records and Bulk Billing Invoices for the 1st through 15th day of the current month

ii. On the 5th day of each month: Daily Attendance Records and Bulk Billing Invoices for the 16th day of the previous month through the previous month end. All Daily Attendance Records will be submitted directly to East Coast Reimbursement Services via the "e-Bridge" data transmittal application. Information explaining this application is included as Exhibit L to this agreement.

iii. All Bulk Billing Invoice will be submitted to AP@oneskyservices.org.

B. Monthly Progress Note, Health Risk Screen Tool (HRST) Tracker and Monthly Home Visit Reports

Due by the 5th day of the following month

C. Incident Reports (includes Nursing Interventions and Emergency Physical Restraint)

Any significant incidents needs to be reported to each Consumer's Service Coordinator within 24 hours of the incident occurring. Contractor must notify the Service Coordinator by phone as soon as possible and follow-up with a written incident report submitted to AA within 24 hours. In the event Contractor is

unable to reach Consumer's Service Coordinator by phone, Contractor should call AA's On-Call Service at (603) 436-6111 which is available between 4:30 PM and 8:30 AM weekdays and 24/7 on weekends.

D. Daily Notes

Contactor recognizes and acknowledges that they are required to take and maintain Daily Notes of Consumer activity. Contractor will maintain all Daily Records such that if requested by AA to provide copies of Daily Notes for any day or period of days, they will be able to do so within 24 hours. Contractor understands and acknowledges that AA may from time to time request Daily Notes for purposes of ensuring that Contractor is complying with this request.

E. Rep Payee Reporting

Monthly Financial records related to consumer for whom AA is the Representative Payee, including employment and wage reports

F. Other Documentation; such as the following, all of which shall be produced / maintained by Contractor delivered to AA as needed. Failure to provide such documentation on a timely basis may result in a delay in payment to Contractor for services delivered:

i. Consumer Behavior Plans-Receipt of required signatures and other needed documentation to complete and submit the Behavior Plan for prior approval by the Contractor's Human Rights Committee at least three weeks prior to each Human Rights Committee meeting which are generally scheduled on first Tuesday of every month

ii. Certification Documentation (He-M 1001 and He-M 507 Programs)

a. To be eligible for reimbursement by the State of New Hampshire or by Medicaid, Contractor must ensure that any community residence they operate is to be certified in accordance with He-M 1001 and/or He-M 507. To that end, Contractor must provide to AA the following information for each certified community residences:

- Life Safety Report
- Certificate (Emergency/Temp/New/Renewal)
- Self-Reports
- Results of Inspection
- Plan of Correction
- Appeals
- Closure Letters
- Skip Year Packet

b. Emergency Certifications

If an individual has an unanticipated move, and Contractor needs an emergency certification, Contractor must provide AA with the following within 7 days.

- Completed Emergency Certification for Community Residences – 3 or fewer beds
- Floor Plan with bedrooms and smoke detectors

- Completed and signed Emergency Certification Residence Review Form this verifies that "the home meets the requirements of He-M 503, He-M 1001, He-M 1201 and He-M 507, as applicable."

iii. Waivers - If a program needs to request a waiver for a specific He-M, the Contractor must provide AA with a completed NHBDS Waiver Request Form dated January, 2018 or later signed by the individual/guardian, along with any supporting documentation.

iv. Employment Tracking – Contractor shall update the Employment Data System (EDS) on the following dates, such that AA will be able to extract timely and up-date information on the employment status of Consumers served by Contractor:

- September 15 (for the period June 16 through September 15)
- December 15 (for the period September 16 through December 15)
- March 15 (for the period December 16 through March 15)
- June 15 (for the period March 16 through June 15)

iv. Quarterly Financial Update – Contractor will provide AA with a quarterly summary of Contractor revenues and expenses by the 25th day of the month following the end of each calendar quarter.

v. Contractor shall provide the AA with health information as outlined in He-M 503.11(b).

vi. Any other reporting/documentation that is outlined in state or federal regulations, or is requested in regards to a state or federal audit; including but not limited to confirmation that all employees of Contractor have undergone a Criminal Background Check which demonstrates no convictions for the following crimes:

a. A felony of any individual of neglect, spousal abuse, any crime against children, child pornography, rape, sexual assault or homicide, but not including other physical assault or battery.
b. A violent or sexually-related crime against a child or an adult which shows that the person might be reasonably expected to pose a threat to any individual.
c. A felony for physical assault, battery or a drug-related offense and that felony conviction was committed within the past five (5) years in accordance with 42 USC 671 (a)(20)(A)(ii). In such case, Contractor shall provide the required documentation to the AA prior to any Contractor employee commencing work.

vii. Contractor shall ensure that it obtains the necessary releases from its employees at time of hire to enable it to comply with AA's request for training or background check information on such employees. This information must be submitted within 7 days of a request.

G. Other reports that the AA may require to support payment for services delivered by Contractor. In the event that AA requests such reporting AA will make best efforts to notify Contractor in advance and provide Contractor with 30 days to comply with any new reporting requirement.

4) Format and Manner of Transmittal

Contractor agrees to utilize reporting format and manner of transmittal of all required documentation as specified by AA. All documentation submitted to be included in the consumers record shall be "legible, dated and have the author identified by name and position as outlined in He-M 503.12 (c) The AA shall only accept electronic/digital signatures approved by the U.S. Department of Health and Human Services Centers

for Medicare &Medicaid Services (CMS) . At the present time CMS permits the use of Citrix Right Signature, DocuSign and eSignSystems. Any of these electronic/digital services will be accepted by AA.

5) Termination

In the event a consumer terminates services, for any reason, during the contract year the AA reserves the right to recalculate the payments made year to date to the Contractor and adjust future payments to reflect any short fall in revenue received, by the AA, as compared to payments made to the Contractor for the terminated individual's services. These adjustments may be made against the overall future contract payment not only payments for the terminated consumer.

EXHIBIT B

METHOD, SCHEDULE, AND CONDITIONS PRECEDENT TO PAYMENT

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A. Daily Attendance Records and Bulk Billing Invoices

i. Daily Attendance Records and Bulk Billing Invoices for Consumers are due twice per month on the following schedule:
   a. On the 18th day of each month: Daily Attendance Records and Bulk Billing Invoices for the 1st through 15th day of the current month
   b. On the 5th day of each month: Daily Attendance Records and Bulk Billing Invoices for the 16th day of the previous month through the previous month end

i. All Daily Attendance Records will be submitted directly to East Coast Reimbursement Services via the "e-Bridge" data transmittal application. Information explaining this application is included as Exhibit L to this agreement.

B. Monthly Progress Note, Health Risk Screen Tool (HRST) Tracker and Monthly Home Visit Reports

Due by the 5th day of the following month

C. Incident Reports (includes Nursing Interventions and Emergency Physical Restraint)

Any significant incidents needs to be reported to each Consumer's Service Coordinator within 24 hours of the incident occurring. Contractor must notify the Service Coordinator by phone as soon as possible and follow-up with a written incident report submitted to AA within 24 hours. In the event Contractor is unable to reach Consumer's Service Coordinator by phone, Contractor should call AA's On-Call Service at (603) 436-6111 which is available between 4:30 PM and 8:30 AM weekdays and 24/7 on weekends.

D. Daily Notes

Contactor recognizes and acknowledges that they are required to take and maintain Daily Notes of Consumer activity. Contractor will maintain all Daily Records such that if requested by AA to provide copies of Daily Notes for any day or period of days, they will be able to do so within 24 hours. Contractor understands and acknowledges that AA may from time to time request Daily Notes for purposes of ensuring that Contractor is complying with this request.

E. Rep Payee Reporting

Monthly Financial records related to consumer for whom AA is Rep payee, including employment and wage reports

F. Other Documentation; such as the following, all of which shall be produced / maintained by Contractor delivered to AA as needed. Failure to provide such documentation on a timely basis may result in a delay in payment to Contractor for services delivered:

i. Consumer Behavior Plans-Receipt of required signatures and other needed documentation to complete and submit the Behavior Plan for prior approval by the

Contractor's Human Rights Committee at least three weeks prior to each Human Rights Committee meeting which are generally scheduled on first Tuesday of every month

ii. Certification Documentation (He-m 1001 and He-m 507 Programs)

a. To be eligible for reimbursement by the State of New Hampshire or by Medicaid, Contractor must ensure that any community residence they operate is be certified in accordance with He-m 1001 and/or He-m 507. To that end, Contract must provide to AA the following information for each certified community residences:

- Life Safety Report
- Certificate (Emergency/Temp/New/Renewal)
- Self-Reports
- Results of Inspection
- Plan of Correction
- Appeals
- Closure Letters
- Skip Year Packet

b. Emergency Certifications

If an individual has an unanticipated move, and Contractor needs an emergency certification, Contractor must provide AA with the following within 7 days.

- Completed Emergency Certification for Community Residences – 3 or fewer beds
- Floor Plan with bedrooms and smoke detectors
- Completed and signed Emergency Certification Residence Review Form this verifies that "the home meets the requirements of He-m 503, He-m 1001, He-m 1201 and He-m 507, as applicable."

iii. Waivers - If a program needs to request a waiver for specific He-m the, Contractor must provide AA with a completed NHBDS Waiver Request Form dated January, 2018 or later signed by the individual/guardian, along with any supporting documentation.

iv. Employment Tracking – Contractor shall update the Employment Data System (EDS) on the following dates, such that AA will be able to extract timely and up-date information on the employment status of Consumers served by Contractor:

- September 15 (for the period June 16 through September 15)
- December 15 (for the period September 16 through December 15)
- March 15 (for the period December 16 through March 15)
- June 15 (for the period March 16 through June 15)

iv. Quarterly Financial Update – Contractor? will provide AA with a quarterly summary of Contractor revenues and expenses by the 25th day of the month following the end of each calendar quarter.

v. Contractor shall provide the AA with health information as outlined in He-m 503.11(b).

vi. Any other reporting/documentation that is outlined in state or federal regulations, or is requested in regards to a state or federal audit; including but not limited to confirmation that all employees of Contractor have undergone a Criminal Background Check which demonstrates no convictions for the following crimes:

a. A felony of any individual of neglect, spousal abuse, any crime against children, child pornography, rape, sexual assault or homicide, but not including other physical assault or battery.
b. A violent or sexually-related crime against a child or an adult which shows that the person might be reasonably expected to pose a threat to any individual.
c. A felony for physical assault, battery or a drug-related offense and that felony conviction was committed within the past five (5) years in accordance with 42 USC 671 (a)(20)(A)(ii). In such case, Contractor shall provide the required documentation to the AA prior to any Contractor employee commencing work.

vii. Contractor shall ensure that it obtains the necessary releases from its employees at time of hire to enable it to comply with AA's request for training or background check information on such employee. This information must be submitted within 7 days of a request.

G. Other reports that the AA may require to support payment for services delivered by Contractor. In the event that AA requests such reporting AA will make best efforts to notify Contractor in advance and provide Contractor with 30 days to comply with any new reporting requirement.

4) Format and Manner of Transmittal

Contractor agrees to utilize reporting format and manner of transmittal of all required documentation as specified by AA. All documentation submitted to be included in the consumers record shall be "legible, dated and have the author identified by name and position as outlined in He-m 503.12 (c) The AA shall only accept electronic/digital signatures approved by the U.S. Department of Health and Human Services Centers for Medicare &Medicaid Services (CMS) . At the present time CMS permits the use of Citrix

Right Signature, DocuSign and eSignSystems. Any of these electronic/digital services will be accepted by AA.

1) Termination

In the event a consumer terminates services, for any reason, during the contract year the AA reserves the right to recalculate the payments made year to date to the Contractor and adjust future payments to reflect any short fall in revenue received, by the AA, as compared to payments made to the Contractor for the terminated individual's services. These adjustments may be made against the overall future contract payment not only payments for the terminated consumer.

Service Provider Name	FirstName	LastName	Title	Email Address	FY 2020 Contract Received	Notes
Becket Family Of Services	Jay	Wolter	President/CFO	JWolter@Becket.org	8/6/2019	
Community Home Solutions	Ellen	Chase	Executive Director	echase5100@aol.com	Closed	
Community Integrated Services	Chet	Bowen	State Director	CBowen@gbcinc.org	8/13/2019	
Community Partners For Change	Joseph	Ntengeri	Executive Director	jntengeri@cpciservicesnh.com	8/8/2019	
Community Resources for Justice (CSNH)	Michelle	White	Manager of Budgets and Contracts	mwhite@crj.org	8/8/2019	
Crotched Mountain Rehabilitation Center	Scott	Graf	CFO	scott.graf@crotchedmountain.org	9/25/2019	
Easter Seals, NH, Inc.	Elin	Treanor	CFO/COO	etreanor@eastersealsnh.org	8/6/2019	
Farmsteads Of New England, Inc.	Deborah	Descenza	Executive Director	deborah@farmsteads-ne.org	9/26/2019	
Friends of Lafayette House	Lisa	Press	President	lpress2@gmail.com		New Vendor. Sent 10/15/19.
Great Bay Services	Jennifer	Nickerson	Executive Director	jnickerson@greatbayservices.org	8/16/2019	
Kimi Nichols Center, Inc.	Joseph	Freeman	Executive Director	jfreeman@kiminicholscenter.org		Last outreach 10/16/19
Life Visions	Joel	Morris	CEO	j.morris@lifevisionsllc.org	9/23/2019	
Living Innovations Support Services, Inc.	Marci	Poulin	Controller	mpoulin@livinginnovations.com	10/16/2019	
NeuroInternational - New Hampshire	Bruce	Blake	Controller	bruceblake@neurointernational.com		Updates sent 10/3/19
NeuroRestorative - New Hampshire	Shelly	King	Executive Director	Shelly.King@NeuroRestorative.com	8/15/2019	
North Country Independent Living, Inc.	Garry	Sherry	President	gsherry@ncilnh.com	10/4/2019	
Residential Resources, Inc.	Chris	Bertoncini	CFO	cbertoncini@resresources.com	9/9/2019	
Robin Hill Farm	Jeremiah	Donovan	President	jerry.donovan@robinhillfarm.com	9/12/2019	
Siddharth	Nar	Gurung	President	NarGurung@siddharthservices.com	9/12/2019	
The Institute Of Professional Practice, Inc.	Le'Ann	Milinder	NH State Director	lmilinder@ippi.org	9/25/2019	
The May Institute, Inc.	Ed	Follen	CFO	efollen@mayinstitute.org	10/15/2019	
Work Opportunities Unlimited Contracts, Inc.	David	Dwyer	Senior VP	DDwyer@WorkOpportunities.net	9/17/2019	

ESS Providers					
Waypoint	Melissa	Hugener	Director	HugenerM@waypointnh.org	8/20/2019
Richie McFarland Children's Center	Peggy	Small-Porter	Executive Director	psmallporter@richiemcfarland.org	9/12/2019

C[illegible]ky
Accounts Pa[illegible]e as of 6/30/19

Exhib[illegible]C

Ref Nbr	Inv Nbr	DocType	Doc Stat	Date	Date	Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
Company:	CDSP											
A+CONF	A+ CONFERENCING		A									
150834	20190636362	VO	A		7/28/2019	7/8/2019	780.10	0.00	0.00	0.00	0.00	780.10
					Vendor Total		780.10	0.00	0.00	0.00	0.00	780.10
ABBOTT	Linsey Abbott		A									
150850	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	457.20	0.00	0.00	0.00	457.20
					Vendor Total		0.00	457.20	0.00	0.00	0.00	457.20
ABSOLUT	Absolute Resource Associates,		A									
150278	51367	VO	A		6/11/2019	6/11/2019	0.00	0.00	675.00	0.00	0.00	675.00
					Vendor Total		0.00	0.00	675.00	0.00	0.00	675.00
ACS	ALTERNATIVE COMMUNICATI		A									
150823	00047577	VO	A		7/24/2019	7/8/2019	95.00	0.00	0.00	0.00	0.00	95.00
150824	00047587	VO	A		7/8/2019	7/8/2019	0.00	774.00	0.00	0.00	0.00	774.00
150825	00047528	VO	A		7/17/2019	7/8/2019	71.25	0.00	0.00	0.00	0.00	71.25
					Vendor Total		166.25	774.00	0.00	0.00	0.00	940.25
ADAMSE	EMILY ADAMS		A									
151012	MSM JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	50.40	0.00	0.00	0.00	50.40
151013	TSM JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	50.40	0.00	0.00	0.00	50.40
					Vendor Total		0.00	100.80	0.00	0.00	0.00	100.80
ADAMSKA	Kara Adams		A									
150989	RAD 6/27/19	VO	A		7/10/2019	7/10/2019	0.00	160.00	0.00	0.00	0.00	160.00
					Vendor Total		0.00	160.00	0.00	0.00	0.00	160.00
ADDISON	JOYCE ADDISON		A									
150922	MAD 6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	252.00	0.00	0.00	0.00	252.00
					Vendor Total		0.00	252.00	0.00	0.00	0.00	252.00
AMTRUST	AMTRUST NORTH AMERICA		A									
150980	WC 6/30/19	VO	A		7/20/2019	7/10/2019	6,622.00	0.00	0.00	0.00	0.00	6,622.00
					Vendor Total		6,622.00	0.00	0.00	0.00	0.00	6,622.00
ANDERAM	Amy Marie Anderson		A									
150858	JAN 6/28/19	VO	A		7/9/2019	7/9/2019	0.00	144.00	0.00	0.00	0.00	144.00
					Vendor Total		0.00	144.00	0.00	0.00	0.00	144.00
AQUAR	AQUARION WATER COMPANY		A									
150817	WOOD 6/17/19	VO	A		7/12/2019	7/8/2019	114.50	0.00	0.00	0.00	0.00	114.50
150979	WOOD 6/27/19	VO	A		7/24/2019	7/10/2019	37.41	0.00	0.00	0.00	0.00	37.41
					Vendor Total		151.91	0.00	0.00	0.00	0.00	151.91
ARTHURD	ARTHUR DAVIS PUBLISHING		A									
150843	386235	VO	A		7/19/2019	7/8/2019	550.41	0.00	0.00	0.00	0.00	550.41
					Vendor Total		550.41	0.00	0.00	0.00	0.00	550.41
BAKER	ASHLEY BAKER		A									
150849	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	213.54	0.00	0.00	0.00	213.54
					Vendor Total		0.00	213.54	0.00	0.00	0.00	213.54
BAKERC	CARA BAKER		A									
150784	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	5.60	0.00	0.00	0.00	5.60
150821	6/30/19	VO	A		7/8/2019	7/8/2019	0.00	49.80	0.00	0.00	0.00	49.80
					Vendor Total		0.00	55.40	0.00	0.00	0.00	55.40
BANE	Shawn Bane		A									
150709		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,546.29	0.00	0.00	0.00	1,546.29
150710		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	624.00	0.00	0.00	0.00	624.00

Exhibit CCC

One Sky
Accounts Payable as of 6/30/19

Ref Nbr	Inv Nbr	DocType	Doc Stat	Date	Date	Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
					Vendor Total		0.00	2,170.29	0.00	0.00	0.00	2,170.29
BARTLEM	MICHELE LYNN BARTLETT		A									
150966	SBA 6/29/19	VO	A		7/10/2019	7/10/2019	0.00	192.00	0.00	0.00	0.00	192.00
150967	ABA 6/29/19	VO	A		7/10/2019	7/10/2019	0.00	192.00	0.00	0.00	0.00	192.00
					Vendor Total		0.00	384.00	0.00	0.00	0.00	384.00
BATES	ROBERTA BATES		A									
150711		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,022.46	0.00	0.00	0.00	1,022.46
					Vendor Total		0.00	1,022.46	0.00	0.00	0.00	1,022.46
BEALJ	JULIE BEAL		A									
150848	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	52.25	0.00	0.00	0.00	52.25
					Vendor Total		0.00	52.25	0.00	0.00	0.00	52.25
BECKET	BECKET FAMILY OF SERVICES		A									
149822	4/15/19	VO	A		5/21/2019	5/21/2019	0.00	0.00	57,862.65	0.00	0.00	57,862.65
149823	4/30/19	VO	A		5/21/2019	5/21/2019	0.00	0.00	66,904.41	0.00	0.00	66,904.41
150458	SCA 4/30/19 ADJ	AD	A		6/25/2019		0.00	-98.02	0.00	0.00	0.00	-98.02
150547	16943	VO	A		6/30/2019	6/25/2019	0.00	1,675.35	0.00	0.00	0.00	1,675.35
150548	16597	VO	A		5/30/2019	6/25/2019	0.00	0.00	696.15	0.00	0.00	696.15
150549	16934	VO	A		6/30/2019	6/25/2019	0.00	979.20	0.00	0.00	0.00	979.20
150550	16595	VO	A		6/25/2019	6/25/2019	0.00	298.35	0.00	0.00	0.00	298.35
150551	16937	VO	A		6/25/2019	6/25/2019	0.00	879.75	0.00	0.00	0.00	879.75
150552	16593	VO	A		6/25/2019	6/25/2019	0.00	657.90	0.00	0.00	0.00	657.90
150553	16938	VO	A		6/30/2019	6/25/2019	0.00	1,147.50	0.00	0.00	0.00	1,147.50
150554	16931	VO	A		6/30/2019	6/25/2019	0.00	1,889.55	0.00	0.00	0.00	1,889.55
150555	16599	VO	A		5/30/2019	6/25/2019	0.00	0.00	627.30	0.00	0.00	627.30
150556	16927	VO	A		6/30/2019	6/25/2019	0.00	933.30	0.00	0.00	0.00	933.30
150557	16592	VO	A		5/30/2019	6/25/2019	0.00	0.00	657.90	0.00	0.00	657.90
150558	16928	VO	A		6/30/2019	6/25/2019	0.00	810.90	0.00	0.00	0.00	810.90
150560	DCA 5/7/19	VO	A		6/26/2019	6/26/2019	0.00	178.50	0.00	0.00	0.00	178.50
150561	SCA 5/7/19	VO	A		6/26/2019	6/26/2019	0.00	107.10	0.00	0.00	0.00	107.10
150562	TNE 5/1/19	VO	A		6/26/2019	6/26/2019	0.00	999.60	0.00	0.00	0.00	999.60
150563	TNE 5/7/19	VO	A		6/26/2019	6/26/2019	0.00	107.10	0.00	0.00	0.00	107.10
150788	16687	VO	A		5/30/2019	5/30/2019	0.00	0.00	2,578.67	0.00	0.00	2,578.67
150789	16688	VO	A		6/30/2019	6/30/2019	0.00	2,578.67	0.00	0.00	0.00	2,578.67
150790	16689	VO	A		7/30/2019	6/30/2019	2,578.67	0.00	0.00	0.00	0.00	2,578.67
150791	16684	VO	A		5/30/2019	7/8/2019	0.00	0.00	2,578.67	0.00	0.00	2,578.67
150792	16685	VO	A		6/30/2019	7/8/2019	0.00	2,578.67	0.00	0.00	0.00	2,578.67
150793	5/15/19	VO	A		7/8/2019	7/8/2019	0.00	80,316.10	0.00	0.00	0.00	80,316.10
150794	5/31/19	VO	A		7/8/2019	7/8/2019	0.00	88,675.33	0.00	0.00	0.00	88,675.33
150938	17246	VO	A		7/10/2019	7/10/2019	0.00	443.70	0.00	0.00	0.00	443.70
150939	17244	VO	A		7/10/2019	7/10/2019	0.00	742.05	0.00	0.00	0.00	742.05
150940	17243	VO	A		7/10/2019	7/10/2019	0.00	933.30	0.00	0.00	0.00	933.30
150941	17241	VO	A		7/10/2019	7/10/2019	0.00	757.35	0.00	0.00	0.00	757.35
150942	17237	VO	A		7/10/2019	7/10/2019	0.00	726.75	0.00	0.00	0.00	726.75
150943	17235	VO	A		7/10/2019	7/10/2019	0.00	1,025.10	0.00	0.00	0.00	1,025.10
150944	17234	VO	A		7/10/2019	7/10/2019	0.00	390.15	0.00	0.00	0.00	390.15
151036	6/15/19	VO	A		7/11/2019	7/11/2019	0.00	84,495.20	0.00	0.00	0.00	84,495.20
151037	6/30/19	VO	A		7/11/2019	7/11/2019	0.00	82,900.56	0.00	0.00	0.00	82,900.56
					Vendor Total		2,578.67	357,129.01	131,905.75	0.00	0.00	491,613.43

Accounts Payable as of 6/30/19

Ref Nbr	Inv Nbr	DocType	Doc Stat	Date	Date	Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
BERGG	LYNN BERGGREN		A									
151001	BBE 6/2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	277.50	0.00	0.00	0.00	277.50
					Vendor Total		0.00	277.50	0.00	0.00	0.00	277.50
BERGLUN	LISA BERGLUND		A									
150852	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	267.44	0.00	0.00	0.00	267.44
					Vendor Total		0.00	267.44	0.00	0.00	0.00	267.44
BERRYDU	BerryDunn		A									
150974	381816	VO	A		7/26/2019	7/10/2019	6,038.00	0.00	0.00	0.00	0.00	6,038.00
					Vendor Total		6,038.00	0.00	0.00	0.00	0.00	6,038.00
BOTTARI	MADELINE BOTTARI-EATON		A									
150845	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	341.60	0.00	0.00	0.00	341.60
					Vendor Total		0.00	341.60	0.00	0.00	0.00	341.60
BOUDREA	JACQUELINE BOUDREAU		A									
150712		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	820.33	0.00	0.00	0.00	820.33
					Vendor Total		0.00	820.33	0.00	0.00	0.00	820.33
BOWEN	KATHIE BOWEN		A									
150964	ABO 4/28/19	VO	A	4/28/2019	4/28/2019	4/28/2019	0.00	0.00	0.00	612.00	0.00	612.00
150965	ABO 6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	1,026.00	0.00	0.00	0.00	1,026.00
					Vendor Total		0.00	1,026.00	0.00	612.00	0.00	1,638.00
BURLEYL	LEIGH BURLEY		A									
151009	SCO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	24.80	0.00	0.00	0.00	24.80
					Vendor Total		0.00	24.80	0.00	0.00	0.00	24.80
BURNHAM	STEPHEN BURNHAM		A									
150959	JBU 6/29/19	VO	A		7/10/2019	7/10/2019	0.00	45.00	0.00	0.00	0.00	45.00
					Vendor Total		0.00	45.00	0.00	0.00	0.00	45.00
BUTLERP	PAUL BUTLER		A									
150899	BBU 6/26/19	VO	A	6/26/2019	6/26/2019	6/26/2019	0.00	384.00	0.00	0.00	0.00	384.00
					Vendor Total		0.00	384.00	0.00	0.00	0.00	384.00
BUXTONO	BUXTON OIL CO		A									
150978	10208025	VO	A		7/6/2019	7/10/2019	0.00	376.60	0.00	0.00	0.00	376.60
					Vendor Total		0.00	376.60	0.00	0.00	0.00	376.60
BYRNEM	MARIE BYRNE		A									
150713		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,853.29	0.00	0.00	0.00	1,853.29
					Vendor Total		0.00	1,853.29	0.00	0.00	0.00	1,853.29
CAMPF	CAMP FATIMA, INC.		A									
150818	SBA 5/6/19	VO	A		7/8/2019	7/8/2019	0.00	700.00	0.00	0.00	0.00	700.00
					Vendor Total		0.00	700.00	0.00	0.00	0.00	700.00
CARMIP	PATRICIA A. CARMICHAEL		A									
150859	TCA 6/28/19	VO	A		7/9/2019	7/9/2019	0.00	102.00	0.00	0.00	0.00	102.00
					Vendor Total		0.00	102.00	0.00	0.00	0.00	102.00
CASIAN	RENEE CASIAN		A									
150893	PCA 6/27/19	VO	A		7/9/2019	7/9/2019	0.00	128.00	0.00	0.00	0.00	128.00
					Vendor Total		0.00	128.00	0.00	0.00	0.00	128.00
CHILD	WAYPOINT		A									
150612	6/14/19 REC - 2	VO	A	6/26/2019	6/26/2019	6/26/2019	0.00	18,426.00	0.00	0.00	0.00	18,426.00
150714		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	18,698.46	0.00	0.00	0.00	18,698.46
150854	H0619LM	VO	H	7/9/2019	7/28/2019	7/28/2019	735.26	0.00	0.00	0.00	0.00	735.26
150855	V0619AT	VO	A	7/3/2019	8/3/2019	8/3/2019	122.66	0.00	0.00	0.00	0.00	122.66

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150856	V0619CM	VO	A	7/3/2019	7/3/2019	7/3/2019	0.00	184.76	0.00	0.00	0.00	184.76
151074		VO	A	7/15/2019	7/15/2019	7/15/2019	18,698.46	0.00	0.00	0.00	0.00	18,698.46
					Vendor Total		19,556.38	37,309.22	0.00	0.00	0.00	56,865.60
CIS	Community Integrated Services,		A									
149556	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	26,873.01	0.00	26,873.01
149557	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	23,988.34	0.00	23,988.34
150094	5/15/19	VO	A		6/5/2019	6/5/2019	0.00	0.00	24,219.64	0.00	0.00	24,219.64
150460	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	25,749.66	0.00	0.00	0.00	25,749.66
150972	6/15/19	VO	A		7/10/2019	7/10/2019	0.00	22,895.20	0.00	0.00	0.00	22,895.20
150973	6/30/19	VO	A		7/10/2019	7/10/2019	0.00	20,628.78	0.00	0.00	0.00	20,628.78
					Vendor Total		0.00	69,273.64	24,219.64	50,861.35	0.00	144,354.63
CITYWID	CITY WIDE OF NEW HAMPSHIR		A									
150831	INV001906	VO	A		7/27/2019	7/8/2019	35.00	0.00	0.00	0.00	0.00	35.00
					Vendor Total		35.00	0.00	0.00	0.00	0.00	35.00
CLOCK-F	MICHELE CLOCK		A									
150766	BCL 6/18/19	VO	A		7/8/2019	7/8/2019	0.00	126.00	0.00	0.00	0.00	126.00
150814	BCL 6/14/19	VO	A		7/8/2019	7/8/2019	0.00	500.00	0.00	0.00	0.00	500.00
					Vendor Total		0.00	626.00	0.00	0.00	0.00	626.00
COMCAST	COMCAST		A									
150816	DAME 6/15/19	VO	A		7/10/2019	7/8/2019	0.00	336.31	0.00	0.00	0.00	336.31
					Vendor Total		0.00	336.31	0.00	0.00	0.00	336.31
COMHOME	Community Home Solutions		A									
149136	3/15/19	VO	A		4/23/2019	4/23/2019	0.00	0.00	0.00	1,495.35	0.00	1,495.35
149137	3/31/19	VO	A		4/23/2019	4/23/2019	0.00	0.00	0.00	1,595.66	0.00	1,595.66
149554	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	1,538.80	0.00	1,538.80
149555	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	1,543.27	0.00	1,543.27
149681	Q3 2019 REC	VO	A		5/13/2019	5/13/2019	0.00	0.00	311.18	0.00	0.00	311.18
150093	5/15/19	VO	A		6/5/2019	6/5/2019	0.00	0.00	1,502.86	0.00	0.00	1,502.86
150459	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	1,591.19	0.00	0.00	0.00	1,591.19
150795	6/15/19	VO	A		7/8/2019	7/8/2019	0.00	1,543.27	0.00	0.00	0.00	1,543.27
151038	6/30/19	VO	A		7/11/2019	7/11/2019	0.00	1,471.39	0.00	0.00	0.00	1,471.39
					Vendor Total		0.00	4,605.85	1,814.04	6,173.08	0.00	12,592.97
COMMPAR	COMMUNITY PARTNERS		A									
149558	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	13,433.52	0.00	13,433.52
149559	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	14,094.54	0.00	14,094.54
149679	Q3 2019 REC	VO	A		5/13/2019	5/13/2019	0.00	0.00	7,785.63	0.00	0.00	7,785.63
150461	5/15/19	VO	A		6/25/2019	6/25/2019	0.00	13,979.58	0.00	0.00	0.00	13,979.58
150462	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	15,266.97	0.00	0.00	0.00	15,266.97
150564	0051560-IN	VO	A		4/30/2019	6/26/2019	0.00	0.00	0.00	1,767.15	0.00	1,767.15
150565	0051561-IN	VO	A		6/26/2019	6/26/2019	0.00	2,478.60	0.00	0.00	0.00	2,478.60
150566	0051562-IN	VO	A		6/26/2019	6/26/2019	0.00	2,455.65	0.00	0.00	0.00	2,455.65
150567	0051905-IN	VO	A		6/26/2019	6/26/2019	0.00	3,213.00	0.00	0.00	0.00	3,213.00
150568	0052270-IN	VO	A		6/26/2019	6/26/2019	0.00	2,295.00	0.00	0.00	0.00	2,295.00
150865	6/15/19	VO	A		7/9/2019	7/9/2019	0.00	14,209.50	0.00	0.00	0.00	14,209.50
150866	6/30/19	VO	A		7/9/2019	7/9/2019	0.00	13,764.03	0.00	0.00	0.00	13,764.03
150948	0052782-IN	VO	A		7/10/2019	7/10/2019	0.00	229.50	0.00	0.00	0.00	229.50
					Vendor Total		0.00	67,891.83	7,785.63	29,295.21	0.00	104,972.67
COMMPC	Community Partners for Change		A									

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149560	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	6,903.44	0.00	6,903.44
149561	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	7,040.24	0.00	7,040.24
149683	Q3 2019 REC	VO	A		5/13/2019	5/13/2019	0.00	0.00	4,870.98	0.00	0.00	4,870.98
150095	5/15/19	VO	A		6/5/2019	6/5/2019	0.00	0.00	6,766.64	0.00	0.00	6,766.64
150463	TOW 4/1-5/15/19	VO	A		6/25/2019	6/25/2019	0.00	19,165.50	0.00	0.00	0.00	19,165.50
150464	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	7,410.64	0.00	0.00	0.00	7,410.64
150805	TOW 5/31/19	VO	A		7/8/2019	7/8/2019	0.00	3,407.20	0.00	0.00	0.00	3,407.20
150873	6/15/19	VO	A		7/9/2019	7/9/2019	0.00	6,654.24	0.00	0.00	0.00	6,654.24
150874	6/30/19	VO	A		7/9/2019	7/9/2019	0.00	9,209.64	0.00	0.00	0.00	9,209.64
150926	TOW 5/15/19 ADJ	AD	A		7/9/2019		0.00	-2,129.50	0.00	0.00	0.00	-2,129.50
				Vendor Total			0.00	43,717.72	11,637.62	13,943.68	0.00	69,299.02
COMMRES	COMMUNITY RESOURCES FO		A									
149824	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	8,774.29	0.00	8,774.29
149825	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	8,649.55	0.00	8,649.55
150465	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	8,905.96	0.00	0.00	8,905.96
150466	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	9,211.93	0.00	0.00	9,211.93
150583	CTA 5/3/19	VO	A	5/3/2019	5/3/2019	5/3/2019	0.00	0.00	0.00	170.00	0.00	170.00
150875	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	8,500.73	0.00	0.00	0.00	8,500.73
150876	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	8,512.35	0.00	0.00	0.00	8,512.35
				Vendor Total			0.00	17,013.08	18,117.89	17,593.84	0.00	52,724.81
CORBETT	Janice Corbett		A									
151005	JMA JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	375.00	0.00	0.00	0.00	375.00
				Vendor Total			0.00	375.00	0.00	0.00	0.00	375.00
CORMIEA	AMY CORMIER		A									
150778	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	109.15	0.00	0.00	0.00	109.15
				Vendor Total			0.00	109.15	0.00	0.00	0.00	109.15
COUSINA	ALEX ASCANI		A									
151006	SCO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	15.60	0.00	0.00	0.00	15.60
				Vendor Total			0.00	15.60	0.00	0.00	0.00	15.60
COUSINS	MARIA COUSINS		A									
150988	SCO 6/29/19	VO	A		7/10/2019	7/10/2019	0.00	130.00	0.00	0.00	0.00	130.00
151008	SCO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	72.00	0.00	0.00	0.00	72.00
				Vendor Total			0.00	202.00	0.00	0.00	0.00	202.00
CREELEY	Diane Creeley		A									
151000	JCR 6/2019	VO	A		7/10/2019	7/10/2019	0.00	2,400.00	0.00	0.00	0.00	2,400.00
				Vendor Total			0.00	2,400.00	0.00	0.00	0.00	2,400.00
CROTCHE	Crotched Mountain Rehabilitati		A									
148182	967142	VO	A	3/6/2019	3/6/2019	3/6/2019	0.00	0.00	0.00	0.00	1,000.00	1,000.00
148867	3/15/19	VO	A	3/15/2019	3/15/2019	3/15/2019	0.00	0.00	0.00	0.00	37,266.47	37,266.47
149141	3/31/19	VO	A	3/31/2019	3/31/2019	3/31/2019	0.00	0.00	0.00	0.00	36,416.25	36,416.25
149475	967206	VO	A	3/13/2019	3/28/2019	3/28/2019	0.00	0.00	0.00	0.00	950.00	950.00
149562	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	38,578.52	0.00	38,578.52
149684	Q3 2019 REC	VO	A	5/13/2019	5/13/2019	5/13/2019	0.00	0.00	20,703.96	0.00	0.00	20,703.96
149826	BHE 7/1-4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	19,566.27	0.00	19,566.27
149827	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	36,079.26	0.00	36,079.26
150467	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	39,840.79	0.00	0.00	39,840.79
150468	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	43,086.62	0.00	0.00	43,086.62
150582	967356	VO	A	6/3/2019	7/3/2019	7/3/2019	0.00	1,025.00	0.00	0.00	0.00	1,025.00

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150877	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	38,861.55	0.00	0.00	0.00	38,861.55
150878	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	39,476.71	0.00	0.00	0.00	39,476.71
				Vendor Total			0.00	79,363.26	103,631.37	94,224.05	75,632.72	352,851.40
CSN	COMMUNITY SUPPORT NETW		A									
150888	6/30/19 SIS	VO	A	7/9/2019	7/9/2019	7/9/2019	0.00	767.96	0.00	0.00	0.00	767.96
				Vendor Total			0.00	767.96	0.00	0.00	0.00	767.96
DAVIDSM	MARYLEE DAVIDSON		A									
150765	RDA 6/2/19	VO	A	6/2/2019	6/2/2019	6/2/2019	0.00	0.00	128.00	0.00	0.00	128.00
				Vendor Total			0.00	0.00	128.00	0.00	0.00	128.00
DAVIDSO	CYNTHIA DAVIDSON		A									
150994	KDA 6/2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	617.48	0.00	0.00	0.00	617.48
				Vendor Total			0.00	617.48	0.00	0.00	0.00	617.48
DELIAM	Megan Delia		A									
150812	KVI 6/20/19	VO	A		7/8/2019	7/8/2019	0.00	50.00	0.00	0.00	0.00	50.00
				Vendor Total			0.00	50.00	0.00	0.00	0.00	50.00
DEMOULA	DEMOULAS SUPER MARKETS		A									
143821	604518	VO	A	6/29/2018	7/29/2018	7/29/2018	0.00	0.00	0.00	0.00	37.02	37.02
143822	516465	VO	A	2/12/2018	2/12/2018	2/12/2018	0.00	0.00	0.00	0.00	15.97	15.97
143823	7/31/18 CREDIT	AD	A	7/31/2018	7/31/2018		0.00	0.00	0.00	0.00	-186.12	-186.12
				Vendor Total			0.00	0.00	0.00	0.00	-133.13	-133.13
DEMSEYW	WENDY DEMSEY		A									
150917	RSU JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	103.55	0.00	0.00	0.00	103.55
				Vendor Total			0.00	103.55	0.00	0.00	0.00	103.55
DESCHEN	DESCHENES & SONS		A									
150976	0000446	VO	A		7/10/2019	7/10/2019	0.00	84.00	0.00	0.00	0.00	84.00
150977	0000445	VO	A		7/10/2019	7/10/2019	0.00	108.00	0.00	0.00	0.00	108.00
				Vendor Total			0.00	192.00	0.00	0.00	0.00	192.00
DEVINEJ	JESSICA DEVINE		A									
150715		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,977.91	0.00	0.00	0.00	2,977.91
				Vendor Total			0.00	2,977.91	0.00	0.00	0.00	2,977.91
DIAMOND	DIAMOND HILL BUILDERS		A									
151075	CYU 5/3/19	VO	A		7/11/2019	7/11/2019	0.00	4,000.00	0.00	0.00	0.00	4,000.00
				Vendor Total			0.00	4,000.00	0.00	0.00	0.00	4,000.00
DIMARCO	LORI DIMARCO		A									
151011	GGI JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	129.52	0.00	0.00	0.00	129.52
				Vendor Total			0.00	129.52	0.00	0.00	0.00	129.52
DIPIERO	VINCENT DIPIERO		A									
150752	6/28/19	VO	A		7/1/2019	7/1/2019	0.00	132.85	0.00	0.00	0.00	132.85
150839	6/28/19 PETTY C	VO	A		7/8/2019	7/8/2019	0.00	161.98	0.00	0.00	0.00	161.98
				Vendor Total			0.00	294.83	0.00	0.00	0.00	294.83
DOVEY	SAMANTHA DOVEY		A									
150916	RSU JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	67.15	0.00	0.00	0.00	67.15
				Vendor Total			0.00	67.15	0.00	0.00	0.00	67.15
DURGINL	LYNN DURGIN		A									
150846	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	232.40	0.00	0.00	0.00	232.40
				Vendor Total			0.00	232.40	0.00	0.00	0.00	232.40
DYER	CORINNE DYER		A									
150863	NDY 6/22/19	VO	A	6/22/2019	6/22/2019	6/22/2019	0.00	150.00	0.00	0.00	0.00	150.00

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				Vendor Total			0.00	150.00	0.00	0.00	0.00	150.00
EASTER	EASTER SEALS SOCIETY NH		A									
018022		CK	O				0.00	-2,408.34	0.00	0.00	0.00	-2,408.34
150098	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	162,206.58	0.00	0.00	162,206.58
150442	CBR 5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	2,302.51	0.00	0.00	2,302.51
150443	NDE 5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	3,796.32	0.00	0.00	3,796.32
150469	DET 12/31/18	AD	A	12/31/2018	12/31/2018		0.00	0.00	0.00	0.00	-404.39	-404.39
150470	159460	VO	A	6/4/2019	6/4/2019	6/4/2019	0.00	0.00	9,689.05	0.00	0.00	9,689.05
150471	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	181,335.16	0.00	0.00	181,335.16
150521	160090	VO	A	6/7/2019	7/7/2019	6/7/2019	0.00	225.00	0.00	0.00	0.00	225.00
150522	156520	VO	A	5/6/2019	6/6/2019	5/6/2019	0.00	0.00	270.00	0.00	0.00	270.00
150523	156390	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	360.00	0.00	360.00
150524	159900	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	225.00	0.00	0.00	225.00
150525	156440	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	540.00	0.00	540.00
150526	159980	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	450.00	0.00	0.00	450.00
150527	156320	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	112.50	0.00	112.50
150528	159850	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	135.00	0.00	0.00	135.00
150529	156240	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	157.50	0.00	157.50
150530	159760	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	135.00	0.00	0.00	135.00
150531	156250	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	45.00	0.00	45.00
150532	159770	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	45.00	0.00	0.00	45.00
150533	156270	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	112.50	0.00	112.50
150534	159790	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	90.00	0.00	0.00	90.00
150535	159750	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	270.00	0.00	0.00	270.00
150536	156230	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	225.00	0.00	225.00
150537	156220	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	225.00	0.00	225.00
150538	156120	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	225.00	0.00	225.00
150539	156160	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	90.00	0.00	90.00
150540	159690	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	630.00	0.00	0.00	630.00
150541	156170	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	90.00	0.00	90.00
150542	156180	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	90.00	0.00	90.00
150543	159700	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	405.00	0.00	0.00	405.00
150544	156110	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	585.00	0.00	585.00
150545	156020	VO	A	5/6/2019	5/6/2019	5/6/2019	0.00	0.00	0.00	270.00	0.00	270.00
150546	159590	VO	A	6/7/2019	6/7/2019	6/7/2019	0.00	0.00	225.00	0.00	0.00	225.00
150593	156380	VO	A	5/6/2019	6/6/2019	5/6/2019	0.00	0.00	135.00	0.00	0.00	135.00
150594	TZA 5/16/19	VO	A	5/16/2019	5/16/2019	5/16/2019	0.00	0.00	90.00	0.00	0.00	90.00
150796	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	169,337.38	0.00	0.00	0.00	169,337.38
150879	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	162,908.60	0.00	0.00	0.00	162,908.60
150880	JBA 6/30/19 ADJ	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	7,813.75	0.00	0.00	0.00	7,813.75
150928	163290	VO	A	7/2/2019	8/2/2019	7/2/2019	180.00	0.00	0.00	0.00	0.00	180.00
150929	163140	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	180.00	0.00	0.00	0.00	180.00
150930	163070	VO	A	7/2/2019	8/2/2019	7/2/2019	270.00	0.00	0.00	0.00	0.00	270.00
150931	163010	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	45.00	0.00	0.00	0.00	45.00
150932	162990	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	45.00	0.00	0.00	0.00	45.00
150933	162980	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	157.50	0.00	0.00	0.00	157.50
150934	162920	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	450.00	0.00	0.00	0.00	450.00
150935	162910	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	45.00	0.00	0.00	0.00	45.00

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150936	162870	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	405.00	0.00	0.00	0.00	405.00
150937	162780	VO	A	7/2/2019	7/2/2019	7/2/2019	0.00	180.00	0.00	0.00	0.00	180.00
					Vendor Total		450.00	339,383.89	362,434.62	3,127.50	-404.39	704,991.62
EISENHO	Eisenhower Center		A									
149567	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	7,020.00	0.00	7,020.00
149568	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	2,808.00	0.00	2,808.00
				Vendor Total			0.00	0.00	0.00	9,828.00	0.00	9,828.00
EJORQUE	Peter Ejorque		A									
150716		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,615.16	0.00	0.00	0.00	1,615.16
				Vendor Total			0.00	1,615.16	0.00	0.00	0.00	1,615.16
ELDREDP	PATRICIA ELDREDGE		A									
150756	EEL 5/30/19	VO	A		7/8/2019	7/8/2019	0.00	72.00	0.00	0.00	0.00	72.00
150862	EEL 6/24/19	VO	A		7/9/2019	7/9/2019	0.00	108.00	0.00	0.00	0.00	108.00
				Vendor Total			0.00	180.00	0.00	0.00	0.00	180.00
EPPSEPT	E & E SEPTIC, LLC		A									
150844	3944	VO	A	6/19/2019	7/19/2019	7/19/2019	325.00	0.00	0.00	0.00	0.00	325.00
				Vendor Total			325.00	0.00	0.00	0.00	0.00	325.00
EVANSJO	Joshua Evans		A									
150993	JEV JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	117.50	0.00	0.00	0.00	117.50
				Vendor Total			0.00	117.50	0.00	0.00	0.00	117.50
EVERSO	EVERSOURCE		A									
150975	DAME 6/24/19	VO	A		7/20/2019	7/10/2019	599.46	0.00	0.00	0.00	0.00	599.46
				Vendor Total			599.46	0.00	0.00	0.00	0.00	599.46
FAIRPOI	CONSOLIDATED COMMUNICA		A									
150842	78917-6/15/19	VO	A		7/8/2019	7/8/2019	0.00	600.88	0.00	0.00	0.00	600.88
				Vendor Total			0.00	600.88	0.00	0.00	0.00	600.88
FARM	FARMSTEADS OF NEW ENGLA		A									
150797	6/15/19	VO	A		7/8/2019	7/8/2019	0.00	22,468.48	0.00	0.00	0.00	22,468.48
150881	6/30/19	VO	A		7/9/2019	7/9/2019	0.00	22,803.68	0.00	0.00	0.00	22,803.68
150961	MGU 5/31/19	VO	A		7/10/2019	7/10/2019	0.00	3,553.60	0.00	0.00	0.00	3,553.60
				Vendor Total			0.00	48,825.76	0.00	0.00	0.00	48,825.76
FARMER	Sheena Farmer		A									
150783	MAY 2019	VO	A		7/8/2019	7/8/2019	0.00	137.75	0.00	0.00	0.00	137.75
150927	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	191.92	0.00	0.00	0.00	191.92
				Vendor Total			0.00	329.67	0.00	0.00	0.00	329.67
FERRARA	CYNDEE FERRARA		A									
150990	JCL 6/30/19	VO	A		7/10/2019	7/10/2019	0.00	500.00	0.00	0.00	0.00	500.00
				Vendor Total			0.00	500.00	0.00	0.00	0.00	500.00
FLIBOTT	DEBORAH FLIBOTTE		A									
150717		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,012.63	0.00	0.00	0.00	2,012.63
				Vendor Total			0.00	2,012.63	0.00	0.00	0.00	2,012.63
FORD	PATRICIA A. FORD, M.Ed., LMH		A									
150945	1109	VO	A		7/10/2019	7/10/2019	0.00	270.00	0.00	0.00	0.00	270.00
150946	1105	VO	A		7/10/2019	7/10/2019	0.00	270.00	0.00	0.00	0.00	270.00
				Vendor Total			0.00	540.00	0.00	0.00	0.00	540.00
FORDK	KAITLAN FORD		A									
150991	PZO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	403.20	0.00	0.00	0.00	403.20
				Vendor Total			0.00	403.20	0.00	0.00	0.00	403.20

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FORSY	REBECCA FORSYTH		A									
150968	OFO 6/23/19	VO	A		7/10/2019	7/10/2019	0.00	210.00	0.00	0.00	0.00	210.00
				Vendor Total			0.00	210.00	0.00	0.00	0.00	210.00
FOSHER	RICHARD FOSHER		A									
150718		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,241.62	0.00	0.00	0.00	2,241.62
				Vendor Total			0.00	2,241.62	0.00	0.00	0.00	2,241.62
GAYHARD	VICTORIA GAYHARDT		A									
150810	VGA 6/17/19	VO	A	6/17/2019	6/17/2019	6/17/2019	0.00	102.00	0.00	0.00	0.00	102.00
150811	JGA 6/17/19	VO	A	6/17/2019	6/17/2019	6/17/2019	0.00	102.00	0.00	0.00	0.00	102.00
				Vendor Total			0.00	204.00	0.00	0.00	0.00	204.00
GB	GREAT BAY SERVICES		A									
150474	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	9,834.66	0.00	0.00	0.00	9,834.66
150882	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	10,642.78	0.00	0.00	0.00	10,642.78
				Vendor Total			0.00	20,477.44	0.00	0.00	0.00	20,477.44
GEARYL	Liam Geary		A									
150813	IGE 6/11/19	VO	A		7/8/2019	7/8/2019	0.00	500.00	0.00	0.00	0.00	500.00
				Vendor Total			0.00	500.00	0.00	0.00	0.00	500.00
GEORGE	DAWN MARIE JONES		A									
150958	DGE 6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	288.00	0.00	0.00	0.00	288.00
				Vendor Total			0.00	288.00	0.00	0.00	0.00	288.00
GILLG	GERARD GILL		A									
150897	GGI 6/22/19	VO	A		7/9/2019	7/9/2019	0.00	216.00	0.00	0.00	0.00	216.00
				Vendor Total			0.00	216.00	0.00	0.00	0.00	216.00
GILVAR	DEBRA GILVAR		A									
150864	CGI 6/22/19	VO	A		7/9/2019	7/9/2019	0.00	60.00	0.00	0.00	0.00	60.00
				Vendor Total			0.00		60.00	0.00	0.00	60.00
GIRI	ARJUN GIRI		A									
150719		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,346.75	0.00	0.00	0.00	2,346.75
150720		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,600.66	0.00	0.00	0.00	1,600.66
				Vendor Total			0.00	3,947.41	0.00	0.00	0.00	3,947.41
GIRIR	Rudra Giri		A									
150721		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,664.12	0.00	0.00	0.00	2,664.12
				Vendor Total			0.00	2,664.12	0.00	0.00	0.00	2,664.12
GLYNNDE	Dennis Glynn		A									
150903	DGL 7/28/18	VO	A		7/9/2019	7/9/2019	0.00	720.00	0.00	0.00	0.00	720.00
150904	DGL 8/16/18	VO	A		7/9/2019	7/9/2019	0.00	885.00	0.00	0.00	0.00	885.00
150905	DGL 9/29/18	VO	A		7/9/2019	7/9/2019	0.00	615.00	0.00	0.00	0.00	615.00
150906	DGL 10/21/18	VO	A		7/9/2019	7/9/2019	0.00	570.00	0.00	0.00	0.00	570.00
150907	DGL 11/24/18	VO	A		7/9/2019	7/9/2019	0.00	780.00	0.00	0.00	0.00	780.00
150908	DGL 12/29/18	VO	A		7/9/2019	7/9/2019	0.00	735.00	0.00	0.00	0.00	735.00
150909	DGL 1/27/19	VO	A		7/9/2019	7/9/2019	0.00	690.00	0.00	0.00	0.00	690.00
150910	DGL 2/24/19	VO	A		7/9/2019	7/9/2019	0.00	495.00	0.00	0.00	0.00	495.00
150911	DGL 3/30/19	VO	A		7/9/2019	7/9/2019	0.00	720.00	0.00	0.00	0.00	720.00
150912	DGL 4/28/19	VO	A		7/9/2019	7/9/2019	0.00	510.00	0.00	0.00	0.00	510.00
151014	DGL 5/31/19	VO	A		7/10/2019	7/10/2019	0.00	480.00	0.00	0.00	0.00	480.00
				Vendor Total			0.00	7,200.00	0.00	0.00	0.00	7,200.00
GONZALE	CHADIA GONZALES		A									
150781	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	140.25	0.00	0.00	0.00	140.25

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150782	MAY 2019	VO	A		7/8/2019	7/8/2019	0.00	148.77	0.00	0.00	0.00	148.77
				Vendor Total			0.00	289.02	0.00	0.00	0.00	289.02
GREENGA	GREENGARD CENTER FOR AU		A									
150947	EKA JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	500.00	0.00	0.00	0.00	500.00
150986	EKA 6/2019	VO	A		7/10/2019	7/10/2019	0.00	13,461.12	0.00	0.00	0.00	13,461.12
				Vendor Total			0.00	13,961.12	0.00	0.00	0.00	13,961.12
GREENWO	CHARLENE GREENWOOD		A									
150770	KGR 6/22/19	VO	A	6/22/2019	6/22/2019	6/22/2019	0.00	144.00	0.00	0.00	0.00	144.00
				Vendor Total			0.00	144.00	0.00	0.00	0.00	144.00
HARM	BRIAN HARMON		A									
150851	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	128.31	0.00	0.00	0.00	128.31
				Vendor Total			0.00	128.31	0.00	0.00	0.00	128.31
HAUEN	DONALD HAUENSTEIN		A									
150921	LHA 6/28/19	VO	A		7/9/2019	7/9/2019	0.00	90.00	0.00	0.00	0.00	90.00
				Vendor Total			0.00	90.00	0.00	0.00	0.00	90.00
HOMEDEP	HOME DEPOT CREDIT SERVIC		A									
150981	12230-6/22/19	VO	A	6/22/2019	7/17/2019	7/17/2019	1,162.24	0.00	0.00	0.00	0.00	1,162.24
				Vendor Total			1,162.24	0.00	0.00	0.00	0.00	1,162.24
HOWARDJ	Jennifer Howard		A									
150822	6/30/19	VO	A		7/8/2019	7/8/2019	0.00	14.00	0.00	0.00	0.00	14.00
				Vendor Total			0.00	14.00	0.00	0.00	0.00	14.00
HUTCHIE	Elizabeth Hutchinson		A									
150757	BPL 6/22/19	VO	A		7/8/2019	7/8/2019	0.00	198.00	0.00	0.00	0.00	198.00
				Vendor Total			0.00	198.00	0.00	0.00	0.00	198.00
IPP	IPP INC		A									
149575	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	33,209.41	0.00	33,209.41
149576	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	32,604.99	0.00	32,604.99
150101	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	33,465.82	0.00	0.00	33,465.82
150475	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	36,305.78	0.00	0.00	36,305.78
150569	JST 5/2019	VO	A	6/5/2019	6/5/2019	6/5/2019	0.00	0.00	229.50	0.00	0.00	229.50
150570	SRU 5/2019	VO	A	6/5/2019	6/5/2019	6/5/2019	0.00	0.00	45.90	0.00	0.00	45.90
150571	SRU 4/2019	VO	A	5/7/2019	5/7/2019	5/7/2019	0.00	0.00	0.00	459.00	0.00	459.00
150572	SBI 4/2019	VO	A	5/7/2019	5/7/2019	5/7/2019	0.00	0.00	0.00	45.90	0.00	45.90
150573	SBI 5/2019	VO	A	6/5/2019	6/5/2019	6/5/2019	0.00	0.00	91.80	0.00	0.00	91.80
150798	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	33,714.43	0.00	0.00	0.00	33,714.43
150802	MEL 6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	445.12	0.00	0.00	0.00	445.12
150883	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	28,507.07	0.00	0.00	0.00	28,507.07
150949	DLA 6/2019	VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,542.45	0.00	0.00	0.00	1,542.45
150984	DLA 4/2019	VO	A	4/1/2019	4/1/2019	4/1/2019	0.00	0.00	0.00	0.00	1,186.76	1,186.76
150985	DLA 5/2019	VO	A	5/1/2019	5/1/2019	5/1/2019	0.00	0.00	0.00	1,777.25	0.00	1,777.25
151077	MEL 6/15/19 ADJ	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	89.44	0.00	0.00	0.00	89.44
151078	MEL 6/30/19 ADJ	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	37.84	0.00	0.00	0.00	37.84
				Vendor Total			0.00	64,336.35	70,138.80	68,096.55	1,186.76	203,758.46
JBLOCK	JB Lock & Key		A									
150838	J18069	VO	A		7/26/2019	7/8/2019	667.00	0.00	0.00	0.00	0.00	667.00
				Vendor Total			667.00	0.00	0.00	0.00	0.00	667.00
JEWELLS	SARAH JEWELL		A									
151007	SCO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	20.00	0.00	0.00	0.00	20.00

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				Vendor Total			0.00	20.00	0.00	0.00	0.00	20.00
JOHNDAK	DAKOTA BOCKUS		A									
150847	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	215.40	0.00	0.00	0.00	215.40
				Vendor Total			0.00	215.40	0.00	0.00	0.00	215.40
JOHNSKO	KONA JOHNSON		A									
150969	TMA 4/26/19	VO	A		7/10/2019	7/10/2019	0.00	252.00	0.00	0.00	0.00	252.00
150970	TMA 6/23/19	VO	A		7/10/2019	7/10/2019	0.00	180.00	0.00	0.00	0.00	180.00
				Vendor Total			0.00	432.00	0.00	0.00	0.00	432.00
JONESJ	JOHN A. JONES		A									
150924	JJO 6/23/19	VO	A	6/23/2019	6/23/2019	6/23/2019	0.00	117.00	0.00	0.00	0.00	117.00
				Vendor Total			0.00	117.00	0.00	0.00	0.00	117.00
JUDGERO	Judge Rotenberg Center		A									
149577	AS 4/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	22,993.50	0.00	22,993.50
149578	AW 4/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	31,393.50	0.00	31,393.50
150476	AS 5/19	VO	A		7/1/2019	6/25/2019	0.00	5,365.15	0.00	0.00	0.00	5,365.15
150477	AW 5/19	VO	A		7/1/2019	6/25/2019	0.00	32,439.95	0.00	0.00	0.00	32,439.95
150806	AW 6/19	VO	A		7/8/2019	7/8/2019	0.00	31,393.50	0.00	0.00	0.00	31,393.50
				Vendor Total			0.00	69,198.60	0.00	54,387.00	0.00	123,585.60
KAPLE	Elizabeth Kaple		A									
150780	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	83.48	0.00	0.00	0.00	83.48
151056	6/30/19 PR	VO	A		7/11/2019	7/11/2019	0.00	365.01	0.00	0.00	0.00	365.01
				Vendor Total			0.00	448.49	0.00	0.00	0.00	448.49
KARCZ	DANIELLE A. KARCZ		A									
150960	PKA 6/22/19	VO	A		7/10/2019	7/10/2019	0.00	180.00	0.00	0.00	0.00	180.00
				Vendor Total			0.00	180.00	0.00	0.00	0.00	180.00
KEENANC	CYNTHIA KEENAN		A									
150772	SKE 5/19/19	VO	A		5/19/2019	5/19/2019	0.00	0.00	126.00	0.00	0.00	126.00
150773	JKE 5/26/19	VO	A		7/8/2019	7/8/2019	0.00	135.00	0.00	0.00	0.00	135.00
150774	SKE 6/25/19	VO	A		7/8/2019	7/8/2019	0.00	126.00	0.00	0.00	0.00	126.00
150775	JKE 6/16/19	VO	A		7/8/2019	7/8/2019	0.00	135.00	0.00	0.00	0.00	135.00
				Vendor Total			0.00	396.00	126.00	0.00	0.00	522.00
KELLEYN	Nancy Kelley		A									
150992	SPO JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	14.00	0.00	0.00	0.00	14.00
				Vendor Total			0.00	14.00	0.00	0.00	0.00	14.00
KELLYAM	Amanda Kelly		A									
150809	MKE 6/18/19	VO	A		7/8/2019	7/8/2019	0.00	500.00	0.00	0.00	0.00	500.00
150956	MKE 6/28/19	VO	A		7/10/2019	7/10/2019	0.00	384.00	0.00	0.00	0.00	384.00
				Vendor Total			0.00	884.00	0.00	0.00	0.00	884.00
KENDRIC	JO ANN KENDRICK		A									
151003	HKE 6/2019	VO	A		7/10/2019	7/10/2019	0.00	375.00	0.00	0.00	0.00	375.00
				Vendor Total			0.00	375.00	0.00	0.00	0.00	375.00
KIMI	KIMI NICHOLS CENTER INC		A									
149579	4/15/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	4,960.65	0.00	4,960.65
149580	4/30/19	VO	A		5/7/2019	5/7/2019	0.00	0.00	0.00	5,111.85	0.00	5,111.85
150478	5/15/19	VO	A		6/25/2019	6/25/2019	0.00	4,960.65	0.00	0.00	0.00	4,960.65
150479	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	5,341.76	0.00	0.00	0.00	5,341.76
150884	6/15/19	VO	A		7/9/2019	7/9/2019	0.00	4,960.65	0.00	0.00	0.00	4,960.65
150885	6/30/19	VO	A		7/9/2019	7/9/2019	0.00	4,960.65	0.00	0.00	0.00	4,960.65

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				Vendor Total			0.00	20,223.71	0.00	10,072.50	0.00	30,296.21
KITCHEN	Shaylei Kitchen		A									
150779	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	98.53	0.00	0.00	0.00	98.53
				Vendor Total			0.00	98.53	0.00	0.00	0.00	98.53
KUZ	YVETTE CHAISSON		A									
150997	JKU 6/2019	VO	A		7/10/2019	7/10/2019	0.00	450.00	0.00	0.00	0.00	450.00
				Vendor Total			0.00	450.00	0.00	0.00	0.00	450.00
LANZAG	Gloria Lanza		A									
150771	KLA 6/24/19	VO	A		7/8/2019	7/8/2019	0.00	126.00	0.00	0.00	0.00	126.00
				Vendor Total			0.00	126.00	0.00	0.00	0.00	126.00
LASSINS	Melissa Lassins		A									
151010	JGA JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	220.00	0.00	0.00	0.00	220.00
				Vendor Total			0.00	220.00	0.00	0.00	0.00	220.00
LATTIME	BEVERLY LATTIME		A									
150987	DLA 6/26/19	VO	A	6/26/2019	6/26/2019	6/26/2019	0.00	150.00	0.00	0.00	0.00	150.00
				Vendor Total			0.00	150.00	0.00	0.00	0.00	150.00
LAUDER	Alisha Lauder		A									
150785	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	121.84	0.00	0.00	0.00	121.84
				Vendor Total			0.00	121.84	0.00	0.00	0.00	121.84
LAWLESS	BARBARA LAWLESS		A									
150760	MPA 6/19/19	VO	A		7/8/2019	7/8/2019	0.00	108.00	0.00	0.00	0.00	108.00
				Vendor Total			0.00	108.00	0.00	0.00	0.00	108.00
LE	TAMARA LE		A									
150915	CLE 7/5/19	VO	A		7/9/2019	7/9/2019	0.00	1,195.00	0.00	0.00	0.00	1,195.00
				Vendor Total			0.00	1,195.00	0.00	0.00	0.00	1,195.00
LEBLAJU	JUDY LEBLANC		A									
150894	PRA 6/30/19	VO	A		7/9/2019	7/9/2019	0.00	280.00	0.00	0.00	0.00	280.00
				Vendor Total			0.00	280.00	0.00	0.00	0.00	280.00
LEBLANJ	JAMES LEBLANC		A									
150405	PRA MAY 2019	VO	A		6/19/2019	6/19/2019	0.00	884.58	0.00	0.00	0.00	884.58
				Vendor Total			0.00	884.58	0.00	0.00	0.00	884.58
LEDDYGR	LEDDY GROUP		A									
150601	34518	VO	A		6/26/2019	6/26/2019	0.00	966.96	0.00	0.00	0.00	966.96
150602	34432	VO	A		7/11/2019	6/26/2019	0.00	979.20	0.00	0.00	0.00	979.20
150833	34611	VO	A		7/25/2019	7/8/2019	195.84	0.00	0.00	0.00	0.00	195.84
				Vendor Total			195.84	1,946.16	0.00	0.00	0.00	2,142.00
LIFE CO	LIFE COPING INC		A									
148797	18-24539	VO	A		4/30/2019	4/30/2019	0.00	0.00	0.00	257.35	0.00	257.35
148798	18-24540	VO	A		4/30/2019	4/5/2019	0.00	0.00	0.00	210.00	0.00	210.00
148799	18-24541	VO	A		4/30/2019	4/5/2019	0.00	0.00	0.00	210.00	0.00	210.00
148800	18-24542	VO	A		4/30/2019	4/5/2019	0.00	0.00	0.00	210.00	0.00	210.00
148801	18-24543	VO	A		4/30/2019	4/5/2019	0.00	0.00	0.00	210.00	0.00	210.00
148802	18-24544	VO	A		4/30/2019	4/5/2019	0.00	0.00	0.00	210.00	0.00	210.00
148803	18-24545	VO	A		4/5/2019	4/5/2019	0.00	0.00	0.00	0.00	210.00	210.00
149786	18-24568	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00
149787	18-24567	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00
149788	18-24569	VO	A		6/1/2019	5/15/2019	0.00	0.00	257.35	0.00	0.00	257.35
149789	18-24563	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00

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149790	18-24564	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00
149791	18-24565	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00
149792	18-24566	VO	A		6/1/2019	5/15/2019	0.00	0.00	210.00	0.00	0.00	210.00
150258	18-24594	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
150259	18-24595	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
150260	18-24596	VO	A		7/1/2019	6/7/2019	0.00	257.35	0.00	0.00	0.00	257.35
150261	18-24593	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
150262	18-24590	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
150263	18-24591	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
150264	18-24592	VO	A		7/1/2019	6/7/2019	0.00	210.00	0.00	0.00	0.00	210.00
				Vendor Total			0.00	1,517.35	1,517.35	1,307.35	210.00	4,552.05
LIFESHA	LIFESHARE MANAGEMENT GR		A									
149581	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	30,911.08	0.00	30,911.08
149582	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	29,978.81	0.00	29,978.81
149897	NLE APR 2019	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	4,787.08	0.00	4,787.08
149898	RFE APR 2019	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	3,853.27	0.00	3,853.27
149899	DRO APR 2019	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	2,769.33	0.00	2,769.33
150444	RFE MAY 2019	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	3,907.30	0.00	0.00	3,907.30
150445	NLE MAY 2019	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	3,020.83	0.00	0.00	3,020.83
150446	DRO MAY 2019	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	2,991.89	0.00	0.00	2,991.89
150480	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	30,880.69	0.00	0.00	30,880.69
150481	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	32,079.56	0.00	0.00	32,079.56
				Vendor Total			0.00	0.00	72,880.27	72,299.57	0.00	145,179.84
LIVING	LIVING INNOVATIONS		A									
149039	APR190412	VO	A	4/12/2019	4/12/2019	4/12/2019	0.00	0.00	0.00	0.00	100.00	100.00
149040	APR190405	VO	A	4/5/2019	4/5/2019	4/5/2019	0.00	0.00	0.00	0.00	100.00	100.00
149041	MAR190329	VO	A	3/29/2019	3/29/2019	3/29/2019	0.00	0.00	0.00	0.00	100.00	100.00
149383	APR190419	VO	A	4/19/2019	5/19/2019	4/19/2019	0.00	0.00	100.00	0.00	0.00	100.00
149583	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	105,382.11	0.00	105,382.11
149831	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	104,901.31	0.00	104,901.31
150102	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	102,070.17	0.00	0.00	102,070.17
150430	52219	VO	A	6/3/2019	6/3/2019	6/3/2019	0.00	0.00	2,006.00	0.00	0.00	2,006.00
150447	MCMAY2019	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	2,306.46	0.00	0.00	2,306.46
150448	MCAPR2019	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	2,110.11	0.00	2,110.11
150482	GTI 5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	232.35	0.00	0.00	232.35
150483	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	111,672.39	0.00	0.00	111,672.39
150886	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	102,234.41	0.00	0.00	0.00	102,234.41
151039	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	103,255.24	0.00	0.00	0.00	103,255.24
				Vendor Total			0.00	205,489.65	218,387.37	212,393.53	300.00	636,570.55
LLTALIE	Jacqueline L'Italients		A									
150954	JSC JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	84.45	0.00	0.00	0.00	84.45
				Vendor Total			0.00	84.45	0.00	0.00	0.00	84.45
MACINNE	MARY MACINNES		A									
150723		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,544.58	0.00	0.00	0.00	1,544.58
				Vendor Total			0.00	1,544.58	0.00	0.00	0.00	1,544.58
MADISON	ROBERT MADISON		A									
150826	4/30/19 STIPEND	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	770.65	0.00	770.65
150827	APR 2019 STIPEN	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	771.61	0.00	771.61

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				Vendor Total			0.00	0.00	0.00	1,542.26	0.00	1,542.26
MAIO	ANDREW MAIO		A									
150841	19_FUTURES_06	VO	A		7/8/2019	7/8/2019	0.00	2,700.00	0.00	0.00	0.00	2,700.00
151081	ZMA 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	765.00	0.00	0.00	0.00	765.00
				Vendor Total			0.00	3,465.00	0.00	0.00	0.00	3,465.00
MAKHOUL	LORRAINE J MAKHOUL		A									
150759	CMA 6/15/19	VO	A		7/8/2019	7/8/2019	0.00	135.00	0.00	0.00	0.00	135.00
				Vendor Total			0.00	135.00	0.00	0.00	0.00	135.00
MARCUSM	MAHARANI MARCUS		A									
150962	AMA 6/27/19	VO	A		7/10/2019	7/10/2019	0.00	117.00	0.00	0.00	0.00	117.00
				Vendor Total			0.00	117.00	0.00	0.00	0.00	117.00
MAYINST	MAY INSTITUTE, INC.		A									
149584	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	10,935.64	0.00	10,935.64
149585	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	10,297.94	0.00	10,297.94
150103	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	10,669.76	0.00	0.00	10,669.76
150484	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	11,475.96	0.00	0.00	11,475.96
150485	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	10,607.20	0.00	0.00	0.00	10,607.20
150887	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	10,403.88	0.00	0.00	0.00	10,403.88
				Vendor Total			0.00	21,011.08	22,145.72	21,233.58	0.00	64,390.38
MCCAF	Kimberly McCaffrey		A									
150861	KMC 6/19/19	VO	A		7/9/2019	7/9/2019	0.00	117.00	0.00	0.00	0.00	117.00
				Vendor Total			0.00	117.00	0.00	0.00	0.00	117.00
MCCOSH2	Jonathan McCosh		A									
150769	JMC 6/18/19	VO	A		7/8/2019	7/8/2019	0.00	108.00	0.00	0.00	0.00	108.00
				Vendor Total			0.00	108.00	0.00	0.00	0.00	108.00
MCGOWEN	KATHLEEN MCGOWEN		A									
150786	JUN 2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	116.20	0.00	0.00	0.00	116.20
				Vendor Total			0.00	116.20	0.00	0.00	0.00	116.20
MCKAIG	RACHEL E. MCKAIG		A									
150951	DGL JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	320.96	0.00	0.00	0.00	320.96
150952	DGL 5/31/19	VO	A		7/10/2019	7/10/2019	0.00	349.24	0.00	0.00	0.00	349.24
				Vendor Total			0.00	670.20	0.00	0.00	0.00	670.20
MILLERC	Cecily Carsky Miller		A									
150953	JSC JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	151.08	0.00	0.00	0.00	151.08
				Vendor Total			0.00	151.08	0.00	0.00	0.00	151.08
MINORS	SHELBY MINOR		A									
151004	MKU JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	296.93	0.00	0.00	0.00	296.93
				Vendor Total			0.00	296.93	0.00	0.00	0.00	296.93
MITCHEL	JANET MITCHELL		A									
150895	EMI 6/8/19	VO	A	6/8/2019	6/8/2019	6/8/2019	0.00	0.00	160.00	0.00	0.00	160.00
				Vendor Total			0.00	0.00	160.00	0.00	0.00	160.00
MORTON	SHARON MORTON		A									
150764	EGU 6/28/19	VO	A		7/8/2019	7/8/2019	0.00	64.00	0.00	0.00	0.00	64.00
				Vendor Total			0.00	64.00	0.00	0.00	0.00	64.00
MOUA	FLINT MOUA		A									
150753	6/30/19 PR	VO	A		7/3/2019	7/3/2019	0.00	919.46	0.00	0.00	0.00	919.46
				Vendor Total			0.00	919.46	0.00	0.00	0.00	919.46
MOVITZ	NANCY MOVITZ		A									

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151002	FMO 6/2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	1,860.00	0.00	0.00	0.00	1,860.00
				Vendor Total			0.00	1,860.00	0.00	0.00	0.00	1,860.00
MURPHY	NANCY MURPHY		A									
150724		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	274.90	0.00	0.00	0.00	274.90
				Vendor Total			0.00	274.90	0.00	0.00	0.00	274.90
MURPHYP	PAUL MURPHY		A									
150768	MMU 6/28/19	VO	A		7/8/2019	7/8/2019	0.00	90.00	0.00	0.00	0.00	90.00
				Vendor Total			0.00	90.00	0.00	0.00	0.00	90.00
MUTASCI	Albert Mutascio		A									
150725		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,853.29	0.00	0.00	0.00	1,853.29
				Vendor Total			0.00	1,853.29	0.00	0.00	0.00	1,853.29
NAGLER	THE NAGLER GROUP		A									
150597	133605	VO	A		7/11/2019	6/26/2019	0.00	952.00	0.00	0.00	0.00	952.00
150598	133716	VO	A		7/18/2019	6/26/2019	952.00	0.00	0.00	0.00	0.00	952.00
150600	132944	VO	A		6/26/2019	6/26/2019	0.00	1,933.75	0.00	0.00	0.00	1,933.75
				Vendor Total			952.00	2,885.75	0.00	0.00	0.00	3,837.75
NEPC	NEW ENGLAND PRINTING & C		A									
150890	67644	VO	A		7/19/2019	7/9/2019	413.55	0.00	0.00	0.00	0.00	413.55
				Vendor Total			413.55	0.00	0.00	0.00	0.00	413.55
NEUROIN	Neurointernational Health		A									
150486	AAD 5/15/19	VO	A		6/25/2019	6/25/2019	0.00	16,440.00	0.00	0.00	0.00	16,440.00
150487	AAD 5/31/19	VO	A		6/25/2019	6/25/2019	0.00	17,536.00	0.00	0.00	0.00	17,536.00
150488	SDA 4/15/19	VO	A		6/25/2019	6/25/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
150489	SDA 4/30/19	VO	A		6/25/2019	6/25/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
150490	SDA 5/15/19	VO	A		6/25/2019	6/25/2019	0.00	18,150.00	0.00	0.00	0.00	18,150.00
150491	SDA 5/31/19	VO	A		6/25/2019	6/25/2019	0.00	18,740.00	0.00	0.00	0.00	18,740.00
150492	PDR 4/15/19	VO	A		6/25/2019	6/25/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
150493	PDR 4/30/19	VO	A		6/25/2019	6/25/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
150494	PDR 5/15/19	VO	A		6/25/2019	6/25/2019	0.00	18,150.00	0.00	0.00	0.00	18,150.00
150495	PDR 5/31/19	VO	A		6/25/2019	6/25/2019	0.00	18,740.00	0.00	0.00	0.00	18,740.00
150496	JHO 4/15/19	VO	A		6/25/2019	6/25/2019	0.00	13,800.00	0.00	0.00	0.00	13,800.00
150497	JHO 4/30/19	VO	A		6/25/2019	6/25/2019	0.00	13,800.00	0.00	0.00	0.00	13,800.00
150498	JHO 5/15/19	VO	A		6/25/2019	6/25/2019	0.00	13,500.00	0.00	0.00	0.00	13,500.00
150499	JHO 5/31/19	VO	A		6/25/2019	6/25/2019	0.00	14,120.00	0.00	0.00	0.00	14,120.00
150500	RKI 5/15/19	VO	A		6/25/2019	6/25/2019	0.00	590.00	0.00	0.00	0.00	590.00
150501	RKI 5/31/19	VO	A		6/25/2019	6/25/2019	0.00	19,946.00	0.00	0.00	0.00	19,946.00
151045	AAD 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	16,440.00	0.00	0.00	0.00	16,440.00
151046	SDA 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
151047	PDR 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
151048	JHO 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	13,800.00	0.00	0.00	0.00	13,800.00
151049	RKI 6/15/19	VO	A		7/11/2019	7/11/2019	0.00	14,927.00	0.00	0.00	0.00	14,927.00
151050	AAD 6/30/19	VO	A		7/11/2019	7/11/2019	0.00	16,440.00	0.00	0.00	0.00	16,440.00
151051	SDA 6/30/19	VO	A		7/11/2019	7/11/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
151052	PDR 6/30/19	VO	A		7/11/2019	7/11/2019	0.00	17,850.00	0.00	0.00	0.00	17,850.00
151053	JHO 6/30/19	VO	A		7/11/2019	7/11/2019	0.00	13,800.00	0.00	0.00	0.00	13,800.00
151054	RKI 6/30/19	VO	A		7/11/2019	7/11/2019	0.00	14,927.00	0.00	0.00	0.00	14,927.00
				Vendor Total			0.00	416,646.00	0.00	0.00	0.00	416,646.00
NEURORE	NEURORESTORATIVE		A									

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149819	4/15/19	VO	A		5/21/2019	5/21/2019	0.00	0.00	13,430.25	0.00	0.00	13,430.25
149820	4/30/19	VO	A		5/21/2019	5/21/2019	0.00	0.00	13,430.25	0.00	0.00	13,430.25
150803	5/15/19	VO	A		7/8/2019	7/8/2019	0.00	13,430.25	0.00	0.00	0.00	13,430.25
150804	5/31/19	VO	A		7/8/2019	7/8/2019	0.00	14,325.60	0.00	0.00	0.00	14,325.60
151040	6/15/19	VO	A		7/11/2019	7/11/2019	0.00	13,430.25	0.00	0.00	0.00	13,430.25
151041	6/30/19	VO	A		7/11/2019	7/11/2019	0.00	13,430.25	0.00	0.00	0.00	13,430.25
				Vendor Total			0.00	54,616.35	26,860.50	0.00	0.00	81,476.85
NHSTATL	NEW HAMPSHIRE STATE LOT		A									
150755	2019 ANNUAL FEE	VO	A		7/3/2019	7/3/2019	0.00	50.00	0.00	0.00	0.00	50.00
				Vendor Total			0.00	50.00	0.00	0.00	0.00	50.00
NHTRESF	STATE OF NEW HAMPSHIRE		A									
151055	R8JUNE19	VO	A	7/8/2019	7/8/2019	7/8/2019	0.00	2,064.50	0.00	0.00	0.00	2,064.50
				Vendor Total			0.00	2,064.50	0.00	0.00	0.00	2,064.50
NORRIS	JENNIFER NORRIS		A									
150919	PRA JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	60.00	0.00	0.00	0.00	60.00
				Vendor Total			0.00	60.00	0.00	0.00	0.00	60.00
NORTH	NO COUNTRY INDEPENDENT		A									
150502	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	6,159.26	0.00	6,159.26
150503	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	476.88	0.00	476.88
151042	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	3,697.68	0.00	0.00	0.00	3,697.68
151043	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	4,331.00	0.00	0.00	0.00	4,331.00
				Vendor Total			0.00	8,028.68	0.00	6,636.14	0.00	14,664.82
NORTHHA	NORTH HAMPTON SERVICE C		A									
150829	15354	VO	A		7/8/2019	7/8/2019	0.00	325.72	0.00	0.00	0.00	325.72
				Vendor Total			0.00	325.72	0.00	0.00	0.00	325.72
NOYES	LORI NOYES		A									
151022	JNO 6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	852.00	0.00	0.00	0.00	852.00
				Vendor Total			0.00	852.00	0.00	0.00	0.00	852.00
OPALKAJ	JOE OPALKA		A									
150726		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,328.08	0.00	0.00	0.00	2,328.08
150727		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,476.89	0.00	0.00	0.00	1,476.89
				Vendor Total			0.00	3,804.97	0.00	0.00	0.00	3,804.97
PETTENG	Amy Pettengill		A									
150763	JPE 6/30/19	VO	A		7/8/2019	7/8/2019	0.00	108.00	0.00	0.00	0.00	108.00
150807	JPE 6/24/19	VO	A		7/8/2019	7/8/2019	0.00	55.00	0.00	0.00	0.00	55.00
150808	JPE 6/24/19	VO	A		7/8/2019	7/8/2019	0.00	75.00	0.00	0.00	0.00	75.00
				Vendor Total			0.00	238.00	0.00	0.00	0.00	238.00
PICKERS	SUZANNE PICKERING		A									
150728		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	3,866.79	0.00	0.00	0.00	3,866.79
				Vendor Total			0.00	3,866.79	0.00	0.00	0.00	3,866.79
PITTS	Alison Pitts		A									
150776	RCA 6/13/19	VO	A		7/8/2019	7/8/2019	0.00	108.00	0.00	0.00	0.00	108.00
				Vendor Total			0.00	108.00	0.00	0.00	0.00	108.00
PORTRI2	KATE PORTRIE		A									
150892	SPO 6/16/19	VO	A		7/9/2019	7/9/2019	0.00	535.50	0.00	0.00	0.00	535.50
				Vendor Total			0.00	535.50	0.00	0.00	0.00	535.50
PREVOST	COURTNEY PREVOST		A									
150971	KPR 6/26/19	VO	A		7/10/2019	7/10/2019	0.00	180.00	0.00	0.00	0.00	180.00

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				Vendor Total			0.00	180.00	0.00	0.00	0.00	180.00
PRIESTW	William Priest		A									
150729		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,157.51	0.00	0.00	0.00	1,157.51
				Vendor Total			0.00	1,157.51	0.00	0.00	0.00	1,157.51
PUDA	CHERYL PUDA		A									
150857	SPU 6/29/19	VO	A	6/29/2019	6/29/2019	6/29/2019	0.00	117.00	0.00	0.00	0.00	117.00
				Vendor Total			0.00	117.00	0.00	0.00	0.00	117.00
RANDALW	WILBUR RANDALL		A									
150920	SRA 6/30/19	VO	A		7/9/2019	7/9/2019	0.00	180.00	0.00	0.00	0.00	180.00
				Vendor Total			0.00	180.00	0.00	0.00	0.00	180.00
RAYPARK	RAY PARKHURST REMODELIN		A									
150835	AWE 6/30/19	VO	A		7/8/2019	7/8/2019	0.00	2,600.00	0.00	0.00	0.00	2,600.00
				Vendor Total			0.00	2,600.00	0.00	0.00	0.00	2,600.00
RICHER	EDITH RICHER		A									
150898	KWE 6/27/19	VO	A	6/27/2019	6/27/2019	6/27/2019	0.00	600.00	0.00	0.00	0.00	600.00
150995	KWE JUN 2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	1,890.00	0.00	0.00	0.00	1,890.00
				Vendor Total			0.00	2,490.00	0.00	0.00	0.00	2,490.00
RICHIE	THE RICHIE MCFARLAND		A									
150611	6/14/19 REC - 2	VO	A	6/26/2019	6/26/2019	6/26/2019	0.00	24,108.00	0.00	0.00	0.00	24,108.00
150730		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	56,498.51	0.00	0.00	0.00	56,498.51
				Vendor Total			0.00	80,606.51	0.00	0.00	0.00	80,606.51
ROBINHI	ROBIN HILL FARM		A									
150867	4/15/19	VO	A		7/9/2019	7/9/2019	0.00	5,588.70	0.00	0.00	0.00	5,588.70
150868	4/30/19	VO	A		7/9/2019	7/9/2019	0.00	3,353.22	0.00	0.00	0.00	3,353.22
150869	5/15/19	VO	A		7/9/2019	7/9/2019	0.00	3,725.80	0.00	0.00	0.00	3,725.80
150870	5/31/19	VO	A		7/9/2019	7/9/2019	0.00	5,961.28	0.00	0.00	0.00	5,961.28
150871	6/15/19	VO	A		7/9/2019	7/9/2019	0.00	5,588.70	0.00	0.00	0.00	5,588.70
150872	6/30/19	VO	A		7/9/2019	7/9/2019	0.00	4,843.54	0.00	0.00	0.00	4,843.54
				Vendor Total			0.00	29,061.24	0.00	0.00	0.00	29,061.24
ROPARSS	Susan Ropars		A									
150731		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,044.45	0.00	0.00	0.00	2,044.45
				Vendor Total			0.00	2,044.45	0.00	0.00	0.00	2,044.45
ROUSE	RENEE ROUSE		A									
150732		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	3,454.75	0.00	0.00	0.00	3,454.75
				Vendor Total			0.00	3,454.75	0.00	0.00	0.00	3,454.75
RRI	RESIDENTIAL RESOURCES IN		A									
149832	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	8,840.25	0.00	8,840.25
149833	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	9,169.65	0.00	9,169.65
150799	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	9,287.25	0.00	0.00	9,287.25
150889	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	9,869.60	0.00	0.00	9,869.60
151079	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	9,179.45	0.00	0.00	0.00	9,179.45
151080	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	9,026.45	0.00	0.00	0.00	9,026.45
				Vendor Total			0.00	18,205.90	19,156.85	18,009.90	0.00	55,372.65
SALIE	CHERI SALIE		A									
106696		CK	O				0.00	0.00	0.00	0.00	-350.00	-350.00
				Vendor Total			0.00	0.00	0.00	0.00	-350.00	-350.00
SARO	DENISE SAROFIAN		A									
150762	ASA 6/26/19	VO	A		7/8/2019	7/8/2019	0.00	90.00	0.00	0.00	0.00	90.00

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				Vendor Total			0.00	90.00	0.00	0.00	0.00	90.00
SCHMUHL	Pamela Schmuhl		A									
150950	JSC 6/14/19	VO	A		7/10/2019	7/10/2019	0.00	17.00	0.00	0.00	0.00	17.00
				Vendor Total			0.00	17.00	0.00	0.00	0.00	17.00
SEMPRIN	DOROTHY SEMPRINI		A									
150925	WSE 6/23/19	VO	A	6/23/2019	6/23/2019	6/23/2019	0.00	117.00	0.00	0.00	0.00	117.00
				Vendor Total			0.00	117.00	0.00	0.00	0.00	117.00
SIDDHAR	SIDDHARTH SERVICES INC		A									
150504	5/15/19	VO	A		6/25/2019	6/25/2019	0.00	4,590.08	0.00	0.00	0.00	4,590.08
150505	5/31/19	VO	A		6/25/2019	6/25/2019	0.00	10,651.52	0.00	0.00	0.00	10,651.52
150800	6/15/19	VO	A		7/8/2019	7/8/2019	0.00	9,636.00	0.00	0.00	0.00	9,636.00
151044	6/30/19	VO	A		7/11/2019	7/11/2019	0.00	9,915.84	0.00	0.00	0.00	9,915.84
				Vendor Total			0.00	34,793.44	0.00	0.00	0.00	34,793.44
SIMONDS	JULIE SIMONDS		A									
150902	NSI 6/30/19	VO	A		7/9/2019	7/9/2019	0.00	200.00	0.00	0.00	0.00	200.00
150957	LSI 6/22/19	VO	A		7/10/2019	7/10/2019	0.00	220.00	0.00	0.00	0.00	220.00
				Vendor Total			0.00	420.00	0.00	0.00	0.00	420.00
SMARTD	David A Smart		A									
150900	MSM 6/25/19	VO	A		7/9/2019	7/9/2019	0.00	975.00	0.00	0.00	0.00	975.00
150901	TSM 6/25/19	VO	A		7/9/2019	7/9/2019	0.00	585.00	0.00	0.00	0.00	585.00
150998	MSM 6/2019	VO	A		7/10/2019	7/10/2019	0.00	420.00	0.00	0.00	0.00	420.00
150999	TSM 6/2019	VO	A		7/10/2019	7/10/2019	0.00	420.00	0.00	0.00	0.00	420.00
				Vendor Total			0.00	2,400.00	0.00	0.00	0.00	2,400.00
SMERDON	CYNTHIA SMERDON		A									
150733		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,701.21	0.00	0.00	0.00	1,701.21
150734		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,208.50	0.00	0.00	0.00	2,208.50
				Vendor Total			0.00	3,909.71	0.00	0.00	0.00	3,909.71
SMHC	SEACOAST MENTAL HEALTH (		A									
150913	JPR 6/30/19	VO	A	6/27/2019	6/27/2019	6/27/2019	0.00	1,125.24	0.00	0.00	0.00	1,125.24
150914	HPR 6/30/19	VO	A	6/26/2019	6/26/2019	6/26/2019	0.00	1,117.68	0.00	0.00	0.00	1,117.68
				Vendor Total			0.00	2,242.92	0.00	0.00	0.00	2,242.92
STEVENH	HEATHER STEVENS		A									
150761	CST 6/29/19	VO	A		7/8/2019	7/8/2019	0.00	162.00	0.00	0.00	0.00	162.00
150923	CST 7/7/19	VO	A		7/9/2019	7/9/2019	0.00	171.00	0.00	0.00	0.00	171.00
				Vendor Total			0.00	333.00	0.00	0.00	0.00	333.00
STONEP	Lisa Stone-Parsons		A									
150735		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,807.66	0.00	0.00	0.00	1,807.66
				Vendor Total			0.00	1,807.66	0.00	0.00	0.00	1,807.66
STRUBLE	JULIE A STRUBLE		A									
150860	SST 6/20/19	VO	A		7/9/2019	7/9/2019	0.00	81.00	0.00	0.00	0.00	81.00
				Vendor Total			0.00	81.00	0.00	0.00	0.00	81.00
SUBEDI	Ghanashayam Subedi		A									
150736		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,544.54	0.00	0.00	0.00	2,544.54
150830	RLA 5/29/19	VO	A		7/8/2019	7/8/2019	0.00	119.49	0.00	0.00	0.00	119.49
				Vendor Total			0.00	2,664.03	0.00	0.00	0.00	2,664.03
SULLIVJ	JACQUELYN SULLIVAN		A									
150819	RSU 6/24/19	VO	A		7/8/2019	7/8/2019	0.00	189.96	0.00	0.00	0.00	189.96
				Vendor Total			0.00	189.96	0.00	0.00	0.00	189.96

Accounts Pay as of 6/30/19

Ref Nbr	Inv Nbr	DocType	Doc Stat	Date	Date	Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
SYSTEME	Systems Engineering		A									
150610	A53791	VO	A		7/13/2019	6/26/2019	1,865.72	0.00	0.00	0.00	0.00	1,865.72
				Vendor Total			1,865.72	0.00	0.00	0.00	0.00	1,865.72
TELEPHO	TELEPHONE SYSTEMS EFFICI		A									
150832	21955	VO	A		7/5/2019	7/8/2019	0.00	257.69	0.00	0.00	0.00	257.69
				Vendor Total			0.00	257.69	0.00	0.00	0.00	257.69
THOMASL	LOREANA THOMAS		A									
150787	JUN 2019	VO	A		7/8/2019	7/8/2019	0.00	62.62	0.00	0.00	0.00	62.62
				Vendor Total			0.00	62.62	0.00	0.00	0.00	62.62
TOMLIN	ANDREA TOMLINSON		A									
150767	ETO 6/21/19	VO	A		7/8/2019	7/8/2019	0.00	135.00	0.00	0.00	0.00	135.00
150963	ETO 6/30/19	VO	A		7/10/2019	7/10/2019	0.00	96.00	0.00	0.00	0.00	96.00
				Vendor Total			0.00	231.00	0.00	0.00	0.00	231.00
TOOLEY	Billie Tooley		A									
150820	6/30/19	VO	A		7/8/2019	7/8/2019	0.00	313.02	0.00	0.00	0.00	313.02
				Vendor Total			0.00	313.02	0.00	0.00	0.00	313.02
TRUG	TRUGREEN COMMERCIAL		A									
150828	100466289	VO	A		5/12/2019	7/8/2019	0.00	0.00	0.00	102.76	0.00	102.76
				Vendor Total			0.00	0.00	0.00	102.76	0.00	102.76
TUCKER	HERTA TUCKER		A									
150737		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	790.95	0.00	0.00	0.00	790.95
				Vendor Total			0.00	790.95	0.00	0.00	0.00	790.95
UNHAREN	UNH ARENA		A									
150754	7/13/19 PARKING	VO	A	7/3/2019	7/3/2019	7/3/2019	0.00	25.00	0.00	0.00	0.00	25.00
				Vendor Total			0.00	25.00	0.00	0.00	0.00	25.00
VERIZON	VERIZON WIRELESS		A									
150815	9832778051	VO	A	6/23/2019	7/15/2019	7/15/2019	2,884.44	0.00	0.00	0.00	0.00	2,884.44
				Vendor Total			2,884.44	0.00	0.00	0.00	0.00	2,884.44
WALKER	Ellen M. Walker		A									
150758	JWA 6/25/19	VO	A	6/25/2019	6/25/2019	6/25/2019	0.00	81.00	0.00	0.00	0.00	81.00
				Vendor Total			0.00	81.00	0.00	0.00	0.00	81.00
WARUSZY	JEANNE WARUSZYLA		A									
150777	WWA 6/20/19	VO	A		7/8/2019	7/8/2019	0.00	95.00	0.00	0.00	0.00	95.00
				Vendor Total			0.00	95.00	0.00	0.00	0.00	95.00
WBMASON	W.B. MASON CO., INC.		A									
150604	200025064	VO	A		7/14/2019	6/26/2019	187.67	0.00	0.00	0.00	0.00	187.67
150605	200063428	VO	A		7/17/2019	6/26/2019	121.37	0.00	0.00	0.00	0.00	121.37
150836	200398750	VO	A		7/27/2019	7/8/2019	418.10	0.00	0.00	0.00	0.00	418.10
150837	200189773	VO	A		7/8/2019	7/8/2019	0.00	276.57	0.00	0.00	0.00	276.57
				Vendor Total			727.14	276.57	0.00	0.00	0.00	1,003.71
WHOLE	WHOLE LIFE PLAN, LLC		A									
150982	BDO 6/2019	VO	A		7/10/2019	7/10/2019	0.00	5,627.31	0.00	0.00	0.00	5,627.31
150983	NDO 6/2019	VO	A		7/10/2019	7/10/2019	0.00	6,350.98	0.00	0.00	0.00	6,350.98
				Vendor Total			0.00	11,978.29	0.00	0.00	0.00	11,978.29
WILLANT	DIANE WILLANT		A									
150996	MWI 5-6/2019	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	600.00	0.00	0.00	0.00	600.00
				Vendor Total			0.00	600.00	0.00	0.00	0.00	600.00
WILLIAR	RACHEL WILLIAMS		A									

Exhibit CCC

One Sky
Accounts Payable as of 6/30/19

Ref Nbr	Inv Nbr	DocType	Doc Stat	Date	Date	Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
151015	DEC 2018	VO	A		7/10/2019	7/10/2019	0.00	70.00	0.00	0.00	0.00	70.00
151016	JAN 2019	VO	A		7/10/2019	7/10/2019	0.00	140.00	0.00	0.00	0.00	140.00
151017	FEB 2019	VO	A		7/10/2019	7/10/2019	0.00	149.00	0.00	0.00	0.00	149.00
151018	MAR 2019	VO	A		7/10/2019	7/10/2019	0.00	167.40	0.00	0.00	0.00	167.40
151019	APR 2019	VO	A		7/10/2019	7/10/2019	0.00	114.80	0.00	0.00	0.00	114.80
151020	MAY 2019	VO	A		7/10/2019	7/10/2019	0.00	241.00	0.00	0.00	0.00	241.00
151021	JUN 2019	VO	A		7/10/2019	7/10/2019	0.00	256.60	0.00	0.00	0.00	256.60
				Vendor Total			0.00	1,138.80	0.00	0.00	0.00	1,138.80
WILSONR	ROSE WILSON		A									
150918	PRA JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	110.00	0.00	0.00	0.00	110.00
				Vendor Total			0.00	110.00	0.00	0.00	0.00	110.00
WOODD	DARCI WOOD		A									
150896	SWO 6/23/19	VO	A		7/9/2019	7/9/2019	0.00	144.00	0.00	0.00	0.00	144.00
				Vendor Total			0.00	144.00	0.00	0.00	0.00	144.00
WOU	WORK OPPORTUNITIES		A									
149588	4/15/19	VO	A	4/15/2019	4/15/2019	4/15/2019	0.00	0.00	0.00	13,557.67	0.00	13,557.67
149821	4/30/19	VO	A	4/30/2019	4/30/2019	4/30/2019	0.00	0.00	0.00	14,274.97	0.00	14,274.97
150104	5/15/19	VO	A	5/15/2019	5/15/2019	5/15/2019	0.00	0.00	13,944.90	0.00	0.00	13,944.90
150506	RMO 5/15/19	AD	A	5/15/2019	5/15/2019		0.00	0.00	-14.14	0.00	0.00	-14.14
150507	5/31/19	VO	A	5/31/2019	5/31/2019	5/31/2019	0.00	0.00	13,220.25	0.00	0.00	13,220.25
150801	6/15/19	VO	A	6/15/2019	6/15/2019	6/15/2019	0.00	11,373.68	0.00	0.00	0.00	11,373.68
150955	6/30/19	VO	A	6/30/2019	6/30/2019	6/30/2019	0.00	11,762.22	0.00	0.00	0.00	11,762.22
				Vendor Total			0.00	23,135.90	27,151.01	27,832.64	0.00	78,119.55
ZIAR	LINDA ZIARNOWSKI		A									
150853	JUN 2019	VO	A		7/9/2019	7/9/2019	0.00	211.40	0.00	0.00	0.00	211.40
				Vendor Total			0.00	211.40	0.00	0.00	0.00	211.40
ZIK	AMANDA JACKMAN		A									
150722		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	2,071.92	0.00	0.00	0.00	2,071.92
150738		VO	A	7/1/2019	7/1/2019	7/1/2019	0.00	1,657.71	0.00	0.00	0.00	1,657.71
				Vendor Total			0.00	3,729.63	0.00	0.00	0.00	3,729.63
				Company Total			**1,501,592.17**	**1,339,914.98**	**779,629.20**	**545,784.18**	**74,845.20**	**4,241,765.73**

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Becket

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis			$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Bennett J	CPS/DH	$7.61	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$3,985.55	$3,985.55	$21,778.00	6281-D16-000
Borden D	CPS/DH	$2.73	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$2,845.88	$2,845.88	$15,629.00	6281-D16-000
Cahill D	CPS/DH	$4.72	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$2,953.13	$2,953.13	$16,218.00	6281-D16-000
Carey D	CPS/DH	$10.77	182	$1,960.14	107	$1,152.39		$0.00		$0.00		$0.00		$0.00		$3,112.53	$8,466.03	$5,355.50	$33,596.00	6281-D16-000
Caron E	CPS/DH	$3.10	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$3,230.09	$3,230.09	$17,739.00	6281-D16-000
Carr S	CPS/DH	$9.44	264	$2,492.16	258	$2,435.52		$0.00		$0.00		$0.00		$0.00		$4,927.68	$14,841.49	$9,913.81	$56,882.00	6281-D16-000
Catinchi C	CPS/DH	$3.86	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$2,007.72	$2,007.72	$11,026.00	6281-D16-000
Currier D	CPS/DH	$4.42	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$2,302.89	$2,302.89	$12,647.00	6281-D16-000
Fowler K	CPS/DH	$5.86	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$6,103.10	$6,103.10	$33,517.00	6281-D16-000
Holland K	CPS/DH	$2.98	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$3,098.07	$3,098.07	$17,014.00	6281-D16-000
Houle T	CPS/DH	$3.57	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$3,714.81	$3,714.81	$20,401.00	6281-D16-000
Howland J	CPS/DH	$2.67	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$2,225.50	$2,225.50	$12,222.00	6281-D16-000
Mallet J	CPS/DH	$2.73	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$2,837.50	$2,837.50	$15,583.00	6281-D16-000
Makhoul C	CPS/DH	$6.08	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$4,431.70	$4,431.70	$24,338.00	6281-D16-000
Moody J	CPS/DH	$6.12	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$6,377.50	$6,377.50	$35,024.00	6281-D16-000
Nichols C	CPS/DH	$5.46	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$5,684.47	$5,684.47	$31,218.00	6281-D16-000
Peterson Rob	CPS/DH	$5.29	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$5,513.13	$5,513.13	$30,277.00	6281-D16-000
Reidl E	CPS/DH	$2.83	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$2,944.75	$2,944.75	$16,172.00	6281-D16-000
Semprini W	CPS/DH	$6.04	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$3,302.92	$3,302.92	$18,139.00	6281-D16-000
Shipley J	CPS/DH	$3.56	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$3,706.25	$3,706.25	$20,355.00	6281-D16-000
Payment Due per bi-monthly billing period				$4,452.30		$3,587.91		$0.00		$0.00		$0.00		$0.00		$8,040.21	$90,586.47	$82,546.26	$461,786.00	
Barclay G	Residential	$726.04	15	$10,875.60	16	$11,600.64		$0.00		$0.00		$0.00		$0.00		$22,476.24	$66,703.53	$44,227.29	$264,639.00	6281-R16-000
Barker S	Residential	$635.60	15	$9,534.00	16	$10,169.60		$0.00		$0.00		$0.00		$0.00		$19,703.60	$58,474.44	$38,770.84	$231,991.00	6281-R16-000
Bennett J	Residential	$86.35	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$5,389.30	$5,389.30	$29,597.00	6281-R16-000
Borden D	Residential	$80.46	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$4,907.86	$4,907.86	$26,953.00	6281-R16-000
Cahill D	Residential	$93.86	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$6,725.08	$6,725.08	$31,441.00	6281-R16-000
Carey D	Residential	$220.17	15	$3,302.55	16	$3,522.72		$0.00		$0.00		$0.00		$0.00		$6,825.27	$20,255.12	$13,429.85	$80,360.00	6281-R16-000
Carr S	Residential	$251.63	15	$3,774.45	13	$3,271.19		$0.00		$0.00		$0.00		$0.00		$7,045.64	$23,149.22	$16,103.58	$91,842.00	6281-R16-000
Currier D	Residential	$64.16	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$3,913.47	$3,913.47	$21,492.00	6281-R16-000
Freeman S	Residential	$85.36	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$5,206.49	$5,206.49	$28,593.00	6281-R16-000
Hillman J	Residential	$252.87	8	$2,022.96	16	$4,045.92		$0.00		$0.00		$0.00		$0.00		$6,068.88	$23,263.40	$17,194.52	$92,295.00	6281-R16-000
Holland K	Residential	$71.88	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$4,384.53	$4,384.53	$24,079.00	6281-R16-000
Holliday B	Residential	$629.86	15	$9,448.35	16	$10,078.24		$0.00		$0.00		$0.00		$0.00		$19,526.59	$57,949.41	$38,422.82	$229,908.00	6281-R16-000
Mallet J	Residential	$99.54	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$6,071.96	$6,071.96	$33,346.00	6281-R16-000
Newbury T	Residential	$311.03	7	$2,177.21	15	$4,665.45		$0.00		$0.00		$0.00		$0.00		$6,842.66	$28,614.02	$21,771.36	$113,523.00	6281-R16-000
Nguyen L	Residential	$683.30	15	$10,249.50	16	$10,932.80		$0.00		$0.00		$0.00		$0.00		$21,182.30	$62,862.72	$41,680.42	$249,401.00	6281-R16-000
Nichols C	Residential	$100.79	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$8,147.89	$8,147.89	$33,763.00	6281-R16-000
Peterson Rob	Residential	$116.97	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$7,134.81	$7,134.81	$39,183.00	6281-R16-000
Phelps P	Residential	$637.37	15	$9,560.55	16	$10,197.92		$0.00		$0.00		$0.00		$0.00		$19,758.47	$58,837.52	$38,879.05	$232,638.00	6281-R16-000
Regan T	Residential	$637.37	15	$9,560.55	16	$10,197.92		$0.00		$0.00		$0.00		$0.00		$19,758.47	$58,837.52	$38,879.05	$232,638.00	6281-R16-000
Reidl E	Residential	$70.05	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$4,272.56	$4,272.56	$23,464.00	6281-R16-000
Sanok A	Residential	$721.66	15	$10,825.20	11	$7,938.48		$0.00		$0.00		$0.00		$0.00		$18,763.68	$66,394.51	$47,630.83	$283,413.00	6281-R16-000
Sousa E	Residential	$83.57	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$5,097.23	$5,097.23	$27,993.00	6281-R16-000
Payment Due per bi-monthly billing period				$81,330.82		$86,620.88		$0.00		$0.00		$0.00		$0.00		$167,951.80	$583,192.59	$415,240.79	$2,482,543.00	
Amero S	SEP	$3.92	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$2,039.40	$2,039.40	$11,200.00	6281-D16-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$2,039.40	$2,039.40	$11,200.00	
Total				$85,783.22		$90,208.79		$0.00		$0.00		$0.00		$0.00		$176,992.01	$675,788.46	$499,796.45	$2,875,537.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Community Home Solutions

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Baxter T	CSS	$5.99		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,182.14	$1,182.14	$4,690.00	6281-L29-000
Brown N	CSS	$5.99		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,415.29	$1,415.29	$5,615.00	6281-L29-000
Michitson N	CSS	$5.99		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,422.60	$1,422.60	$5,644.00	6281-L29-000
Moynahan N	CSS	$5.99		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,080.05	$1,080.05	$4,285.00	6281-L29-000
Woodburn B	CSS	$5.99		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,756.07	$1,756.07	$6,967.00	6281-L29-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$6,856.14	$6,856.14	$27,201.00	
N/A	CPS/DH	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Fortin P	Residential	$16.45		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,512.58	$1,512.58	$6,001.00	6281-R29-000
Kaplan J	Residential	$16.45		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$1,512.58	$1,512.58	$6,001.00	6281-R29-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$3,025.16	$3,025.16	$12,002.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$9,881.30	$9,881.30	$39,203.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Community Integrated Services

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Witham F	CSS	$6.89	160	$1,102.40	196	$1,350.44	176	$1,212.64		$0.00		$0.00		$0.00		$3,665.48	$7,214.31	$3,548.83	$28,622.00	6281-L21-000
Payment Due per bi-monthly billing period				$1,102.40		$1,350.44		$1,212.64		$0.00		$0.00		$0.00		$3,665.48	$7,214.31	$3,548.83	$28,622.00	
Addison M	CPS/DH	$8.30	166	$1,377.80	166	$1,377.80	144	$1,195.20		$0.00		$0.00		$0.00		$3,950.80	$7,824.03	$3,873.23	$31,041.00	6281-D21-000
Bennis D	CPS/DH	$7.03	142	$998.26	167	$1,174.01	138	$970.14		$0.00		$0.00		$0.00		$3,142.41	$7,367.06	$4,224.65	$29,228.00	6281-D21-000
Brindamour R	CPS/DH	$6.22	264	$1,642.08	288	$1,791.36	264	$1,642.08		$0.00		$0.00		$0.00		$5,075.52	$9,782.25	$4,706.73	$36,810.00	6281-D21-000
Carter K	CPS/DH	$6.61	212	$1,443.72	328	$2,233.68	284	$1,934.04		$0.00		$0.00		$0.00		$5,611.44	$9,271.06	$3,659.64	$36,762.00	6281-D21-000
Denis M	CPS/DH	$9.11	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$14,312.93	$14,312.93	$56,785.00	6281-D21-000
DeVaux M	CPS/DH	$8.03	240	$1,927.20	288	$2,312.64	264	$2,119.92		$0.00		$0.00		$0.00		$6,359.76	$12,617.86	$6,258.10	$50,060.00	6281-D21-000
Devins L	CPS/DH	$6.53	167	$1,090.51	210	$1,371.30	206	$1,338.65		$0.00		$0.00		$0.00		$3,800.46	$7,183.31	$3,382.85	$28,499.00	6281-D21-000
Gaw W	CPS/DH	$8.93	59	$526.87	148	$1,321.64	188	$1,678.84		$0.00		$0.00		$0.00		$3,527.35	$9,357.53	$5,830.18	$37,125.00	6281-D21-000
Geldart V	CPS/DH	$6.69	184	$1,230.96	240	$1,605.60	220	$1,471.80		$0.00		$0.00		$0.00		$4,308.36	$9,112.79	$4,804.43	$36,154.00	6281-D21-000
Gray N	CPS/DH	$6.80	0	$0.00	8	$54.40	12	$81.60		$0.00		$0.00		$0.00		$136.00	$2,851.50	$2,715.50	$11,313.00	6281-D21-000
Hayes K	CPS/DH	$7.08	180	$1,270.80	180	$1,270.80	180	$1,270.80		$0.00		$0.00		$0.00		$3,812.40	$7,397.81	$3,585.41	$29,350.00	6281-D21-000
James A	CPS/DH	$7.03	188	$1,321.64	238	$1,673.14	192	$1,349.76		$0.00		$0.00		$0.00		$4,344.54	$11,053.11	$6,708.57	$43,852.00	6281-D21-000
Johnson B	CPS/DH	$6.09	160	$974.40	200	$1,218.00	180	$1,096.20		$0.00		$0.00		$0.00		$3,288.60	$6,380.01	$3,091.41	$25,312.00	6281-D21-000
Kirby J	CPS/DH	$9.91	120	$1,189.20	140	$1,387.40	140	$1,387.40		$0.00		$0.00		$0.00		$3,964.00	$11,422.12	$7,458.12	$45,316.00	6281-D21-000
Knowles M	CPS/DH	$7.02	194	$1,361.88	266	$1,867.32	264	$1,853.28		$0.00		$0.00		$0.00		$5,082.48	$5,887.24	$804.76	$23,357.00	6281-D21-000
Laforest R	CPS/DH	$4.39	96	$421.44	96	$421.44	100	$439.00		$0.00		$0.00		$0.00		$1,281.88	$6,898.24	$5,616.36	$27,368.00	6281-D21-000
Landry P	CPS/DH	$13.38	108	$1,445.04	132	$1,766.16	112	$1,498.56		$0.00		$0.00		$0.00		$4,709.76	$8,411.82	$3,702.06	$33,373.00	6281-D21-000
Lanza K	CPS/DH	$8.51	0	$0.00	0	$0.00	0	$0.00		$0.00	0	$0.00	0	$0.00		$0.00	$4,508.00	$4,508.00	$4,508.00	6281-D21-000
Leggett-Lewis D	CPS/DH	$7.80	0	$0.00	0	$0.00	144	$1,123.20		$0.00		$0.00		$0.00		$1,123.20	$7,359.24	$6,236.04	$29,197.00	6281-D21-000
Mason Z	CPS/DH	$8.75	128	$1,120.00	160	$1,400.00	144	$1,260.00		$0.00		$0.00		$0.00		$3,780.00	$7,335.80	$3,555.80	$29,104.00	6281-D21-000
Morgan H	CPS/DH	$7.88	56	$440.16	140	$1,103.40	112	$880.32		$0.00		$0.00		$0.00		$2,420.88	$5,761.97	$3,341.09	$22,860.00	6281-D21-000
Morse J	CPS/DH	$8.54	132	$863.28	212	$1,386.48	136	$889.44		$0.00		$0.00		$0.00		$3,139.20	$6,848.58	$3,709.38	$27,171.00	6281-D21-000
Ray B	CPS/DH	$4.96	100	$496.00	125	$620.00	108	$535.68		$0.00		$0.00		$0.00		$1,651.68	$7,277.83	$5,626.15	$28,874.00	6281-D21-000
Reed D	CPS/DH	$7.52	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$11,815.07	$11,815.07	$46,875.00	6281-D21-000
Rix D	CPS/DH	$3.00	209	$627.00	305	$915.00	260	$780.00		$0.00		$0.00		$0.00		$2,322.00	$4,716.44	$2,393.44	$18,708.00	6281-D21-000
Soucie C	CPS/DH	$6.38	120	$645.60	144	$774.72	132	$710.16		$0.00		$0.00		$0.00		$2,130.48	$4,228.22	$2,097.74	$16,775.00	6281-D21-000
Sousa A	CPS/DH	$5.43	160	$868.80	189	$1,026.27	178	$966.54		$0.00		$0.00		$0.00		$2,861.61	$4,835.92	$1,974.31	$19,186.00	6281-D21-000
Thomas C	CPS/DH	$6.03	240	$1,447.20	288	$1,736.64	264	$1,591.92		$0.00		$0.00		$0.00		$4,775.76	$9,481.29	$4,705.53	$37,616.00	6281-D21-000
Tobin H	CPS/DH	$7.43	80	$594.40	30	$222.90	0	$0.00		$0.00		$0.00		$0.00		$817.30	$9,730.68	$8,913.28	$38,605.00	6281-D21-000
Wallace M	CPS/DH	$7.60	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$7,740.60	$7,740.60	$30,710.00	6281-D21-000
Williams D	CPS/DH	$8.51	44	$374.44	44	$374.44	58	$493.58		$0.00		$0.00		$0.00		$1,242.46	$2,453.00	$1,210.54	$9,732.00	6281-D21-000
Payment Due per bi-monthly billing period				$26,099.88		$32,409.54		$30,658.11		$0.00		$0.00		$0.00		$89,860.33	$241,222.24	$152,661.91	$943,646.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Community Integrated Services

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
Bennis D	Residential	$112.97	15	$1,694.55	16	$1,807.52	15	$1,694.55		$0.00		$0.00		$0.00	$5,196.62	$10,392.96	$5,196.36	$41,233.00	6281-R21-000
Bernier L	Residential	$111.40	15	$1,671.00	16	$1,782.40	15	$1,671.00		$0.00		$0.00		$0.00	$5,124.40	$10,248.30	$5,123.90	$40,659.00	6281-R21-000
Brindamour R	Residential	$213.94	15	$3,209.10	16	$3,423.04	15	$3,209.10		$0.00		$0.00		$0.00	$9,841.24	$19,681.70	$9,840.46	$78,085.00	6281-R21-000
Carter K	Residential	$83.56	15	$1,253.40	16	$1,336.96	15	$1,253.40		$0.00		$0.00		$0.00	$3,843.76	$7,686.92	$3,843.16	$30,497.00	6281-R21-000
Denis M	Residential	$176.19	0	$0.00	14	$2,466.66	15	$2,642.85		$0.00		$0.00		$0.00	$5,109.51	$16,206.69	$11,099.38	$64,307.00	6281-R21-000
Demyou C	Residential	$63.96	15	$959.40	16	$1,023.36	15	$959.40		$0.00		$0.00		$0.00	$2,942.16	$5,884.22	$2,942.06	$23,345.00	6281-R21-000
DeVaux M	Residential	$159.15	15	$2,387.25	16	$2,546.40	15	$2,387.25		$0.00		$0.00		$0.00	$7,320.90	$14,641.11	$7,320.21	$58,087.00	6281-R21-000
Devins L	Residential	$108.72	15	$1,630.80	16	$1,739.52	15	$1,630.80		$0.00		$0.00		$0.00	$5,001.12	$10,001.79	$5,000.67	$39,681.00	6281-R21-000
Fortin D	Residential	$127.72	14	$1,788.08	16	$2,043.52	15	$1,915.80		$0.00		$0.00		$0.00	$5,747.40	$11,749.79	$6,002.39	$46,616.00	6281-R21-000
Gaw W	Residential	$90.57	8	$724.56	14	$1,267.98	13	$1,177.41		$0.00		$0.00		$0.00	$3,169.95	$8,331.92	$5,161.97	$33,056.00	6281-R21-000
Geldart V	Residential	$102.86	15	$1,542.90	16	$1,646.76	15	$1,542.90		$0.00		$0.00		$0.00	$4,731.58	$9,462.64	$4,731.06	$37,542.00	6281-R21-000
Hayes K	Residential	$212.38	15	$3,185.70	16	$3,398.08	15	$3,185.70		$0.00		$0.00		$0.00	$9,769.48	$19,538.28	$9,768.80	$77,516.00	6281-R21-000
James A	Residential	$117.56	15	$1,763.40	13	$1,528.28	15	$1,763.40		$0.00		$0.00		$0.00	$5,055.08	$10,814.92	$5,759.84	$42,907.00	6281-R21-000
Johnson B	Residential	$95.84	15	$1,437.60	16	$1,533.44	15	$1,437.60		$0.00		$0.00		$0.00	$4,408.64	$8,817.13	$4,408.49	$34,981.00	6281-R21-000
Ketchen J	Residential	$122.30	8	$978.40	16	$1,956.80	15	$1,834.50		$0.00		$0.00		$0.00	$4,769.70	$11,250.72	$6,481.02	$44,636.00	6281-R21-000
Kirby J	Residential	$239.00	15	$3,585.00	16	$3,824.00	16	$3,585.00		$0.00		$0.00		$0.00	$10,994.00	$21,987.50	$10,993.50	$87,233.00	6281-R21-000
Knowles M	Residential	$112.09	13	$1,457.17	14	$1,569.26	15	$1,681.35		$0.00		$0.00		$0.00	$4,707.78	$10,311.81	$5,604.03	$40,911.00	6281-R21-000
Leforest R	Residential	$107.02	15	$1,605.30	16	$1,712.32	15	$1,605.30		$0.00		$0.00		$0.00	$4,922.92	$9,845.26	$4,922.34	$39,080.00	6281-R21-000
Landry P	Residential	$135.10	15	$2,026.50	16	$2,161.60	15	$2,026.50		$0.00		$0.00		$0.00	$6,214.60	$12,429.07	$6,214.47	$49,311.00	6281-R21-000
Mason Z	Residential	$106.39	15	$1,595.85	16	$1,702.24	15	$1,595.85		$0.00		$0.00		$0.00	$4,893.94	$9,787.29	$4,893.35	$38,830.00	6281-R21-000
McNamara J	Residential	$644.15	15	$9,662.25	16	$10,306.40	15	$9,662.25		$0.00		$0.00		$0.00	$29,630.90	$59,261.61	$29,630.71	$235,114.00	6281-R21-000
Morse J	Residential	$83.47	15	$1,252.05	16	$1,335.52	13	$1,085.11		$0.00		$0.00		$0.00	$3,672.68	$7,676.85	$4,006.17	$30,465.00	6281-R21-000
Richards M	Residential	$156.30	15	$2,344.50	16	$2,500.80	15	$2,344.50		$0.00		$0.00		$0.00	$7,189.80	$14,378.97	$7,189.17	$57,047.00	6281-R21-000
Rix D	Residential	$114.60	12	$1,377.60	16	$1,836.80	13	$1,492.40		$0.00		$0.00		$0.00	$4,706.80	$10,560.84	$5,854.04	$41,899.00	6281-R21-000
Smith L	Residential	$146.41	15	$2,196.15	16	$2,342.56	15	$2,196.15		$0.00		$0.00		$0.00	$6,734.86	$13,469.56	$6,734.70	$53,439.00	6281-R21-000
Soucie C	Residential	$146.95	15	$2,204.25	16	$2,351.20	15	$2,204.25		$0.00		$0.00		$0.00	$6,759.70	$13,518.96	$6,759.26	$53,635.00	6281-R21-000
Sousa A	Residential	$70.41	15	$1,056.15	16	$1,126.56	15	$1,056.15		$0.00		$0.00		$0.00	$3,238.86	$6,477.05	$3,238.19	$25,697.00	6281-R21-000
Spooner L	Residential	$134.33	15	$2,014.95	16	$2,149.28	15	$2,014.95		$0.00		$0.00		$0.00	$6,179.18	$12,359.25	$6,179.07	$49,030.00	6281-R21-000
Thomas C	Residential	$84.70	13	$1,101.10	16	$1,355.20	14	$1,185.80		$0.00		$0.00		$0.00	$3,642.10	$7,791.77	$4,149.67	$30,913.00	6281-R21-000
Wallace M	Residential	$564.50	15	$8,467.50	16	$9,032.00	15	$8,467.50		$0.00		$0.00		$0.00	$25,967.00	$51,933.67	$25,966.67	$78,465.00	6281-R21-000
Williams D	Residential	$123.87	15	$1,858.05	16	$1,981.92	15	$1,858.05		$0.00		$0.00		$0.00	$5,698.02	$11,395.40	$5,697.38	$45,210.00	6281-R21-000
Payment Due per bi-monthly billing period				$88,030.81		$76,787.38		$72,366.77		$0.00		$0.00		$0.00	$217,184.96	$447,897.13	$230,712.47	$1,849,407.00	
Williams D	SEP	$5.38	44	$236.72	80	$430.40	88	$473.44		$0.00		$0.00		$0.00	$1,140.56	$2,816.46	$1,675.90	$11,174.00	6281-D21-000
Payment Due per bi-monthly billing period				$236.72		$430.40		$473.44		$0.00		$0.00		$0.00	$1,140.56	$2,816.46	$1,675.90	$11,174.00	
Total				$88,068.31		$110,971.76		$104,610.96		$0.00		$0.00		$0.00	$310,651.03	$669,150.14	$386,499.11	$2,632,849.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Community Partners

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Sinclair B	CPS/DH	$14.37	165	$2,371.05	166	$2,872.82	169	$2,428.53		$0.00		$0.00		$0.00	$7,472.40	$13,162.97	$5,710.57	$52,302.00	6281-D23-000
Payment Due per bi-monthly billing period				$2,371.05		$2,872.82		$2,428.53		$0.00		$0.00		$0.00	$7,472.40	$13,162.97	$5,710.57	$52,302.00	
Sinclair B	Residential	$770.07	15	$11,551.05	16	$12,321.12	15	$11,551.05		$0.00		$0.00		$0.00	$35,423.22	$70,846.05	$35,422.83	$261,074.00	6281-R23-000
Payment Due per bi-monthly billing period				$11,551.05		$12,321.12		$11,551.05		$0.00		$0.00		$0.00	$35,423.22	$70,846.05	$35,422.83	$261,074.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$13,922.10		$14,893.94		$13,979.58		$0.00		$0.00		$0.00	$42,895.62	$84,029.02	$41,133.40	$333,376.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Community Partners For Change

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Gutowksi S	CPS/DH	$5.70	264	$1,504.80	288	$1,641.60	264	$1,504.80		$0.00		$0.00		$0.00		$4,651.20	$8,961.81	$4,310.61	$35,556.00	6281-D94-000
Owens T	CPS/DH	$8.98	216	$1,935.36	224	$2,007.04	216	$1,935.36		$0.00		$0.00		$0.00		$5,877.76	$11,268.12	$5,391.36	$44,709.00	6281-D94-000
Peterson Ros	CPS/DH	$5.57	184	$1,024.88	222	$1,236.54	240	$1,336.80		$0.00		$0.00		$0.00		$3,598.22	$6,753.11	$5,154.89	$34,727.00	6281-D94-000
Thayer Z	CPS/DH	$5.62	212	$1,191.44	232	$1,303.84	212	$1,191.44		$0.00		$0.00		$0.00		$3,686.72	$7,064.84	$3,378.12	$28,029.00	6281-D94-000
Payment Due per bi-monthly billing period				$5,656.48		$6,189.02		$5,968.40		$0.00		$0.00		$0.00		$17,813.90	$36,048.88	$18,234.98	$143,020.00	
Gutowksi S	Residential	$133.91	15	$2,008.65	16	$2,142.56	15	$2,008.65		$0.00		$0.00		$0.00		$6,159.86	$12,319.68	$6,159.82	$48,877.00	6281-R94-000
Owens T	Residential	$303.40	15	$4,551.00	16	$4,854.40	15	$4,551.00		$0.00		$0.00		$0.00		$13,956.40	$27,912.30	$13,955.90	$110,739.00	6281-R94-000
Peterson Ros	Residential	$113.46	15	$1,701.90	16	$1,815.36	15	$1,701.90		$0.00		$0.00		$0.00		$5,219.16	$10,438.09	$5,218.93	$41,412.00	6281-R94-000
Thayer Z	Residential	$146.57	15	$2,198.55	16	$2,345.12	15	$2,198.55		$0.00		$0.00		$0.00		$6,742.22	$13,483.92	$6,741.70	$53,496.00	6281-R94-000
Payment Due per bi-monthly billing period				$10,460.10		$11,157.44		$10,460.10		$0.00		$0.00		$0.00		$32,077.64	$64,153.99	$32,076.35	$254,524.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Total				$16,116.58		$17,346.46		$16,428.50		$0.00		$0.00		$0.00		$49,891.54	$100,202.87	$50,311.33	$397,544.00	

Area Agency: One Sky Community Services

Vendor Name: Crotched Mountain

Payment Period July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Burgon A	CPS/DH	$5.94	260	$1,544.40	272	$1,615.68	244	$1,449.36		$0.00		$0.00		$0.00	$4,609.44	$9,332.58	$4,723.14	$37,026.00	6281-D75-000
Himmer A	CPS/DH	$6.32	186	$1,175.52	216	$1,365.12	13	$82.16		$0.00		$0.00		$0.00	$2,622.80	$9,927.43	$7,304.63	$39,386.00	6281-D75-000
Mattucci M	CPS/DH	$6.62	68	$450.16	0	$0.00	80	$529.60		$0.00		$0.00		$0.00	$979.76	$4,852.31	$3,872.55	$19,251.00	6281-D75-000
Mayer C	CPS/DH	$5.63	240	$1,351.20	288	$1,621.44	264	$1,486.32		$0.00		$0.00		$0.00	$4,458.96	$8,852.42	$4,393.46	$35,121.00	6281-D75-000
Papoulias C	CPS/DH	$7.08	217	$1,536.36	244	$1,727.52	170	$1,203.60		$0.00		$0.00		$0.00	$4,467.48	$11,131.75	$6,664.27	$44,164.00	6281-D75-000
Yuknewicz S	CPS/DH	$4.40	146	$642.40	132	$580.80	120	$528.00		$0.00		$0.00		$0.00	$1,751.20	$6,451.34	$4,700.14	$25,595.00	6281-D75-000
Payment Due per bi-monthly billing period				$6,700.04		$6,910.56		$5,279.04		$0.00		$0.00		$0.00	$18,889.64	$50,547.82	$31,658.15	$200,543.00	
Burgon A	Residential	$356.85	15	$5,352.75	15	$5,352.75	15	$5,352.75		$0.00		$0.00		$0.00	$16,058.25	$32,829.38	$16,771.13	$130,247.00	6281-R75-000
Hersam B	Residential	$341.31	15	$5,119.65	13	$4,437.03	15	$5,119.65		$0.00		$0.00		$0.00	$14,676.33	$31,399.73	$16,723.40	$124,575.00	6281-R75-000
Himmer A	Residential	$284.97	13	$3,704.61	15	$4,274.55	13	$3,704.61		$0.00		$0.00		$0.00	$11,683.77	$26,217.23	$14,533.46	$104,014.00	6281-R75-000
Mattucci M	Residential	$284.30	15	$4,264.50	15	$4,264.50	15	$4,264.50		$0.00		$0.00		$0.00	$12,793.50	$26,154.72	$13,361.22	$103,786.00	6281-R75-000
Mayer C	Residential	$302.96	15	$4,544.40	15	$4,544.40	15	$4,544.40		$0.00		$0.00		$0.00	$13,633.20	$27,872.22	$14,239.02	$110,580.00	6281-R75-000
Papoulias C	Residential	$374.82	15	$5,622.30	15	$5,622.30	15	$5,622.30		$0.00		$0.00		$0.00	$16,866.90	$34,482.86	$17,615.96	$136,807.00	6281-R75-000
Yuknewicz S	Residential	$271.18	15	$4,067.70	15	$4,067.70	15	$4,067.70		$0.00		$0.00		$0.00	$12,203.10	$24,948.38	$12,745.28	$98,980.00	6281-R75-000
Payment Due per bi-monthly billing period				$32,676.91		$32,683.23		$32,676.91		$0.00		$0.00		$0.00	$97,915.05	$203,904.52	$105,989.47	$808,989.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$39,375.95		$39,473.79		$37,954.95		$0.00		$0.00		$0.00	$116,804.69	$254,452.34	$137,647.65	$1,009,512.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Community Strategies (CRJ)

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Tanner C	CPS/DH	$5.81		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$9,129.68	$9,129.68	$36,221.00	6281-D45-000
Van Burkirk E	CPS/DH	$8.93		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$5,442.12	$5,442.12	$21,691.00	6281-D45-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$14,571.79	$14,571.79	$57,912.00	
Amero S	Residential	$158.62		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$14,562.96	$14,562.96	$57,896.00	6281-R45-000
Tanner C	Residential	$157.57		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$14,496.43	$14,496.43	$57,513.00	6281-R45-000
Van Burkirk E	Residential	$102.90		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$9,466.42	$9,466.42	$37,557.00	6281-R45-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$38,565.61	$38,565.61	$152,966.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$53,127.61	$53,127.61	$210,778.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Easter Seals

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
Hammond R	Crisis	$4.60		$0.00		$0.00		$0.00		$0.00		$0.00	0	$0.00	$0.00	$4,594.00	$4,594.00	$4,594.00	6261-R30-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$4,594.00	$4,594.00	$4,594.00	
Skutas K	CSS	$8.43	18	$151.74	54	$455.22	18	$151.74		$0.00		$0.00		$0.00	$758.70	$1,988.21	$1,229.51	$7,888.00	6261-L30-000
Payment Due per bi-monthly billing period				$151.74		$455.22		$151.74		$0.00		$0.00		$0.00	$758.70	$1,988.21	$1,229.51	$7,888.00	
Applebee D	CPS/DH	$8.06	140	$1,128.40	125	$1,007.50	176	$1,418.56		$0.00		$0.00		$0.00	$3,554.46	$6,336.66	$2,782.20	$25,140.00	6261-D30-000
Barksdale J	CPS/DH	$2.63	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$0.00	$4,121.60	$4,121.60	$16,352.00	6261-D30-000
Chase D	CPS/DH	$8.42	94	$791.48	144	$1,212.48	104	$875.68		$0.00		$0.00		$0.00	$2,879.64	$6,619.21	$3,739.57	$26,261.00	6261-D30-000
Champe C	CPS/DH	$7.44	240	$1,785.60	168	$1,249.92	264	$1,964.16		$0.00		$0.00		$0.00	$4,999.68	$11,699.88	$6,700.20	$46,418.00	6261-D30-000
Edwinson J	CPS/DH	$8.18	101	$826.18	193	$1,578.74	208	$1,685.08		$0.00		$0.00		$0.00	$4,090.00	$10,288.82	$6,198.82	$40,619.00	6261-D30-000
Ethier D	CPS/DH	$9.33	106	$988.98	207	$1,931.31	176	$1,642.08		$0.00		$0.00		$0.00	$4,562.37	$11,730.13	$7,167.76	$46,538.00	6261-D30-000
Finlay J	CPS/DH	$7.92	168	$1,330.56	224	$1,774.08	250	$1,980.00		$0.00		$0.00		$0.00	$5,084.64	$12,456.55	$7,371.91	$49,420.00	6261-D30-000
Gatchell B	CPS/DH	$8.18	65	$995.30	63	$515.34	194	$1,586.92		$0.00		$0.00		$0.00	$2,797.56	$10,288.62	$7,491.06	$40,619.00	6261-D30-000
Gaudette A	CPS/DH	$4.56	120	$549.60	144	$659.52	72	$329.76		$0.00		$0.00		$0.00	$1,538.88	$4,312.91	$2,774.03	$17,111.00	6261-D30-000
Gingras V	CPS/DH	$2.68	96	$257.28	104	$278.72	88	$235.84		$0.00		$0.00		$0.00	$771.84	$4,202.51	$3,430.67	$16,673.00	6261-D30-000
Goodwin E	CPS/DH	$4.67	150	$700.50	158	$737.86	172	$803.24		$0.00		$0.00		$0.00	$2,241.60	$4,403.65	$2,162.05	$17,471.00	6261-D30-000
Gorski S	CPS/DH	$6.72	24	$161.28	80	$537.60	88	$591.36		$0.00		$0.00		$0.00	$1,290.24	$7,045.18	$5,754.94	$27,951.00	6261-D30-000
Grasso C	CPS/DH	$7.79	24	$186.96	288	$2,243.52	264	$2,056.56		$0.00		$0.00		$0.00	$4,487.04	$12,239.78	$7,752.74	$48,560.00	6261-D30-000
Haley D	CPS/DH	$3.71	240	$890.40	296	$1,098.48	264	$979.44		$0.00		$0.00		$0.00	$2,968.32	$5,623.22	$2,654.90	$23,103.00	6261-D30-000
Hall J	CPS/DH	$3.25	240	$780.00	288	$936.00	264	$858.00		$0.00		$0.00		$0.00	$2,574.00	$5,111.42	$2,537.42	$20,279.00	6261-D30-000
Hammond R	CPS/DH	$4.60	197	$945.60	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$945.60	$1,147.00	$201.40	$1,147.00	6261-D30-000
Hammond R	CPS/DH	$4.60	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$1,802.59	$1,802.59	$24,253.00	6261-D30-000
Hatch D	CPS/DH	$4.60	240	$1,104.00	288	$1,324.80	264	$1,214.40		$0.00		$0.00		$0.00	$3,643.20	$7,232.96	$3,589.76	$28,696.00	6261-D30-000
Healy M	CPS/DH	$4.54	240	$1,089.60	200	$908.00	264	$1,198.56		$0.00		$0.00		$0.00	$3,196.16	$7,127.35	$3,931.19	$28,277.00	6261-D30-000
Hiott M	CPS/DH	$7.26	271	$1,967.46	287	$2,083.62	241	$1,749.66		$0.00		$0.00		$0.00	$5,800.74	$11,406.49	$5,605.75	$45,254.00	6261-D30-000
House A	CPS/DH	$7.66	240	$1,838.40	288	$2,206.08	264	$2,022.24		$0.00		$0.00		$0.00	$6,066.72	$12,038.89	$5,972.17	$47,763.00	6261-D30-000
Kalfaoglu K	CPS/DH	$4.66	216	$1,010.88	288	$1,347.84	216	$1,010.88		$0.00		$0.00		$0.00	$3,369.60	$7,349.16	$3,979.56	$29,157.00	6261-D30-000
Kelley A	CPS/DH	$3.92	240	$940.80	288	$1,128.96	264	$1,034.88		$0.00		$0.00		$0.00	$3,104.64	$6,157.45	$3,052.81	$24,429.00	6261-D30-000
King N	CPS/DH	$6.01	216	$1,730.16	288	$2,306.88	264	$2,114.64		$0.00		$0.00		$0.00	$6,151.68	$12,583.58	$6,431.90	$49,924.00	6261-D30-000
Klaye L	CPS/DH	$3.81	238	$906.16	240	$914.40	240	$914.40		$0.00		$0.00		$0.00	$2,727.96	$5,983.78	$3,255.82	$23,740.00	6261-D30-000
Landry S	CPS/DH	$7.62	240	$1,828.80	288	$2,194.56	228	$1,737.36		$0.00		$0.00		$0.00	$5,760.72	$11,969.33	$6,208.61	$47,487.00	6261-D30-000
Leatham C	CPS/DH	$7.30	250	$1,825.00	308	$2,248.40	280	$2,044.00		$0.00		$0.00		$0.00	$6,117.40	$13,381.59	$7,264.19	$53,090.00	6261-D30-000
Mathis W	CPS/DH	$7.58	84	$636.72	128	$970.24	84	$636.72		$0.00		$0.00		$0.00	$2,243.68	$3,575.15	$1,331.47	$14,184.00	6261-D30-000
McAveeney P	CPS/DH	$8.79	238	$2,092.02	204	$1,793.16	245	$2,153.55		$0.00		$0.00		$0.00	$6,038.73	$8,911.85	$873.12	$27,422.00	6261-D30-000
Mott K	CPS/DH	$7.97	120	$956.40	90	$717.30	120	$956.40		$0.00		$0.00		$0.00	$2,630.10	$6,260.28	$3,630.18	$24,837.00	6261-D30-000
Naudzunas A	CPS/DH	$4.92	220	$1,082.40	240	$1,180.80	220	$1,082.40		$0.00		$0.00		$0.00	$3,346.60	$6,447.81	$3,102.21	$25,561.00	6261-D30-000
Parsons M	CPS/DH	$4.15	240	$996.00	168	$697.20	0	$0.00		$0.00		$0.00		$0.00	$1,693.20	$6,512.59	$4,819.39	$25,838.00	6261-D30-000
Phillips R	CPS/DH	$8.49	140	$1,188.60	100	$849.00	100	$849.00		$0.00		$0.00		$0.00	$2,886.60	$6,671.13	$3,784.53	$26,467.00	6261-D30-000
Pryor W	CPS/DH	$4.93	216	$1,064.88	216	$1,064.88	120	$591.60		$0.00		$0.00		$0.00	$2,721.36	$3,099.01	$377.65	$12,295.00	6261-D30-000
Reid C	CPS/DH	$8.47	120	$1,016.40	60	$508.20	48	$406.56		$0.00		$0.00		$0.00	$1,931.16	$6,659.29	$4,728.13	$26,420.00	6261-D30-000
Reid J	CPS/DH	$4.71	162	$763.02	160	$753.60	186	$876.06		$0.00		$0.00		$0.00	$2,392.68	$4,931.96	$2,539.28	$19,587.00	6261-D30-000
Rodriguez J	CPS/DH	$5.97	177	$1,056.69	222	$1,325.34	220	$1,313.40		$0.00		$0.00		$0.00	$3,695.43	$7,822.77	$4,127.34	$31,036.00	6261-D30-000
Smith K	CPS/DH	$8.79	161	$1,415.19	224	$1,968.96	234	$2,056.86		$0.00		$0.00		$0.00	$5,441.01	$6,911.85	$1,470.84	$27,422.00	6261-D30-000
Smith L	CPS/DH	$4.07	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$2,087.17	$2,087.17	$21,150.00	6261-D30-000
Spaulding L	CPS/DH	$4.14	256	$1,059.84	272	$1,126.08	260	$1,076.40		$0.00		$0.00		$0.00	$3,262.32	$6,507.80	$3,245.48	$25,619.00	6261-D30-000
Wentworth T	CPS/DH	$4.60	216	$993.60	288	$1,324.80	240	$1,104.00		$0.00		$0.00		$0.00	$3,422.40	$7,232.96	$3,810.56	$28,696.00	6261-D30-000
Wotton P	CPS/DH	$2.37	120	$284.40	282	$668.34	240	$568.80		$0.00		$0.00		$0.00	$1,521.54	$3,724.11	$2,202.57	$14,775.00	6261-D30-000
Zogopoulous T	CPS/DH	$4.48	240	$1,075.20	282	$1,263.36	260	$1,164.80		$0.00		$0.00		$0.00	$3,503.36	$5,628.12	$2,122.76	$22,321.00	6261-D30-000
Payment Due per bi-monthly billing period				$41,933.74		$48,806.87		$46,884.25		$0.00		$0.00		$0.00	$137,625.86	$306,841.98	$169,416.12	$1,239,962.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Easter Seals

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
Applebee D	Residential	$319.15	15	$4,787.25	16	$5,106.40	15	$4,787.25		$0.00		$0.00		$0.00	$14,680.90	$29,361.61	$14,680.71	$116,489.00	6281-R30-000
Barksdale J	Residential	$106.54	15	$1,598.10	16	$1,704.64	15	$1,598.10		$0.00		$0.00		$0.00	$4,900.84	$9,801.65	$4,900.81	$38,887.00	6281-R30-000
Cahill-Hassett C	Residential	$1,110.70	15	$16,660.50	16	$17,771.20	15	$16,660.50		$0.00		$0.00		$0.00	$51,092.20	$81,747.17	$30,654.97	$324,323.00	6281-R30-000
Chase D	Residential	$309.39	15	$4,640.85	16	$4,950.24	15	$4,640.85		$0.00		$0.00		$0.00	$14,231.94	$28,463.29	$14,231.35	$112,925.00	6281-R30-000
Cummings M	Residential	$135.65	15	$2,034.75	16	$2,170.40	15	$2,034.75		$0.00		$0.00		$0.00	$6,239.90	$12,479.48	$6,239.58	$49,511.00	6281-R30-000
Edwinson J	Residential	$397.28	15	$5,959.20	16	$6,356.48	15	$5,959.20		$0.00		$0.00		$0.00	$18,274.88	$36,548.95	$18,274.07	$145,004.00	6281-R30-000
Ethier D	Residential	$404.39	14	$5,661.46	15	$6,065.85	15	$6,065.85		$0.00		$0.00		$0.00	$17,793.16	$37,203.29	$19,410.13	$147,600.00	6281-R30-000
Falzarano L	Residential	$93.44	12	$1,121.28	12	$1,121.28	3	$280.32		$0.00		$0.00		$0.00	$2,522.88	$8,595.82	$6,072.94	$34,103.00	6281-R30-000
Finley J	Residential	$341.58	15	$5,123.40	16	$5,464.96	14	$4,781.84		$0.00		$0.00		$0.00	$15,370.20	$31,423.17	$16,052.97	$124,668.00	6281-R30-000
Gaichell B	Residential	$397.05	13	$5,161.65	7	$2,779.35	15	$5,955.75		$0.00		$0.00		$0.00	$13,896.75	$36,528.03	$22,631.28	$144,921.00	6281-R30-000
Gaudette A	Residential	$97.97	12	$1,175.64	12	$1,175.64	8	$783.76		$0.00		$0.00		$0.00	$3,135.04	$9,012.98	$5,877.94	$35,758.00	6281-R30-000
Gingras V	Residential	$72.52	15	$1,089.30	12	$871.44	15	$1,089.30		$0.00		$0.00		$0.00	$3,050.04	$6,680.96	$3,630.92	$28,508.00	6281-R30-000
Goodwin E	Residential	$93.67	15	$1,405.05	16	$1,498.72	15	$1,405.05		$0.00		$0.00		$0.00	$4,308.82	$8,616.75	$4,307.93	$34,186.00	6281-R30-000
Gorski S	Residential	$258.56	15	$3,878.40	16	$4,136.96	15	$3,878.40		$0.00		$0.00		$0.00	$11,893.76	$23,787.17	$11,893.41	$94,373.00	6281-R30-000
Grasso C	Residential	$228.41	1	$228.41	13	$2,969.33	15	$3,426.15		$0.00		$0.00		$0.00	$6,623.89	$17,962.18	$11,338.29	$71,263.00	6281-R30-000
Hall J	Residential	$118.02	14	$1,652.28	16	$1,888.32	14	$1,652.28		$0.00		$0.00		$0.00	$5,192.88	$8,626.07	$3,433.19	$34,223.00	6281-R30-000
Hammond R	Residential	$111.39	15	$1,670.85	14	$1,559.46	16	$1,670.85		$0.00		$0.00		$0.00	$4,901.16	$10,247.04	$5,345.88	$40,854.00	6281-R30-000
Healy M	Residential	$181.16	15	$2,717.40	12	$2,173.92	15	$2,717.40		$0.00		$0.00		$0.00	$7,608.72	$14,109.27	$6,500.55	$55,977.00	6281-R30-000
Hiott M	Residential	$365.90	15	$5,488.50	16	$5,854.40	15	$5,488.50		$0.00		$0.00		$0.00	$16,831.40	$33,661.92	$16,830.52	$133,550.00	6281-R30-000
Kelley A	Residential	$116.32	15	$1,744.80	16	$1,861.12	15	$1,744.80		$0.00		$0.00		$0.00	$5,350.72	$8,589.78	$3,239.06	$34,079.00	6281-R30-000
King N	Residential	$107.07	15	$1,606.05	16	$1,713.12	15	$1,606.05		$0.00		$0.00		$0.00	$4,925.22	$9,850.05	$4,924.83	$39,079.00	6281-R30-000
Kleys L	Residential	$118.53	15	$1,777.95	16	$1,896.48	15	$1,777.95		$0.00		$0.00		$0.00	$5,452.38	$10,904.65	$5,452.27	$43,263.00	6281-R30-000
Landry S	Residential	$146.16	15	$2,192.40	11	$1,607.76	15	$2,192.40		$0.00		$0.00		$0.00	$5,992.56	$13,445.86	$7,453.30	$53,345.00	6281-R30-000
Leatham C	Residential	$111.33	11	$1,224.63	16	$1,781.28	15	$1,669.95		$0.00		$0.00		$0.00	$4,675.86	$10,242.25	$5,566.39	$40,635.00	6281-R30-000
Mathis W	Residential	$296.48	15	$4,447.20	16	$4,743.68	15	$4,447.20		$0.00		$0.00		$0.00	$13,638.08	$27,275.86	$13,637.78	$108,214.00	6281-R30-000
McAveeney P	Residential	$393.15	15	$5,897.25	16	$6,290.40	15	$5,897.25		$0.00		$0.00		$0.00	$18,084.90	$36,169.11	$18,084.21	$143,497.00	6281-R30-000
Naudzunas A	Residential	$280.21	15	$4,203.15	16	$4,483.36	15	$4,203.15		$0.00		$0.00		$0.00	$12,889.66	$25,779.16	$12,889.50	$102,276.00	6281-R30-000
Pryor W	Residential	$74.13	15	$1,111.95	16	$1,186.08	15	$1,111.95		$0.00		$0.00		$0.00	$3,409.98	$6,819.85	$3,409.87	$27,057.00	6281-R30-000
Randall C	Residential	$260.10	8	$2,080.80	16	$4,161.60	15	$3,901.50		$0.00		$0.00		$0.00	$10,143.90	$23,928.57	$13,784.67	$94,934.00	6281-R30-000
Reid J	Residential	$124.66	16	$1,869.90	16	$1,994.56	15	$1,869.90		$0.00		$0.00		$0.00	$5,734.36	$11,467.99	$5,733.63	$45,498.00	6281-R30-000
Rodriguez J	Residential	$126.47	14	$1,770.58	16	$2,023.52	12	$1,517.64		$0.00		$0.00		$0.00	$5,311.74	$11,634.85	$6,323.11	$48,180.00	6281-R30-000
Roe S	Residential	$93.96	15	$1,409.40	16	$1,503.36	15	$1,409.40		$0.00		$0.00		$0.00	$4,322.16	$8,644.22	$4,322.06	$34,295.00	6281-R30-000
Smith K	Residential	$393.15	15	$5,897.25	16	$6,290.40	15	$5,897.25		$0.00		$0.00		$0.00	$18,084.90	$36,169.11	$18,084.21	$143,497.00	6281-R30-000
Spaulding L	Residential	$154.29	15	$2,314.35	16	$2,468.64	15	$2,314.35		$0.00		$0.00		$0.00	$7,097.34	$14,193.96	$7,096.62	$56,313.00	6281-R30-000
Verhelle K	Residential	$101.01	15	$1,515.15	16	$1,616.16	15	$1,515.15		$0.00		$0.00		$0.00	$4,646.46	$9,292.50	$4,646.04	$36,867.00	6281-R30-000
Verhelle N	Residential	$111.65	15	$1,674.75	16	$1,786.40	15	$1,674.75		$0.00		$0.00		$0.00	$5,135.90	$10,271.48	$5,135.58	$40,751.00	6281-R30-000
Wotton P	Residential	$94.96	15	$1,424.40	16	$1,519.36	15	$1,424.40		$0.00		$0.00		$0.00	$4,368.16	$8,735.46	$4,367.30	$34,657.00	6281-R30-000
Zogopoulous T	Residential	$131.51	15	$1,972.65	14	$1,841.14	14	$1,841.14		$0.00		$0.00		$0.00	$5,654.93	$12,098.13	$6,443.20	$47,998.00	6281-R30-000
Payment Due per bi-monthly billing period				$118,188.88		$126,387.41		$122,892.28		$0.00		$0.00		$0.00	$367,468.57	$740,369.62	$372,901.08	$2,937,336.00	
Gaudette A	SEP	$6.25	128	$800.00	52	$325.00	52	$325.00		$0.00		$0.00		$0.00	$1,450.00	$3,931.30	$2,481.30	$15,597.00	6281-D30-000
Griffin L	SEP	$9.28	120	$993.60	120	$993.60	124	$1,026.72		$0.00		$0.00		$0.00	$3,013.92	$5,637.96	$2,624.04	$22,368.00	6281-D30-000
Pryor W	SEP	$8.58	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$0.00	$2,412.67	$2,412.67	$9,572.00	6281-D30-000
Payment Due per bi-monthly billing period				$1,793.60		$1,318.60		$1,351.72		$0.00		$0.00		$0.00	$4,463.92	$11,981.93	$7,518.01	$47,537.00	
Total				$162,087.96		$176,767.10		$171,278.99		$0.00		$0.00		$0.00	$510,115.06	$1,064,775.73	$554,660.68	$4,237,317.00	

Area Agency: One Sky Community Services

Vendor Name: Farmsteads

Payment Period July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Caulder J	CSS	$6.89	28	$192.92	30	$206.70	42	$289.38		$0.00		$0.00		$0.00	$689.00	$4,690.24	$4,001.24	$16,606.00	6281-L85-000
Smith D M	CSS	$5.95	183	$1,088.85	162	$963.90	371	$2,207.45		$0.00		$0.00		$0.00	$4,260.20	$4,674.36	$414.16	$16,545.00	6281-L85-000
Payment Due per bi-monthly billing period				$1,281.77		$1,170.60		$2,496.83		$0.00		$0.00		$0.00	$4,949.20	$9,364.60	$4,415.39	$37,153.00	
Barrier L	CPS/DH	$9.36	84	$786.24	153	$1,432.08	141	$1,319.76		$0.00		$0.00		$0.00	$3,538.08	$6,868.75	$3,330.67	$27,251.00	6281-D85-000
Caulder J	CPS/DH	$10.52	34	$357.68	46	$483.92	36	$378.72		$0.00		$0.00		$0.00	$1,220.32	$2,755.21	$1,534.89	$10,931.00	6281-D85-000
Correia C	CPS/DH	$3.07	237	$727.59	302	$927.14	267	$819.69		$0.00		$0.00		$0.00	$2,474.42	$4,627.61	$2,353.19	$19,153.00	6281-D85-000
Gray A	CPS/DH	$4.81	315	$1,515.15	341	$1,640.21	264	$1,269.64		$0.00		$0.00		$0.00	$4,425.20	$7,558.37	$3,133.17	$29,987.00	6281-D85-000
Hussey J	CPS/DH	$5.74	356	$2,054.92	323	$1,854.02	337	$1,934.38		$0.00		$0.00		$0.00	$5,843.32	$9,017.01	$3,173.69	$35,774.00	6281-D85-000
Longo A	CPS/DH	$6.45	316	$2,038.20	287	$1,851.15	280	$1,806.00		$0.00		$0.00		$0.00	$5,695.35	$10,136.64	$4,441.29	$40,216.00	6281-D85-000
Smith D M	CPS/DH	$2.58	240	$614.40	289	$737.28	134	$343.04		$0.00		$0.00		$0.00	$1,694.72	$4,012.46	$2,317.74	$15,919.00	6281-D85-000
Payment Due per bi-monthly billing period				$8,094.18		$8,926.88		$7,871.43		$0.00		$0.00		$0.00	$24,891.41	$45,175.09	$20,284.62	$179,231.00	
Correia C	Residential	$81.33	15	$1,219.95	12	$975.96	15	$1,219.95		$0.00		$0.00		$0.00	$3,415.86	$7,481.99	$4,066.13	$29,884.00	6281-R85-000
Gray A	Residential	$274.46	15	$4,116.90	16	$4,391.36	15	$4,116.90		$0.00		$0.00		$0.00	$12,625.16	$25,249.84	$12,624.68	$100,178.00	6281-R85-000
Hussey J	Residential	$237.07	15	$3,556.05	13	$3,081.91	15	$3,556.05		$0.00		$0.00		$0.00	$10,194.01	$21,609.80	$11,615.79	$86,528.00	6281-R85-000
Longo A	Residential	$228.57	15	$3,398.55	16	$3,625.12	15	$3,398.55		$0.00		$0.00		$0.00	$10,422.22	$20,843.67	$10,421.45	$82,695.00	6281-R85-000
Payment Due per bi-monthly billing period				$12,291.45		$12,074.35		$12,291.45		$0.00		$0.00		$0.00	$36,657.25	$75,185.30	$38,728.05	$299,085.00	
Caulder J	SEP	$10.31	40	$412.40	19	$195.89	24	$247.44		$0.00		$0.00		$0.00	$855.73	$2,700.77	$1,845.04	$10,715.00	6281-D85-000
Payment Due per bi-monthly billing period				$412.40		$195.89		$247.44		$0.00		$0.00		$0.00	$855.73	$2,700.77	$1,845.04	$10,715.00	
Total				$22,079.80		$22,366.64		$22,907.16		$0.00		$0.00		$0.00	$67,353.59	$132,628.70	$65,273.11	$526,182.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Great Bay Services

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Molesky L	CSS	$8.21	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$860.26	$860.26	$3,413.00	6281-L35-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$860.26	$860.26	$3,413.00	
Blades D	CPS/DH	$3.91	211	$825.01	274	$1,071.34	233	$911.03		$0.00		$0.00		$0.00		$2,807.38	$6,134.76	$3,327.38	$24,339.00	6281-D35-000
Brown N	CPS/DH	$3.82	45	$152.90	227	$821.74	204	$738.48		$0.00		$0.00		$0.00		$1,723.12	$5,692.41	$3,969.29	$22,584.00	6281-D35-000
Duff H	CPS/DH	$4.24	211	$894.64	277	$1,174.48	137	$580.88		$0.00		$0.00		$0.00		$2,650.00	$8,650.30	$4,010.30	$26,424.00	6281-D35-000
Eaton N	CPS/DH	$6.30	143	$900.90	272	$1,713.60	183	$1,152.90		$0.00		$0.00		$0.00		$3,767.40	$9,906.76	$6,139.36	$39,304.00	6281-D35-000
Fortin P	CPS/DH	$1.24	183	$226.92	276	$342.24	227	$281.48	0	$0.00	0	$0.00	0	$0.00		$850.64	$947.00	$96.36	$947.00	6281-D35-000
Fortin P	CPS/DH	$5.13	0	$0.00	0	$0.00	23	$117.99		$0.00		$0.00		$0.00		$117.99	$4,121.80	$4,003.81	$28,151.00	6281-D35-000
Henry C	CPS/DH	$1.24	44	$54.56	112	$138.88	137	$169.88	0	$0.00	0	$0.00	0	$0.00		$363.32	$947.00	$583.68	$947.00	6281-D35-000
Henry C	CPS/DH	$2.48	0	$0.00	0	$0.00	22	$54.56		$0.00		$0.00		$0.00		$54.56	$1,990.25	$1,935.69	$13,593.00	6281-D35-000
Jacobs B	CPS/DH	$1.14	47	$53.58	94	$107.16	109	$124.26		$0.00		$0.00		$0.00		$285.00	$1,935.78	$1,650.78	$7,880.00	6281-D35-000
Jones J	CPS/DH	$4.75	162	$769.50	225	$1,068.75	182	$864.50		$0.00		$0.00		$0.00		$2,702.75	$7,468.38	$4,765.63	$29,630.00	6281-D35-000
Ketchen J	CPS/DH	$4.13	146	$602.98	284	$1,172.92	265	$1,094.45		$0.00		$0.00		$0.00		$2,870.35	$8,493.18	$3,622.83	$25,761.00	6281-D35-000
Mcardle P	CPS/DH	$1.24	46	$57.04	79	$97.96	87	$107.88		$0.00		$0.00		$0.00		$262.88	$1,935.78	$1,672.90	$7,680.00	6281-D35-000
Michitson N	CPS/DH	$3.47	206	$714.82	276	$957.72	182	$631.54		$0.00		$0.00		$0.00		$2,304.09	$5,453.71	$3,149.63	$21,837.00	6281-D35-000
Moulton E	CPS/DH	$1.24	187	$231.88	256	$317.44	234	$290.16		$0.00		$0.00		$0.00		$839.48	$1,935.78	$1,096.30	$7,880.00	6281-D35-000
Moynahan N	CPS/DH	$3.13	198	$619.74	253	$791.89	220	$688.60		$0.00		$0.00		$0.00		$2,100.23	$4,919.86	$2,819.63	$19,519.00	6281-D35-000
Page L	CPS/DH	$4.37	219	$957.03	268	$1,171.16	269	$1,175.53		$0.00		$0.00		$0.00		$3,303.72	$6,870.26	$3,566.54	$27,257.00	6281-D35-000
Pesark J	CPS/DH	$6.95	136	$959.10	219	$1,522.05	162	$1,125.90		$0.00		$0.00	0	$0.00		$3,607.05	$8,907.00	$5,299.95	$8,907.00	6281-D35-000
Pesark J	CPS/DH	$7.50	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$1,743.52	$1,743.52	$29,845.00	6281-D35-000
Roe S	CPS/DH	$1.82	184	$334.88	285	$518.70	237	$431.34	0	$0.00	0	$0.00	0	$0.00		$1,284.92	$9,417.00	$8,132.08	$9,417.00	6281-D35-000
Roe S	CPS/DH	$3.99	0	$0.00	0	$0.00	25	$99.75		$0.00		$0.00		$0.00		$99.75	$3,202.88	$3,103.13	$21,875.00	6281-D35-000
Runcie R	CPS/DH	$2.95	0	$0.00	4	$11.80	0	$0.00		$0.00		$0.00		$0.00		$11.80	$4,833.27	$4,821.47	$18,382.00	6281-D35-000
St Onge R	CPS/DH	$4.17	214	$892.38	285	$1,188.45	234	$975.78		$0.00		$0.00		$0.00		$3,056.61	$8,555.19	$3,498.58	$26,007.00	6281-D35-000
Payment Due per bi-monthly billing period				$9,257.88		$14,188.28		$11,618.89		$0.00		$0.00		$0.00		$35,063.03	$107,871.57	$72,808.54	$417,696.00	
N/A	Residential	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Roe S	SEP	$7.19	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00	$921.00	$921.00	$921.00	6281-D35-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$921.00	$921.00	$921.00	
Total				$9,257.88		$14,188.28		$11,618.89		$0.00		$0.00		$0.00		$35,063.03	$109,653.14	$74,590.11	$421,900.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Institute of Professional Practice

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Augusta T	CPS/DH	$5.75	236	$1,357.00	285	$1,638.75	264	$1,518.00		$0.00		$0.00		$0.00	$4,513.75	$9,034.15	$4,520.40	$35,842.00	6281-D40-000
Binkowski S	CPS/DH	$4.69	252	$1,181.88	224	$1,050.56	308	$1,444.52		$0.00		$0.00		$0.00	$3,676.96	$8,593.30	$4,916.34	$34,093.00	6281-D40-000
Boucher T	CPS/DH	$3.69	240	$885.60	288	$1,062.72	168	$619.92	0	$0.00	0	$0.00	0	$0.00	$2,568.24	$2,835.00	$266.76	$2,835.00	6281-D40-000
Boucher T	CPS/DH	$5.53	0	$0.00	0	$0.00	24	$132.72		$0.00		$0.00		$0.00	$132.72	$4,440.40	$4,307.68	$30,327.00	6281-D40-000
Carlisle R	CPS/DH	$5.50	240	$1,320.00	288	$1,584.00	264	$1,452.00		$0.00		$0.00		$0.00	$4,356.00	$8,647.50	$4,291.50	$34,308.00	6281-D40-000
Ellis M	CPS/DH	$5.14	90	$462.60	68	$349.52	86	$442.04		$0.00		$0.00		$0.00	$1,254.16	$5,383.89	$4,129.73	$21,360.00	6281-D40-000
Erdbrink M	CPS/DH	$5.76	192	$1,106.92	264	$1,520.64	264	$1,520.64		$0.00		$0.00		$0.00	$4,147.20	$9,052.30	$4,905.10	$35,914.00	6281-D40-000
Fortin D	CPS/DH	$4.23	240	$1,015.20	288	$1,218.24	232	$981.36	0	$0.00	0	$0.00	0	$0.00	$3,214.80	$3,251.00	$36.20	$3,251.00	6281-D40-000
Fortin D	CPS/DH	$9.15	0	$0.00	0	$0.00	24	$219.60		$0.00		$0.00		$0.00	$219.60	$7,347.23	$7,127.63	$50,180.00	6281-D40-000
Gill S	CPS/DH	$5.63	240	$1,351.20	288	$1,621.44	264	$1,486.32		$0.00		$0.00		$0.00	$4,458.96	$8,842.33	$4,383.37	$35,081.00	6281-D40-000
Haley N	CPS/DH	$3.95	236	$932.20	288	$1,137.60	264	$1,042.80		$0.00		$0.00		$0.00	$3,112.60	$6,204.08	$3,091.48	$24,614.00	6281-D40-000
O'Neil K	CPS/DH	$5.67	240	$1,360.80	288	$1,632.96	264	$1,496.88		$0.00		$0.00		$0.00	$4,490.64	$8,915.93	$4,425.29	$35,373.00	6281-D40-000
Richards M	CPS/DH	$6.22	240	$1,492.80	240	$1,492.80	264	$1,642.08		$0.00		$0.00		$0.00	$4,627.68	$9,782.50	$5,154.82	$38,811.00	6281-D40-000
Rutherford S	CPS/DH	$5.32	240	$1,276.80	288	$1,532.16	250	$1,330.00	0	$0.00	0	$0.00	0	$0.00	$4,138.96	$4,091.00	($47.96)	$4,091.00	6281-D40-000
Rutherford S	CPS/DH	$8.33	0	$0.00	0	$0.00	24	$199.92		$0.00		$0.00		$0.00	$199.92	$6,691.42	$6,491.50	$45,701.00	6281-D40-000
Stevens Ju	CPS/DH	$5.50	216	$1,188.00	108	$594.00	264	$1,452.00		$0.00		$0.00	0	$0.00	$3,234.00	$7,139.00	$3,905.00	$7,139.00	6281-D40-000
Stevens Ju	CPS/DH	$7.73	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$2,113.38	$2,113.38	$38,305.00	6281-D40-000
Verhelle N	CPS/DH	$5.76	232	$1,336.32	288	$1,658.88	264	$1,520.64		$0.00		$0.00		$0.00	$4,515.84	$9,052.80	$4,536.96	$35,916.00	6281-D40-000
Verreault L	CPS/DH	$6.09	96	$584.64	246	$1,498.14	240	$1,461.60		$0.00		$0.00		$0.00	$3,544.38	$9,575.06	$6,030.68	$37,968.00	6281-D40-000
Whitlock D	CPS/DH	$4.70	192	$902.40	216	$1,015.20	216	$1,015.20		$0.00		$0.00	0	$0.00	$2,932.80	$4,882.00	$1,949.20	$4,882.00	6281-D40-000
Whitlock D	CPS/DH	$5.43	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$1,484.47	$1,484.47	$28,906.00	6281-D40-000
Payment Due per bi-monthly billing period				$17,783.38		$20,607.61		$20,878.24		$0.00		$0.00		$0.00	$59,539.21	$137,388.74	$78,019.83	$562,917.00	
Augusta T	Residential	$115.11	12	$1,381.32	16	$1,841.76	10	$1,151.10		$0.00		$0.00		$0.00	$4,374.18	$8,703.70	$4,329.52	$34,531.00	6281-R40-000
Binkowski S	Residential	$113.88	12	$1,366.56	11	$1,252.68	12	$1,366.56		$0.00		$0.00		$0.00	$3,985.80	$8,811.20	$4,825.40	$34,164.00	6281-R40-000
Ellis M	Residential	$157.28	15	$2,359.20	16	$2,516.48	15	$2,359.20		$0.00		$0.00		$0.00	$7,234.88	$14,469.71	$7,234.83	$57,407.00	6281-R40-000
Keisher P	Residential	$437.41	14	$6,123.74	16	$6,998.56	14	$6,123.74		$0.00		$0.00		$0.00	$19,246.04	$36,051.90	$16,805.86	$143,032.00	6281-R40-000
Rutherford S	Residential	$108.35	15	$1,625.25	16	$1,733.60	14	$1,516.90	0	$0.00	0	$0.00	0	$0.00	$4,875.75	$4,875.00	($0.75)	$4,875.00	6281-R40-000
Rutherford S	Residential	$191.06	0	$0.00	0	$0.00	1	$191.06		$0.00		$0.00		$0.00	$191.06	$8,979.49	$8,788.43	$61,328.00	6281-R40-000
Stevens Ja	Residential	$121.20	15	$1,818.00	16	$1,939.20	15	$1,818.00		$0.00		$0.00		$0.00	$5,575.20	$11,149.90	$5,574.70	$44,236.00	6281-R40-000
Stevens Ju	Residential	$105.75	13	$1,374.75	7	$740.25	15	$1,586.25		$0.00		$0.00	0	$0.00	$3,701.25	$8,037.00	$4,335.75	$8,037.00	6281-R40-000
Stevens Ju	Residential	$121.20	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$1,939.09	$1,939.09	$35,146.00	6281-R40-000
Payment Due per bi-monthly billing period				$16,048.82		$17,022.53		$16,112.81		$0.00		$0.00		$0.00	$49,184.16	$102,816.89	$53,632.93	$422,758.00	
N/A	BEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$33,832 18		$37,630 14		$37,091 05		$0.00		$0.00		$0.00	$108,823 37	$240,175 75	$131,652 36	$1,005,673 00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Judge Rotenberg Center

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
Werchniak A	Crisis	$4.875	960	$4,680.00	1024	$4,992.00		$0.00		$0.00		$0.00		$0.00	$9,672.00	$28,704.00	$19,032.00	$28,704.00	6281-R10-000
Payment Due per bi-monthly billing period				$4,680.00		$4,992.00		$0.00		$0.00		$0.00		$0.00	$9,672.00	$28,704.00	$19,032.00	$28,704.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CPS/DH	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Werchniak A	Residential	$786.61	15	$11,799.15	16	$12,585.76		$0.00		$0.00		$0.00		$0.00	$24,384.91	$72,368.12	$47,983.21	$287,112.65	6281-R10-000
Payment Due per bi-monthly billing period				$11,799.15		$12,585.76		$0.00		$0.00		$0.00		$0.00	$24,384.91	$72,368.12	$47,983.21	$287,112.65	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$16,479.15		$17,577.76		$0.00		$0.00		$0.00		$0.00	$34,056.91	$101,072.12	$67,015.21	$315,816.65	

Area Agency: One Sky Community Services

Vendor Name: Kimi Nichols Center

Payment Period July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Kennedy, J	CPS/DH	$6.30	192	$1,209.60	96	$604.80		$0.00		$0.00		$0.00		$0.00	$1,814.40	$9,902.48	$8,088.08	$39,287.00	6281-D92-000
Payment Due per bi-monthly billing period				$1,209.60		$604.80		$0.00		$0.00		$0.00		$0.00	$1,814.40	$9,902.48	$8,088.08	$39,287.00	
Kennedy, J	Residential	$229.91	13	$2,988.83	7	$1,609.37		$0.00		$0.00		$0.00		$0.00	$4,598.20	$21,151.18	$16,552.98	$83,915.00	6281-R92-000
Payment Due per bi-monthly billing period				$2,988.83		$1,609.37		$0.00		$0.00		$0.00		$0.00	$4,598.20	$21,151.18	$16,552.98	$83,915.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$4,198.43		$2,214.17		$0.00		$0.00		$0.00		$0.00	$6,412.60	$31,053.66	$24,641.06	$123,202.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Life Visions

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Dyer N	CPS/DH	$2.88	216	$622.08	216	$622.08	216	$622.08		$0.00		$0.00		$0.00	$1,866.24	$4,525.39	$2,659.15	$17,954.00	6281-D18-000
Payment Due per bi-monthly billing period				$622.08		$622.08		$622.08		$0.00		$0.00		$0.00	$1,866.24	$4,525.39	$2,659.15	$17,954.00	
N/A	Residential	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$622.08		$622.08		$622.08		$0.00		$0.00		$0.00	$1,866.24	$4,525.39	$2,659.15	$17,954.00	

Area Agency: One Sky Community Services

Vendor Name: LifeShare

Payment Period July 1st - September 30th 2019

Q1 BULK BILLING INVOICE

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Bennett J	CPS/DH	$7.61	216	$1,643.76	256	$1,948.16	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$3,591.92	$2,015.00	($1,576.92)	$2,015.00	6281-D70-000
Borden D	CPS/DH	$2.73	216	$589.68	236	$644.28	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,233.96	$1,446.00	$212.04	$1,446.00	6281-D70-000
Cahill D	CPS/DH	$4.72	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$0.00	$1,501.00	$1,501.00	$1,501.00	6281-D70-000
Caron E	CPS/DH	$3.10	108	$334.80	228	$706.80	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,041.60	$1,842.00	$800.40	$1,842.00	6281-D70-000
Catinchi C	CPS/DH	$3.86	118	$455.48	60	$231.60	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$687.08	$1,020.00	$332.92	$1,020.00	6281-D70-000
Currier D	CPS/DH	$4.42	60	$265.20	60	$265.20	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$530.40	$1,170.00	$639.60	$1,170.00	6281-D70-000
Fowler K	CPS/DH	$5.86	192	$1,125.12	264	$1,547.04	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,672.16	$3,102.00	$429.84	$3,102.00	6281-D70-000
Holland K	CPS/DH	$2.98	192	$572.16	280	$834.40	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,406.56	$1,574.00	$167.44	$1,574.00	6281-D70-000
Houle T	CPS/DH	$3.57	120	$428.40	252	$899.64	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,328.04	$1,888.00	$559.96	$1,888.00	6281-D70-000
Howland J	CPS/DH	$2.67	0	$0.00	112	$299.04	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$299.04	$1,131.00	$831.96	$1,131.00	6281-D70-000
Mallet J	CPS/DH	$2.73	192	$524.16	168	$458.64	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$982.80	$1,442.00	$459.20	$1,442.00	6281-D70-000
Makhoul C	CPS/DH	$6.08	84	$510.72	196	$1,191.68	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,702.40	$2,252.00	$549.60	$2,252.00	6281-D70-000
Moody J	CPS/DH	$6.12	188	$1,150.56	284	$1,738.08	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,888.64	$3,241.00	$352.36	$3,241.00	6281-D70-000
Nichols C	CPS/DH	$5.46	216	$1,179.36	288	$1,572.48	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,751.84	$2,889.00	$137.16	$2,889.00	6281-D70-000
Peterson Rob	CPS/DH	$5.29	192	$1,015.68	232	$1,227.28	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,242.96	$2,802.00	$559.04	$2,802.00	6281-D70-000
Reidl E	CPS/DH	$2.83	216	$611.28	280	$792.40	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,403.68	$1,496.00	$92.32	$1,496.00	6281-D70-000
Semprini W	CPS/DH	$6.04	100	$604.00	40	$241.60	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$845.60	$1,679.00	$833.40	$1,679.00	6281-D70-000
Shipley J	CPS/DH	$3.58	168	$598.08	120	$427.20	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,025.28	$1,885.00	$859.72	$1,885.00	6281-D70-000
Payment Due per bi-monthly billing period				$11,868.44		$16,028.82		$0.00		$0.00		$0.00		$0.00	$26,933.96	$34,175.00	$7,641.04	$34,175.00	
Bennett J	Residential	$68.35	15	$1,025.25	16	$1,093.60	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,738.85	$2,739.00	$0.15	$2,739.00	6281-R70-000
Borden D	Residential	$80.46	15	$1,206.90	16	$1,287.36	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,494.26	$2,494.00	($0.26)	$2,494.00	6281-R70-000
Cahill D	Residential	$93.86	15	$1,407.90	16	$1,501.76	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,909.66	$2,909.00	($0.66)	$2,909.00	6281-R70-000
Currier D	Residential	$84.16	10	$841.60	4	$256.64	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$898.24	$1,969.00	$1,090.76	$1,969.00	6281-R70-000
Freeman S	Residential	$86.36	15	$1,260.40	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$1,260.40	$2,646.00	$1,365.60	$2,646.00	6281-R70-000
Holland K	Residential	$71.88	15	$1,078.20	16	$1,150.08	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,228.28	$2,228.00	($0.28)	$2,228.00	6281-R70-000
Mallet J	Residential	$99.54	13	$1,294.02	10	$995.40	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,289.42	$3,086.00	$796.58	$3,086.00	6281-R70-000
Nichols C	Residential	$100.79	15	$1,511.85	16	$1,612.64	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$3,124.49	$3,124.00	($0.49)	$3,124.00	6281-R70-000
Peterson Rob	Residential	$116.97	15	$1,754.55	16	$1,871.52	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$3,626.07	$3,626.00	($0.07)	$3,626.00	6281-R70-000
Reidl E	Residential	$70.05	15	$1,050.75	16	$1,120.80	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,171.55	$2,171.00	($0.55)	$2,171.00	6281-R70-000
Sousa E	Residential	$83.57	15	$1,253.55	16	$1,337.12	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,590.67	$2,590.00	($0.67)	$2,590.00	6281-R70-000
Payment Due per bi-monthly billing period				$13,904.97		$12,846.92		$0.00		$0.00		$0.00		$0.00	$26,751.89	$29,602.00	$2,850.11	$29,602.00	
Amero S	SEP	$3.92	120	$470.40	120	$470.40	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$940.80	$1,036.00	$95.20	$1,036.00	6281-D70-000
Payment Due per bi-monthly billing period				$470.40		$470.40		$0.00		$0.00		$0.00		$0.00	$940.80	$1,036.00	$95.20	$1,036.00	
Total				$25,883.81		$28,042.84		$0.00		$0.00		$0.00		$0.00	$53,926.65	$64,813.00	$10,886.35	$64,813.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Living Innovations

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
N/A	CBS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Aldrich J	CPS/DH	$3.72	251	$933.72	323	$1,201.56	302	$1,123.44		$0.00		$0.00		$0.00		$3,258.72	$5,838.85	$2,580.13	$23,165.00	6281-D65-000
Barlow S	CPS/DH	$5.13	0	$0.00	60	$307.80	90	$461.70		$0.00		$0.00		$0.00		$769.50	$4,026.58	$3,257.08	$15,975.00	6281-D65-000
Baxter T	CPS/DH	$4.60	234	$1,076.40	310	$1,426.00	253	$1,163.80		$0.00		$0.00		$0.00		$3,666.20	$8,433.00	$4,766.80	$33,457.00	6281-D65-000
Boutard A	CPS/DH	$5.41	192	$1,038.72	288	$1,558.08	257	$1,390.37		$0.00		$0.00		$0.00		$3,987.17	$8,501.05	$4,513.88	$33,727.00	6281-D65-000
Brown T	CPS/DH	$9.65	96	$926.40	112	$1,080.80	112	$1,080.80		$0.00		$0.00		$0.00		$3,088.00	$6,065.70	$2,977.70	$24,065.00	6281-D65-000
Caruso R	CPS/DH	$4.22	264	$1,114.08	288	$1,215.36	264	$1,114.08		$0.00		$0.00		$0.00		$3,443.52	$6,632.82	$3,189.30	$26,315.00	6281-D65-000
Chapman K	CPS/DH	$5.28	264	$1,393.92	288	$1,520.64	264	$1,393.92		$0.00		$0.00		$0.00		$4,308.48	$8,297.90	$3,989.42	$32,821.00	6281-D65-000
Cohen L	CPS/DH	$7.10	48	$340.80	72	$511.20	48	$340.80		$0.00		$0.00		$0.00		$1,192.80	$2,231.95	$1,039.15	$8,855.00	6281-D65-000
Cook D	CPS/DH	$9.34	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00	$8,298.14	$8,298.14	$37,448.00	6281-D65-000
Cote J	CPS/DH	$3.69	170	$810.30	129	$463.11	240	$861.60		$0.00		$0.00		$0.00		$1,935.01	$5,635.19	$3,700.18	$22,357.00	6281-D65-000
Desjardins T	CPS/DH	$6.12	150	$918.00	172	$1,052.64	129	$789.48		$0.00		$0.00		$0.00		$2,760.12	$5,132.84	$2,372.72	$20,364.00	6281-D65-000
Donnell E	CPS/DH	$5.51	120	$661.20	240	$1,322.40	220	$1,212.20		$0.00		$0.00		$0.00		$3,195.80	$7,210.78	$4,014.98	$28,608.00	6281-D65-000
Duncan J	CPS/DH	$7.22	184	$1,328.48	176	$1,270.72	180	$1,299.60		$0.00		$0.00		$0.00		$3,898.80	$7,567.95	$3,669.15	$30,025.00	6281-D65-000
Falzarano L	CPS/DH	$6.38	240	$1,531.20	216	$1,378.08	120	$765.60		$0.00		$0.00		$0.00		$3,674.88	$10,019.68	$6,344.80	$39,752.00	6281-D65-000
Fitts N	CPS/DH	$4.43	264	$1,169.52	288	$1,275.84	264	$1,169.52		$0.00		$0.00		$0.00		$3,614.88	$6,952.43	$3,337.55	$27,583.00	6281-D65-000
Fushpanski D	CPS/DH	$3.61	120	$433.20	168	$606.48	192	$693.12		$0.00		$0.00		$0.00		$1,732.80	$4,535.98	$2,803.18	$17,996.00	6281-D65-000
Gaudet M	CPS/DH	$4.77	96	$457.92	48	$228.96	72	$343.44		$0.00		$0.00		$0.00		$1,030.32	$7,501.40	$6,471.08	$29,761.00	6281-D65-000
Greenwood K	CPS/DH	$5.26	96	$504.96	168	$883.68	168	$883.68		$0.00		$0.00		$0.00		$2,272.32	$4,954.64	$2,682.32	$19,657.00	6281-D65-000
Hart D	CPS/DH	$10.80	92	$993.60	80	$864.00	82	$885.60		$0.00		$0.00		$0.00		$2,743.20	$5,661.65	$2,918.45	$22,462.00	6281-D65-000
Hyzer G	CPS/DH	$7.05	104	$733.20	130	$916.50	130	$916.50		$0.00		$0.00		$0.00		$2,566.20	$4,802.40	$2,236.20	$19,053.00	6281-D65-000
Kaplan J	CPS/DH	$3.70	72	$266.40	96	$355.20	88	$325.60		$0.00		$0.00		$0.00		$947.20	$1,935.78	$988.58	$7,680.00	6281-D65-000
Letourneau L	CPS/DH	$4.69	160	$782.40	176	$860.64	192	$938.88		$0.00		$0.00		$0.00		$2,581.92	$5,126.29	$2,544.37	$20,338.00	6281-D65-000
Lounsy R	CPS/DH	$4.99	240	$1,197.60	264	$1,317.36	245	$1,222.55		$0.00		$0.00		$0.00		$3,737.51	$7,408.00	$3,670.49	$7,408.00	6281-D65-000
Lounsy R	CPS/DH	$7.80	0	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$649.35	$649.35	$36,234.00	6281-D65-000
Mahon A	CPS/DH	$4.86	256	$1,244.16	264	$1,283.04	268	$1,302.48		$0.00		$0.00		$0.00		$3,829.68	$7,642.55	$3,812.87	$30,321.00	6281-D65-000
Marshall M	CPS/DH	$7.30	120	$876.00	264	$1,927.20	168	$1,226.40		$0.00		$0.00		$0.00		$4,029.60	$5,738.53	$1,708.93	$22,767.00	6281-D65-000
McNeese C	CPS/DH	$8.35	290	$1,841.60	327	$2,076.45	347	$2,203.45		$0.00		$0.00		$0.00		$6,121.40	$9,976.58	$3,855.18	$39,581.00	6281-D65-000
Pappas R	CPS/DH	$10.50	0	$0.00	0	$0.00	194	$2,037.00		$0.00		$0.00		$0.00		$2,037.00	$11,002.19	$8,965.19	$43,550.00	6281-D65-000
Pelletier J	CPS/DH	$10.86	48	$511.68	48	$511.68	72	$767.52		$0.00		$0.00		$0.00		$1,790.88	$3,351.57	$1,560.69	$13,297.00	6281-D65-000
Rallis C	CPS/DH	$3.56	264	$939.84	288	$1,025.28	264	$939.84		$0.00		$0.00		$0.00		$2,904.96	$5,590.07	$2,685.11	$22,178.00	6281-D65-000
Randall C	CPS/DH	$7.80	97	$737.20	126	$957.60	215	$1,634.00		$0.00		$0.00		$0.00		$3,328.80	$11,939.33	$8,610.53	$47,368.00	6281-D65-000
Reynolds G	CPS/DH	$3.75	250	$937.50	262	$982.50	245	$918.75		$0.00		$0.00		$0.00		$2,838.75	$5,887.24	$3,048.49	$23,357.00	6281-D65-000
Richardson D	CPS/DH	$7.58	240	$1,819.20	192	$1,455.36	192	$1,455.36		$0.00		$0.00		$0.00		$4,729.92	$15,879.70	$11,149.78	$83,001.00	6281-D65-000
Rogers J	CPS/DH	$3.75	146	$547.50	270	$1,012.50	219	$821.25		$0.00		$0.00		$0.00		$2,381.25	$5,887.24	$3,505.99	$23,357.00	6281-D65-000
Stevens Ja	CPS/DH	$7.59	240	$1,821.60	285	$2,163.15	264	$2,003.76		$0.00		$0.00		$0.00		$5,988.51	$11,932.27	$5,943.78	$47,340.00	6281-D65-000
Taylor K	CPS/DH	$7.03	34	$239.02	278	$1,954.34	261	$1,834.83		$0.00		$0.00		$0.00		$4,028.19	$11,054.87	$7,026.68	$43,859.00	6281-D65-000
Thornhill E	CPS/DH	$3.12	0	$0.00	276	$861.12	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$861.12	$1,651.00	$789.88	$1,651.00	6281-D65-000
Thornhill E	CPS/DH	$4.03	0	$0.00	0	$0.00	100	$403.00		$0.00		$0.00		$0.00		$403.00	$1,398.81	$995.81	$7,862.00	6281-D65-000
Tilson G	CPS/DH	$7.16	132	$947.76	140	$1,005.20	140	$1,005.20		$0.00		$0.00		$0.00		$2,958.16	$5,641.99	$2,683.83	$22,384.00	6281-D65-000
Verhelle K	CPS/DH	$6.27	104	$652.08	177	$1,109.79	131	$821.37		$0.00		$0.00		$0.00		$2,583.24	$5,907.91	$3,324.67	$23,439.00	6281-D65-000
Vetterse S	CPS/DH	$6.04	176	$1,063.04	192	$1,159.68	176	$1,063.04		$0.00		$0.00		$0.00		$3,285.76	$6,326.07	$3,040.31	$25,098.00	6281-D65-000
Walker J	CPS/DH	$5.06	144	$731.52	277	$1,407.18	216	$1,097.28		$0.00		$0.00		$0.00		$3,235.98	$7,987.87	$4,751.91	$31,691.00	6281-D65-000
Wetherington J	CPS/DH	$4.32	264	$1,140.48	192	$829.44	96	$414.72		$0.00		$0.00		$0.00		$2,384.64	$6,785.82	$4,401.18	$26,922.00	6281-D65-000
Zurbriggen K	CPS/DH	$4.72	216	$1,019.52	168	$792.96	168	$792.96		$0.00		$0.00		$0.00		$2,605.44	$5,930.60	$3,325.16	$23,529.00	6281-D65-000
Payment Due per bi-monthly billing period				$38,481.82		$44,131.50		$43,118.49		$0.00		$0.00		$0.00		$122,731.81	$290,932.99	$168,200.98	$1,167,678.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Living Innovations

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
Aldrich J	Residential	$100.94	15	$1,514.10	16	$1,615.04	15	$1,514.10		$0.00		$0.00		$0.00	$4,643.24	$9,285.70	$4,642.46	$36,840.00	6281-R65-000
Boutard A	Residential	$133.78	15	$2,006.70	16	$2,140.48	15	$2,006.70		$0.00		$0.00		$0.00	$6,153.88	$12,307.08	$6,153.20	$48,827.00	6281-R65-000
Brown T	Residential	$121.20	15	$1,818.00	16	$1,939.20	15	$1,818.00		$0.00		$0.00		$0.00	$5,575.20	$11,150.40	$5,575.20	$44,238.00	6281-R65-000
Campbell J	Residential	$236.06	15	$3,540.90	16	$3,776.96	15	$3,540.90		$0.00		$0.00		$0.00	$10,858.76	$21,717.29	$10,858.53	$86,181.00	6281-R65-000
Carlisle R	Residential	$135.74	15	$2,036.10	16	$2,171.84	15	$2,036.10		$0.00		$0.00		$0.00	$6,244.04	$12,487.55	$6,243.51	$49,543.00	6281-R65-000
Caruso R	Residential	$119.16	15	$1,787.40	16	$1,906.56	15	$1,787.40		$0.00		$0.00		$0.00	$5,481.36	$10,962.62	$5,481.26	$43,493.00	6281-R65-000
Chapman K	Residential	$114.23	15	$1,713.45	16	$1,827.68	15	$1,713.45		$0.00		$0.00		$0.00	$5,254.58	$10,508.67	$5,254.09	$41,692.00	6281-R65-000
Cohen L	Residential	$66.03	15	$990.45	16	$1,056.48	15	$990.45		$0.00		$0.00		$0.00	$3,037.38	$6,074.52	$3,037.14	$24,100.00	6281-R65-000
Cook D	Residential	$160.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$0.00	$12,479.56	$12,479.56	$58,318.00	6281-R65-000
Cole J	Residential	$97.68	12	$1,172.16	14	$1,367.52	15	$1,465.20		$0.00		$0.00		$0.00	$4,004.88	$8,966.26	$4,961.38	$35,652.00	6281-R65-000
Desjardins T	Residential	$64.60	15	$969.00	16	$1,033.60	15	$969.00		$0.00		$0.00		$0.00	$2,971.60	$5,942.70	$2,971.10	$23,577.00	6281-R65-000
Donnell E	Residential	$63.38	15	$950.40	16	$1,013.76	15	$950.40		$0.00		$0.00		$0.00	$2,914.56	$5,828.77	$2,914.21	$23,125.00	6281-R65-000
Duncan J	Residential	$120.44	15	$1,806.60	16	$1,927.04	15	$1,806.60		$0.00		$0.00		$0.00	$5,540.24	$11,080.08	$5,539.84	$43,969.00	6281-R65-000
Fitts N	Residential	$134.98	15	$2,024.70	16	$2,159.68	15	$2,024.70		$0.00		$0.00		$0.00	$6,209.08	$12,417.98	$6,208.90	$49,267.00	6281-R65-000
Fowler K	Residential	$122.71	15	$1,840.65	16	$1,963.36	15	$1,840.65		$0.00		$0.00		$0.00	$5,644.66	$11,289.28	$5,644.62	$44,789.00	6281-R65-000
Hart D	Residential	$120.46	15	$1,806.90	16	$1,927.36	15	$1,806.90		$0.00		$0.00		$0.00	$5,541.18	$11,081.64	$5,540.66	$43,966.00	6281-R65-000
Hyzer G	Residential	$182.63	15	$2,739.45	16	$2,922.08	15	$2,739.45		$0.00		$0.00		$0.00	$8,400.98	$16,801.47	$8,400.49	$66,658.00	6281-R65-000
Letourneau L	Residential	$117.78	15	$1,766.40	16	$1,884.16	15	$1,766.40		$0.00		$0.00		$0.00	$5,416.96	$10,833.08	$5,416.10	$42,979.00	6281-R65-000
Lowney R	Residential	$186.27	15	$2,824.05	16	$3,012.32	15	$2,824.05		$0.00		$0.00		$0.00	$8,660.42	$17,320.45	$8,660.03	$68,717.00	6281-R65-000
Mahon A	Residential	$97.20	13	$1,263.60	13	$1,263.60	15	$1,458.00		$0.00		$0.00		$0.00	$3,985.20	$8,941.64	$4,956.44	$35,475.00	6281-R65-000
Marshall M	Residential	$164.48	15	$2,466.90	16	$2,631.36	15	$2,466.90		$0.00		$0.00		$0.00	$7,565.16	$15,130.09	$7,564.93	$60,027.00	6281-R65-000
McArdle P	Residential	$157.85	13	$2,052.05	16	$2,525.60	15	$2,367.75		$0.00		$0.00		$0.00	$6,945.40	$14,521.38	$7,575.98	$57,812.00	6281-R65-000
McNeese C	Residential	$164.96	15	$2,474.40	16	$2,639.36	15	$2,474.40		$0.00		$0.00		$0.00	$7,588.16	$15,176.22	$7,588.06	$60,210.00	6281-R65-000
Moody J	Residential	$133.48	15	$2,002.20	16	$2,135.68	15	$2,002.20		$0.00		$0.00		$0.00	$6,140.08	$12,279.35	$6,139.27	$48,717.00	6281-R65-000
Olsen D	Residential	$122.39	15	$1,835.85	16	$1,958.24	15	$1,835.85		$0.00		$0.00		$0.00	$5,629.94	$11,259.54	$5,629.60	$44,671.00	6281-R65-000
Pelletier J	Residential	$131.71	13	$1,712.23	16	$2,107.36	15	$1,975.65		$0.00		$0.00		$0.00	$5,795.24	$12,117.03	$6,321.79	$48,073.00	6281-R65-000
Pesarik J	Residential	$116.55	15	$1,748.25	16	$1,864.80	15	$1,748.25		$0.00		$0.00		$0.00	$5,361.30	$10,722.16	$5,360.86	$42,539.00	6281-R65-000
Ralls C	Residential	$227.62	15	$3,414.30	16	$3,641.92	15	$3,414.30		$0.00		$0.00		$0.00	$10,470.52	$20,940.71	$10,470.19	$83,080.00	6281-R65-000
Reynolds G	Residential	$149.83	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00		$0.00	$0.00	$13,783.62	$13,783.62	$54,886.00	6281-R65-000
Sousa R	Residential	$51.40	15	$771.00	9	$462.60	15	$771.00		$0.00		$0.00		$0.00	$2,004.60	$4,728.55	$2,723.95	$18,760.00	6281-R65-000
St. Onge R	Residential	$98.67	15	$1,480.05	16	$1,578.72	15	$1,480.05		$0.00		$0.00		$0.00	$4,538.82	$9,077.00	$4,538.18	$36,012.00	6281-R65-000
Taylor J	Residential	$119.16	15	$1,787.40	16	$1,906.56	16	$1,787.40		$0.00		$0.00		$0.00	$5,481.36	$10,962.62	$5,481.26	$43,493.00	6281-R65-000
Taylor K	Residential	$144.78	6	$723.90	16	$2,316.16	15	$2,171.40		$0.00		$0.00		$0.00	$5,211.36	$13,317.06	$8,105.70	$52,834.00	6281-R65-000
Thornhill E	Residential	$84.56	15	$1,268.40	16	$1,352.96	0	$0.00	0	$0.00	0	$0.00	0	$0.00	$2,621.36	$2,621.00	($0.36)	$2,621.00	6281-R65-000
Thornhill E	Residential	$147.73	0	$0.00	0	$0.00	15	$2,215.95		$0.00		$0.00		$0.00	$2,215.95	$9,010.88	$6,794.93	$49,486.00	6281-R65-000
Tillson G	Residential	$116.13	15	$1,741.95	16	$1,858.08	15	$1,741.95		$0.00		$0.00		$0.00	$5,341.98	$10,683.09	$5,341.11	$42,364.00	6281-R65-000
Vettese S	Residential	$126.53	15	$1,897.95	16	$2,024.48	15	$1,897.95		$0.00		$0.00		$0.00	$5,820.38	$11,639.69	$5,819.51	$46,180.00	6281-R65-000
Wetherington J	Residential	$105.58	15	$1,583.70	10	$1,055.80	5	$527.90		$0.00		$0.00		$0.00	$3,167.40	$9,712.93	$6,545.53	$38,536.00	6281-R65-000
Zurbriggen K	Residential	$108.02	15	$1,620.30	10	$1,080.20	15	$1,620.30		$0.00		$0.00		$0.00	$4,320.80	$9,937.78	$5,616.98	$39,427.00	6281-R65-000
Payment Due per bi-monthly billing period				$95,151.74		$70,048.60		$87,557.65		$0.00		$0.00		$0.00	$202,757.99	$445,117.81	$242,359.82	$1,778,722.00	
Cohen L	SEP	$7.44	80	$595.20	90	$669.60	80	$595.20		$0.00		$0.00		$0.00	$1,860.00	$3,900.55	$2,040.55	$16,475.00	6281-D65-000
Lessard M	SEP	$7.07	160	$1,131.20	192	$1,357.44	176	$1,244.32		$0.00		$0.00		$0.00	$3,732.96	$8,338.22	$4,605.26	$33,081.00	6281-D65-000
Payment Due per bi-monthly billing period				$1,726.40		$2,027.04		$1,839.52		$0.00		$0.00		$0.00	$5,592.96	$12,238.77	$6,645.81	$49,556.00	
Total				$102,359.75		$116,207.14		$112,515.68		$0.00		$0.00		$0.00	$331,082.56	$748,289.17	$417,206.61	$2,994,966.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: May Institute

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Calegari J	CPS/DH	$3.91	288	$1,126.08	308	$1,204.28	260	$1,016.60		$0.00		$0.00		$0.00	$3,346.96	$8,136.76	$2,789.82	$24,347.00	6281-D90-000
Nation J	CPS/DH	$3.91	296	$1,157.36	348	$1,360.68	308	$1,204.28		$0.00		$0.00		$0.00	$3,722.32	$8,136.76	$2,414.46	$24,347.00	6281-D90-000
Payment Due per bi-monthly billing period				$2,283.44		$2,564.96		$2,220.88		$0.00		$0.00		$0.00	$7,069.28	$12,273.58	$5,204.28	$48,694.00	
Calegari J	Residential	$277.98	15	$4,169.70	16	$4,447.68	15	$4,169.70		$0.00		$0.00		$0.00	$12,787.08	$25,573.73	$12,786.65	$101,461.00	6281-R90-000
Nation J	Residential	$277.98	15	$4,169.70	16	$4,447.68	15	$4,169.70		$0.00		$0.00		$0.00	$12,787.08	$25,573.73	$12,786.65	$101,461.00	6281-R90-000
Payment Due per bi-monthly billing period				$8,339.40		$8,895.36		$8,339.40		$0.00		$0.00		$0.00	$25,574.16	$51,147.46	$25,573.30	$202,922.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$10,622.84		$11,460.32		$10,560.28		$0.00		$0.00		$0.00	$32,643.44	$63,421.02	$30,777.58	$251,616.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: North Country Independent Living

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Thomas J	CPS/DH	$8.20	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$2,791.68	$2,791.68	$28,289.00	6281-D25-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$2,791.68	$2,791.68	$28,289.00	
Thomas J	Residential	$331.60	15	$4,977.00	16	$5,306.80		$0.00		$0.00	0	$0.00	0	$0.00	$10,285.80	$20,571.00	$10,285.20	$20,571.00	6281-R25-000
Thomas J	Residential	$238.44	0	$0.00	0	$0.00	0	$0.00	0	$0.00		$0.00		$0.00	$0.00	$7,129.64	$7,129.64	$72,247.00	6281-R25-000
Payment Due per bi-monthly billing period				$4,977.00		$5,306.80		$0.00		$0.00		$0.00		$0.00	$10,285.80	$27,700.64	$17,414.84	$92,818.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$4,977.00		$5,306.80		$0.00		$0.00		$0.00		$0.00	$10,285.80	$30,492.32	$20,206.52	$121,107.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Neurointernational

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CPS/DH	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Adams A	Residential	$1,096.00	15	$16,440.00	16	$17,536.00		$0.00		$0.00		$0.00		$0.00	$33,976.00	$100,832.00	$66,856.00	$400,040.00	6281-R44-000
Daniels S	Residential	$1,190.00	15	$17,850.00	16	$19,040.00		$0.00		$0.00		$0.00		$0.00	$36,890.00	$109,480.00	$72,590.00	$434,350.00	6281-R44-000
Drew P	Residential	$1,190.00	15	$17,850.00	16	$19,040.00		$0.00		$0.00		$0.00		$0.00	$36,890.00	$109,480.00	$72,590.00	$434,350.00	6281-R44-000
Hopkins J	Residential	$920.00	15	$13,800.00	16	$14,720.00		$0.00		$0.00		$0.00		$0.00	$28,520.00	$84,640.00	$56,120.00	$335,800.00	6281-R44-000
King R	Residential	$590.00	15	$8,850.00	16	$9,440.00		$0.00	0	$0.00	0	$0.00	0	$0.00	$18,290.00	$8,394.63	($11,895.37)	$25,370.00	6281-R44-000
Payment Due per bi-monthly billing period				$74,790.00		$79,776.00		$0.00		$0.00		$0.00		$0.00	$154,566.00	$410,826.63	$256,260.63	$1,629,910.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$74,790.00		$79,776.00		$0.00		$0.00		$0.00		$0.00	$154,566.00	$410,826.63	$256,260.63	$1,629,910.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: NeuroRestorative NH

Payment Period: July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
N/A	CPS/DH	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Castle A	Residential	$329.02	15	$4,935.30	16	$5,264.32		$0.00		$0.00		$0.00		$0.00		$10,199.62	$30,269.76	$20,070.14	$120,092.00	6281-R32-000
Rojas-Yeo T	Residential	$566.33	15	$8,494.95	16	$9,061.28		$0.00		$0.00		$0.00		$0.00		$17,556.23	$52,101.74	$34,545.51	$206,706.00	6281-R32-000
Payment Due per bi-monthly billing period				$13,430.25		$14,325.60		$0.00		$0.00		$0.00		$0.00		$27,755.85	$82,371.51	$54,615.66	$326,800.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Total				$13,430.25		$14,325.60		$0.00		$0.00		$0.00		$0.00		$27,755.85	$82,371.51	$54,615.66	$326,800.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Robin Hill Farm

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CPS/DH	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Vershon B	Residential	$372.58	15	$5,588.70	11	$4,098.38	12	$4,470.96		$0.00		$0.00		$0.00	$14,158.04	$34,276.68	$20,118.64	$135,989.00	6281-R17-000
Payment Due per bi-monthly billing period				$5,588.70		$4,098.38		$4,470.96		$0.00		$0.00		$0.00	$14,158.04	$34,276.68	$20,118.64	$135,989.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$5,588.70		$4,098.38		$4,470.96		$0.00		$0.00		$0.00	$14,158.04	$34,276.68	$20,118.64	$135,989.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Residential Resources

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider												To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep	Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
N/A	CSS	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Marshall A	CPS/DH	$4.90		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$7,695.99	$7,695.99	$30,533.00	6281-D55-000
Naumen J	CPS/DH	$5.15		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$8,469.49	$8,469.49	$25,867.00	6281-D55-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$14,165.48	$14,165.48	$56,200.00	
Buck J	Residential	$238.61		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$21,951.96	$21,951.96	$87,092.00	6281-R55-000
Marshall A	Residential	$110.24		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$10,141.17	$10,141.17	$40,234.00	6281-R55-000
Naumen J	Residential	$109.90		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$10,109.92	$10,109.92	$40,110.00	6281-R55-000
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$42,203.08	$42,203.08	$167,436.00	
N/A	SEP	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	
Total				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$56,368.53	$56,368.53	$223,636.00	

Q1 BULK BILLING INVOICE

Area Agency: One Sky Community Services

Vendor Name: Work Opportunities

Payment Period July 1st - September 30th 2019

	Q1	Q2	Q3	Q4
Begin date	7/1/2019	10/1/2019	1/1/2020	4/1/2020
End Date	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Total # of days	92	92	91	91

To Be Filled In By One Sky			Number Of Units Of Service To Be Filled In By Service Provider													To Be Filled In By One Sky				
Individual Name	Service	Payment Rate	Units	15-Jul	Units	31-Jul	Units	15-Aug	Units	31-Aug	Units	15-Sep	Units	30-Sep		Q1	Q1 Target	Lapse	FY20 Contract	CC AA Use Only
N/A	Crisis	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Elliott J	CSS	$7.07	36	$254.52	36	$254.52		$0.00		$0.00		$0.00		$0.00		$509.04	$4,790.05	$4,281.01	$19,004.00	6281-L60-000
Foley M	CSS	$7.07	10	$70.70	23	$162.61		$0.00		$0.00		$0.00		$0.00		$233.31	$1,710.70	$1,477.39	$6,787.00	6281-L60-000
Macintosh R	CSS	$7.07	49	$346.43	80	$565.50		$0.00		$0.00		$0.00		$0.00		$912.93	$1,639.55	$727.52	$6,106.00	6281-L60-000
Mahan K	CSS	$7.07	0	$0.00	0	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$2,382.10	$2,382.10	$13,062.00	6281-L60-000
Moore R	CSS	$7.07	46	$325.22	76	$537.32		$0.00		$0.00		$0.00		$0.00		$862.54	$1,197.51	$334.97	$4,751.00	6281-L60-000
Nation A	CSS	$6.88	40	$275.20	82	$426.66		$0.00		$0.00		$0.00		$0.00		$701.76	$2,164.14	$1,462.38	$8,586.00	6281-L60-000
Readel T	CSS	$7.07	51	$360.57	52	$367.64		$0.00		$0.00		$0.00		$0.00		$728.21	$1,710.70	$982.49	$6,787.00	6281-L60-000
Smith L	CSS	$7.07	24	$169.68	45	$318.15		$0.00		$0.00		$0.00		$0.00		$487.83	$2,566.17	$2,078.34	$10,181.00	6281-L60-000
Payment Due per bi-monthly billing period				$1,892.32		$2,632.40		$0.00		$0.00		$0.00		$0.00		$4,434.72	$18,060.91	$13,626.19	$75,286.00	
Call H	CPS/DH	$7.31	116	$847.96	154	$1,125.74		$0.00		$0.00		$0.00		$0.00		$1,973.70	$5,741.05	$3,767.35	$22,777.00	6281-D60-000
Hodgdon L	CPS/DH	$8.50	72	$612.00	80	$680.00		$0.00		$0.00		$0.00		$0.00		$1,292.00	$4,007.42	$2,715.42	$15,899.00	6281-D60-000
Kotkowski E	CPS/DH	$3.93	43	$168.99	42	$165.06		$0.00		$0.00		$0.00		$0.00		$334.05	$1,235.57	$901.52	$4,902.00	6281-D60-000
Langdon C	CPS/DH	$7.42	126	$934.92	170	$1,261.40		$0.00		$0.00		$0.00		$0.00		$2,196.32	$9,719.23	$7,522.91	$38,560.00	6281-D60-000
Leary B	CPS/DH	$4.48	63	$282.24	135	$604.80		$0.00		$0.00		$0.00		$0.00		$887.04	$7,034.60	$6,147.56	$27,909.00	6281-D60-000
McCaffrey K	CPS/DH	$6.68	168	$1,122.24	193	$1,289.24		$0.00		$0.00		$0.00		$0.00		$2,411.48	$9,453.32	$7,041.84	$37,505.00	6281-D60-000
Richard B	CPS/DH	$5.02	137	$687.74	205	$1,029.10		$0.00		$0.00		$0.00		$0.00		$1,716.84	$6,051.06	$4,334.24	$24,007.00	6281-D60-000
Richardson F	CPS/DH	$4.56	58	$264.48	83	$378.48		$0.00		$0.00		$0.00		$0.00		$642.96	$5,729.71	$5,086.75	$22,732.00	6281-D60-000
Weatherspoon S	CPS/DH	$5.27	83	$437.41	171	$901.17		$0.00		$0.00		$0.00		$0.00		$1,338.58	$6,901.51	$5,562.93	$27,381.00	6281-D60-000
Payment Due per bi-monthly billing period				$5,357.98		$7,434.99		$0.00		$0.00		$0.00		$0.00		$12,792.97	$55,573.49	$43,080.52	$221,672.00	
N/A	Residential	$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Payment Due per bi-monthly billing period				$0.00		$0.00		$0.00		$0.00		$0.00		$0.00		$0.00	$0.00	$0.00	$0.00	
Beaudet A	SEP	$11.01	12	$132.12	18	$198.18		$0.00		$0.00		$0.00		$0.00		$330.30	$5,768.78	$5,438.48	$22,887.00	6281-D60-000
Kotkowski E	SEP	$5.90	119	$702.10	159	$938.10		$0.00		$0.00		$0.00		$0.00		$1,640.20	$4,941.78	$3,301.58	$19,608.00	6281-D60-000
Molasky S	SEP	$8.08	4	$32.32	0	$0.00		$0.00		$0.00		$0.00		$0.00		$32.32	$2,329.49	$2,297.17	$9,242.00	6281-D60-000
Nation A	SEP	$7.43	26	$193.18	42	$312.06		$0.00		$0.00		$0.00		$0.00		$505.24	$1,947.38	$1,442.14	$7,726.00	6281-D60-000
Richardson F	SEP	$5.07	113	$572.91	168	$851.76		$0.00		$0.00		$0.00		$0.00		$1,424.67	$1,593.49	$168.82	$6,322.00	6281-D60-000
Sousa E	SEP	$11.85	34	$402.90	40	$474.00		$0.00		$0.00		$0.00		$0.00		$876.90	$4,967.24	$4,090.34	$19,707.00	6281-D60-000
Payment Due per bi-monthly billing period				$2,035.53		$2,774.10		$0.00		$0.00		$0.00		$0.00		$4,809.63	$21,548.16	$16,738.53	$85,490.00	
Total				$9,195.83		$12,841.49		$0.00		$0.00		$0.00		$0.00		$22,037.32	$95,482.57	$73,445.25	$382,448.00	

Exhibit DD

One Sky Community Services, Inc.
755 Banfield Road | Suite 3 | Portsmouth | New Hampshire | 03801

Phone: (603) 436-6111 Voice/TDD: (800) 660-4103
Fax: (603) 436-4622 Visit us online: www.oneskyservices.org

ALL-VENDOR MEETING
Thursday, September 12, 2019 (3:00PM)

LOCATION:
One Sky Community Services (755 Banfield Rd, Portsmouth)

ATTENDEES:
Katie Kelly (IPPI), Jon Noble (FNE), Joseph Ntengeri (CPFC), Marci Poulin (LISS), Terry Blaisdell (CMRS), Kenda Howell (RRI), Chris Bertoncini (RRI), Scott Dow (RRI), Michael McKenna (MAY), Peggy Small-Porter (RMCC), Michelle Donovan (LISS), Patten Lohmann (WOU)

One Sky: John Ford (Director of Organizational Development), John Moran (Chief Financial Officer), Victoria Putnam (Manager of Quality Innovations), Lenore Sciuto (Senior Policy Advisor), Cara Baker (SC Team Manager, Traditional Services), Sharon Richey (SC Team Manager, ITS), Anthony MacConnell (SC Team Manager, Family Services), Kelly Scanlon (Quality Improvement Specialist).

MINUTES:

1. Introduction & Updates
    - John Moran, One Sky's new Chief Financial Officer, was introduced to the group. John has over 25 years' experience working with organizations specializing in serving DD populations both in Massachusetts and Rhode Island. He is learning NH-specific processes. His main focus since joining the agency has been to speed up cash flow process and get out late payments. There has been concern among provider agencies regarding delayed invoice payment, and many stress that transparency and communication by the area agency is needed during this time. Victoria noted that there was a shift in philosophy when the CFO change occurred earlier this year that focused on getting processes established which may have contributed to a slowdown in payment dissemination.
    - John Ford (Director of Organizational Development) will be leaving the agency effective tomorrow (9/13/19) due to health reasons. The agency is working on a transition plan to address his departure.
    - One Sky is close to fully staffed. A second part-time Nurse Trainer has started this month. As of 10/15/19 the traditional Service Coordination department will be fully staffed.

2. Communication Review
    - The One Sky service coordination team managers Cara Baker (Traditional Service Coordination), Anthony MacConnell (PDMS Service Coordination), and Sharon Richey (ITS Service Coordination) were re-introduced to the group, and provided a brief

overview of their backgrounds. They will serve as internal leads to their respective groups and as additional points of contact for provider agencies.

- Victoria stressed that the team management structure was created to enforce a "team approach" to providing services. A new Communication Matrix was distributed to the group that outlines agency points of contacts according to business need, and various team members will serve as escalation contacts if initial response is not received or if further clarification is needed. Any person listed on a line of the matrix will be a point of contact.
- Victoria will always serve as an internal point of contact if she needs to respond to a query. She will update provider agencies to any changes in communication protocols.
- Victoria also noted that the One Sky On-Call telephone number should be used by all provider agencies for an urgent matter/incident that occurs outside business hours. Depending on the severity of the issue, the on-call staff member can then escalate critical matters to senior leadership ASAP. This will ensure that serious matters are addressed timely by the agency.
- It is expected that leadership within each provider agency disseminate One Sky's On-Call information to appropriate staff as needed.

3. Vendor Reporting Processes Review
    - Victoria distributed copies of the vendor reporting requirements taken from the Master Agreements and highlighted critical documentation such as attendance needed for timely payment.
    - One Sky has a new email address (quality@oneskyservices.org) that will gate keep the important quality control documentation turned in by the provider agencies, such as certification documentation, 1201 reports, waiver requests, and BDS complaint communications.
    - Provider agencies have struggled to adhere to the 24-hour turnaround requirement for incident report submission, and Victoria stressed that agencies need to focus on turning those in in a timely manner for our records. Jon Noble (FNE) noted that during some cert reviews the certifier will note if Service Coordinator sign-off is not listed on the forms. At this time, One Sky will accept electronic signatures on incident reports as long as the Program Manager Review section on page 2 is completed.

4. Corrective Action Plan – Redesignation Updates
    - As part of the corrective action plan implementation, One Sky has been reviewing both internal and provider agency deficiencies for all certification reports from 2014-2018, as well as the first half of 2019. Victoria will reach out to providers in the coming

months to discuss the findings of this review and review proof of corrective actions that the agencies reported to BDS.

- One Sky will also be reinstating quarterly Nurse Trainer meetings. The first meeting is slated to occur sometime in late October (exact date TBD). The purpose of these meetings will be to discuss issues, share information, and document trends experienced by Nurse Trainers across the region, with the goal of creating a stronger community among nurses. Both of the new One Sky Nurse Trainers have a wealth of experience working in this field, and will be a welcome resource for the provider agencies.
- Additional positive outcomes noted by One Sky during the Corrective Action Plan (CAP) implementation:
    - Overdue ISAs have dropped by a rate of 41%
    - Approximately 53% of the 88 CAP action steps have already been implemented, and we are projected to have all CAP requirements completed prior to the state deadline of November 27, 2019.
- The state is still expected to release a survey to affected stakeholders sometime in November. It was suggested that another All-Vendor Meeting occur prior to that time in order to have a real-time update regarding the progress of the CAP. Victoria noted that another CAP update will be disseminated within the next month to keep provider agencies informed of progress.

5. Resources
    - There will be scheduled trainings hosted by the Region 8 START coordinator (Justin Smith) at the One Sky main office the third Friday of every month starting this September. An outline of topics for these trainings was given to the group and attendance was encouraged.

Next All-Vendor Meeting:
Thursday, December 12, 2019 at 3:00pm
One Sky Community Services main office

Exhibit DDD

Date: Thursday, October 10, 2019
Time: 09:54: AM
User: JOHNM

One Sky Community Services

Aged AP - Past Due - Detail

Period: 03-20 As of: 10/10/2019

Company: CDSP

Vendor Ref	Inv Nbr	Name / DocType	Master DocType/RefNbr	Vend Doc Stat	Disc Date	Due Date	Pay Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Balance
Company:		**CDSP**											
A+CONF		A+ CONFERENCING		A									
152683	201908363(	VO		A		9/29/2019	8/21/2019	0.00	448.23	0.00	0.00	0.00	448.23
						Vendor Total		**0.00**	**448.23**	**0.00**	**0.00**	**0.00**	**448.23**
ADAMSE		EMILY ADAMS		A									
152668	TSM SEP 2	VO		A		10/7/2019	10/7/2019	0.00	79.60	0.00	0.00	0.00	79.60
152669	MSM SEP :	VO		A		10/7/2019	10/7/2019	0.00	79.60	0.00	0.00	0.00	79.60
						Vendor Total		**0.00**	**159.20**	**0.00**	**0.00**	**0.00**	**159.20**
ADAMSKA		Kara Adams		A									
152698	RAD 9/27/1	VO		A		10/9/2019	10/9/2019	0.00	30.00	0.00	0.00	0.00	30.00
						Vendor Total		**0.00**	**30.00**	**0.00**	**0.00**	**0.00**	**30.00**
APPLIAS		APPLIANCE SERVICES LLC		A									
152682	174376	VO		A		10/9/2019	10/9/2019	0.00	148.00	0.00	0.00	0.00	148.00
						Vendor Total		**0.00**	**148.00**	**0.00**	**0.00**	**0.00**	**148.00**
BACKINT		BACK IN THE SADDLE		A									
152674	1064	VO		A		10/7/2019	10/7/2019	0.00	60.00	0.00	0.00	0.00	60.00
152675	1031	VO		A		10/7/2019	10/7/2019	0.00	60.00	0.00	0.00	0.00	60.00
						Vendor Total		**0.00**	**120.00**	**0.00**	**0.00**	**0.00**	**120.00**
BAKERC		CARA BAKER		A									
152665	SEP 2019	VO		A		10/7/2019	10/7/2019	0.00	117.58	0.00	0.00	0.00	117.58
						Vendor Total		**0.00**	**117.58**	**0.00**	**0.00**	**0.00**	**117.58**
BECKET		BECKET FAMILY OF SERVICES		A									
152118	15246	VO		A		9/10/2019	9/10/2019	0.00	8,109.33	0.00	0.00	0.00	8,109.33
152272	16686	VO		A		9/18/2019	9/18/2019	0.00	2,578.67	0.00	0.00	0.00	2,578.67
152518	8/15/19	VO		A		10/4/2019	10/1/2019	0.00	113,675.61	0.00	0.00	0.00	113,675.61

152519	8/31/19	VO	A		10/4/2019	0.00	124,922.88	0.00	0.00	0.00	124,922.88
					10/1/2019						
152552	17552	VO	A		10/1/2019	0.00	405.45	0.00	0.00	0.00	405.45
					10/1/2019						
152553	17560	VO	A		10/1/2019	0.00	795.60	0.00	0.00	0.00	795.60
					10/1/2019						
152556	17581	VO	A		10/1/2019	0.00	91.80	0.00	0.00	0.00	91.80
					10/1/2019						
152557	17572	VO	A		10/1/2019	0.00	703.80	0.00	0.00	0.00	703.80
					10/1/2019						
152558	17574	VO	A		10/1/2019	0.00	729.30	0.00	0.00	0.00	729.30
					10/1/2019						
152567	17555	VO	A		10/1/2019	0.00	1,078.65	0.00	0.00	0.00	1,078.65
					10/1/2019						
152568	17557	VO	A		10/1/2019	0.00	604.35	0.00	0.00	0.00	604.35
					10/1/2019						
152569	17243	VO	A		7/30/2019	0.00	0.00	0.00	558.45	0.00	558.45
					10/1/2019						
152570	17563	VO	A		8/31/2019	0.00	0.00	581.40	0.00	0.00	581.40
					10/1/2019						
152571	17561	VO	A		8/31/2019	0.00	0.00	1,277.55	0.00	0.00	1,277.55
					10/1/2019						
152572	17578	VO	A		9/1/2019	0.00	0.00	499.80	0.00	0.00	499.80
					10/1/2019						
152573	17368	VO	A		10/1/2019	0.00	71.40	0.00	0.00	0.00	71.40
					10/1/2019						
152574	17575	VO	A		10/1/2019	0.00	198.90	0.00	0.00	0.00	198.90
					10/1/2019						
152575	17579	VO	A		10/1/2019	0.00	91.80	0.00	0.00	0.00	91.80
					10/1/2019						
					Vendor Total	**0.00**	**254,057.54**	**2,358.75**	**558.45**	**0.00**	**256,974.74**
BENSON		LUCILLE BENSON	A								
152667	PRA SEP 2	VO	A		10/7/2019	0.00	133.00	0.00	0.00	0.00	133.00
					10/7/2019						
					Vendor Total	**0.00**	**133.00**	**0.00**	**0.00**	**0.00**	**133.00**
BERGG		LYNN BERGGREN	A								
152709	BBE 9/201[illegible]	VO	A		9/30/2019	0.00	142.50	0.00	0.00	0.00	142.50
				9/30/2019	9/30/2019						
					Vendor Total	**0.00**	**142.50**	**0.00**	**0.00**	**0.00**	**142.50**
BUDGETS		Budget Document Technology	A								
152691	25623423	VO	A		10/22/2019	564.90	0.00	0.00	0.00	0.00	564.90
					10/9/2019						
					Vendor Total	**564.90**	**0.00**	**0.00**	**0.00**	**0.00**	**564.90**
CARMIP		PATRICIA A. CARMICHAEL	A								

Exhibit DDD

152604 TCA 8/30/1	AD	A		10/2/2019	0.00	-51.00	0.00	0.00	0.00	-51.00
152645 TCA 9/24/1	VO	A		10/7/2019	0.00	153.00	0.00	0.00	0.00	153.00
				10/7/2019						
				Vendor Total	**0.00**	**102.00**	**0.00**	**0.00**	**0.00**	**102.00**
CHILD	WAYPOINT	A								
152453	VO	A		10/1/2019	0.00	40,498.64	0.00	0.00	0.00	40,498.64
			10/1/2019	10/1/2019						
				Vendor Total	**0.00**	**40,498.64**	**0.00**	**0.00**	**0.00**	**40,498.64**
CIS	Community Integrated Services,	A								
152503 9/15/19	VO	A		10/9/2019	0.00	91,953.11	0.00	0.00	0.00	91,953.11
				10/1/2019						
152564 1 MRI	VO	A		10/1/2019	0.00	773.00	0.00	0.00	0.00	773.00
				10/1/2019						
				Vendor Total	**0.00**	**92,726.11**	**0.00**	**0.00**	**0.00**	**92,726.11**
CLOCK-F	MICHELE CLOCK	A								
152648 BCL 9/30/1	VO	A		10/7/2019	0.00	126.00	0.00	0.00	0.00	126.00
				10/7/2019						
				Vendor Total	**0.00**	**126.00**	**0.00**	**0.00**	**0.00**	**126.00**
COMMPAR	COMMUNITY PARTNERS	A								
151849 8/15/19	VO	A		8/28/2019	0.00	0.00	13,979.58	0.00	0.00	13,979.58
				8/28/2019						
152197 8/31/19	VO	A		9/17/2019	0.00	15,108.90	0.00	0.00	0.00	15,108.90
				9/17/2019						
152271 0052031-IN	VO	A		9/18/2019	0.00	125.00	0.00	0.00	0.00	125.00
				9/18/2019						
152504 9/15/19	VO	A		10/10/2019	13,677.81	0.00	0.00	0.00	0.00	13,677.81
				10/1/2019						
				Vendor Total	**13,677.81**	**15,233.90**	**13,979.58**	**0.00**	**0.00**	**42,891.29**
COMMPC	Community Partners for Change	A								
152198 8/31/19	VO	A		9/17/2019	0.00	17,009.40	0.00	0.00	0.00	17,009.40
				9/17/2019						
152505 9/15/19	VO	A		10/16/2019	15,562.22	0.00	0.00	0.00	0.00	15,562.22
				10/1/2019						
				Vendor Total	**15,562.22**	**17,009.40**	**0.00**	**0.00**	**0.00**	**32,571.62**
COMMRES	COMMUNITY RESOURCES FOR	A								
152202 8/31/19	VO	A		9/13/2019	0.00	9,181.76	0.00	0.00	0.00	9,181.76
			9/13/2019	9/13/2019						
152506 9/15/19	VO	A		10/9/2019	0.00	8,192.73	0.00	0.00	0.00	8,192.73
			9/18/2019	10/9/2019						
				Vendor Total	**0.00**	**17,374.49**	**0.00**	**0.00**	**0.00**	**17,374.49**
CREELEY	Diane Creeley	A								
152710 DCR 9/201	VO	A		10/9/2019	0.00	2,520.00	0.00	0.00	0.00	2,520.00
				10/9/2019						

					Vendor Total	0.00	2,520.00	0.00	0.00	0.00	2,520.00
CROTCHE	Crotched Mountain Rehabilitati	A									
151850 8/15/19	VO	A		8/15/2019		0.00	0.00	37,954.95	0.00	0.00	37,954.95
			8/15/2019	8/15/2019							
152203 8/31/19	VO	A		9/9/2019		0.00	0.00	39,715.20	0.00	0.00	39,715.20
			9/9/2019	9/9/2019							
152507 9/15/19	VO	A		10/10/2019		38,124.65	0.00	0.00	0.00	0.00	38,124.65
			9/19/2019	10/10/2019							
					Vendor Total	38,124.65	0.00	77,670.15	0.00	0.00	115,794.80
CSN	COMMUNITY SUPPORT NETWO	A									
152615 OCT 2019 /	VO	A		9/16/2019		0.00	6,318.92	0.00	0.00	0.00	6,318.92
			9/16/2019	9/16/2019							
					Vendor Total	0.00	6,318.92	0.00	0.00	0.00	6,318.92
DAVIDSO	CYNTHIA DAVIDSON	A									
152707 KDA SEP 2	VO	A		9/30/2019		0.00	315.00	0.00	0.00	0.00	315.00
			9/30/2019	9/30/2019							
					Vendor Total	0.00	315.00	0.00	0.00	0.00	315.00
DEMOSS	STEPHANIE DEMOS	A									
152657 EDE 9/29/1	VO	A		10/7/2019		0.00	237.50	0.00	0.00	0.00	237.50
				10/7/2019							
					Vendor Total	0.00	237.50	0.00	0.00	0.00	237.50
DEMOULA	DEMOULAS SUPER MARKETS	A									
143821 604518	VO	A		7/29/2018		0.00	0.00	0.00	0.00	37.02	37.02
			6/29/2018	7/29/2018							
143822 516465	VO	A		2/12/2018		0.00	0.00	0.00	0.00	15.97	15.97
			2/12/2018	2/12/2018							
143823 7/31/18 CR	AD	A		7/31/2018		0.00	0.00	0.00	0.00	-186.12	-186.12
			7/31/2018								
151741 719367	VO	A		1/18/2019		0.00	0.00	0.00	0.00	59.13	59.13
			1/18/2019	1/18/2019							
					Vendor Total	0.00	0.00	0.00	0.00	-74.00	-74.00
DESCHEN	DESCHENES & SONS	A									
152597 0000708	VO	A		9/30/2019		0.00	216.00	0.00	0.00	0.00	216.00
				10/1/2019							
152598 0000717	VO	A		9/30/2019		0.00	164.00	0.00	0.00	0.00	164.00
				10/1/2019							
					Vendor Total	0.00	380.00	0.00	0.00	0.00	380.00
DOWLING	DOWLING CORP	A									
152680 195313	VO	A		10/7/2019		0.00	92.00	0.00	0.00	0.00	92.00
				10/7/2019							
					Vendor Total	0.00	92.00	0.00	0.00	0.00	92.00
EASTER	EASTER SEALS SOCIETY NH	A									
152510 9/15/19	VO	A		10/10/2019		163,079.31	0.00	0.00	0.00	0.00	163,079.31
			9/19/2019	9/19/2019							

Exhibit DDD

				Vendor Total	163,079.31	0.00	0.00	0.00	0.00	163,079.31
EISENHO	Eisenhower Center	A								
151388 Q4 2019 RE	AD	A		7/30/2019	0.00	0.00	0.00	-4,426.68	0.00	-4,426.68
				Vendor Total	0.00	0.00	0.00	-4,426.68	0.00	-4,426.68
ELLIOMA	MARY ELLIOTT	A								
152692 MEL 9/27/1	VO	A		10/9/2019	0.00	208.00	0.00	0.00	0.00	208.00
				10/9/2019 Vendor Total	0.00	208.00	0.00	0.00	0.00	208.00
GARRETT	SCOTT GARRETT JR	A								
152673 MGA 9/23/1	VO	A		10/7/2019	0.00	405.22	0.00	0.00	0.00	405.22
				10/7/2019 Vendor Total	0.00	405.22	0.00	0.00	0.00	405.22
GB	GREAT BAY SERVICES	A								
152512 9/15/19	VO	A		10/7/2019	0.00	11,646.40	0.00	0.00	0.00	11,646.40
			9/16/2019	10/7/2019 Vendor Total	0.00	11,646.40	0.00	0.00	0.00	11,646.40
GEORGE	DAWN MARIE JONES	A								
152664 DGE 9/28/1	VO	A		9/28/2019	0.00	189.00	0.00	0.00	0.00	189.00
			9/28/2019	9/28/2019 Vendor Total	0.00	189.00	0.00	0.00	0.00	189.00
GLENN	NICOLE GLENN	A								
152699 LGL 9/29/1!	VO	A		10/9/2019	0.00	450.00	0.00	0.00	0.00	450.00
				10/9/2019 Vendor Total	0.00	450.00	0.00	0.00	0.00	450.00
GREENGA	GREENGARD CENTER FOR AUT	A								
152716 EKA 9/201!	VO	A		10/9/2019	0.00	11,256.57	0.00	0.00	0.00	11,256.57
				10/9/2019 Vendor Total	0.00	11,256.57	0.00	0.00	0.00	11,256.57
GREENWO	CHARLENE GREENWOOD	A								
152652 KGR 9/21/1	VO	A		9/21/2019	0.00	144.00	0.00	0.00	0.00	144.00
			9/21/2019	9/21/2019 Vendor Total	0.00	144.00	0.00	0.00	0.00	144.00
IPP	IPP INC	A								
152208 PKE 8/15/1	AD	A		8/15/2019	0.00	0.00	-437.41	0.00	0.00	-437.41
			8/15/2019							
152209 8/31/19	VO	A		9/4/2019	0.00	0.00	37,816.51	0.00	0.00	37,816.51
			9/4/2019	9/4/2019						
152513 9/15/19	VO	A		10/8/2019	0.00	36,335.04	0.00	0.00	0.00	36,335.04
			9/17/2019	9/17/2019 Vendor Total	0.00	36,335.04	37,379.10	0.00	0.00	73,714.14
JACKLEW	JACKSON LEWIS LLP	A								
152724 7406206	VO	A		10/30/2019	1,034.00	0.00	0.00	0.00	0.00	1,034.00
				10/9/2019						

Exhibit D

					Vendor Total	1,034.00	0.00	0.00	0.00	0.00	1,034.00
JACKSOW	WENDY JACKSON	A									
152670 TMI SEP 2(	VO	A			10/7/2019	0.00	94.50	0.00	0.00	0.00	94.50
					10/7/2019						
					Vendor Total	0.00	94.50	0.00	0.00	0.00	94.50
JONESJ	JOHN A. JONES	A									
152693 JJO 9/27/1!	VO	A			9/27/2019	0.00	117.00	0.00	0.00	0.00	117.00
			9/27/2019		9/27/2019						
					Vendor Total	0.00	117.00	0.00	0.00	0.00	117.00
JUDGERO	Judge Rotenberg Center	A									
152210 AW 8/19	VO	A			9/17/2019	0.00	34,056.91	0.00	0.00	0.00	34,056.91
					9/17/2019						
					Vendor Total	0.00	34,056.91	0.00	0.00	0.00	34,056.91
KENDRIC	JO ANN KENDRICK	A									
152713 HKE 9/201!	VO	A			10/9/2019	0.00	495.00	0.00	0.00	0.00	495.00
					10/9/2019						
					Vendor Total	0.00	495.00	0.00	0.00	0.00	495.00
KIMI	KIMI NICHOLS CENTER INC	A									
152212 8/31/19	VO	A			9/17/2019	0.00	5,341.76	0.00	0.00	0.00	5,341.76
					9/17/2019						
					Vendor Total	0.00	5,341.76	0.00	0.00	0.00	5,341.76
KITT	TAMMY KITT	A									
152714 DKI 9/2019	VO	A			10/9/2019	0.00	990.00	0.00	0.00	0.00	990.00
					10/9/2019						
					Vendor Total	0.00	990.00	0.00	0.00	0.00	990.00
LAMIE	Mariah Lamie	A									
152666 STH SEP 2	VO	A			10/7/2019	0.00	75.20	0.00	0.00	0.00	75.20
					10/7/2019						
					Vendor Total	0.00	75.20	0.00	0.00	0.00	75.20
LANG	ALANNA LANG	A									
152694 SLA 9/21/1!	VO	A			10/9/2019	0.00	99.00	0.00	0.00	0.00	99.00
					10/9/2019						
					Vendor Total	0.00	99.00	0.00	0.00	0.00	99.00
LANZAG	Gloria Lanza	A									
152650 KLA 9/27/1!	VO	A			10/7/2019	0.00	126.00	0.00	0.00	0.00	126.00
					10/7/2019						
					Vendor Total	0.00	126.00	0.00	0.00	0.00	126.00
LIFE	LIFE VISIONS LLC	A									
152514 9/15/19	VO	A			10/7/2019	0.00	276.48	0.00	0.00	0.00	276.48
					10/1/2019						
					Vendor Total	0.00	276.48	0.00	0.00	0.00	276.48
LIVING	LIVING INNOVATIONS	A									
151851 8/15/19	VO	A			8/15/2019	0.00	0.00	112,515.66	0.00	0.00	112,515.66
			8/15/2019		8/15/2019						

152214 8/31/19	VO	A	9/12/2019	9/12/2019	0.00	121,356.27	0.00	0.00	0.00	121,356.27
152406 LSAUG201	VO	A	8/31/2019	8/31/2019	0.00	0.00	3,036.91	0.00	0.00	3,036.91
152407 AKAUG201	VO	A	8/31/2019	8/31/2019	0.00	0.00	1,609.04	0.00	0.00	1,609.04
152408 KSAUG201	VO	A	8/31/2019	8/31/2019	0.00	0.00	2,673.51	0.00	0.00	2,673.51
152409 MCAUG201	VO	A	8/31/2019	8/31/2019	0.00	0.00	2,129.80	0.00	0.00	2,129.80
152410 EMAUG201	VO	A	8/31/2019	8/31/2019	0.00	0.00	2,417.90	0.00	0.00	2,417.90
152411 KIRCAUG2	VO	A	8/31/2019	8/31/2019	0.00	0.00	1,453.81	0.00	0.00	1,453.81
			Vendor Total		0.00	121,356.27	125,836.63	0.00	0.00	247,192.90
LORENTS	LYNNE LORENTSEN	A								
152681 SEP 2019	VO	A	10/7/2019	10/7/2019	0.00	306.40	0.00	0.00	0.00	306.40
			Vendor Total		0.00	306.40	0.00	0.00	0.00	306.40
LYONSTE	Terri Lyons	A								
152715 MLU 9/4/19	VO	A	10/9/2019	10/9/2019	0.00	50.00	0.00	0.00	0.00	50.00
			Vendor Total		0.00	50.00	0.00	0.00	0.00	50.00
MACINJ	John D. Macintosh, P.C.	A								
152690 10200	VO	A	11/2/2019	10/9/2019	1,800.00	0.00	0.00	0.00	0.00	1,800.00
			Vendor Total		1,800.00	0.00	0.00	0.00	0.00	1,800.00
MAYINST	MAY INSTITUTE, INC.	A								
151814 8/15/19	VO	A	8/15/2019	8/15/2019	0.00	0.00	10,560.28	0.00	0.00	10,560.28
152215 8/31/19	VO	A	9/3/2019	9/3/2019	0.00	0.00	11,569.80	0.00	0.00	11,569.80
152515 9/15/19	VO	A	10/8/2019	10/8/2019	0.00	10,513.36	0.00	0.00	0.00	10,513.36
			Vendor Total		0.00	10,513.36	22,130.08	0.00	0.00	32,643.44
MCCOSH2	Jonathan McCosh	A								
152651 JMC 9/24/1	VO	A	10/7/2019	10/7/2019	0.00	108.00	0.00	0.00	0.00	108.00
			Vendor Total		0.00	108.00	0.00	0.00	0.00	108.00
MELLOE	ELIZABETH MELLO	A								
152706 KDA SEP 2	VO	A	10/9/2019	10/9/2019	0.00	8.00	0.00	0.00	0.00	8.00
			Vendor Total		0.00	8.00	0.00	0.00	0.00	8.00
MIKELLS	SHANNON MIKELL	A								

152663	TMI 9/14/19	VO	A		10/7/2019	0.00	420.00	0.00	0.00	0.00	420.00
					10/7/2019						
					Vendor Total	**0.00**	**420.00**	**0.00**	**0.00**	**0.00**	**420.00**
MITCHEL	JANET MITCHELL		A								
152659	EMI 9/28/19	VO	A		9/28/2019	0.00	160.00	0.00	0.00	0.00	160.00
				9/28/2019	9/28/2019						
					Vendor Total	**0.00**	**160.00**	**0.00**	**0.00**	**0.00**	**160.00**
MOHALLE	PATRICIA MOHALLEY		A								
152661	HKE SEP 2	VO	A		10/7/2019	0.00	101.50	0.00	0.00	0.00	101.50
					10/7/2019						
					Vendor Total	**0.00**	**101.50**	**0.00**	**0.00**	**0.00**	**101.50**
MORGAN	MICHELE G MORGAN		A								
152658	RMO 9/23/1	VO	A		9/23/2019	0.00	220.00	0.00	0.00	0.00	220.00
				9/23/2019	9/23/2019						
					Vendor Total	**0.00**	**220.00**	**0.00**	**0.00**	**0.00**	**220.00**
MOVITZ	NANCY MOVITZ		A								
152712	FMO JUL+5	VO	A		9/30/2019	0.00	2,710.00	0.00	0.00	0.00	2,710.00
				9/30/2019	9/30/2019						
					Vendor Total	**0.00**	**2,710.00**	**0.00**	**0.00**	**0.00**	**2,710.00**
MURPHYP	PAUL MURPHY		A								
152695	MMU 9/27/	VO	A		10/9/2019	0.00	90.00	0.00	0.00	0.00	90.00
					10/9/2019						
					Vendor Total	**0.00**	**90.00**	**0.00**	**0.00**	**0.00**	**90.00**
NEPC	NEW ENGLAND PRINTING & COI		A								
152678	68232	VO	A		10/7/2019	0.00	359.50	0.00	0.00	0.00	359.50
					10/7/2019						
					Vendor Total	**0.00**	**359.50**	**0.00**	**0.00**	**0.00**	**359.50**
NEUROIN	Neurointernational Health		A								
152216	AAD 8/15/1	VO	A		9/17/2019	0.00	16,440.00	0.00	0.00	0.00	16,440.00
					9/17/2019						
152217	AAD 8/31/1	VO	A		9/17/2019	0.00	17,536.00	0.00	0.00	0.00	17,536.00
					9/17/2019						
152218	SDA 8/15/1	VO	A		9/17/2019	0.00	17,550.00	0.00	0.00	0.00	17,550.00
					9/17/2019						
152219	SDA 8/31/1	VO	A		9/17/2019	0.00	18,140.00	0.00	0.00	0.00	18,140.00
					9/17/2019						
152220	JHO 8/15/1	VO	A		9/17/2019	0.00	13,950.00	0.00	0.00	0.00	13,950.00
					9/17/2019						
152221	JHO 8/31/1	VO	A		9/17/2019	0.00	14,570.00	0.00	0.00	0.00	14,570.00
					9/17/2019						
152222	RKI 8/15/19	VO	A		9/17/2019	0.00	8,850.00	0.00	0.00	0.00	8,850.00
					9/17/2019						
152223	RKI 8/31/19	VO	A		9/17/2019	0.00	9,440.00	0.00	0.00	0.00	9,440.00
					9/17/2019						

152521 PDR 8/15/1	VO	A		10/14/2019	18,150.00	0.00	0.00	0.00	0.00	18,150.00
				10/1/2019						
152522 PDR 8/31/1	VO	A		10/14/2019	18,740.00	0.00	0.00	0.00	0.00	18,740.00
				10/1/2019						
				Vendor Total	**36,890.00**	**116,476.00**	**0.00**	**0.00**	**0.00**	**153,366.00**
NEURORE	NEURORESTORATIVE	A								
151815 PDR 7/15/1	VO	A		8/22/2019	0.00	0.00	18,150.00	0.00	0.00	18,150.00
				8/22/2019						
151816 PDR 7/31/1	VO	A		8/22/2019	0.00	0.00	18,740.00	0.00	0.00	18,740.00
				8/22/2019						
152224 8/15/19	VO	A		9/17/2019	0.00	13,430.25	0.00	0.00	0.00	13,430.25
				9/17/2019						
152225 8/31/19	VO	A		9/17/2019	0.00	14,325.60	0.00	0.00	0.00	14,325.60
				9/17/2019						
152640 VD REF#15	AD	A		10/4/2019	0.00	-18,740.00	0.00	0.00	0.00	-18,740.00
152641 VD REF#15	AD	A		10/4/2019	0.00	-18,150.00	0.00	0.00	0.00	-18,150.00
				Vendor Total	**0.00**	**-9,134.15**	**36,890.00**	**0.00**	**0.00**	**27,755.85**
NORTH	NO COUNTRY INDEPENDENT LI	A								
152227 8/31/19	VO	A		9/3/2019	0.00	0.00	5,308.80	0.00	0.00	5,308.80
			9/3/2019	9/3/2019						
				Vendor Total	**0.00**	**0.00**	**5,308.80**	**0.00**	**0.00**	**5,308.80**
NORTHRE	NORTHEAST RECORD RETENT	A								
152621 0227666	VO	A		11/1/2019	297.08	0.00	0.00	0.00	0.00	297.08
				10/2/2019						
				Vendor Total	**297.08**	**0.00**	**0.00**	**0.00**	**0.00**	**297.08**
NS&M	NATIONAL SEATING & MOBILITY	A								
152723 117-193104	VO	A		10/9/2019	0.00	4,979.50	0.00	0.00	0.00	4,979.50
				10/9/2019						
				Vendor Total	**0.00**	**4,979.50**	**0.00**	**0.00**	**0.00**	**4,979.50**
NUTE	JOSH NUTE	A								
152671 CTE SEP 2	VO	A		9/30/2019	0.00	345.75	0.00	0.00	0.00	345.75
			9/30/2019	9/30/2019						
				Vendor Total	**0.00**	**345.75**	**0.00**	**0.00**	**0.00**	**345.75**
OFFTEAM	OFFICE TEAM	A								
152462 54314558	VO	A		10/18/2019	990.00	0.00	0.00	0.00	0.00	990.00
			9/18/2019	10/18/2019						
152684 54351881	VO	A		10/24/2019	662.65	0.00	0.00	0.00	0.00	662.65
			9/24/1904	9/24/2019						
152685 54351828	VO	A		10/24/2019	950.00	0.00	0.00	0.00	0.00	950.00
			9/24/2019	9/24/2019						
152686 54352733	VO	A		10/24/2019	990.00	0.00	0.00	0.00	0.00	990.00
			9/24/2019	9/24/2019						

152687	54404236	VO	A		11/1/2019	914.00	0.00	0.00	0.00	0.00	914.00
				10/1/2019	10/1/2019						
152688	54404436	VO	A		11/1/2019	950.00	0.00	0.00	0.00	0.00	950.00
				10/1/2019	10/1/2019						
152689	54403383	VO	A		11/1/2019	990.00	0.00	0.00	0.00	0.00	990.00
				10/1/2019	10/1/2019						
					Vendor Total	**6,446.65**	**0.00**	**0.00**	**0.00**	**0.00**	**6,446.65**
PESIRID	EKATERINE PESIRIDIS		A								
152701	DPE 9/28/1	VO	A		9/28/2019	0.00	800.00	0.00	0.00	0.00	800.00
				9/28/2019	9/28/2019						
152702	DPE 9/14/1	VO	A		9/14/2019	0.00	735.00	0.00	0.00	0.00	735.00
				9/14/2019	9/14/2019						
					Vendor Total	**0.00**	**1,535.00**	**0.00**	**0.00**	**0.00**	**1,535.00**
PETTENG	Amy Pettengill		A								
152649	JPE 9/22/1	VO	A		10/7/2019	0.00	108.00	0.00	0.00	0.00	108.00
					10/7/2019						
					Vendor Total	**0.00**	**108.00**	**0.00**	**0.00**	**0.00**	**108.00**
PREVOST	COURTNEY PREVOST		A								
152700	KPR 9/29/1	VO	A		10/9/2019	0.00	225.00	0.00	0.00	0.00	225.00
					10/9/2019						
					Vendor Total	**0.00**	**225.00**	**0.00**	**0.00**	**0.00**	**225.00**
PRIEST	LINDA M. PRIEST		A								
152703	HPR 9/27/1	VO	A		10/9/2019	0.00	144.00	0.00	0.00	0.00	144.00
					10/9/2019						
152704	JPR 9/27/1	VO	A		10/9/2019	0.00	144.00	0.00	0.00	0.00	144.00
					10/9/2019						
					Vendor Total	**0.00**	**288.00**	**0.00**	**0.00**	**0.00**	**288.00**
RANDALW	WILBUR RANDALL		A								
152646	SRA 9/29/1	VO	A		10/7/2019	0.00	180.00	0.00	0.00	0.00	180.00
					10/7/2019						
152647	SRA 9/22/1	VO	A		10/7/2019	0.00	180.00	0.00	0.00	0.00	180.00
					10/7/2019						
					Vendor Total	**0.00**	**360.00**	**0.00**	**0.00**	**0.00**	**360.00**
REGENCY	REGENCY HOME HEALTH		A								
152717	1B19081-0	VO	A		9/3/2019	0.00	0.00	106.25	0.00	0.00	106.25
					10/9/2019						
152718	1B19080-0	VO	A		8/27/2019	0.00	0.00	112.50	0.00	0.00	112.50
					10/9/2019						
152719	1B19079-0	VO	A		8/20/2019	0.00	0.00	156.25	0.00	0.00	156.25
					10/9/2019						
152720	1B19078-0	VO	A		8/13/2019	0.00	0.00	62.50	0.00	0.00	62.50
					10/9/2019						
152721	1B20634-0	VO	A		10/9/2019	0.00	200.00	0.00	0.00	0.00	200.00
					10/9/2019						

152722	1B19082-0	VO	A		9/10/2019	0.00	187.50	0.00	0.00	0.00	187.50
					10/9/2019						
					Vendor Total	**0.00**	**387.50**	**437.50**	**0.00**	**0.00**	**825.00**
RICHER		EDITH RICHER	A								
152711	KWE 9/201	VO	A		9/30/2019	0.00	1,980.00	0.00	0.00	0.00	1,980.00
				9/30/2019	9/30/2019						
					Vendor Total	**0.00**	**1,980.00**	**0.00**	**0.00**	**0.00**	**1,980.00**
RICHIE		THE RICHIE MCFARLAND	A								
152450		VO	A		10/1/2019	0.00	61,203.20	0.00	0.00	0.00	61,203.20
				10/1/2019	10/1/2019						
					Vendor Total	**0.00**	**61,203.20**	**0.00**	**0.00**	**0.00**	**61,203.20**
ROBINHI		ROBIN HILL FARM	A								
152228	8/31/19	VO	A		9/17/2019	0.00	4,470.96	0.00	0.00	0.00	4,470.96
					9/17/2019						
152516	9/15/19	VO	A		10/7/2019	0.00	5,588.70	0.00	0.00	0.00	5,588.70
					10/1/2019						
					Vendor Total	**0.00**	**10,059.66**	**0.00**	**0.00**	**0.00**	**10,059.66**
RRI		RESIDENTIAL RESOURCES INC	A								
152525	8/15/19	VO	A		10/10/2019	9,169.65	0.00	0.00	0.00	0.00	9,169.65
				9/19/2019	10/10/2019						
152526	8/31/19	VO	A		10/10/2019	9,869.60	0.00	0.00	0.00	0.00	9,869.60
				9/19/2019	10/10/2019						
					Vendor Total	**19,039.25**	**0.00**	**0.00**	**0.00**	**0.00**	**19,039.25**
SIDDHAR		SIDDHARTH SERVICES INC	A								
152517	9/15/19	VO	A		10/7/2019	0.00	9,636.00	0.00	0.00	0.00	9,636.00
					10/1/2019						
152528	8/31/19	VO	A		9/24/2019	0.00	10,371.68	0.00	0.00	0.00	10,371.68
					10/1/2019						
					Vendor Total	**0.00**	**20,007.68**	**0.00**	**0.00**	**0.00**	**20,007.68**
SIMONDS		JULIE SIMONDS	A								
152655	LSI 9/29/19	VO	A		10/7/2019	0.00	240.00	0.00	0.00	0.00	240.00
					10/7/2019						
152656	NSI 9/20/19	VO	A		10/7/2019	0.00	200.00	0.00	0.00	0.00	200.00
					10/7/2019						
					Vendor Total	**0.00**	**440.00**	**0.00**	**0.00**	**0.00**	**440.00**
SMARTD		David A Smart	A								
152653	MSM 9/17/	VO	A		10/7/2019	0.00	100.00	0.00	0.00	0.00	100.00
					10/7/2019						
152654	TSM 9/17/1	VO	A		10/7/2019	0.00	100.00	0.00	0.00	0.00	100.00
					10/7/2019						
					Vendor Total	**0.00**	**200.00**	**0.00**	**0.00**	**0.00**	**200.00**
SMHC		SEACOAST MENTAL HEALTH CE	A								
152676	HPR 8/30/1	VO	A		8/30/2019	0.00	0.00	1,098.78	0.00	0.00	1,098.78
				8/30/2019	8/30/2019						

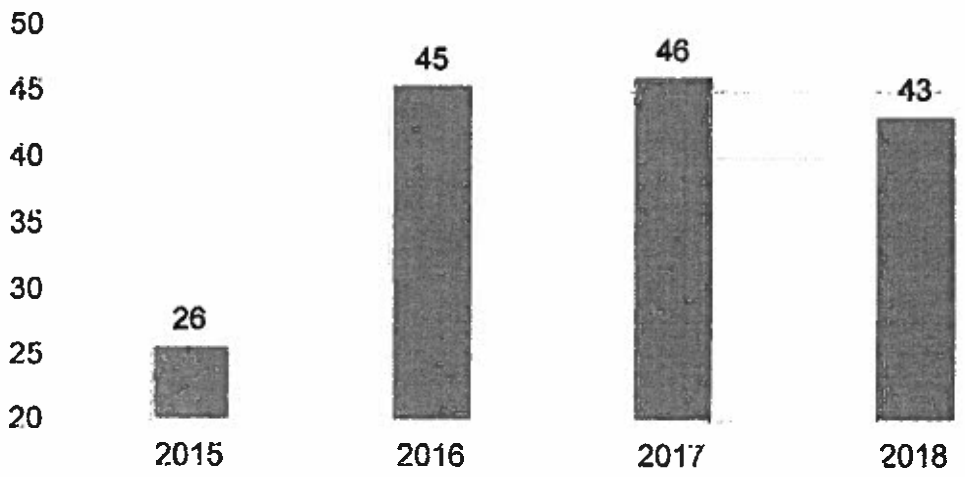
152677 JPR 8/26/1	VO	A		8/26/2019	0.00	0.00	934.50	0.00	0.00	934.50
			8/26/2019	8/26/2019						
				Vendor Total	**0.00**	**0.00**	**2,033.28**	**0.00**	**0.00**	**2,033.28**
SOUCY	CANDACE SOUCY	A								
152697 CSO 9/17/1	VO	A		10/9/2019	0.00	135.00	0.00	0.00	0.00	135.00
				10/9/2019						
				Vendor Total	**0.00**	**135.00**	**0.00**	**0.00**	**0.00**	**135.00**
STRUBLE	JULIE A STRUBLE	A								
152660 LST 9/25/1	VO	A		10/7/2019	0.00	195.00	0.00	0.00	0.00	195.00
				10/7/2019						
152679 CST 9/28/1	VO	A		10/7/2019	0.00	10.00	0.00	0.00	0.00	10.00
				10/7/2019						
152696 SST 9/12/1	VO	A		10/9/2019	0.00	99.00	0.00	0.00	0.00	99.00
				10/9/2019						
				Vendor Total	**0.00**	**304.00**	**0.00**	**0.00**	**0.00**	**304.00**
SYSTEME	Systems Engineering	A								
152538 A57594	VO	A		10/1/2019	0.00	1,120.00	0.00	0.00	0.00	1,120.00
				10/1/2019						
152618 A57386	VO	A		10/2/2019	0.00	5,275.20	0.00	0.00	0.00	5,275.20
				10/2/2019						
				Vendor Total	**0.00**	**6,395.20**	**0.00**	**0.00**	**0.00**	**6,395.20**
TELEPHO	TELEPHONE SYSTEMS EFFICIE	A								
152672 22334	VO	A		10/7/2019	0.00	266.42	0.00	0.00	0.00	266.42
				10/7/2019						
				Vendor Total	**0.00**	**266.42**	**0.00**	**0.00**	**0.00**	**266.42**
TUSTINJ	JENNIFER TUSTIN	A								
152705 SEP 2019	VO	A		10/9/2019	0.00	131.48	0.00	0.00	0.00	131.48
				10/9/2019						
				Vendor Total	**0.00**	**131.48**	**0.00**	**0.00**	**0.00**	**131.48**
WESTEND	WEST END DENTAL	A								
151935 MHE 8/28/1	VO	A		8/29/2019	0.00	0.00	400.00	0.00	0.00	400.00
				8/29/2019						
				Vendor Total	**0.00**	**0.00**	**400.00**	**0.00**	**0.00**	**400.00**
WINCH	DIANNE WINCHELL	A								
152708 MEL 9/30/1	VO	A		10/9/2019	0.00	184.68	0.00	0.00	0.00	184.68
				10/9/2019						
				Vendor Total	**0.00**	**184.68**	**0.00**	**0.00**	**0.00**	**184.68**
WOODD	DARCI WOOD	A								
152662 SWO 9/29/	VO	A		10/7/2019	0.00	144.00	0.00	0.00	0.00	144.00
				10/7/2019						
				Vendor Total	**0.00**	**144.00**	**0.00**	**0.00**	**0.00**	**144.00**
WOU	WORK OPPORTUNITIES	A								
152229 8/15/19	VO	A		9/10/2019	0.00	12,160.54	0.00	0.00	0.00	12,160.54
			9/10/2019	9/10/2019						

Exhibit DDD

152230	8/31/19	VO	A	9/10/2019		0.00	10,748.89	0.00	0.00	0.00	10,748.89
			9/10/2019	9/10/2019							
				Vendor Total		0.00	22,909.43	0.00	0.00	0.00	22,909.43
				Company Total		296,515.87	926,930.47	324,423.87	-3,868.23	-74.00	1,543,927.98

EXHIBIT MMM

Days Expense in Accounts Payable



Days expense in accounts payable measures how quickly expenses are paid. It is the average amount of days that it takes the organization to pay expenses.

A target range is approximately 30 days.

Consistent with prior years

Exhibit Y

One Sky Community Services, Inc.
755 Banfield Road | Suite 3 | Portsmouth | New Hampshire | 03801

Phone: (603) 436-6111 | Voice/TDD: (800) 660-4103
Fax: (603) 436-4622 | Visit us online: www.oneskyservices.org

"EXTRAORDINARY" ALL-VENDOR MEETING
Thursday, August 15, 2019 (1:00PM)

LOCATION:
One Sky Community Services (755 Banfield Rd, Portsmouth)

ATTENDEES:
Katie Kelly (IPPI), Scott Slattery (CPFC), Jon Noble (FNE), Tim Higgins (FNE), Susan Silsby (ES), Renee Fisher (ES), Carl Pufahl (LISS), Marci Poulin (LISS), Jerry Donovan (Robin Hill), Leslie Nelson (CSNH/CRJ), Chet Bowen (CIS), Hannah Reed (CIS), Alison Kraft (CIS), Terry Blaisdell (CMRS), Lorrie Winslow (NEURO), Pat Ciarfella (NEURO), Kelly Davies (BFS), Julie Redlon (RMCC)

One Sky: Chris Muns (CEO), Victoria Putnam (Manager of Quality Innovation), Keryn Bernard-Kriegl (Director of Service Coordination), Tina Holmes (Director of Human Resources), Cassie Travers (HR Assistant), Kelly Scanlon (Quality Improvement Specialist)

MINUTES:

1. Introduction
    - New service coordination team managers Cara Baker (Traditional Service Coordination) and Anthony MacConnell (PDMS Service Coordination) were introduced to the group. They, along with Sharon Richey (ITS Service Coordination) will serve as internal leads to their respective groups and as additional points of contact for provider agencies.

2. Staffing
    - Tina Holmes introduced Cassie Travers (HR Assistant) and addressed the group. She noted that One Sky is almost fully staffed, though DSP hires are still a struggle.
    - CSNI has a new initiative this year starting with 2 NH high schools to begin a DSP integration program for those students not pursuing post-secondary education after graduation. All NH area agencies are helping to promote the program, and CSNI is looking for provider agency involvement as well.
    - The state has continued an education reimbursement program for staff to pursue various degree programs. Tina Holmes will be the Region 8 liaison for provider agency staff who wish to apply for this reimbursement.
    - One Sky is looking for provider agency input as to how we can help support staff recruitment. Jon Noble (Farmsteads) noted that his agency looks at regional recruitment as a best strategy. If he encounters potential staff that live closer to another agency, he will refer them to that agency.

- An obstacle providers struggle with to retain staff is limitations with transportation reimbursement. Updating the reimbursement model may produce more successful recruitment. The $5000 cap (between both Res & Day) is difficult to adhere to, especially in rural areas.
- CSNH noted that they decline services for individuals who live over 15 miles outside of their area due to this limitation.
- Providers are also limited to adhering to the ISA staffing ratios during transport. One potential workaround may be to specifically indicate in an ISA that transportation time will not be factored into the staffing/service ratio. However, the budget needs to reflect this and this also needs to meet the requirements of Medicaid reimbursement.
- One Sky floated the idea of providing transportation directly through "pickup/drop-off" routes, which could be supported through additional One Sky fundraising efforts. However, creating a pickup/drop-off transportation model could be hampered at the agency or vendor level due to the fact that individuals move frequently.

3. RFP Process
    - The state is still on track to revamp the RFP process to a statewide electronic individual provider selection starting in 2021.
    - Keryn informed the group that One Sky is looking to collect data for BDS regarding real service costs so they can get a better understanding of budget limitations faced by the provider agencies.
    - There will be a new RFP process implemented by One Sky. Single-page RFPs with an individual's main demographic and program data will be distributed using a global "Scheduler" email (scheduler@oneskyservices.org) and agencies will be requested to respond yes or no within 5 days of posting.
    - If providers respond "yes" to the initial demographic sheet, One Sky will send that provider a copy of the full proposal packet. Providers will then be asked to submit a proposal within 30 days (if they want to bid) along with a description of services they can provide. Providers will still have the option to turn down a proposal upon receiving the proposal packet.
    - For proposal bids that include a pre-determined budget projection, One Sky asks for providers to include both a "real cost" budget will full cost projections for the services requested, along with a budget noting what exact services can be provided for "X" amount of dollars if that amount is lower.
    - Both Easter Seals and IPP noted that they cannot submit a proposal with a budget until they meet with the individual/individual's family to fully determine the needs of that individual. This should be an integrated step within the RFP process.

- One Sky asks providers to include a written timeline in their proposal (60-90 days to become operational?) as to when the provider can start services assuming their proposal and budget are approved, as the state has a 90-day window to approve PA's. The issue that providers are facing is hiring staff prior to a program being approved, as they cannot assume those costs up front. Neither providers nor area agencies can assume costs of supporting an individual before PA approval.
- Chris noted that there needs to be a mechanism within the RFP process that holds a spot for an individual after submission of the PA. (Is there a way to integrate "pre-funding" by the state?). Programs are not always able to hold residential slots for that entire time if another individual needs to be placed within that timeframe.
- Providers will still be communicating with service coordinators and team managers during this RFP process. Final budgets and approvals must come from the One Sky Business Office.

4. Region 8 Re-designation
    - One Sky's efforts to implement the Corrective Action Plan (CAP) are ongoing. Providers have been sent a copy of One Sky's CAP, and BDS and One Sky's Board of Directors are getting frequent progress updates. There were approximately 25-26 required recommendations given by the state, and the agency has already completed approximately half of these.
    - The biggest issue for remediation was the staffing shortage experienced by the agency last year. The agency hopes to be fully staffed by September. Our conditional re-designation period ends November 27, and One Sky has requested a status from the bureau at that time.
    - A forum held in November 2018, along with electronic survey responses, yielded some negative feedback by external stakeholders last year. There was concern expressed regarding the agency's financial stability. Chris assured the group that the agency is financially stable with a solid line of credit. Any financial questions that come up can be directed to Chris and he will address. An updated survey is expected to be disseminated to stakeholders again this fall, and Chris asked that those completing the survey focus on work performed by the agency over the past year as the point of reference for their feedback.
    - Victoria Putnam has been designated as the Senior Manager for Provider Relations. She is currently working on a communications matrix for the agency that will outline protocols and escalation procedures. A new "Quality" email portal (quality@oneskyservices.org) has been created by One Sky that will send/receive updates related to quality initiatives and tasks.

- One Sky will also be sending out quarterly updates to provider agencies, including current service coordination contacts for the individuals each agency serves.
- The Master Agreements have two exhibits (B and C) that outline communication and documentation requirements. One Sky is working to ensure that all current forms for use by the provider agencies are updated and available on One Sky website.

5. EDS
    - Victoria has been designated the agency point-person for ensuring the employment data system (EDS) is updated. She is working with the service coordination team to monitor and quality-check the data that is updated by the providers. The goal will be to make sure all work/volunteer goals from the ISAs are updated in the EDS. Service coordinators should be informed of any change in goals that would affect the EDS.
    - Some providers asked if any end-user training would be available. Victoria said that we could set this up. Training via webinar may be a viable option.

Next All-Vendor Meeting:
Thursday, September 12, 2019 at 3:00pm
One Sky Community Services main office
Projected Agenda Topic(s): Service Coordination Performance Measures & Feedback

Remediation Action #5

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan Finance

COMPLIANCE WITH AREA AGENCY FINANCIAL CONDITION

STANDARD

Regulatory	None References
Contractual	Contract, Exhibit A, Section 2:12: Maintenance of Fiscal Integrity (see Appendix B, Exhibit 11 Contract, Exhibit A, Section 2:6: Wait List Registry (see Appendix B, Exhibit 12)

FINDING

- Days of cash on hand has decreased over time and is lower than the target of 30 days for the reporting period.
- Operating with an average deficit of $159,745 which demonstrates that One Sky is not fiscally sound
- Late and/or incorrect financial data submission to the Bureau of Improvement and Integrity (BII)
- Inconsistent and/or inaccurate Wait List Management
- Untimely provider payments
- Improper Billing Practices (late, inconsistent, incorrect and in some cases, no billing)

REQUIRED REMEDIATION

5. Develop a fiscal manual and train all staff

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

One Sky has had a Fiscal Manual since May 2003, a copy of which was included as Appendix H in our July 31, 2019 submittal. In response to this required remediation action, One Sky requested copies of the fiscal manuals from the three Area Agencies recommended by BDS (Gateways, The Moore Center and Lakes Region). We received one reply - from Gateways - and we have incorporated elements of their fiscal policies and procedures into an updated copy of our Financial Policies and Procedures which was approved by our Board of Directors on November 11, 2019 (see Exhibit EE).

Copies of this manual have been distributed to the all members of the finance and accounting team:

- CFO
- Senior Accountant
- Financial Systems Administrator
- Revenue Accountant and Financial Analyst
- Accounts Receivable / Payables Specialist
- Self-Directed Services Account Manager
- Payroll Coordinator
- All employee of East Cost Reimbursement Services working on behalf of One Sky.

A meeting of all members of the finance and accounting team to review the updated policies and procedures is scheduled for the week of November 18.

Copies have also been distributed to the following:

- Director of Service Coordination
- Director of Integrated Services
- Director of Quality Improvement
- Director of HR and Administration
- Director of Outreach and Development
- Manager of Systems, Processes and Documentation
- Manager, Vendor Services
- Manager, Family Services
- Manager, Rep Payee and Benefits

A meeting to review the updated policies and procedures with these members of management is also scheduled for the week of November 18.

On September 6 we received a request from BDS to ensure that our updated fiscal manual also included our policies covering the following areas:

- Waitlist Management
- Billing Process
- Records Retention and Journal Entries
- Segregation of Client Rep Payee Funds
- Processing Unit Change/Service Level Requests

These have been added are included in the approved fiscal manual approved on November 11 (see Exhibit EE).

On August 30, 2019 One Sky was also asked to answer the following additional questions:

1. **Revise any areas of compliance for which the former CFO, Vincent DiPiero, was responsible to reflect the staff members now responsible for ensuring compliance**

   Those changes were made and were reflected in the updated Remediation Checklist with Action Plan submitted to BDS on September 11 and October 25.

2. **Revise the dates for compliance with any areas of compliance for Vincent DiPiero was previously responsible, with particular focus on the drafting of a fiscal manual.**

   Those changes were made and were reflected in the updated Remediation Checklist with Action Plan submitted to BDS on September 11 and October 25. With respect to updating the fiscal manual included in Appendix H of the Corrective Action Plan we submitted to you on July 31, 2019, the updated manual was reviewed and approved by the Board of Directors on November 11.

3. **Detail the process One Sky will use to recruit and train a CFO**

   John Moran joined us as our Acting CFO on August 26. John has over two decades of experience working in human services, as he held the position of Senior VP and Chief Financial Officer for Horace Mann Educational Associates (HMEA), an organization in Massachusetts that serves individuals with developmental disabilities. John holds a BS in Accounting from Bryant University and a MBA in Finance from Bryant University.

   John is currently a contract employee. We have a mutual understanding that if things do not "work out" then we can part company at any time. But there is also an understanding that if we are both satisfied with each other that his status could change from contract employee to permanent employee of One Sky Community Services.

John has been focusing on learning our internal processed and competing our final FY19 financial reports and external audit. John has also been reaching out to the other area agency CFO's and business office managers, who have provided him with valuable insight.

Exhibit EE

One Sky Community Services, Inc.
Financial Policies & Procedures

July 1, 2019
(Approved by Board of Directors on November 11, 2019)

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Overview

One Sky Community Services, Inc. ("One Sky") is a private New Hampshire Nonprofit Corporation with an independent Board of Directors consisting of members of the community and family members of individuals served by One Sky.

One Sky is a non-profit organization incorporated as a 501(c)(3) organization and is registered with the Secretary of State in New Hampshire with a fiscal year end of June 30. The articles of incorporation state that the purpose of One Sky shall include:

- To plan, fund, provide and oversee community-based services and supports for children and adults with developmental disabilities and acquired brain disorders, to live as valued and participating members in their communities, and

In accordance with IRS Code section 501(c)(3) the One Sky is organized and operates exclusively for the exempt purpose as described in Form 1023, the application for exemption. In compliance with the restrictions on organizations qualifying under the 501(c)3 code:

- No part of the net earnings of the organization may inure to the benefit of any private shareholder or individual.
- No substantial part of the activities of the organization may consist of the carrying on of propaganda or of attempting to influence legislation (lobbying).
- The organization may not participate in, or intervene in, any political campaign on behalf of any candidate for public office.

One Sky is organized as a public charity under Section 170(b)(1)(A)(vi) of the Internal Revenue Code as an organization that normally receives:

- a substantial part of its support from a governmental unit or from the general public.
- more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions.

One Sky has a contract with the State of New Hampshire wherein One Sky acts as the designate area agency for Region 8 in the State of New Hampshire's system to provide supports and services to individuals with developmental disabilities and acquired brain disorders.

One Sky prepares monthly unaudited financial statements for Board of Directors approval. Those unaudited monthly financial statements must also be submitted to the New Hampshire Bureau of Developmental Services no later than 30 days after the end of each month. Annual audited financials are required per contract with New Hampshire Bureau of Development Services (BDS), lending requirements, and support grant applications.

Annually, as part of the audit process, One Sky reviews these policies and practice statements and revises them, as necessary. After any revisions, staff are re-oriented to the changes in policy and practice.

The Chief Financial Officer (CFO) of One Sky is responsible for the preparation of financial information for both Board and staff review. This includes annual budgets, profit and loss statements, analysis, and any special reports that are requested. Financial matters are reviewed by the Finance Committee of the Board of Directors and the full Boards of Directors. Any major financial decisions are reviewed by the Finance Committee and voted on by the Board of Directors. Financial information is discussed at the Senior Leadership Team meetings and, by each senior manager with her/his staff.

Upon termination of employment, immediate action will be taken to remove or restrict the person's access to the financial system.

Compliance with the Sarbanes-Oxley Act

The Sarbanes-Oxley (SOX) Act subjects public companies in the United States to additional governance and other requirements. While One Sky as a nonprofit is only required to comply with two provisions of the SOX Act, the Board has voted to voluntarily implement key provisions of the legislation.

1. One member of the finance committee should meet the criteria of financial expert and have adequate financial knowledge to understand, analyze, and reasonably assess the financial statements and the competency of the auditing firm.

2. The One Sky Finance Committee will meet with the auditor and review the annual audit. The Committee will recommend that the annual audit be accepted by the full board.

3. The Form 990 for One Sky will be reviewed and approved by the Finance Committee and the full Board. The Form will be made freely available to anyone who requests it.

4. One Sky will bid out auditing services every five years. The One Sky Finance Committee will oversee the bidding process and recommend a new auditing firm to the Board for their approval.

5. The auditing firm should not provide non-auditing services while the firm is contracted to provide auditing services. Tax preparation is the one exception to the rule.

6. The auditing firm will report all "critical accounting policies and practices that are used by the organizations, discussed with management, and represent the preferred way management wants these policies and practices treated. These critical accounting practices include methods, assumptions, and judgments underlying the preparation of financial statements according to generally accepted accounting principles (GAAP) and assurance that any results would be disclosed in case of changed assumptions.

7. The One Sky CEO and CFO will certify for all audited financial statements the following:
    A. They have reviewed the report for appropriateness.
    B. The report does not contain any untrue statements or a material fact or a material omission.
    C. The financials fairly present the financial condition of the organization.
    D. They have designed and evaluated systems of internal controls to make sure that they are aware of material information concerning the organizations operations.
    E. They have disclosed to the auditors and finance committee deficiencies in the controls as well as any fraud involving management or other key employees.

8. One Sky implemented the listed best practices:
    A. Compliance with all practices and procedures in the Board of Director by-laws
    B. A CEO Performance and Compensation policy.

C. A Sole Source Justification policy.
D. A policy for Contract Purchases over $50,000.
E. A Vendor (Subcontractor) Selection policy.

9. One Sky currently has a document destruction and retention policy that has been updated to include the following:
   A. One Sky staff and volunteers will be aware that is a crime to destroy, alter, cover up, or falsify any document (or persuade someone else to do so) to prevent its use in an official proceeding (litigation, federal investigation, bankruptcy proceeding, etc.)
   B. If an official investigation is underway or suspected, management must stop any document destruction in order to avoid criminal obstruction charges.
   C. Guidelines will be established for handling electronic files and voicemail, which have the same status under the SOX Act as paper files in litigation-related cases.

Fraud and Abuse Prevention and Detection

Purpose and Scope

One Sky Community Services, Inc. is dedicated to conducting Finance and Accounting in an ethical and legal manner. If fraudulent behavior is minimized, the risk of scarce resources being diverted from appropriate use in providing One Sky services to the public will be significantly reduced. One Sky, its officers, contractors, agents, and employees will comply with all relevant federal and state laws and regulations related to billing and coding. No One Sky staff has the authority to direct, participate in, approve, or tolerate any violation of any of the laws described in this policy.

Focus Area: All One Sky Community Services

Policy

One Sky will thoroughly and quickly investigate any reported cases of suspected fraud to determine if disciplinary, financial recovery, and/or criminal action should be taken. All reports of suspected fraud will be handled under the strictest confidentiality. One Sky recognizes the need to continually update standards and procedures and to communicate these changes to employees, contractors, and agents to keep them informed regarding One Sky' operations. We are committed to the following efforts:

1. Minimize billing mistakes
2. Increase speed and optimize receipt of claim payments
3. Reduce chance of Office of Inspector General or Centers for Medicare & Medicaid Services (CMS) audit, or audits from external funding sources
4. Avoid conflicts with self-referral and anti-kickback and other statutes.

Set forth below are summaries of certain laws that provide liability for false claims and statements. These summaries are not intended to identify all applicable laws; but serve to outline some of the major statutory provisions.

Federal Laws

Federal Civil False Claims Act (FCA); 31 U.S.C. §§ 3379-3733

Congress enacted the federal civil False Claims Act in 1982. The Act is designed to enhance the government's ability to identify and recover losses due to fraud.

Prohibitions

The federal civil False Claims Act makes it a crime for any person or organization to knowingly make a false record of file a false claim with the federal government (Medicare, Medicaid) for payment.

"Knowingly" means

1. Having actual knowledge of the information;
2. Acting in deliberate ignorance of the truth or falsity of the information; or
3. Acting in reckless disregard for whether the information is true or false. Specific intent to defraud is not required for there to be a violation of the law.

The False Claims Act is enforced by the filing and prosecution of a civil complaint. Under the Act, civil actions must be brought within six years after a violation or, if brought by the government, within three years of the date when material facts are known or should have been known to the government, but in no event more than ten years after the date on which the violation was committed.

Penalties

A person or entity found to have violated the civil False Claims Act is subject to a civil money penalty of not less than $5,500 and not more than $11,000, plus three times the amount of damages the federal government sustained.

***Qui Tam* and Whistleblower Protection Provisions**

The U.S. False Claims Act authorizes the U.S. Attorney General to bring legal actions alleging violations of the statute. The statute also allows private citizens to file a lawsuit in the name of the United States for false or fraudulent claims submitted by individuals or companies that do Finance and Accounting with, or are reimbursed by, the United States (Medicare, Medicaid). Commonly known as a qui tam action, a lawsuit brought under the Act by a private citizen begins with the filing of a civil complaint in federal court.

As an incentive to bring these cases, the law provides that whistleblowers who file a qui tam action may receive a percentage of the money recouped as a reward. This reward may be reduced, however, if for example the court finds the whistleblower planned and initiated the violation. The act also provides that "whistleblowers" that prosecute clearly frivolous qui tam claims can be held liable to a defendant for its attorneys' fees and costs.

Whistleblowers are given certain protections under the Act from retaliation, such as being discharged, demoted, or harassed, for bringing an action under the law.

The Program Fraud Civil Remedies Act of 1986

The Program Fraud Civil Remedies Act of 1986 (PFCRA) authorizes federal agencies to investigate and assess penalties for false claims to certain federal agencies, including the Department of Health and Human Services. PFCRA was enacted as a means to address lower dollar frauds, and generally applies to claims of $150,000 or less.

Penalties: A person or entity found to have violated the PFCRA is subject to a civil money penalty of up to $5,000 per false claim and up to twice the amount claimed.

New Hampshire False Claims Laws

NH RSA 167:61-b states that any person or provider shall be liable to the state for a civil penalty of not less than $5,000 and not more than $10,000 plus 3 times the amount of damages that the state sustains because of the act of knowingly making a statement to get a false or fraudulent claim paid or approved, or knowingly making a false record or statement to conceal, avoid, or decrease an obligation to pay.

Also liable is any beneficiary of an inadvertent submission of a false claim who subsequently discovers the falsity of the claim, and fails to disclose this within a reasonable time after discovery of the false claim.

Administrative Remedies for False Claims (Title 31 U.S.C. Chapter 38. §§3801-3812)

This federal statute allows for administrative recoveries by federal agencies including the Department of Health and Human Services, which operates the Medicare and Medicaid Programs. The law prohibits the submission of a claim or written statement that the person knows or has reason to know is false, contains false information or omits material information. One Sky, receiving the claim, may impose a monetary penalty of up to $5,000 per claim and damages of twice the amount of the original claim. Unlike the False Claims Act, a violation of the law (Title 31 U.S.C. Chapter 38. §§3801-3812) occurs when a false claim is submitted, not when it is paid. Also unlike the False Claims Act, the determination of whether a claim is false, and imposition of fines and penalties is made by One Sky and not by prosecution in the federal court system.

New Hampshire Whistleblower Protection Act

NH RSA 275-E:2 protects employees reporting violations, and guarantees that no employer shall discharge, threaten, or discriminate against any employee because the employee, in good faith, reports verbally or in writing, what the employee has reasonable cause to believe is a violation of a state rule or state or federal law.

The employee should first bring the alleged violation to the attention of a supervisor, and then allow the employer a reasonable opportunity to correct that violation, unless the employee had specific reason to believe that reporting the violation to his employer would not result in a prompt remedy.

PROCEDURES

One Sky supports these efforts through the following internal compliance procedures:

1. As policies and procedures are updated, these changes will be communicated to employees, contractors, and agents to keep them informed regarding One Sky' operations.

2. One Sky will require:
   a. Periodic internal audits that monitor and correct performance/productivity issues Progressive training to educate/reinforce a compliant culture
   b. Recognition and reporting of deviations through the facilitation of open lines or communication, and
   c. Enforcement of standards through well-publicized guidelines

3. One Sky will:
   a. Promptly repay any overpayments which it discovers
   b. Establish a reserve account to hold any disputed funds until the results of an internal investigation determine whether the money is an overpayment to be repaid or whether it was properly paid and should be returned to the general fund

4. One Sky' employees, contractors, and agents shall retain all records for six years.

5. Any suspected incidents of non-compliance shall be reported to the One Sky Director of Quality Improvement and the One Sky Program Director of the department where such suspected non-compliance is occurring, for review and action. All incidents of non-compliance will be reported to the One Sky CEO, the Chief Financial Officer, and to the Director of HR and Administration.

6. All contracts and other arrangements with providers, referral sources, and other persons may be reviewed by One Sky' outside counsel to verify legal compliance

7. Disciplinary action, in accordance with the Employee Discipline policy, will be taken against employees who authorize or participate directly in a violation of applicable state or federal law, or these policies and procedures, and any employee who may have deliberately failed to report such a violation, or who hinders an investigation.

8. After review by Senior Management and as appropriate, One Sky will contact the Medicaid Fraud Control unit to investigate reported irregularities.

   Medicaid Fraud Control Unit
   Office of the Attorney General
   33 Capital Street
   Concord, NH 03301
   Telephone: (603) 271-1246
   Fax: (603) 223-6274

Whistle-blower Policy

One Sky Community Services, Inc. complies with the State of NH Whistleblower Protection Act RSA 275-E

Purpose and Scope Section 407 Whistleblower Protection

Focus Area: All One Sky Community Services

Policy

One Sky encourages staff to bring instances of improper conduct to the attention of someone who can be counted on to investigate the problem promptly and fairly, without any fear of retaliation. It is illegal for One Sky or any company to punish a whistle-blower in any manner. Sarbanes-Oxley Act has encouraged One Sky to implement and enforce a whistle-blower policy.

One Sky Community Services, Inc. complies with the State of NH Whistleblower Protection Act RSA 275-E.

The following policy has been adopted to maintain the highest standards of conduct and ethics and comply with applicable laws and regulations.

1. Any suspected fraudulent or dishonest use or misuse of resources or property by staff, board members, consultants, or volunteers will be investigated.
2. All individuals including staff, board members, consultants and volunteers, connected with this organization are encouraged to report suspected fraudulent or dishonest conduct, including but not limited to waste, financial or other impropriety or abuse, to the attention of a responsible person who can be counted on to investigate the problem promptly and fairly. In other words, in these circumstances, all individuals are called on to act as "whistleblowers".
3. Any staff member, board member, consultant or volunteer who reports waste, fraud, financial or other impropriety or abuse will not be fired or otherwise retaliated against for making the report. Even if the matter is determined not to constitute improper conduct, the individual making the report will not be retaliated against. Further, that person will not be subject to any punishment – including firing, demotion, suspension, reprimand, harassment, failure to be considered for promotion, or any other kind of discrimination – in retaliation for making the report.

One Sky will adhere to the following guidelines in order to maintain "best practices":

1. One Sky will establish a confidential and anonymous mechanism to encourage employees to report any inappropriateness by One Sky financial management or other complaints.

2. No punishment for reporting issues will be allowed. Even if the claims are unfounded; a reasonable belief or suspicion that fraud exists is enough to create a protected status for the employee.

3. Management and the Board will take every employee complaint seriously; investigate; correct any problems or justify why corrections are not necessary.

4. All employee reports will be kept completely confidential. No information likely to reveal your identity will be shared with anyone else without your permission. Staff will be completely protected from retaliation for having made good faith reports.

5. One Sky will eliminate careless and irresponsible accounting practices should any be discovered.

6. One Sky may initiate an internal audit to identify weak areas and create processes that are not vulnerable to fraud and abuse.

The following policy has been adopted to maintain the highest standards of conduct and ethics and comply with applicable laws and regulations.

1. Any suspected fraudulent or dishonest use or misuse of resources or property by staff, board members, consultants, or volunteers will be investigated.
2. All individuals including staff, board members, consultants and volunteers, connected with this organization are encouraged to report suspected fraudulent or dishonest conduct, including but not limited to waste, financial or other impropriety or abuse, to the attention of a responsible person who can be counted on to investigate the problem promptly and fairly. In other words, in these circumstances, all individuals are called on to act as "whistleblowers".
3. Any staff member, board member, consultant or volunteer who reports waste, fraud, financial or other impropriety or abuse will not be fired or otherwise retaliated against for making the report. Even if the matter is determined not to constitute improper conduct, the individual making the report will not be retaliated against. Further, that person will not be subject to any punishment – including firing, demotion, suspension, reprimand, harassment, failure to be considered for promotion, or any other kind of discrimination – in retaliation for making the report.

Procedure

1. The report of suspected waste, fraud, or abuse can be made the following ways and anonymously, if so desired. Send a written report, email or telephone call to, or request a personal meeting with:
   - CEO – One Sky Community Services
   - Director of HR and Administration
   - President of the Board of Directors.
2. The report will be taken seriously and investigated.

- The CEO, Director of HR and Administration or Executive Committee of the Board of Directors will review the facts of the complaint.
- The CEO, Director of HR and Administration or Executive Committee of the Board of Directors will investigate or enlist an appropriate person to investigate

3. The CEO, Director of HR and Administration or Executive Committee of the Board of Directors will provide feedback to the employee regarding a correction or justify why no correction is warranted.
    a. The person or persons charged with alleged impropriety will be given an opportunity to respond to the allegations in person or in writing.
4. Following the investigation, this organization will
    a. Provide the person filing the report with a summary of the findings;
    b. Take appropriate steps to deal with the issue addressed, including making operational or personnel changes, or justify why corrections are not necessary;
    c. If warranted, contact law enforcement to deal with any suspected criminal activities.
    d. All founded complaints and any actions taken by the CEO, Board Chair or recommended by the investigation will be presented to the full board.
5. This organization will maintain confidential records of all actions taken under this Policy.
6. The CEO has responsibility for compliance with this Policy.
7. The Board of Directors Executive Committee has responsibility for oversight of compliance with this Policy.

Records Retention

Focus Area: All One Sky Community Services - All records: Programmatic, clinical and financial, will be maintained in accordance with the schedule attached as Appendix A.

If records are required by State of New Hamphire RSA or Administrative Rule Regulations, One Sky Community Services, Inc. will adhere to that standard.

Policy

This policy covers all records and documents, regardless of physical form, contains guidelines for how long certain documents should be kept and how records should be destroyed. The policy is designed to ensure compliance with federal and state laws and regulations, to eliminate accidental or innocent destruction of records and to facilitate the operation of the One Sky Community Services by promoting efficiency and freeing up valuable storage space.

One Sky Community Services retention schedule is set forth in below. The Director of HR and Administration ("Administrator") shall administer this Policy. The Administrator is also authorized to make modifications to the Record Retention Schedule from time to time to ensure that it is in compliance with local, state and federal laws and included the appropriate document and record categories for the organization; monitor local, state and federal laws affecting record retention; annually review the record retention and disposal program; and monitor compliance with this policy.

Electronic documents will be retained as if they were paper documents. Therefore, any electronic files that fall into one of the document types in Appendix A will be maintained for the appropriate amount of time. If an employee has sufficient reason to keep an email message, the message should be printed in hard copy and kept in the appropriate file or maintained to an "archive" computer file.

No officer, director, employee, volunteer or agent of One Sky Community Services shall destroy, dispose of, conceal or alter any record or document while knowing that it is or may be relevant to an anticipated or ongoing investigation or legal proceedings conducted by or before a federal, state or local government agency, including tax and regulatory agencies, law enforcement agencies, and civil and criminal courts or an anticipated or ongoing internal investigation, audit or review conducted by One Sky Community Services.

During the occurrence of an anticipated or ongoing investigation or legal proceeding as set forth above, the Administrator shall suspend any further disposal of documents until such time as the Administrator, with the advice of counsel, determines otherwise. The Administrator shall take such steps as necessary to promptly inform all staff of any suspension in the further disposal of documents.

Appendix A
Record Retention Schedule

A. Program and Service Records

Program and Services Records follow retention periods stated within HIPAA Guidelines (Will follow HIPAA Guidelines which are more stringent than the State of New Hampshire Regulations-at minimum 10 years)

Program and Services	Regulation
Developmental Services	He-M 502
Services for the Developmentally Disabled	RSA 171A
Intake (Eligibility)	He-M 503 and He-M 522
Early Supports and Services	He-M 510, He-M 203
Family Support Respite Services	He-M 513
Family Support Services	He-M 519
Family Support In-Home Supports	He-M 524
Family Support Advisory Council	He-M 513.06
Waitlist and Funding Allocation	He-M 503.14
Participant Directed and Managed Services	He-M 525
Certification of Residential Services or Combined Residential & Day Services Provided in the Family Home	He-M 521
Adult Service Coordination	RSA 171B, He-M 202, He-M 503, He-M 521
Community Participation Services	He-M 507
Certified Community Residences	He-M 1001

B. Accounting and Finance

Record Type	Retention Period
Accounts Payable ledges & schedules	7 years
Accounts Receivable ledgers & schedules	7 years
Audit Reports and Financial Statements	7 years
Annual Audit Records (including papers & other documents that relate to the audit)	7 years after completion of audit
Expense Records	7 years
General ledgers	Permanent
Electronic Payment Records	7 years
Notes Receivable ledges & schedules	7 years
Investment Records	7 years after sale of investment

C. Corporate Records

Record Type	Retention Period
Annual Reports to Secretary of State/Attorney General	Permanent
Articles of Incorporation & By-Laws	Permanent
Board Meeting & Board Committee Minutes	Permanent
Board Policies/Resolutions	Permanent
IRS Application for Tax-exempt Status	Permanent
IRS Determination Letter	Permanent

D. Employee Documents

Record Type	Retention Period
Benefit Plans	Termination + 7 years
Employee Files	Termination + 7 years
Forms I-9	3 years after hiring, or 1 year after separation
Employment Taxes	7 years
Payroll Registers (gross & net)	7 years
Time cards/Sheets	7 years
Unclaimed Wage Records	6 years

E. Property Records

Record Type	Retention Period
Lease Agreement	Permanent
Property Insurance Policies	Permanent

F. Tax Records

Record Type	Retention Period
Tax-Exemption Documents & Related Correspondence	Permanent
IRS 990 and 990T tax returns	Permanent
Tax Bills, Receipts, & Statements	7 years
Tax Work paper Packages – Originals	7 years

G. Grant Records

Record Type	Retention Period
Original grant proposal	7 years after completion of grant period
Grant agreement & subsequent modifications if applicable	7 years after completion of grant period
All requested IRS/grantee correspondence including determination letters & "no change" in exempt status letters	7 years after completion of grant period
Final grantee reports, both financial and narrative	7 years after completion of grant period
All evidence of returned grant funds	7 years after completion of grant period
All pertinent formal correspondence including opinion letters of counsel	7 years after completion of grant period
Report assessment forms	7 years after completion of grant period
Documentation relating to grantee evidence of invoices and matching or challenge grants that would support grantee compliance with grant agreement	7 years after completion of grant period
Pre-grant inquiry forms and other documentation for expenditure responsibility grants	7 years after completion of grant period
Grantee work product produced with the grant funds	7 years after completion of grant period

Chart of Accounts

Focus Area: All One Sky Community Services

ASSETS

Account Number	Description	Report Line
000000	GL SUSPENSE	
1000	Cash - Restricted	Cash
1001	Cash	Cash
1002	Money Market	Cash
1003	Certificate of Deposit	Cash
1004	Cash - Flexible Spending	Cash
1005	Client Account - Rep.Payee	Cash
1006	Cash - Donate Now	Cash
1007	Payroll	Cash
1008	Petty Cash	Cash
1009	Money Markrt Plus	Cash
1010	Petty Cash - Woodridge	Cash
1011	Petty Cash - Homecroft	Cash
1012	Woodridge/Homecroft Debit Acct	Cash
1200	Accounts Receivable	Accounts Receivable
1201	AR Account from AR module	Accounts Receivable
1202	Medicaid Write Offs	Accounts Receivable
1203	A.A - C.S.P	Accounts Receivable
1204	AA Specialty Services	Accounts Receivable
1205	A.A - Residential	Accounts Receivable
1206	A.A. - Residential / Day	Accounts Receivable
1207	A.A - Respite	Accounts Receivable
1208	A.A - Home Modification	Accounts Receivable
1209	A.A - Family Support -Non CCW	Accounts Receivable
1210	A.A - Case Mngt. Home Mod.	Accounts Receivable
1211	A.A - ABD / CDS / IHS	Accounts Receivable
1212	A.A Family Support Case Mang	Accounts Receivable
1213	A.A Respite Care / Medical	Accounts Receivable
1215	CEA Day Program	Accounts Receivable
1216	A.A - E.I - Case Management	Accounts Receivable
1217	A.A - E.I - Bundle	Accounts Receivable
1218	Catch - Case Management	Accounts Receivable
1219	Catch - Bundle	Accounts Receivable
1220	Child & Family Serv. Case	Accounts Receivable

	Mang	
1221	Child & Family Serv. Bundle	Accounts Receivable
1222	Families First Case Mang	Accounts Receivable
1223	Famlies First Bundle	Accounts Receivable
1224	McFarland Case Mang.	Accounts Receivable
1225	McFarland Bundle	Accounts Receivable
1230	Easter Seals Residential Only	Accounts Receivable
1231	Easter Seals Combined Day & Re	Accounts Receivable
1232	Easter Seals Day Program	Accounts Receivable
1235	Great Bay Non Case Mang	Accounts Receivable
1236	Great Bay Day	Accounts Receivable
1237	Great Bay Case Mang	Accounts Receivable
1240	IPP Residential Only	Accounts Receivable
1241	IPP Residential & Day	Accounts Receivable
1243	IPP Day Program	Accounts Receivable
1245	Community Strategies-Residentl	Accounts Receivable
1246	Community Strategies-Res+Day	Accounts Receivable
1247	Community Strategies-ABD	Accounts Receivable
1248	Community Strategies-Day	Accounts Receivable
1250	O.I.C.L Residential	Accounts Receivable
1251	O.I.C.L Combined	Accounts Receivable
1255	RRI Residential Only	Accounts Receivable
1256	RRI Combined Day & Res	Accounts Receivable
1257	RRI -A.B.D	Accounts Receivable
1260	W.O.U Day Program	Accounts Receivable
1261	Living Inovation	Accounts Receivable
1262	Living Inovation - Day-Hab	Accounts Receivable
1263	Living Inovation Comb Day& Res	Accounts Receivable
1264	Living Inovation Consolod Ser	Accounts Receivable
1267	Living Inovation - A.B.D.	Accounts Receivable
1270	Community Services Council NH	Accounts Receivable
1271	Crotched Mountain	Accounts Receivable
1272	Crotched Mountian-Day-Hab	Accounts Receivable
1273	Crotched Mountian Comb Day&Res	Accounts Receivable
1277	Crotched Mountian - A.B.D	Accounts Receivable
1280	Lifeshare - Residential	Accounts Receivable
1281	Lifeshare - Combined Res/Day	Accounts Receivable
1282	Lifeshare - Day	Accounts Receivable
1283	Lifeshare - ABD	Accounts Receivable
1290	A/R BDS	Accounts Receivable

1291	A/R Medicaid Other	Accounts Receivable
1292	A/R Pending Medicaid	Accounts Receivable
1293	A/R OTHER	Accounts Receivable
1295	A/R School Services	Accounts Receivable
1301	Prepaid Insurance	Prepaid Accounts
1302	Prepaid Expense Other	Prepaid Accounts
1303	Prepaid Subcontractors	Prepaid Accounts
1401	Off.EQ. AA & CM	Furniture & Equipment
1410	Computer Hdwre	Furniture & Equipment
1420	Computer Sftware	Furniture & Equipment
1430	Vehicles A.A	Vehicles
1440	Buildings	Land & Buidlings
1450	Land	Land & Buidlings
1460	LH IMP Prade Office Mall	Land & Buidlings
1461	LH IMP Richards	Land & Buidlings
1462	LH IMP Drakeside	Land & Buidlings
1463	LH IMP Woodridge	Land & Buidlings
1465	LH IMP Greenland	Land & Buidlings
1466	LH IMP Newfields	Land & Buidlings
1467	LH IMP Homecroft	Land & Buidlings
1468	LH IMP Prescott	Land & Buidlings
1469	LH IMP Banfield Rd	Land & Buidlings
1470	Furn Richards	Furniture & Equipment
1473	Furn Drakeside	Furniture & Equipment
1474	Furn Prescott	Furniture & Equipment
1475	Leasehold Newmarket	Land & Buidlings
1490	Accum Deprec	Land & Buildings
1501	Security Deposit	Other Assets
1503	ADP Turnarounds-Net	Other Assets
1510	Loan Fees	Other Assets
1511	Accum Amortization	Other Assets
1600	Roundstone INCAP colateral	Other Assets

LIABILITIES

Account Number	Description	Report Line
2100	Accounts Payable	Accounts Payable
2105	A/P DMH/DS	Accounts Payable
2110	A/P Subcontractors	Accounts Payable
2111	Budget Cut - Vendors	Accounts Payable
2115	A/P Other	Accounts Payable
2120	A/P Medicaid	Accounts Payable
2545	Employee FlexiSpend INCAP 2014	Accrued Liabilities
2546	Employee Flexible Spend CGI	Accrued Liabilities
2550	Client Fund Liabilites	Accrued Liabilities
2560	Deferred Revenue- State	Deferred Revenue
2561	Deferred Rev - Water Country	Deferred Revenue
2562	Deferred Revenue -Other	Deferred Revenue
2563	Deferred Revenue - Medicaid	Deferred Revenue
2564	Deferred Revenue - FSAC	Deferred Revenue
2565	Deferred Revenu Previous Years	Deferred Revenue
2566	Deferred Revenue - FS BDS Adva	Deferred Revenue
2567	Deferred - Contingency-BDS	Deferred Revenue
2568	BDS FY13 Restore FS reduction	Deferred Revenue
2569	Defer GM FY16 for budget cuts	Deferred Revenue
2570	Deferred Grant	Deferred Revenue
2575	Client Maintenance Account	Accrued Liabilities
2590	CSP and Leasor Deposits	Accrued Liabilities
2600	Fed Tax W/H	Accrued Payroll & Payroll Taxes Payable
2610	FICA W/H	Accrued Payroll & Payroll Taxes Payable
2620	Other W/H	Accrued Payroll & Payroll Taxes Payable
2621	AFLAC W/H	Accrued Payroll & Payroll Taxes Payable
2622	Optional Life Ins W/H	Accrued Payroll & Payroll Taxes Payable
2630	Maine W/H	Accrued Payroll & Payroll Taxes Payable
2640	T S A	Accrued Payroll & Payroll Taxes Payable

2700	Accrued Payroll	Accrued Payroll & Payroll Taxes Payable
2701	Acc Earned Time	Accrued Payroll & Payroll Taxes Payable
2702	Acc Earned Time FS Council	Accrued Payroll & Payroll Taxes Payable
2703	Acc Earned Time AA Fam Supp	Accrued Payroll & Payroll Taxes Payable
2704	Acc Earned Time Comm Support	Accrued Payroll & Payroll Taxes Payable
2705	Acc Earned Time AA GM	Accrued Payroll & Payroll Taxes Payable
2706	Acc Earned Time AA SC	Accrued Payroll & Payroll Taxes Payable
2707	Acc Earned Time DSP staff-All	Accrued Payroll & Payroll Taxes Payable
2708	ACC Earned Time Dept Comm Ser	Accrued Payroll & Payroll Taxes Payable
2709	Acc Earned Time ESS	Accrued Payroll & Payroll Taxes Payable
2710	Acc Earned Time Nurse	Accrued Payroll & Payroll Taxes Payable
2711	Acc Earned Time CDS DSP	Accrued Payroll & Payroll Taxes Payable
2712	ACC Earned Time School Serv	Accrued Payroll & Payroll Taxes Payable
2713	ACC Earned Time Futures Homes	Accrued Payroll & Payroll Taxes Payable
2720	Acc P/R Tax	Accrued Payroll & Payroll Taxes Payable
2800	Acc Liability - Int Payable	Mortgages and Notes Payable
2900	Richards Ave Mortgage	Mortgages and Notes Payable
2901	Drakeside Mortgage	Mortgages and Notes Payable
2902	Greenland Mortgage	Mortgages and Notes Payable
2903	Prescott Mortgage	Mortgages and Notes Payable
2904	Newfields Mortgage	Mortgages and Notes Payable
2910	Notes Payable	Mortgages and Notes Payable

NET ASSETS

Account Number	Description	Report Line
3001	General Fund	Net Assets
3002	Restricted Fund-Board	Net Assets
3003	Medicaid Fund	Net Assets
3004	Plant Fund	Net Assets
3005	Cash Reserve	Net Assets
3006	Temporarily Restricted	Net Assets
3007	Capital Invest/Office Space	Net Assets
3010	Prior Year Fund Balance	Net Assets
3020	Change in Fund Balance	Net Assets

INCOME

Account Number	Description	Report Line
4011	Residential Fees	Client Revenues
4012	Client Fees	Client Revenues
4013	Third Party Insurance	Client Revenues
4025	Nursing revenues	Other Revenues
4026	Repayee revenues	Rep Payee Revenues
4030	Medicaid (CDS Generated)	Medicaid Revenues
4031	Medicaid (CCW)	Medicaid Revenues
4032	Medicaid (ABD)	Medicaid Revenues
4033	Medicaid (NCCW)	Medicaid Revenues
4034	Medicaid (MIMS)	Medicaid Revenues
4035	Medicaid (EI Bundled Services)	Medicaid Revenues
4036	Medicaid - In Home Supports	Medicaid Revenues
4037	Medicaid Deferred for Sub Con	Medicaid Revenues
4038	Medicaid - 9% GM	Medicaid Revenues
4039	Medicaid - 3%	Medicaid Revenues
4040	Medi GM - defer for budg cuts	Medicaid Revenues
4051	Client Resources C of Care	Client Revenues
4061	HUD Subsidy	Rental Income
4062	Local Education Authority	Other Revenues
4063	Area Agency	Other Revenues
4064	Vocational Rehabilitation	Other Revenues
4101	Other Program Fees	Other Revenues
4102	NHPIH	Other Revenues
4201	Production/Service Income	Other Revenues
4301	United Way	Contributed Income
4302	Local/County Government	Contributed Income
4303	Contributions	Contributed Income
4304	Special Events	Contributed Income
4305	Other Public Support	Contributed Income
4306	Restricted Contributions	Contributed Income
4401	Federal Grants	Contributed Income
4402	Private Foundation Grants	Contributed Income
4403	Town, State & County Grants	Contributed Income
4404	CSNI Grants	Contributed Income
4501	Rental Income	Rental Income
4601	Interest Income	Other Revenues
4701	In-Kind Donations	Contributed Income
4801	Community Mental Health	Other Revenues
4802	Developmental Services - State	State Revenues

4803	Developmental Services - Feder	State Revenues
4901	Other Revenues	Other Revenues
4902	Deferred Rev-Prev Year	Other Revenues
4903	Gain of Sale of Asset	Other Revenues
4904	Deferred Rev Prev Yr	Other Revenues
4905	ATI Returned to One Sky	Other Revenues
4906	CM shift to S01 from PDMS	Other Revenues
4907	Deferred Rev Prev Year	Other Revenues

EXPENSES

Account Number	Description	Report Line
4011	Residential Fees	Client Revenues
4012	Client Fees	Client Revenues
4013	Third Party Insurance	Client Revenues
4025	Nursing revenues	Other Revenues
4026	Repayee revenues	Rep Payee Revenues
4030	Medicaid (CDS Generated)	Medicaid Revenues
4031	Medicaid (CCW)	Medicaid Revenues
4032	Medicaid (ABD)	Medicaid Revenues
4033	Medicaid (NCCW)	Medicaid Revenues
4034	Medicaid (MIMS)	Medicaid Revenues
4035	Medicaid (EI Bundled Services)	Medicaid Revenues
4036	Medicaid - In Home Supports	Medicaid Revenues
4037	Medicaid Deferred for Sub Con	Medicaid Revenues
4038	Medicaid - 9% GM	Medicaid Revenues
4039	Medicaid - 3%	Medicaid Revenues
4040	Medi GM - defer for budg cuts	Medicaid Revenues
4051	Client Resources C of Care	Client Revenues
4061	HUD Subsidy	Rental Income
4062	Local Education Authority	Other Revenues
4063	Area Agency	Other Revenues
4064	Vocational Rehabilitation	Other Revenues
4101	Other Program Fees	Other Revenues
4102	NHPIH	Other Revenues
4201	Production/Service Income	Other Revenues
4301	United Way	Contributed Income
4302	Local/County Government	Contributed Income
4303	Contributions	Contributed Income
4304	Special Events	Contributed Income
4305	Other Public Support	Contributed Income
4306	Restricted Contributions	Contributed Income
4401	Federal Grants	Contributed Income
4402	Private Foundation Grants	Contributed Income
4403	Town, State & County Grants	Contributed Income
4404	CSNI Grants	Contributed Income
4501	Rental Income	Rental Income
4601	Interest Income	Other Revenues
4701	In-Kind Donations	Contributed Income
4801	Community Mental Health	Other Revenues
4802	Developmental Services - State	State Revenues

4803	Developmental Services - Feder	State Revenues
6011	Salaries and Wages	Salaries and Wages
6012	Overtime Premium	Salaries and Wages
6013	Relief Staff	Salaries and Wages
6014	Respite Staff	Salaries and Wages
6015	CSS / SC Consumer Staffing	DSP - Family Directed
6016	Earned Time	Salaries and Wages
6017	Scanning Staff	Salaries and Wages
6020	General Liability	
6021	Health Insurance	Employee Benefits
6022	Dental Insurance	Employee Benefits
6023	Disability-Short Term	Employee Benefits
6024	Disability-Long Term	Employee Benefits
6025	Life Insurance	Employee Benefits
6026	Tax Sheltered Annuity	Employee Benefits
6027	Workers Compensation Insurance	Employee Benefits
6028	Other Employee Benefits	Employee Benefits
6029	Employee Contributions	Employee Benefits
6031	FICA	FICA
6032	Unemployment Taxes	FICA
6033	3rd Party Sick Pay	FICA
6101	Nursing - AA spread	Nursing
6102	Repayee - AA Spread	Repayee
6211	Clerical Contracted Staff	Contracted Staff
6212	Direct Care Contracted Staff	Contracted Staff
6221	Family Provider Services	Family Provider Services/Stipend
6222	Family Provider Room & Board	Family Provider Room & Board
6223	Respite Care	Respite Care
6224	BUNDLE	Other Client Supports
6225	NON-CCW	Other Client Supports
6226	Respite - Extra Needs	Other Client Supports
6228	Respite FICA	Other Client Supports
6229	FAMILY CONSULTS	Other Client Supports
6231	Psychiatric	Therapies/ incl ESS
6232	Nursing Care	Therapies/ incl ESS
6233	Medical	Therapies/ incl ESS
6234	Dental	Therapies/ incl ESS
6235	OT	Therapies/ incl ESS
6236	PT	Therapies/ incl ESS
6237	Speech	Therapies/ incl ESS
6238	Other	Therapies/ incl ESS
6239	Client Evaluations	Therapies/ incl ESS

6241	Payroll Preparation	Payroll Prep & Bank Charges
6242	Accounting Consultants	Payroll Prep & Bank Charges
6243	Tax Preparation	Payroll Prep & Bank Charges
6244	Bank Charges	Payroll Prep & Bank Charges
6251	Audit Fees	Audit Fees
6261	Legal Fees	Legal Fees
6271	Professional Fees	Professional Fees
6272	Employee Record Checks	Other Prof Fees
6275	Management Fees	Other Prof Fees
6278	INTERVIEW FEES	Other Prof Fees
6279	Other Professional Fees	Other Prof Fees
6280	Subcontractors - Lapse	Subcontractors
6281	Subcontractors - Contract	Subcontractors
6282	Subcontractors - Deferred Exp	Subs Residential Deferred
6283	LISS from OPTIONS	Other Subcontractors Expenses
6284	Subcontractors - Respite	Other Subcontractors Expenses
6285	Subcontractors - Camp/Other	Other Subcontractors Expenses
6286	Subcontractors - Direct Supp	Other Subcontractors Expenses
6287	Subcontractors - Operations	Other Subcontractors Expenses
6288	Subcontractors - GM	Other Subcontractors Expenses
6289	Subcontractors - ATI	Other Subcontractors Expenses
6290	Subcontractors - Therapies	Other Subcontractors Expenses
6291	Subcontractors - Consumbles	Other Subcontractors Expenses
6292	Subcontractors - Travel	Other Subcontractors Expenses
6293	Subcontractors - CRRS	Other Subcontractors Expenses
6294	Subcon - Contracted Staff	Other Subcontractors Expenses
6295	Subcon - Staff Development	Other Subcontractors Expenses
6296	Subcon - Advertising	Other Subcontractors Expenses
6297	Subcontractors - Training	Other Subcontractors Expenses
6298	Subcon - Direct Support 2	Other Subcontractors Expenses
6299	Subcontractors - Medical	Other Subcontractors Expenses
6301	Journals and Publications	Publications
6302	In-Service Training/ Consultat	Training, Conferences
6303	Conferences and Conventions	Training, Conferences
6304	Other Staff Development	Training, Conferences
6411	Rent	Rent
6412	Rent-S.D.	Rent
6421	Mortgage Payment Use this on	Mortgage Payment
6422	Mortgage Interest Or these	Mortgage Payment
6423	Mortgage Principle two	Mortgage Payment
6431	Oil	Utilities
6432	Electricity	Utilities
6433	Gas	Utilities

6434	Water/Sewer	Utilities
6435	Other Utilities	Utilities
6436	Telephone/Cable	Utilities
6451	Building Maintenance and Repai	Building Maintenance and Repair
6461	Taxes/Payment in Lieu of	Taxes/Payment in Lieu of
6471	Other Occupancy Costs	Other Occupancy Costs
6511	Consumable Office Supplies	Office Supplies
6512	Equipment under $1500	Office Supplies
6513	Copier Supplies	Office Supplies
6514	Water/Plants/Paper	Office Supplies
6515	Computer Software(under $1500)	Office Supplies
6516	Coffee	Office Supplies
6517	Furniture under $1500	Office Supplies
6521	Building/Household	Cleaning of Office Space
6531	Clothing	Consumer Materials & Food
6532	Disposable Briefs	Consumer Materials & Food
6533	Food	Consumer Materials & Food
6534	Recreation	Consumer Materials & Food
6535	Other	Consumer Materials & Food
6541	Production and Sales Supplies	Medical Supplies
6561	Medical Supplies	Medical Supplies
6601	Computers (over $1500.)	Moved to fixed assets on balance sheet
6602	Renovations	Moved to fixed assets on balance sheet
6603	Other Durables	Moved to fixed assets on balance sheet
6604	Vehicles	Moved to fixed assets on balance sheet
6605	Buildings & Land	Moved to fixed assets on balance sheet
6606	Computer software (over $1500)	Moved to fixed assets on balance sheet
6607	Furniture over $1500.	Moved to fixed assets on balance sheet
6701	Equipment Rental	Moved to fixed assets on balance sheet
6801	Computer Maintenance	Computer & Equipment Maintenance
6802	Other Equipment Maintenance	Computer & Equipment Maintenance
6901	Depreciation/Use Allowance	Depreciation

6902	Amoritization	Depreciation
6911	Loss on Disposal of Asset	Depreciation
7001	Advertising	Advertising
7101	Printing	Printing
7201	Telephone/Communications	Telephone/Communications
7202	Personal phone use payment	Telephone/Communications
7203	Cell Phones	Telephone/Communications
7204	Internet	Telephone/Communications
7301	Postage/Shipping	Postage/Shipping
7401	Staff Travel	Staff Travel
7402	Clients Travel (In Staff Vehic	Staff Travel
7403	Vehicle Maintenance	Staff Travel
7404	Vehicle Fuel	Staff Travel
7405	Vehicle Rental	Staff Travel
7406	Other Transportation	Staff Travel
7407	Food on Travel Vouchers	Staff Travel
7408	Travel to Conferences/Training	Staff Travel
7501	Assistance to Individuals	Assistance to Individuals
7502	Rent/Utilities	Assistance to Individuals
7503	Food	Assistance to Individuals
7504	Camp/Vacation	Assistance to Individuals
7505	Clothing/Personal	Assistance to Individuals
7506	Transportation	Assistance to Individuals
7507	Staffing	Assistance to Individuals
7508	Misc.	Assistance to Individuals
7509	Furnishings/Household	Assistance to Individuals
7510	Community Activity	Assistance to Individuals
7511	EMODS CCW REIMBURSED	Environmental Modifications
7512	Security Deposits	Security Deposits
7513	CSP GRANT ACTIVITY FUNDS	Grant Activity
7514	HomeMod w/out CCW	Other ATI
7515	FS Conference- FSAC	FS Conference and Respitality
7516	Respitality - FSAC	FS Conference and Respitality
7517	GRANT - High School Students	FS Conference and Respitality
7518	Repayee Reimbursement	FS Conference and Respitality
7601	Malpractice and Bonding	Insurance
7602	Vehicles	Insurance
7603	Comprehensive Property and Liability	Insurance
7604	Other Insurance	Insurance
7701	Membership Dues	Membership Dues
7702	Internet Charges	Membership Dues

7901	In-Kind Expenses	Other Expenses
8001	Interest (Other than Mortgage)	Other Expenses
8002	Bad Debts	Other Expenses
8003	Prior Year Expenses	Other Expenses
8004	Other Expenses	Other Expenses
8005	Other - moving	Other Expenses
8006	One Sky GM 9%	Other Expenses
8007	Area Agency SC	Other Expenses
8008	Area Agency Overhead	Other Expenses
8009	Area Agency GM 3%	Other Expenses
8010	DCS - GM 9%	Other Expenses
8011	Account Manager SC	Other Expenses
8012	REP PAYEE FEE	Other Expenses
8013	Charitable Contributions	Other Expenses
8014	Private Pay	Other Expenses
8015	LAPSE	Other Expenses

Budget Development

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

Annually, budgets shall be developed and submitted to the Board for their approval. The major funder of services (NH Department of Health & Human Services) for One Sky requires the submission of annual budgets. These budgets are part of the contracting process and the due dates for submission are determined by the individual funder.

Once due dates are known, the CEO and CFO creates a timeline and process for One Sky's budgets to meet the funder's due dates. The budget timeline and process is reviewed with senior management, the Board, and staff preparing budget information for their input.
The CEO and CFO is responsible for the development of the One SKY annual budget based on the information provided by the Senior Leadership Team.

Once the budget for One Sky is developed, the CFO reviews it with the CEO. Any modifications are made prior to discussing it with the Finance Committee. The budget is then presented to the full board for approval. Once the budget has been approved by the Board, it is submitted to the funder.

Budget Monitoring and Financial Analysis

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

The CFO and Senior Accountant are responsible for the development of monthly and annual profit and loss statements, financial analysis, and any special reports that are requested or needed. This information currently distributed to the CEO and Finance Committee of the Board of Directors prior to each Board of Directors meeting. Effective April 1, 2020 this information will also be distributed to all members of the Senior Leadership Team.

The CEO and Senior Leadership Team will annually develop benchmarks for budget performance. These benchmarks will include both the amount a budget (revenue or expenses) may be over or under projections and the length of time for these differences before triggering further analysis or action. This information will be shared with the Finance Committee.

While the CFO prepares overall financial reports for One Sky the CEO and senior managers also do their own analysis. Senior managers are responsible for their budgets, including revenues and expenses. If additional analysis is needed, the CFO may be asked to produce the additional information.

Financial information, including budgets, profit and loss statements, and any analysis will be a standing agenda item for the Senior Leadership Team. This discussion will include, but is not limited to, common financial information such as Medicaid billing analysis and year-end forecasts. Any follow-up needed will be assigned during Senior Leadership Team and the results discussed at the next team meeting or shared via email. In addition to the Senior Leadership Team, financial information is distributed to key managers, as identified by the Senior Leadership Team.

Financial accountability is a part of the performance appraisal for the CEO, members of the Senior Leadership Team, and any other staff who have this as part of their responsibility.

The CFO will prepare and distribute financial information three days prior to the Finance Committee meeting. Under its contract with the State of New Hampshire One Sky is required to submit monthly financial results within 30 days of month end. Since the One Sky Board of Directors meetings take place on the second Tuesday of each month, Finance Committee meetings will be scheduled to take place no later than the last Friday of the month preceding.

In the case of a delay in the meeting of the Finance Committee, the Finance and Accounting Department will submit Financial Statements to the State with the Note "Internal Results, not reviewed or approved by One Sky Community Services, Inc.'s Finance Committee, Anticipated Completion Date 7/31/19, pending approval by Board of Directors"

Waitlist Management

Focus Area: All One Sky Community Services

Referral Process

The following process should be followed when requesting that an individual client be placed on the Wait List for Funding:

PROCEDURE STATEMENT: This procedure outlines the expectations and process service coordinators must complete and be cognizant of when securing new or additional funding for an individual.

PURPOSE STATEMENT: The Wait List Registry is in place for the Bureau of Developmental Services to review those individual's needing funding for new or increased Medicaid-waivered services. The Area Agency Wait List Manager serves as the organizer for all Wait List entries and Wait List communication with the BDS liaison.

DEFINITIONS:
WL = Wait List.
SC = Service Coordinator.
BDS = Bureau of Developmental Services.
GM = General Management.

PROCEDURE & CONDUCT:
*This procedure should also be followed for any crisis funding requests

1. Obtaining Information;
    a. SC meets with team (Parent/Guardian, Individual and Vendor) to find out what additional services are needed and why they are needed.
        i. Need reasoning in writing from vendor for crisis requests
    b. SC obtains a budget from the current vendor to show how much additional funding is required for each service, including GM.
2. WL Request Form;
    a. SC fills out and submits a WL Request Form to their team manager.
    b. Items that are required with the WL Request Form;
        i. Budget
        ii. MMIS Print Out (Proof of Medicaid)
        iii. Description of Need (if details are not included on the form)
3. Team Manager Review;
    a. Team Manager reviews the WL Registry Form and ensures that it is completely filled out.
    b. Team Manager emails WL Form and supporting documents to the WL manager.

   c. Team Manager brings WL Form and all supporting documents to the WL Committee Meeting on Thursday at 9AM to review.
4. WL Committee Meeting;
   a. At the meeting, it's decided whether or not the individual will be added to the WL Registry.
   b. If yes;
      i. WL Manager will add the individual to the WL Registry.
   c. If no;
      i. Team Manager will bring WL Form and Supporting Documents back to the Service Coordinator and request additional information.
   d. SC will go back to the team and acquire the additional information needed.
5. WL Registry Entry;
   a. WL Manager will add the individual to the Registry and will update the WL Tracker. WL Manager will save WL Request Form for future reference.

REFERENCE

WL Request Form, September 16, 2019.

Wait List & Crisis Registry Referral Form

Service Coordinator:		Date:
Individual:	DOB:	Duck#:
NH Medicaid Number:	MMIS Print Out Attached: Yes ☐ / No ☐	
Wait List Category:	Required Services Start Date:	
A. Person in school, eligible for services turning 21		
B. Newly eligible adult		
C. Existing client receiving services		
If "C" category - nature of significant life/medical change		

RSA 171A Diagnosis: (check all that apply)

Developmental Disability
Intellectual Disability: ☐ Mild ☐ Moderate ☐ Severe ☐ Unspecified

☐ Downs Syndrome ☐ TBI Onset Prior to Age 21 ☐ Cerebral Palsy

☐ Epilepsy/Seizure Disorder ☐ Autism Spectrum Disorder

☐ Other Qualifying Condition/Syndrome:

OR

Acquired Brain Disorder
☐ TBI Onset after Age 22, Prior to Age 60 ☐ Anoxia ☐ Infectious Brain Disease

☐ Brain Tumor Cerebral Vascular Accident (CVA, Stroke)

☐ Intracranial Surgery ☐ Other Neurological Disorders (Huntington's, MS, etc.):

Lives Where: ☐ Independently ☐ With Family Member(s) ☐ Nursing Home
☐ Correctional Facility ☐ Residential School ☐ NHH ☐ EFC ☐ Staffed Residence

Consumer Significant Factors: (check all that apply)
☐ Advanced Age
☐ Declining Health
☐ Low Safety Awareness
☐ Needs to Maintain Employment
☐ Long Time on WL compared to others
☐ In/at risk of institutional Placement
☐ Regression Diminishing Independence

Family Factors:
☐ Caregiver Advanced Age
☐ Caregiver Declining Health
☐ Sole Caregiver-No other supports
☐ High Caregiver Work Demands
☐ Other Family Members Need Care
☐ Living w/family w/o day service

Community Safety: Choose 1
☐Forensic (established risk) ☐Community Safety (potential risk)
☐No Known Risk Potential

Services – currently has, as well as needed: ☐ **PDMS PROGRAM**
☐ **9% VENDOR GM INCLUDED** ☐ **3% AA GM INCLUDED**

*Proposed Budget?	Type of Service Needed	Projected Start Date	Amount of Funding Needed
Y☐N☐	Choose Service Type		$
Y☐N☐	Choose Service Type		$
Y☐N☐	Choose Service Type		$

*If answering yes, electronic budget (EXCEL) should be attached to WL form.

Additional information not covered above(less than 250 characters):
1.Current Service(s):
2. Current Day Program (CPS/SEP) Pairing (1:1, 1:2, 1:3):
2a. Is the additional requested funding to change pairing? Y☐N☐
Other:

Other services currently in place:
☐ FS Respite ☐ Mental Health Services ☐ Other Health/Medical Insurance
☐Veterans Benefits ☐ Other: Explain

Level of supervision required (include any special considerations):

Medical, behavioral or other assessment completed or recommended:

SIS Date:	HRST Date:	START Ref. Date:
SIS Index:	Healthcare Level:	START Plan:
SIS %:	Total Score:	

Other Assessments (completed, required or recommended):

SC Team Manager Signature: Date:
Signature indicates compliance with He-M 503.13 (3)(h) for Wait List Funding.

Approved for Wait List: ☐ YES ☐ NO DATE:

Definition of Terms

Item	Definition
Actual Start Date	Date service begins
BTS Funding	Current Approved Annualized (2nd Column) BTS Funding for Specific Service
Date Off List	Date Item is off Wait List
Date Services Needed	Date Individual needs Service
Initial Cost Estimate	Total cost for the service requested less the amount of current BTS funding already assigned for the specific service being requested
Notes	Notes about the particular service - this is separate and distinct from the Status Notes and Reason for Request
Projected Date	Area Agency's estimate of the start date
Reason Off List	Reason Consumer service no longer requested or needed
Service Requested	Specific Wait List Service Requested
Status	Status of Service Request
Total BTS Funding	Total amount of annualized funding listed for this individual, including funds for all types of services funded, as approved by the area agency's Regional Liaison as it appears in the Bureau's BTS program
Wait List Category A	Individuals in school and already eligible for services from the area agencies, funds shall be allocated within 90 days prior to the individual graduating with a regular high school diploma in accordance with the requirements of Ed 306.27, or exiting the school system at age 21, or earlier, so that any new or modified services needed are available and provided upon such school graduation or exit
Wait List Category B	Newly found eligible adults, the period between the time of completion of a basic service agreement and the allocation by the department of the funds needed to carry out the services required by the service agreement shall not exceed 90 days
Wait List Category C	individuals already receiving services who experience significant life changes, the period of time for initiation of new services shall not exceed 90 days from the amendment of the service agreement except by mutual agreement between the area agency and the individual specifying a time limited extension.
WL Allocation	Annualized Funding amount actually assigned by BDS to the Client for the service requested

Vendor (Subcontractor) Selection

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

One Sky Community Services, Inc. supports participant choice in selection of vendor(s). Participants have options for vendor selection in the current Network (established vendors within the state under master contract). There are also options within Consumer Directed Services to select out-of-network vendors. All choices must be approved by One Sky and depend on the availability of funds.

Existing Service Contracts

Options for day or employment services are different from options for residential services.

1. Day or Employment Fee for Service (FFS)

   The participant can change vendors under FFS vendors with two month's notice where service rates are the same. The participant selects a new vendor. The CFO will notify the current vendor that a change will be made, giving the current vendor 90 days' notice. Termination Notices shall be sent via certified mail, return receipt, to any one of the other party's authorized representatives, and if without cause the thirty days shall be effective from the date the Notice is mailed, and if for cause, upon the date of mailing unless another date is specified.

2. Residential/Other Services

   The participant and/or Service Coordinator will examine the current budget. The participant, Service Coordinator, and other One Sky staff will discuss potential new vendors. When potential vendors have been identified, the budget will be requested. Following budget approval, the participant will select a new vendor. Changes at the same cost from vendors within the Network are generally approved with 60 days' notice to all parties. Changes requiring additional revenue may not be approved.

3. Conversion to Consumer Directed Services

   The participant and/or Service Coordinator will examine the current budget. The participant, Service Coordinator, and other One Sky staff will discuss the request and make a referral to Consumer Directed Services. An initial meeting will be held with Consumer Directed Services staff to determine suitability for a self-directed option. There are budget limits (maximums) for this program. Changes at the same cost from

vendors within the Network to Consumer Directed Services are generally approved with 60 days' notice to all parties.

New Services

Options for day or employment services are different from options for residential services. Any new proposal for services for Day or Employment Services requires a budget. All residential proposals require a budget and may require two or more bids. Total costs in excess of $100,000 per year are subject to additional review by One Sky.

1. Day or Employment Fee for Service (FFS)

   The participant will interview potential vendors and select a vendor. The Service Coordinator will notify One Sky administration and submit information for review. Choices are subject to the availability of funds and the capacity of the vendor to offer the requested services.

2. Residential/Other Services

   The Participant will work with the Service Coordinator to develop a profile for services to be used in an RFP process. The participant, Services Coordinator, and other One Sky staff will discuss potential new vendors. When potential vendors have been identified, the budget will be requested. The participant and One Sky will review proposals and identify their preferences. Final approval by One Sky will be based on cost and services proposed and require approval from the NH Bureau of Developmental Services.

3. Consumer Directed Services

   The participant asks for a referral to Consumer Directed Services. An initial meeting will be held with Consumer Directed Services staff to determine suitability for a self-directed option. If suitable, the participant works with Consumer Directed Services staff to develop a budget and Service Agreement. All requests are subject to the approvals of both One Sky and the NH Bureau of Developmental Services.

New Vendors

The following practices are used for reviewing requests by new vendors to deliver services under contract with One Sky Community Services or through a vendor agreement with a participant in Consumer Directed Services.

1. Vendor Application

   The vendor contacts One Sky to inquire if applications are being accepted.

2. Application Process

   If applications are being accepted the Vendor is provided with instructions on submission of an application package.

3. Interview

   All potential vendors will have reference checks done by One Sky

4. Decision

   Following completion of the application and the interview, a decision will be made regarding accepting or rejecting the vendor as a Network Vendor or an Out-Of-Network Vendor (Consumer Directed Services only).

PA Approval Processing

Focus Area: One Sky Community Services, Finance and Accounting Department

The purpose of this procedure is to define the process to be used to request and obtain approval for Prior Authorization Requests that are needed to enroll/renew eligible individuals within the Community Care Waiver (CCW) System. This policy applies to all One Sky Community Services employees and covers all CCW waivered services including Developmental Disability (DD), In Home Supports (IHS) and Acquired Brain Disorders (ABD).

Policy

1. Prior to requesting, renewing or changing a CCW service the Service Coordinator will log into MMIS to verify that the individual is currently eligible for Medicaid. If not eligible, no request will be submitted until eligibility has been established.

2. After confirming the individual's Medicaid eligibility the Service Coordinator will follow the Budget and Prior Authorization Checklist and pull together the relevant information (the " PA Approval Packet") in preparation for the Department of Health and Human Services (DHHS) determination of CCW eligibility and prior authorization ("PA") approval. Depending on the type of request (New Services, Annual Renewals, Changes), the information required may include the following:

    a. Medicaid ID#
    b. MMIS verification of Medicaid Eligibility
    c. Current Approved PA
    d. Proposed New Budget
    e. Description of Services Offered (the "Blurb")
    f. Unit Change Request (UCR) Form
    g. Current Signed Service Agreement
    h. Signed Service Agreement Amendment (if applicable)
    i. Functional Screen Tool (FST) (the current open certification number must be documented on this form)
    j. Health Risk Screening Tool (HRST) Results
    k. Supports Intensity Scale (SIS) Results
    l. Respite Service Agreement (required only for Respite)
    m. Other Medical / Psychological Evaluations (as available)

3. For Specialty Services (including but not limited to risk assessments, counseling, START services, gentle teaching, nurse specialists and parent aide) the Service Coordinator will forward the PA Approval Packet to One Sky's Director of Integrated Services. After the Director of Integrated has reviewed and approved the PA Approval Packet he/she will return it to the Service Coordinator.

4. The Service Coordinator will submit the PA Approval Packet to Service Coordinator Team Manager for review and approval.

5. The Service Coordinator Team Manager will forward the PA Approval Packet to the Director of Service Coordination for review and final approval.

6. The Service Coordinator will submit the completed and approved PA Approval Packet to the Financial Systems Administrator.

7. The Financial Systems Administrator will review the PA Approval Packet for completeness, review the recommended budget, confirm the new level of service being requested and forward the PA Approval Packet to the Billing and Accounts Receivable Specialist for his/her review and approval.

8. The Billing and Accounts Receivable Specialist will review the PA Approval Packet for completeness. If there is a current Unit Change Request (UCR) pending for any given client, the packet will be returned to the Service Coordinator and no further action will be taken until the outstanding UCR has been processed or a meeting between the Director of Service Coordination and Chief Financial Officer has been scheduled to discuss the new change.

9. For Annual Renewals and Changes the Billing and Accounts Receivable Specialist will print off and include in the PA Approval Packet a copy of the Current Approved Prior Authorization as well as prepare and include in the PA Approval Packet the appropriate Unit Change Request form.

10. The Billing and Accounts Receivable Specialist will then return the PA Approval Packet to the Financial Systems Administrator.

11. The Financial Systems Administrator will schedule a weekly PA Packet Approval Meeting with the Chief Financial Officer and CEO to review all PA Approval Packets received by him/her. The purpose of the meeting will be to obtain the Controller's and – if necessary, the CEO's - approval of each PA Approval Packet.

12. All annual commitments of over $25,000 will require signatures from two of the following individuals:

    a. Financial Systems Administrator
    b. Chief Financial Officer
    c. Chief Executive Officer

13. All annual commitments of over $50,000 will also require two signatures from the above list one of whom must be the Chief Executive Officer

14. Once a PA Approval Packet has been approved, the Financial Systems Administrator will

request and obtain BDS approval of the Proposed New Budget and enter that amount into the Budget Tracking System (BTS), or verify the funding in the BTS for renewals.

15. Once funding in BTS for the requested CCW services has been confirmed and after BTS is updated, the Financial Systems Administrator will forward the PA Approval Packet to the Billing and Accounts Receivable Specialist.

16. The Billing and Accounts Receivable Specialist will request a Prior Authorization (PA) by entering the data into the Prior Authorization Waiver System (PAWS) and submitting the PA Packet to BDS for changes and Conduent for new requests and/or renewals.

17. The Billing and Account Receivable Specialist will enter the PA Request into the Client Financial Tracking ("CFT") system where a PA Request Number will be generated and the date that the PA Packet was submitted will be entered. The PA Packet will be scanned and saved on One Sky's Business Office Financial drive and the original will be mailed to BDS.

18. Within the following time frames after a PA Request has been submitted:
    - Initial Prior Authorization: 90 Days
    - Renewal Prior Authorization: 45 Days
    - Changes to Existing PA: 30 Days

    CMS (through the MMIS) will either

    a. Send a completed Prior Authorization (PA) form to the Billing and Accounts Receivable Specialist stating what type of services have been approved, how many units have been approved, what the total dollar amount has been approved and for how long a particular individual is eligible for each specific service; or

    b. Notify the Billing and Account Receivable Specialist that the PA Request has been voided. The notification that the PA Request has been voided will contain the reason for the void. The Billing and Account Receivable Specialist will then review the original PA Packet submitted, correct any issues and resubmit the entire packet to MMIS.

19. The Billing and Accounts Receivable Specialist will update PAWS, CFT and the Case Management System to indicate the date that approval was received and notify the Financial Systems Administrator that approval has been received.

20. The Financial Systems Administrator will prepare a written notification to the selected service provider ("Vendor") that service may begin (the "Service Authorization Notification") and e-mail it to the selected service provider, with copies to the Service Coordinator and the Client's Guardian. ***No new, renewed or changed services may be provided – or will be paid for – without a service provider having first received a Service Authorization Notification.*** Once he /she has done so the Financial Systems Administrator will provide a Service Authorization Notification to the selected service provider.

21. The Financial Systems Administrator will run a monthly PA Expiration Report out of NH Leads and email it to all Service Coordinators, the Service Coordinator Team Managers and to the Director of Service Coordination 90 days prior to expiration of current PA.

22. If there are no changes in the requested services or budget for those services, the assigned Service Coordinator will re-apply for the Waiver each year by submitting to the Billing and Accounts Receivable Specialist no later than 60 days prior to expiration, the following documents (PA Renewal Packet):

    a. Medicaid ID#
    b. Confirmation of Medicaid Eligibility
    a. Current Signed Service Agreement (required for only the firstt 3 years of services)
    b. Functional Screen Tool (FST) (the current open certification number must be documented on this form)

21. The Billing and Accounts Receivable Specialist will print off and include in the PA Approval Packet a copy of the current approved prior authorization. He/she will then enter the completed information into PAWS on or after the fifteenth of the month and submit the packet to Conduent.

22. BDS logs into the MMIS system to review the PA Renewal Packet and approves/denies the renewal.

23. If approved, Conduent mails the approval to the Billing and Accounts Receivable Specialist who then enters the approved PA into PAWS and notifies the Financial Systems Administrator.

24. The Financial Systems Administrator then prepares and sends out the Service Authorization Notification.

25. As part of the annual renewal process, every attempt should be made to discuss and include any changes in the requested level of services at that time. Any changes in the type or level of services or the budget for those services must be processed and reviewed following the procedure stated above starting with paragraph 1.

26. Off PA Cycle changes may only be made by exception only and requires the approval of the Chief Executive Officer. Changes of this type should be limited to exceptional circumstances where a client is in a demonstrated crisis situation. In these cases the Service Coordinator will prepare a written justification of why a change is needed at this time accompanied by the following:

    a. Medicaid ID#
    b. Confirmation of Medicaid Eligibility
    c. Current Approved Prior Authorization, which should be obtained from the Billing

and Accounts Receivable Specialist

d. Proposed New Budget
e. Description of the Service Offered (the "Blurb")
f. A Completed Unit Change Request (UCR) form, which should be obtained from the Billing and Accounts Receivable Specialist
g. Current Signed Service Agreement
h. Signed Service Agreement Amendment (if applicable)
i. Functional Screen Test (FST)

27. All Off PA Cycle Changes should be presented by the Director of Service Coordination to the Chief Financial Officer and the Chief Executive with a justification of why such a change is required at that time. If the Off PA Cycle Changed is approved by the Chief Executive Officer, then steps 3 through 18 above should be followed.

28. In the event that a service is being terminated, the Service Coordinator will inform the Financial Systems Administrator, who will update BTS and inform the Billing and Accounts Receivable Specialist not to reapply for that specific service.

29. The Billing and Accounts Receivable Specialist will review the Community Care Waiver/Medicaid Pending Claims Report for discrepancies in services rendered and existing Prior Authorizations. Appropriate action shall be taken to correct the discrepancies.

30. The Billing and Accounts Receivable Specialist will communicate monthly regarding Prior Authorizations that have not been approved and forward to the Director of Service Coordination as applicable.

One Sky Community Services, Inc.

Budget and Prior Authorization Checklist

Vendor/Cost Center Change*: ☐ Termination of services**: ☐ Incoming transfer: ☐ Outgoing transfer: ☐

*Attach Blurb and Budget **Attach Blurb

Client Name				
Client Duck #				
Client Medicaid ID #				
Current PA	Start		End	
Current Service Agreement	Start		End	
Service Type				
Projected Start Date				
Funding Source				
Funding Amount Requested				
Vendor Name	Current		New	

ALL documents identified below MUST be attached to this request (Responsibilities: SC = Service Coordinator; PAS = PA Specialist)	New Services	Annual Renewals (No Changes)	All Changes (including All Renewal)	E-Mods
MMIS Medicaid Print Out	SC			
Current Approved PA		PAS	PAS	PAS
Proposed New Budget	SC		SC	SC
Description of Services Offered *(the "Blurb")*	SC		SC	SC
Unit Change Request Form (UCR) *(not for Renewals)*			PAS	PAS
Service Agreement Amendment, Signed *(if applicable)*	SC	SC	SC	SC
Current Signed Service Agreement *(1st 3 years for Renewals only)*	SC	SC	SC	
Functional Screen (FST) *(current cert # must be on form)*	SC	SC	SC	
Health Risk Screening Tool (HRST)	SC			
Supports Intensity Scale (SIS)	SC			
Respite Service Agreement *(required only for Respite)*	SC			
Other Medical / Psychological Evaluations *(as available)*	SC			SC

Required Signatures			
Title	Name	Signature	Date
Director			
Financial Systems Administrator			
PA Specialist			
Controller			
CEO			

To be completed by Business Office		
	Date	Name
Submitted to BTS		
Approved in BTS		
Region Submitted PA		
Xerox Provided PA		
Vendor Notified		
One Sky PO Number		

UCR Processing

Focus Area: One Sky Community Services, Finance and Accounting Department

The purpose of this procedure is to define when a Unit Change Request (UCR) is required, how to submit a UCR request and obtain funding from the state, while accurately billing in a timely efficient manner in order to improve organizational cash flow. UCR's are submitted on changes that need to be made to an existing Prior Authorization.

Procedure Statement: To submit a UCR request and obtain funding from the state, while accurately billing in a timely efficient manner. UCR's are submitted on changes that need to be made to an existing Prior Authorization.

Purpose Statement: To alleviate the amount of denied claims that are not being reviewed at the state level, as well as being in compliance with the state's procedure of UCR submissions.

Definitions:
UCR-Unit Change Request, PA-Prior Authorization,

Policy

1. A change in service starts with a Service Coordinator, this can be adding services, adding units to a particular service level, reducing units to a particular service level, terminating services or adding an environmental modification.
    a. Service Coordination follows the processes and procedures as Documented in PA Approval Process approved by the Board of Directors to obtain proper documentation and management approvals for the change request.
2. The Financial Systems Administrator gets the UCR and processes it in BTS.
    a. The Financial Systems Administrator sends an email to the finance department and East Coast Billing, notifying both parties of the change.
3. Once funding has been approved in BTS, the Financial Systems Administrator gives the Approved UCR packet to the Revenue Accountant to start processing to the state. This is usually done 10-14 days after the Financial Systems Administrator enters the budget change in BTS (The processing time for this is due to processing time by the Bureau Liaison).
    a. The UCR Packet includes the following:
        i. PAWS Tracking Form-completed by the Financial Systems Administrator
        ii. Email from the Financial Systems Administrator
        iii. One Sky's internal Budget and Prior Authorization Checklist
            1. Required signatures to include:
                a. Director
                b. Financial Systems Administrator

c. CFO
d. CEO

2. To Be Completed by Finance Box:
    a. Submission to BTS
    b. Approved in BTS
        i. Both signed off and dated by Financial Systems Administrator

iv. Service Coordination Blurb for UCR
v. Amendment to Service Agreement
vi. Service Agreement
vii. Functional Screen

4. A Unit Change Request Form is then completed based off the provided PAWS tracking sheet
    a. These documents can be found in the Department Drive; Business Office Folder; Prior Authorizations; PA Submission Forms
    b. The PAWS tracking form will include:
        i. Name of Client
        ii. PA Number the change is affecting
        iii. PA Start and PA End Date
        iv. CCW Service Requested
        v. PA Change
            1. The PA Change information will be updated in PAWS
    c. The Unit Change Request form, will also include any date changes
        i. ie. If services get terminated prior to the PA end date, or a different service level starts after the PA start date.
5. Once the Unit Change Request form is complete, we will print one copy.
6. Once the packet is complete the Revenue Accountant will scan the following in this order:
    a. Unit Change Request Form
    b. Service Coordination "Blurb"
    c. Service Agreement Amendment
    d. Service Agreement
    e. Functional Screen
7. The scanned documents will get uploaded to E-Studio for the State's PA Unit to review
8. Once the documents are uploaded the Revenue Accountant will receive an email, and change the title of the email for tracking purposes.
9. The Revenue Accountant will also has to track the progress of the completed and submitted UCR, this is done using an internal document which is found in:

a. Department Drive; Business Office Folder; Prior Authorizations; PA Tracking; "UCR Tracking Sheet"
   i. The first tab "UCR Date Checked" will include:
      1. Name, PA Packet Number, Date submitted, and Date Checked
      2. Color Coded names will be used
         a. Green means the UCR has been approved
         b. Yellow means the UCR is 30 days Past submission
   ii. The Second tab "UCR Approvals" will be for approved UCR's and will include:
      1. Name, PA Number, Update PAWS Y/N, Email East Coast-Y/N
   iii. The third tab "Past Due" will be for follow ups that are past 30 days from submission and will include:
      1. Name, PA number, Emailed State-Y/N, Date of most recent Follow up

10. The Revenue Accountant will hold onto the physical folders and follow up with MMIS twice weekly, Tues/Thurs or Weds/Fri. The Folder will include:
    a. The Submitted UCR form Date stamped, to confirm date of submission
    b. Email from the Financial Systems Administrator
    c. PAWS Tracking Form
    d. Budget and Prior Authorization Check List
11. Once the Revenue Accountant confirms that the UCR has been approved in MMIS they will:
    a. Verify correct approved units and dollar amounts
    b. Update Approval Tab on the UCR tracking sheet
    c. Enter the UCR into PAWS
    d. Notify East Coast Billing and Financial Systems Administrator that the UCR has been approved and entered into PAWS
12. Upon receipt of notification that the UCR has been approved in MMIS, the Financial Systems Administrator will notify the selected service provider (vendor or family representative) and Service Coordinator that services documented in the UCR are authorized to begin.
    a. Pursuant to the PA Approval Process approved by the Board of Directors any exception to this step of the procedure must be approved by the CEO.
    b. In the event that services have been authorized to begin before the UCR has been approved in MMIS and entered into PAWS and East Coast Billing receives an attendance sheet for the services reflected in the UCR, East Coast Billing will bill for such services. East Coast Billing will not hold up any billing for services while

waiting for notification that a UCR has been approved and entered into PAWS. It is expected that when this occurs it will result in an increase in Pending Claims.

13. The Revenue Accountant will monitor pending and/or denied claims and follow up as needed internally, with Service Provider and/or the PA Unit within BDS to resolve any issues in billing for Medicaid reimbursement associated with any unapproved UCR as quickly as possible.

Reference

UCR Tracking Sheet, Service Level Change Form, PAWS Tracking Form, PA Approval Process

Signature Designees

Focus Area: One Sky Community Services, Finance and Accounting Department

Whereas Section V.A.1 One Sky Bylaws originally adopted on December 6, 1982 and last updated on December 6, 2016 (the "Bylaws") provides that the dully elected Board of Directors of One Sky (the "Board") shall administer all the funds of the Corporation and Section V.C.4 of the Bylaws provides that the Treasurer shall perform all duties described in the Bylaws unless the Board designates another person such as the Chief Financial Officer to perform such duties as the designee. On September 9, 2019 the Board adopted designated the following individuals with financial commitment and check signing authority to enable Management to operate efficiently and with appropriate safeguards.

For Non-Medicaid Funded Expenditures:

1. The following Department Directors are authorized to sign purchase orders committing One Sky to an expenditure of non-Medicaid *budgeted* funds of up to $1,000:
    a. Director of Service Coordination (currently Keryn Bernard-Kriegl)
    b. Director of HR and Administration (currently Tina Holmes)
2. All purchase orders for non-Medicaid budgeted ***and*** non-budgeted funded items over $1,000 must be co-signed by the Chief Financial Officer (currently John Moran)
3. All purchase orders for non-Medicaid funded items over $10,000 must also be approved by the Chief Executive officer (currently Chris Muns)
4. All purchase orders for non-Medicaid funded items not included in the approved current fiscal year budget over $20,000 must also be approved by the Finance Committee of the Board of Directors.

For Medicaid Funded Expenditures:

1. The following individuals are authorized to commit One Sky to the expenditure of Medicaid funds:
    a. Budgets and Contracts Specialist (currently Bill Northey)
    b. Chief Financial Officer (currently John Moran)
    c. Chief Executive Officer (currently Chris Muns)
2. All annual commitments of over $25,000 require two signatures.
3. All annual commitments of over $50,000 require two signatures, one of whom must be the Chief Executive Officer (currently Chris Muns)

Check Signing Authority

1. The following three individuals are authorized to sign checks issued by One Sky:
    a. Chris Muns – Chief Executive Officer
    b. John Moran – Chief Financial Officer
    c. Tina Holmes – Director of HR and Administration

2. Any one of the three aforementioned individuals may sign checks up to a maximum value of $5,000.
3. Checks in excess of $5,000 require two signatures
4. Checks in excess of $50,000 require two signatures, one of which must be the Chief Executive Officer (Chris Muns)

Readiness Fund

Focus Area: One Sky Community Services, Finance and Accounting Department

The ONE SKY READINESS FUND ("Readiness Fund") was created to directly address critical essential client needs that are not funded through available Medicaid or State of New Hampshire general funds. All funds raised in the name of the ONE SKY READINESS FUND will be used exclusively for the scope of services defined in this policy.

One Sky Community Services ("One Sky") will do all that it can to assist those clients who have exhausted all other available resources and are in need of funding to address an extraordinary need that may arise. We are also committed to doing what we can to address other more systematic issues where existing state and federal funding has proven inadequate to the need that exists.

SCOPE:

The following are the key areas we have identified as essential to meeting the needs of those we serve:

- Dental Services Program

  Unfortunately, most of the adults we serve are not covered for dental care in the state of New Hampshire. It has been proven that a lack of decent and appropriate dental care can lead to serious health issues, but it can also create significant self-esteem issues, making their social and economic challenges that much more difficult. Most of our adult clients are at the stage of requiring extensive dental work and care.

- Emergency Assistance Program

  There are many times when those we support need vital assistance with some aspect of their everyday life, which traditional programs of support will not cover. This can range from basic clothing, food, fuel assistance, temporary housing, and medical supplies.

  The Readiness Fund will enable us to give monetary support to those individuals living marginally, who simply require our assistance with basic living needs and safety devices until they are in a better position, socially and economically, to support themselves.

- Gas, Food, and Home Heating Voucher/Card Program

  Often when a child is born with a disability, family members miss a substantial amount of work, sometimes losing pay, because they are required to travel for specialized care on a regular basis. This program can have a significant impact on the family's financial situation. Food, gas, and home heating vouchers/cards can greatly ease travel costs and income loss.

- Home Modifications and Repairs

  The affordability of home modifications and repairs are increasingly becoming an issue for our clients. Architectural barriers to bathrooms and kitchens, installation and repairs of ramps, widening doorways, and environmental controls and so on, can be expensive endeavors. We need to ensure that these needs are met to continue improving their daily activity and their ability to remain at home as independently as possible.

- Recreational and Cultural Activities and Opportunities

  One aspect of living a well-rounded and fulfilling life is to have the opportunity to be exposed to new cultural and educational experiences. We want to be a position where we can offer those opportunities to the people we serve through the One Sky purchase of group tickets to various educational, cultural, and historical activities and events throughout New Hampshire during the year.

- Client-Centered Employment Training Program

  We believe there is a job for everyone we support. The challenge is finding (or creating) that job which matches the interests, skills, and needs for each of those individuals. To do this, we need to build a network infrastructure within the business community to enlist not only their support, but to bring clarity and understanding of the many advantages hiring people with Developmental Disabilities and Acquired Brain Disorders offer their business. But it also means having the resources available to invest in this new business opportunity.

Client-Community Transportation Program

Many of the individuals we support are either unable to drive a car, or do not have access to reliable and safe public transportation. When they get a job, they must arrange for transportation to and from work. There is no state or Medicaid funding to provide such support. We need to create a program that will tie into already existing transportation efforts to provide a regional system to accommodate and provide direct support to those who are in most need, with the possibility of purchasing van(s) for One Sky to use for those who cannot be accommodated through this program due to unique circumstances (to be driven by One Sky volunteers). Because one single organization cannot "do it all" success will be achieved through the creation of partnerships with complementary groups and entities.

ROLES AND RESPONSIBILITIES:

A. Any employee of One Sky may submit a request for funding from the Readiness Fund but it is expected that most requests will be submitted by Service Coordinators on behalf

of their clients.

B. A Readiness Fund Vetting Committee (the "Committee") has been created. Members of the committee include:
   1. Director of Outreach and Development (who shall serve as the chairperson of the Committee);
   2. Director of Human Resources and Administrative Services;
   3. Senior Staff Accountant

C. The Committee will meet the second and fourth Thursday of each month to review submitted requests.

D. The Committee will maintain a record of its meetings, including a summary of requests received, reviewed and/or approved/denied.

PROCEDURE:

I. Receipts

A. All receipts will be recorded and maintained in account # 2581-000-000, which resides on the balance sheet.

B. Cash or check donations received in person will immediately be given to the Accounts Receivable Administrator for processing.

C. Cash or check donations received by mail will be processed by the Front Desk Coordinator and forwarded to the Accounts Receivable Administrator.

D. Online donations will be monitored and reconciled with payments received from online contribution platforms (such as PayPal) that One Sky may choose to utilize.

II. Disbursements

A. Any employee wishing to submit a request for funding shall do so by submitting a Funding Request Form along with a written description that includes (at a minimum), the name of grantee, the amount of the funding request, the intended use of the requested funding and the reason for the funding request. ***All requests must indicate that all other available sources of funding have been exhausted.***

B. All requests should be submitted to the Director of Outreach and Development.

C. Requests received by the second Monday of the month will be reviewed by the Committee at its meeting on the second Thursday of the month. Requests submitted by the fourth Monday of the month will be reviewed at the Committee's meeting on the fourth Thursday of the month.

D. Requests that require additional information or action, deemed necessary by the Committee, will be given back to the Director of Outreach and Development, who will then follow-up with the individual who submitted the original request for additional information.

E. Once that follow-up has been completed, the request will be reconsidered at the next Committee meeting for review and approval.

F. All requests approved by the Committee will be submitted to the Chief Financial Officer for his/her review and approval.

G. All requests over $1,000 and up to $20,000 will be submitted to the Chief Executive

Officer for his/her additional approval. Should the Chief Executive Officer not be available to sign, requests will be submitted to the Director of Human Resources and Administration.

H. All requests over $20,000 will be submitted to the Board of Directors' Finance Committee for their final approval.

I. All approved payments will be processed by the Accounts Payable Administrator. Payments will be made by check or, in certain circumstances, direct wire transfer. No cash payments are permitted.

J. The Senior Staff Accountant will produce a quarterly summary of donations received, payments processed, and outstanding Readiness Fund balance. This report will be submitted to the Committee, the CFO, CEO and the Board of Directors' Finance Committee.

ONE SKY READINESS FUND - REQUEST FOR FUNDS FORM

Date of Request:	
Date that the funds are needed:	
One Sky Staffer Making the Request	
Client's Name:	
Amount of Request:	
Check is made out to:	
Check is mailed to: (Address)	

Identify the program where the funds are needed:

	General Ledger #	Cost Center #
Dental Care Services Program:	2581	000-000
Emergency Assistance Fund:	2581	000-000
Families Gas, Food, and Home Heating Voucher/Card Program:	2581	000-000
Summer Camp Scholarship Program:	2581	000-000
Recreational and Cultural Activities and Opportunities:	2581	000-000
Other:	2581	000-000

*******Please attach a brief summary of the client's situation that led to this request, including any other pertinent information that you feel is relevant, including other available resources that have been used**

Readiness Fund Vetting Committee Actions

Date of Review		
Approved	Yes	No
Signature of Committee Chairperson	Signature:	Date:

Additional Approvals

For All Awards Chief Financial Officer	Signature:	Date:
Awards between $1,000 and $20,000 Chief Executive Officer	Signature:	Date:
Awards over $20,000 Treasurer of the Corporation	Signature:	Date:

Client Representative-Payee Funds

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

To assure that client funds are used only for allowable purposes for that specific client Rep payee funds belong to a particular client and are available only for that client's benefit. The individual funds are protected against theft or misuse.

a. Client rep payee funds are deposited in a special bank account maintained specifically for that purpose.
b. Receipts to the funds are handled under the cash receipts policy.
c. Occasionally a case manager may request funds from a client's account without a receipt when necessary to effectively serve the needs of the client. Upon receipt of a completed check request the business office will issue a check.
d. The business office maintains a tickler file, by case manager, of disbursements without the appropriate documentation. If documentation is not received, the business office notifies the case manager that no further funds will be disbursed until appropriate documentation is received.
e. The case manager is responsible for the implementation of this policy.
f. The Financial Support Specialist maintains a ledger showing the receipts and disbursements for each client, and the balance due to/form each individual client.
g. The bank reconciliation for this account will be performed by someone other than the person responsible for writing the checks and depositing to this account.

Debt

Focus Area: One Sky Community Services, Finance and Accounting Department

To provide a framework for careful analysis before the Agency commits to the acquisition of debt.

All borrowing must be authorized by the Board of Directors

1. The Chief Financial Officer, after consultation with the Chief Executive Officer and the Finance Committee, provides detailed analysis of any prospective borrowings to the Board of Directors.
2. The Board of Directors must approve all loans prior to inception.
3. If Management projects that there will be a short term cash deficiency necessitating the need to access short-term debt through a line of credit secured through one of the Corporation's banks, the Board approves the following procedures:
   a. For requests to access up to $100,000 in short-term debt:
      i. The Chief Executive Officer or in his/her absence the Chief Financial Officer shall make a written request to the Corporation's Treasurer or in his/her absence the President of the Board of Directors for the amount to be requested. Such written request will include a current projection of cash needed for the following 13 (Rolling Forecast) weeks as well as an indication when the short-term debt will be paid off.
      ii. The Board authorizes the Treasurer or in his/her absence the President of the Board of Directors to approve any such request up to $100,000.
   b. For requests to access between $100,001 and $250,000 in short-term debt:
      i. The Chief Executive Officer or in his/her absence the Chief Financial Officer shall make a written request to the Corporation's Treasurer or in his/her absence the President of the Board of Directors for the amount to be requested. Such written request will include a current projection of cash needed for the following 13 weeks as well as an indication when the short-term debt will be paid off.
      ii. The Treasurer or in his/her absence the President of the Board of Directors shall call an emergency meeting of the Finance Committee to consider the request. Such meeting may take place in person or by conference call.
      iii. The Board authorizes the Finance Committee – through a majority vote of its members - to approve any such request up to $250,000.
      iv. In the event any vote of the Finance Committee is a tie, then the Treasurer will immediately contact the President of the Board of Directors and request an emergency meeting of the full Board so that the request can be considered. Such meeting may take place in person or by conference call.
   c. For all requests to access short term debt of greater than $250,001:
      i. The Chief Executive Officer or in his/her absence the Chief Financial Officer shall make a written request to the Corporation's Treasurer or in

his/her absence the President of the Board of Directors for the amount to be requested. Such written request will include a current projection of cash needed for the following12 weeks as well as an indication when the short-term debt will be paid off.

ii. If the Treasurer or in his/her absence the President of the Board of Directors determines that the request is warranted, he/she will immediately contact the President of the Board of Directors and request an emergency meeting of the full Board so that the request can be considered. Such meeting may take place in person or by conference call.

4. Only the full Board of Directors is authorized to approve any request to access short-term debt in excess of $250,001.

The Chief Financial Officer is responsible for the safekeeping of all loan documents, and for monitoring compliance with debt agreement restrictions and procedures

Credit Cards

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

Credit cards are for business use only. No personal purchases are to be made using a One credit card.

The President/CEO's expense

records are submitted to the Board on a quarterly basis.. The CFO may question any expense that appears not be Finance and Accounting-related.

On September 9, 2019, the Board authorized the following individuals to be issued One Sky credit cards:

a. CEO (Currently Chris Muns)
b. Director of HR and Administration

These individuals keep their cards and are responsible for obtaining proper approval signatures on charges and submitting receipts to the Finance and Accounting Department. All credit card purchases over $100 must be pre-approved by the Chief Financial Officer

Mail Distribution

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

1. All incoming mail is handled by the Receptionist. All mail will be date-stamped and distributed to the proper mailboxes, with the following exceptions.

    a. Do not open Bank Statements. Forward all Bank Statements to the Senior Account.
    b. Do not date stamp checks. Follow *Daily Deposits Procedure.*
    c. Do not open mail specifically addressed to the HR Coordinator.
    d. Do not open items addressed to individuals that are marked confidential

2. All incoming mail is handled by the Receptionist. All mail will be distributed to the proper mailboxes, with the following exceptions.

    a. Bank Statements will be forwarded to One Sky Senior Accountant.
    b. Incoming checks will be entered on an incoming check log and sent to One Sky Accounts Receivable Specialist.

Purchasing

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

The purchase of goods and services should be done in a cost-effective and efficient manner to aid the work of the staff. Purchasing limits and the associated practices are set by the Board and the CEO.

Purchasing Dollar Limits

The One Sky CEO has been authorized by the Board to make purchasing decisions for amounts less than $ 20,000 without obtaining Board approval. Purchases of non-budgeted items of more than $20,000 will be presented by the CEO to the Finance Committee at their next scheduled meeting.

Sole Source Justification

A sole source purchase is one in which an item or service is available from only one vendor or one in which there are multiple sources available but the item or service must be purchased from a specific vendor for a specific reason. Such reasons could include but are not limited to:

- emergencies
- time sensitivity
- competitive product alternatives are not available
- compatibility of equipment must match existing brand and/or
- replacement part for a specific brand of existing equipment

When a sole source will be used to purchase a product or service with a cost over $20,000 a written justification is required and should include the following information:

- A description of the product or service the reasons that this vendor is being used.
- A description of efforts made to locate other sources of supply.
- Documentation that the anticipated cost is fair and reasonable. This can be a comparison of prices or if the item is to be specially fabricated, an analysis of the manufacturer's cost.
- Any other supporting information.

This justification for sole source should be included with the request to the Board to approve the purchase over $20,000.

When a sole source will be used to purchase a product or service with a cost over $20,000 the CEO may make that decision.

Sole sourcing for more than 3 years is subject to review and should be competitively bid before another contract/purchase is finalized

Construction/Capital Improvement/Contract Purchases Over $20K

- All construction/capital improvement purchases. Three (3) competitive bids are required.
- Major capital or operational item purchases (computers, copiers). Three (3) competitive bids are required.
- Contracts for services. No contract may exceed 3 years. Three (3) competitive bids are required.

Approval Process:

1. Finance Committee must review and approve
2. Full board must review and approve.

Requirements for Receiving Proposals For Services, Property Or Major Purchases less than $20K

1. Proposals For Services

   Proposals for services and programs are designed to assist the family and their family member to choose the support, control and flexibility to fit their individual needs. The decision for service is at the discretion of the director of service and the family.

2. Proposals For Property Or Major Purchases

   Proposals for capital purchases are at the discretion of the director of the program and reviewed at Senior Leadership Team meeting for final approval.

   Written quotes are accepted for capital, major purchases, and contracts as deemed necessary by the CFO and/or CEO.

Purchase Requests

Effective 12/01/2019 any employee of One Sky who wishes to purchase any product or service that is not a Medicaid Community Care Waivered (CCW) service will fill out and submit for approval a purchase order request prior to any agreement to purchase that product or those services is entered into.

Examples include:

a. Monthly or quarterly purchase order for office supplies from a given provider;
b. Annual service agreement with a computer services company

c. Annual maintenance agreement with computer or office equipment provider
d. One time purchase of a new appliance for a staffed home that we may own.

This procedure recognizes that it is not always possible to obtain a written quote or estimate of the cost to provide professional services (such as legal or clinical assistance). In those instances it is important that the service provider provide timely invoices for service delivered so that we are aware and are able to manage our total potential liability for the costs of those services in a timely manner.

An employee filling out the Purchase Order Request Form must include

a. The date of the request
b. A description of the item or service to be purchased
c. The quantity or length of the term of the services to be provided
d. The unit and total price and preferred vendor or service provider, if known.

He or she should sign the request and forward it to her/his Department Director.

Department Directors are responsible for filling in the following information on the Purchase Order Request Form:

a. GL Account #
b. Cost Center
c. Unit and total price of the item or service to be purchased (if not provided by the Purchase Order Requestor)
d. Preferred Vendor or Service Provider (if not provided by the Purchase Order Requestor)
e. The Requested Delivery Date

Department Directors should sign all Purchase Order Requests submitted by members of their department. Department Directors have final approval authority on all budgeted purchases up to $1,000. Approved Purchase Order Requests for budgeted items of less than $1,000 should be forward by the Department Director to the Accounts Payable Specialist for processing. The only exception to this policy is purchases of office supplies and computer equipment. All requests for office supplies and computer equipment should be approved by a Department Manager and then forwarded to the Director of HR and Administration her/his review and approval.

Approved Purchase Order Requests for budgeted items over $1,000 and all Purchase Order Requests for non-budgeted items should be submitted to the CFO for his/her final review and approval. The CFO will then forward the Purchase Order Request to the Accounts Payable Specialist for processing

Approved Purchase Order Requests of more than $10,000 should be forwarded by the CFO to the CEO for her/his approval. Once the CEO has approved a Purchase Order Request she/her will forward it to the Accounts Payable Specialist for processing.

Purchases Order Requests for non-budgeted items of more than $20,000 will be presented by the CEO to the Finance Committee at their next scheduled meeting. In the event the funding request is to address an emergency the Finance Committee will be able to act on the request via telephone conference call or email.

Upon receipt of an Approved Purchase Order Request, the Account Payable Specialist will:

a. Review the Purchase Order Request to ensure that all of the required data elements have been filled in.
b. Fill in the Customer ID field
c. Assign a number to the Purchase Order Request Form
d. Place the order with the preferred vendor or service provider by faxing, emailing or mailing them a copy of the approved Purchase Order Request Form; ensuring that the vendor or service provider understands that
    i. All invoices for the items or services ordered should be sent directly to the Accounts Payable Specialist.
    ii. All invoices should reference the assigned Purchase Order Number
    iii. The only exception to this policy is that orders for office supplies and computer equipment will be placed directly by the Director of Administrative Support Services. All approved Purchase Order Request Forms for office supplies and computer equipment should be forwarded by the Accounts Payable Specialist to the Director of Administrative Services after the Account Payable Specialist has reviewed it.
e. File the original approved Purchase Order Request Form in an easily retrievable folder.

Upon the receipt of an invoice for items or services purchased, the Accounts Payable Specialist will match the invoice with the corresponding Purchase Order Request Form. If the amount on the invoice is less than or equal to the approved amount on the Purchase Order Request Form the Accounts Payable Specialist will attach a copy of the approved Purchase Order Request form to the invoice and process the invoice for payment net 30 days.

Any invoice for services in excess of the amount on the approved Purchase Order Request Form will be forwarded to the Department Director who approved the Purchase Order. That Department Director will be responsible for working with the vendor or service provider to resolve the difference. All amendments to an approved Purchase Order Request Form must be reviewed by first the CFO and then the CEO. Once all issues have been resolved the Accounts Payable Specialist will attach a copy of the approved Purchase Order Request form to the invoice and process the invoice for payment net 30 days.

All vendors or service providers will be encouraged to accept payment by ACH. It is the responsibility of the Account Payable Specialist to notify all vendors and service provider of this service and to sign them up for it.

All checks or ACH Request for payment of approved products or services delivered must be signed by one for the following three individuals:

a. CFO
b. Director of HR and Administration
c. CEO

Checks or ACH Requests for payment of approved products or services delivered in excess of $5,000 must be signed by any two of the following:

a. CFO
b. Director of HR and Administration
c. CEO

Accounts Payable

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

One Sky Community Services, Inc. is responsible for the proper use of significant amounts of public funds. The agency must assure that these funds are used in accordance with its mission of providing appropriate care to its clients, and in compliance with all contractual requirements.

Prior to disbursement of any funds, the agency determines:

a. That the appropriate goods or services were received in the quantity specified and in good condition, and
b. Terms and pricing are acceptable, and
c. The party requesting payment has submitted an invoice for the amount requested., and
d. The disbursement is in accordance with the state contract and all other applicable laws and regulations, and
e. Funds are available in the budget line for this item.

One Sky follows the expense recognition principle of accounting which states that expenses should be recognized in the same period as the revenues to which they relate.

Invoices received for services delivered but not yet paid will be reported as "Accounts Payable". Accruals for services delivered but for which invoices have not yet been received will be reported as "Accrued Expenses Not Yet Paid"

a. Prior to purchasing supplies, a purchase order will be prepared by the purchaser, signed by a supervisor and submitted for approval by the Chief Financial Officer. A copy of the approved purchase order is submitted to the Accounts Payable Department.
b. The staff member receiving the goods or services signs the invoice after checking the quantity and condition of the items received. The signature indicates original approval of the invoice for payment
c. The invoice then goes to the department head for his/her approval. The invoice is then routed to the Accounts Payable Department for processing.

Payments to Direct Service Providers ("Vendors") will be based upon signed fee agreements as follows:

a. Residential Programs

   i. Residential program payments to Vendors will be made following service delivery. Payments will be made on a per diem basis based on actual Daily Attendance Records submitted. The rate paid will be the annual residential budget divided by 365. The reimbursement for a Consumer will not exceed their annual budget (prorated for a mid-year start date) subject to the conditions below and provided the Vendor has

delivered to Consumer 327 days of services over the course of a twelve month period. Payments will be made three weeks after receipt of Daily Attendance Records Invoice received.

ii. At the end of each calendar quarter (ending September 30, December 31, March 31 and June 30) One Sky will reconcile YTD payments made to each Vendor to actual days services were delivered to Consumer by that Vendor. If Vendor has delivered the following days of services through each quarter end, One Sky will make a Quarterly Adjustment Payment to Vendor as follows:

iii.

Quarter Ending	If YTD Days of Services Delivered Equals or is Greater Than:	Quarter Adjustment Payment Will Equal:
September 30	81 days	25% of Annual Budget Minus Actual YTD Payments
December 31	162 days	50% of Annual Budget Minus Actual YTD Payments
March 31	243 days	75% of Annual Budget Minus Actual YTD Payments
June 30	327 days	100% of Annual Budget Minus Actual YTD Payments

b. Community Participation Programs (CPS)

i. Day program payments to Vendors will be made following service delivery. Payments will be made based on actual Daily Attendance Records submitted in ¼ hour units. The rate paid will be the annual day budget divided by the ISA expected hours of service to be delivered multiplied by 4 (For example: the ¼ hour unit rate paid for 30 hours of services per week for a program with an annual budget of $20,000, would be $20,000 divided by 1,560 hours times 4 or $3.21 per unit). The reimbursement for a Consumer will not exceed their annual budget (prorated for a mid-year start date) subject to the conditions below and provided the Vendor has delivered to Consumer 89% of the ISA expected units of service over the course of a twelve month period. Payments will be made three weeks after the delivery of Daily Attendance Records Invoiced received.

ii. At the end of each calendar quarter (ending September 30, December 31, March 31 and June 30) One Sky will reconcile YTD payments made to Vendor to actual units of services delivered to Consumer by Vendor. If Vendor has actually delivered 89% or greater of the YTD ISA expected units of service, One Sky will make a Quarterly Adjustment Payments to Vendor as follows:

Quarter Ending	If YTD Units of Services Delivered as a Percentage of YTD ISA Expected Units of Services	Quarter Adjustment Payment Will Equal:
September 30	89%	25% of Annual Budget Minus Actual YTD Payments
December 31	89%	50% of Annual Budget Minus Actual YTD Payments
March 31	89%	75% of Annual Budget Minus Actual YTD Payments
June 30	89%	100% of Annual Budget Minus Actual YTD Payments

At the end of every month, One Sky records those services we have billed Medicaid for but which a Vendor has not yet invoiced us for on our balance sheet as Accrued Expenses Not Yet Paid since it is assumed that the Vendor will be providing us with an invoice for these services shortly. The balance in this account is adjusted monthly based on year-to-date activity and every quarter based on the quarterly reconciliation of payments to each Vendor that is completed.

Payments for Self-Directed Services (PDMS/HIS) will be based upon signed fee agreements as follows:

a. An equal portion of the annual stipend amount included in the approved PDMS or IHS budget will be paid to the designated PDMS or IHS program manager once (1/12 of the annual total) or twice (1/24 of the annual total). At the end of each calendar quarter (ending September 30, December 31, March 31 and June 30) One Sky will reconcile YTD payments made to designated PDMS or IHS program manager to actual units of services delivered to Consumer.
b. The PDMS or IHS program manager will submit all other invoices to the Accounts Payable department for processing.

Members of families receiving respite services will forward vouchers for payment to the Accounts Payable department, where they will be matched with list of individuals approved to receive respite services prior to processing.

The Chief Financial Officer reviews all invoices prior to check signing. He/she authorizes the release of the funds based on the availability of adequate cash in the accounts.

Properly approved invoices received before noon on Wednesday are processed and paid on Friday. Invoices without the required approvals are returned to the originating department, and may not be paid in the current week.

Manual checks require the same approvals as any other disbursement. They are entered on the general ledger system through the accounts payable system.

Voided checks are defaced (cut out the signature space or stamped VOID) and retained for audit trail purposes.

Payments to certain independent Vendors (described in the Circular E Payroll Guide) are totaled for the year and reported to the vendor on Form 1099 at the end of the year.

Someone other than the person processing checks will perform the bank reconciliation for this account.

Payroll Processing

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

Sensitive payroll information is kept in secure storage and released only to authorized personnel. All employees are paid for the correct number of hours worked at the authorized pay rate in accordance with agency policy and in compliance with all applicable laws and regulations.

a. Prior to bi-weekly payroll processing, any staff changes in position, rate, status, classification of employment are reviewed and signed/approved by supervising manager as well as the CEO and CFO. Changes are made via ADP (electronic payroll and timekeeping system).

b. All changes are reviewed and verified bi-weekly by Director of HR and Administration.

c. For family-hired (PDMS, self-directed programs) not on the electronic timekeeping system, blank hourly timesheets e-mailed or printed and given to staff at orientation. Family supervisors/staff are responsible for faxing/scanning/mailing/delivering completed paper timesheets on a bi-weekly basis.

d. Employees must log into and submit before managers can approve timesheet. ADP timecard submissions are due bi-weekly by Monday 9am for all employees, Managers are to approve electronic timesheet submissions by 10am on Tuesdays of pay weeks. Employees must log in to submit before managers can approve timesheet. Payroll Coordinator e-mails/contacts appropriate supervising manager if the timesheet deadlines are not met. If electronic or paper submissions and approvals do not occur before deadline of payroll processing, a manual check may be requested (issued through Accounts Payable). A signed paper timesheet will be required and will then be retained in the Payroll files.

e. A summary report with all family-hired hours is given to the HR department for review and a grand total is calculated. The Payroll Coordinator uses this for the manual entry input into ADP.

f. The Payroll Coordinator imports the electronic ADP entries and manually inputs the hours from paper timesheets. Payroll is submitted to the ADP by end of day on Tuesday of pay week.

g. The Payroll Coordinator runs a report of benefits (i.e 403(b), FSA) after each pay and submits payment electronically to appropriate vendors.

h. Any Third Party Sick Pay is entered through ADP to update year-to-date earnings; Social Security and Medicare withholdings.

i. Quarterly statements are retrieved from ADP and reconciled by the Payroll Coordinator.

j. The Payroll Coordinator is responsible for receiving and verifying invoices for all employee deductions such as: Health and Dental insurances, Group Term Life, Additional Life Insurance, Long and Short-Term Disability, AD&D Insurance. Once deduction rates are verified, invoice is forwarded to Accounts Payable for processing.

Payroll Status Change Process

Current Employee

a. Any supervising manager seeking to make a change (including but not limited to change in hours, pay rate, job code, allocations, bonus pay outs and/or termination of employment) to a current employee will Complete a Personnel Change Request (PCR).

b. Per the NH Department of Labor, if a change occurs to the employee's pay rate, or benefits then a letter must be signed by the employee acknowledging that change. The HR Director or designee will generate a letter or an updated job description and have the employee sign off on it.

c. The Personnel Change Request (PCR) will have all necessary & accurate information regarding this employee, in regard to what is being changed. Once generated, the PCR will be processed as described in Payroll – item #1.

d. Once changes are entered into ADP, the original Payroll Status Change Form is placed in the employees personnel file.

New Employee

a. When hiring new staff, the supervising manager will notify the HR department so that an orientation can be scheduled and appropriate forms can be signed.

b. HR will pass all completed paperwork to the Payroll Coordinator to enter information into ADP. After new employee is entered into ADP, all information is filed into the employee's personnel record.

Pay Day:

Distribution is as follows:

a. Payroll register is printed and given to CFO for review and signature on Wednesday morning. All payroll check registers and reports are saved on the HR and Business Office drive on network.

b. Paychecks arrive on Wednesday afternoon.

c. Confirmation of cash available is required of the Accounting Manager. Once received, the Accounting Supervisor transfers cash from operating to payroll account.

d. Paychecks are handed over to the Senior Accountant to place in company safe. Senior Accountant the places paychecks for outside staff in the outgoing mail by Noon on Thursday. Paychecks for in-house staff are placed in staff mailboxes on Friday mornings by the Senior Accountant.

Travel Reimbursement

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

Allowable employee expenses incidental to the performance of duties are reimbursed upon completion of an employee expense report.

a. Agency use of an employee's personal automobile is reimbursable at the rate currently approved by the agency. The Agency use of a personal automobile must be authorized by the employee's supervisor.
b. Employees are required to present proof of insurance prior to utilizing a personal automobile for Agency purposes.
c. Transporting clients without acceptable insurance is cause for immediate dismissal.
d. Meal costs are reimbursable when the employee is away from home overnight on agency business or is attending a required Agency meeting where meals are not served.
e. Expenses incurred for entertainment or alcoholic beverages are not reimbursable.
f. Parking and moving violation fines are not reimbursable.
g. Request for reimbursement are submitted monthly.
h. The reimbursements request must include the name of the employee, date the expense was incurred, date of the request for reimbursement, a description of the purpose or nature of each expense item, miles traveled, dollar amount for mileage, tolls, meals, room, and other expenses, the requesting employee's signature, the supervisor's signature, and date and the Department Director's signature and date if different from the supervisor.

Petty Cash Funds

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

To safeguard the contents of the petty cash funds against improper use or theft, designated petty cash fund custodians are subject to special procedures set forth below to assure that the contents are available for the intended use.

a. A copy of this policy must be kept with each petty cash fund.
b. The CFO designates petty cash fund custodians and determines the amount of each fund. The A/P Specialist has responsibility for the Fund.
c. The funds are maintained on an "imprest basis" which means that the cash and vouchers in the fund always consist of a certain fixed amount.
d. Personal use of funds by employees is strictly prohibited. Loans to employees and the cashing of employee checks from the fund are also prohibited.
e. The fund is to be used only for necessary business transactions. Any disbursement from the fund must be authorized by a signature of the recipient on the disbursement log completed in ink accepting receipt of funds for the amount of receipt or voucher submitted.
f. Reimbursement to the petty cash fund is made in the form a check written to the CFO. The amount of the reimbursement is for the amount of the receipts/vouchers submitted for reimbursement.
g. Petty cash funds are subject to unannounced counts.
h. The fund custodian is responsible for compliance with this policy and for safeguarding the fund contents. The fund must be locked in a safe place except when disbursements are being made.

Consumer Benefits

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

1. Spend-Down:

   a. A Spend-Down request form is completed when a consumer has exceeded their Medicaid limit.

   b. The Service Coordinator is responsible for completing the form.

   c. Checks will be issued to the vendor. A copy of the request will be attached to the check.

   d. All receipts/cash are due as indicated on the copy of the Spend-Down Request to the Accounts Payable Specialist.

   e. A copy of the original Spend-Down Request will be kept in a tickler file.

   f. Once all the receipts are returned, the originals are kept in the Accounts Payable files.

2. Consumer Funds

   a. A Request for Consumer Funds form will be completed and approved by the Service Coordinator and submitted to the Client Benefit Services Manager for approval. This Form is then submitted to AP for processing.

   b. Reimbursement checks are issued when receipts are attached to the form.

   c. Receipts are required for spending other than normal weekly/monthly spending, on amounts over $50.00.

   d. All receipts are due to AP by the date indicated on the Request.

   e. A copy of the Request is kept in a tickler file until all receipts are returned.

   f. Once the receipts are returned, the original request with receipts, are filed in the Accounts Payable files.

Billing and Accounts Receivable

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

One Sky Community Services, Inc. is responsible for the proper use of significant amounts of public funds. The agency must assure that these funds are used in accordance with its mission of providing appropriate care to its clients, and in compliance with all contractual requirements.

One Sky will promptly bill and request payment for services delivered from:

a. State of New Hampshire; for both Medicaid and non-Medicaid funds, and
b. Consumers who have agreed to pay for services directly, and
c. Other parties for whom One Sky has provided services

One Sky follows the revenue recognition principle of accounting which states that revenue should be recorded when it has been earned, not when the related cash is collected.

One Sky also follows the accounting principles that revenues and expenses related to the performance of a specific service should be recognized in the same time period.

Billings for services delivered but for which payment has not yet been received will be reported as "Accounts Receivable".

Accruals for services delivered but which have not yet been billed for will be reported as "Accrued Revenues Recognized Not Billed Yet"

Billing for all services payable by Medicaid are handled by East Coast Reimbursement Services (ECRS) under a contract they have with One Sky. ECRS follows the procedures documented in the attached "One Sky Billing Instructions" – See Exhibit A

Attendance sheets are forwarded to East Coast Reimbursement Services directly from those Direct Service Providers (Vendors) and Family Directed Services under contract with One Sky to provide services to Consumers of One Sky.

East Coast Reimbursement Services bills Medicaid

Claims that are denied are reported on our balance sheet as AR Medicaid Denied until such time as outstanding issues are resolved and then are reported as Accounts Receivable-Medicaid until payment is received.

Claims that are pended are reported on our balance sheet as AR Medicaid Pending until such time as outstanding issues are resolved and then are reported as Accounts Receivable – Medicaid until payment is received.

Claims that are accepted by Medicaid are then posted in NH Leads and recorded on our balance sheet as Accounts Receivable – Medicaid until payment is received.

At the end of every month, One Sky records those services delivered that have not yet been billed on our balance sheet as Accrued Revenues Recognized Not Billed Yet since it is assumed that the supporting documentation to allow us to bill for these services has been delayed and will be forthcoming shortly. In addition, a portion of services delivered that have been billed for at an accelerated rate may be recorded on our balance sheet as Deferred Revenues since a portion of the revenue recognized will be used to offset future expenses which we may no longer be able to bill for. The balance in this account is adjusted monthly based on year-to-date activity and every quarter based on the quarterly reconciliation of payments to each Vendor that is completed.

Billing for services payable by the State of New Hampshire utilizing state dollars only are handled by the Accounts Receivable Department. Billings are recorded as Accounts Receivable - State until payment is received.

Billing for all other services provided by One Sky are also handled by the Accounts Receivable Department. Billings are recorded as Accounts Receivable – Other until payment is received.

Specialized (Non-Medicaid) Billing

Focus Area: One Sky Community Services, Finance and Accounting Department

Overview

1. All billing information is forwarded to the Accounts Receivable Specialist for processing.

   a. Billing information is verified for accuracy prior to processing.

   b. Billing information is then entered into the computer.

   c. Computer information is edited and batch is released.

   d. Print two copies of the invoice. One copy is sent to the customer and one copy is filed by name.

2. The Accounts Receivable Specialist keeps an updated list of all invoices that must be billed on a weekly or monthly basis.

Customer Invoice Processing

1. Billing information is verified for accuracy, entered in the computer system, edited, released, and then posted to Accounts Receivable and the General Ledger.

2. Two copies of the invoice are printed. The Accounts Receivable Specialist puts one copy in an envelope and forwards to the mail center for mailing to the customer. The second copy is retained for the company records. Both copies contain supporting backup for each charge.

3. If sending a statement, the Statement Cycle is closed to reflect that the most current information on the statement for the selected customer cycle.

Accounts Receivable Collections

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

1. At month-end close, the A/R Aged Trial Balance Summary report is analyzed for delinquent accounts (over 60 days past due). Coordinators & Account Managers are notified. Statements with notes sent out.
2. Accounts over 90 days past due require collection calls throughout the month and a formal
3. letter. Account Managers are notified to decide who should make the collection call. CFO notified.
4. A monthly report is submitted to the Controller and CFO summarizing all overdue
5. account activity and status.
6. The Controller signs the reconciliation monthly and returns a copy to the Finance and Accounting Department.

Daily Deposits Procedure

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

Cash and checks received by mail will be processed in the following manner:

a. Incoming mail is opened and the receipts are listed/photocopied by a person (the cashier) having no access to accounts receivable or cash receipts records. This person is also prohibited from any access to the general ledger or subsidiary ledger accounts.
b. The listing of mail receipts is subsequently compared to cash receipts posting totals from the accounts receivable system, and to authenticated copies of deposit slips by an employee having no access to the cash receipts.
c. Checks are restrictively endorsed "For deposit only to the account of One Sky Community Services, Inc." upon receipt in the business office.
d. Cash receipts are entered on the accounts receivable cash receipts journal by a person independent of the mail opening and receipts listing functions.
e. Deposits are normally made weekly. Checks and currency in excess of $2,500 or currency in excess of $500 are deposited intact on a daily basis.
f. Adequate physical control over checks and currency is maintained until the receipts are safely deposited in the bank.
g. At the end of each day the receptionist will print two copies of the check register and let the Financial Specialist and AR Specialist know that collections for the day are ready to be transferred from the front desk.
h. They will come to the front desk and initial the yellow copy of the cash receipt book for each cash drop-off of funds to be deposited to their account and take the register page.
i. Each Specialist will reconcile/compare the register with the cash and checks before placing the checks and cash in the safe.
j. Deposits will made, at a minimum, weekly. Anytime cash is over $500 in either account, a deposit will be made the following day.
k. If either of the Specialists are not available, the other will take responsibility for accepting deposits for both accounts or for making a deposit.
l. The Chief Financial Officer will be the backup if neither staff is available.
m. The AP Specialist and HR Administrator will back up the AR Specialist and the Benefits Specialist and Benefits Administrative Support will back up the Financial Specialist.
n. The check register will be reconciled within the first two weeks of the end of each month by the AP Specialist.

Writing Off Old Outstanding Checks

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

1. All One Sky checks/all accounts state VOID AFTER 90 DAYS

2. Quarterly process:

    a. List of outstanding checks over 90 days is prepared
    b. Outstanding checks are researched for validity
    c. Stop payment is placed on outstanding check to be voided and reissued
    d. Outstanding checks over 90 days are voided
    e. Replacement check is issued
    f. Letter is sent with replacement check to notify recipient of action taken and that if not cashed within 90 days it will be our understanding that payment was not due and the replacement check will then be voided.

Fixed Asset Acquisition and Disposition

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

The purpose of this policy is to assure that agency funds are used only to purchase those capital items required for the effective operation of the agency. Once purchased, the assets are adequately safeguarded from loss due to fire, theft, or misplacement.

Capital purchases are defined as items having a service life expected to exceed one year, and a cost exceeding $4,000. They normally include land, buildings, leasehold improvements, computers and computer software, machinery, equipment, furniture, and capital maintenance on buildings and grounds. The Board of Directors must specifically approve each capital acquisition in excess of $20,000 prior to purchase, if the item was not included in the approved budget.

a. Capital Budgets: Capital budgets are prepared by Department Heads and the Chief Executive Officer. The capital budget lists the anticipated needs of each department and prioritizes each item. Wherever necessary or helpful, a reason for purchasing the item is provided. The resulting list then becomes part of the state budget submission.
b. Approvals: The Chief Financial Officer is responsible for the approval of fixed asset purchases certification that adequate funds are available for the purchase.
c. Purchase Priorities: The following guidelines determine the order in which capital items are purchased:
    i. Emergency - Any capital items required to address immediate threats to the health or safety of any client, staff member, or other constituent of Region VIII Developmental Services. (Plan, purchase and fund immediately.)
    ii. Urgent - Any capital items which are required by contractual agreement with a funding source. (Plan, purchase and fund as soon as possible, divert funds if necessary.) ,
    iii. Necessary-Any capital items required by clients or employees to allow the agency to conduct its business in an effective and efficient manner. (Plan and purchase as funds become available.)
d. Additional Procedures: For individual items costing in excess of $30,000 the Chief Financial Officer will conduct sufficiently detailed projected profit and loss and cash flow analysis to determine that revenues from the project will meet or exceed the related expenditures.
e. Annual Review: At least annually, the Chief Financial Officer will require a review of capital items on hand and adjust the fixed asset register/depreciation schedule accordingly. The Chief Financial Officer will determine if the carrying values of the assets are expected to be recoverable in the ordinary activities of the agency. If not, appropriate adjustments are required.
f. Depreciation Expense: The Chief Financial Officer, in consultation with the auditors, determines the useful lives of fixed asset acquisitions and causes the information to be entered on the depreciation schedules.

g. Insurance Coverage: At least annually the Chief Financial Officer will require a review of insurance coverage. The process will include an analysis of the adequacy of insurance coverage on capital assets. Each item purchased during the year will be added to the list of items insured as required by the insurer for immediate coverage.
h. Disposal: The Chief Executive Officer approves the disposal of property and equipment with a residual value of $3,000 or more, based upon the recommendation of the Chief Financial Officer. The Chief Financial Officer approves all other dispositions. Fully depreciated items are maintained on the accounting records until disposition occurs.

Journal Entries

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

1. All Journal Entries are prepared solely by the Finance and Accounting Department.

2. The CFO must approve all Journal Entries. Any adjustments to Accounts Payable, Accounts Receivable, and/or Cash Management must be approved by the CFO.

3. The Journal Entries prepared by the Senior Accountant must be approved by the CFO.

4. Payroll, Medicaid and State/Federal Developmental Service Funds are entered into the system through a month-end Journal Entry. NOTE: Payroll is the only exception and is entered into the system using the actual pay date. The following spreadsheets exist:
    a. Staff payroll
    b. Consumer payroll
    c. Medicaid revenue
    d. Developmental Services-State/Federal funds

5. Choose General Ledger (from the Main Menu in Microsoft Dynamics for the appropriate company) to enter all Journal Entries.

6. Prior to entering the information, number all journal entries in consecutive order.

7. Enter all journal entries for the current month, edit, release and post to General Ledger.

8. Edit, verify, generate and post recurring journal entries.

9. The following Journal entries are needed on a monthly basis:

    (See Attached Journal Entry Lists)

Audit Practices

Focus Area: One Sky Community Services, Finance and Accounting Department

Policy

Annually, One Sky Community Services will have an outside audit completed, as required by contracts with funders. The results of the audit will be presented to each Board for review and action.

One Sky will place its audit business out to bid every five years. The One Sky Finance Committee will oversee the bidding process and recommend a new auditing firm to each Board for their approval.

Exhibit EE

Exhibit A

Billing Instructions
Utilized by East Coast Reimbursement Services
For
One Sky Community Services
(October 4, 2019)

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CONTACTS

One Sky 603-436-6111
One Sky E Fax 603-436-4622

BDS- PA-Michelle Rosado 603-271-5154 Michelle.Rosado@dhhs.nh.gov
Michelle Fax# 603-271-5166
105 Pleasant St. Concord, NH 03301
BDS-PA's older issues –Reba 603-271-5019- Works for Michelle

BDS-DHS-Eligibility issues and Cost of Care—no contact anymore
BDS-HCBC-271-5149 (not sure Anna Morales) call Joanna first then Reba
BDS-271-5032-Do Not Call -Darlene Ferguson-**Never call** Manager of all
MMIS issues- 223-4702 (Used to be Nancy S. she quit 2018)
Also, Field Rep that helped claims Manager, Alyssa.Stephenson@conduent.com (2018)

Conduent issues-223-3096-Contact Mark AAronbers (this was 2017 not certain)
CSNI-Leads-319-4785-Contact Cris Philipson
Long Term Care? Jennifer Channey-271-9532 (2017)
Client Services-don't call unless necessary they will forward you to BDS. 271-9700 #4
TPL-Third Party Unit-603-271-8887 Fax # 603-271-5116
Conduent-866-291-1674-phone PIN DD only 515190
FYI Link to State RSA 171- http://www.gencourt.state.nh.us/rsa/htm//xii171-a/171-a-mrg.htm
FYI, He-M 500 Regs link may not work, need to see HE-M 517 regs should be gencourt statehouse
To find General Medicaid Manual Vol 1-Go to MMIS prior to signing in -Provider Tab (top) Billing Manuals-dated 121718 General. Also, No Volume II yet

CONDUENT/MMIS Information (Formerly Xerox)

https://nhmmis.nh.gov/portals/wps/portal/provider login for MMIS

https://nhleads.org/default.asp

PROVIDER #'S and Info for Conduent

DD	3078018
ABD	3082417
IHS	3082841
NCCW	3072380
EI	3073398

TAX ID#	020368955
NPI#	1568512770

DD phone Pin# 515197 (092619) ECRS Manages these. Always update spreadsheet in ECRS and inform all any changes. (Need pins for all 5 provider#)

Conduent Claims Unit
PO BOX 2003
Concord NH 03302-2003

NHProviderrealations@Coduent.com
NHMMISEDI@Conduent.com

1-866-291-1674

Appeals –Same address just write ATTN: Appeals. Also, all requests for a review should go here first even if you are well beyond 12 months filing. Always attach the Override Request Form, provide clean 1500 and the RA and or letter of review request.
Grievance-Same address. Write ATTN: Grievance (Only send to this department if claims are more than 2 years old.) OR Extreme cases with no response from Appeals Try Grievance
Prior Authorizations-Same address. Put ATTN: Authorization Dept. (Only Original PA requests and Renewals go here
Encrypt files -always use Region8 password for DHHS

-Continued MMIS Information

Rules:

*1-year Timely Filing limit -all must go to Reba at BDS 1st with letter, she sends to Conduent 10/18
*If denied you have 6 months from denial date. (Call to be sure) Used to be 1 year from payment or denial date. Once you have corrected the problem you can simply resubmit the claim if under 12 Months.
*If Client had updated eligibility, you only have 6 months from updated eligibility date if beyond 1 year to send an original claim. (Must use Override request form follow instructions)
*If you missed the 12 months timely filing, you have up to 15 months to resubmit with Override request form but again, you should try an appeal if you miss this 15 months' limit too. They may take your appeal letter into consideration. They have in the past. (again, this changed must go to Reba first for PA issue)

*For PA requests they will only go back 120 days if you failed to request one
*For PA Renewals-They are supposed to be requested 45 days in advance
*For Eligibility issues, if the client never reapplied, once they do reapply, DHS will only go back 90 days-If…they had requested retro-eligibility.
*Upload all 837 by Thursday 4PM. You can sometimes try up to 11 Am Fridays
*All 835 Download on Friday mornings
*TCN- The 6th digit of the TCN can be this: 1=Web based, 2=Xover claim, 3=Clearing house or Vendor Electronic, this would be One sky 837, 4=Paper on system, 5 and 6 not sure, and 7=Paper claim (so for us, we would see 3 and 7.)
*NHHPP- (Also NHHPP becoming Granit Advantage 1/19) Currently there is an issue with this default Medicaid coverage. NHHPP is when a client turns 19. They sometimes automatically go on this to avoid losing coverage if they have not signed up for Medicaid. If they have not applied for APTD then nothing is covered. Also-NCCW is a covered service for anyone having Medicaid. YOU DO NOT require Disability coverage BUT with NHHPP they deny claims. BDS aware (April 2017) stated it is being looked at.
*Also, re: Granite state advantage Karen mentioned Medically Frail for FSNCCW?
*EIB-Early Intervention Services-Generally 3 years and younger also need just Medicaid to be covered. Do not need disability elig.
ALL Other DD services require a Disability Determination coverage stated along with the Medicaid.
DD-HCBC or DD-Acquired Brain Disorder (ABD) Also I.HS (In home services)-PDMS
*Per Reba at BDS on 090319-There are times that a DD person may have a spenddown not a COC it is rare and usually means too much money. So they do put the HCBC on but unless someone opens this
Client each month it is a problem

MEDICAID ELIGIBILITY

To view a client's Medicaid eligibility-- log onto MMIS.
https://nhmmis.nh.gov/portals/wps/portal/provider
Click Provider login (on right hand side)
Enter your User ID and password
Click Member (on top Bar)
Click Check Eligibility
Enter 3 Criteria and Date range (1 year at a time) Spelling matters. Look at Eligibility Status: It should state "Medicaid "up to the current date (or up to date you need)
Look at Plan Description: It should state "Medicaid" up to the current date and it must say Special Eligibility such as HCBC or ABD etc. up to the current date. (Unless EI Services)

Notes about Eligibility:

If Under the "plan Description" it does not state Medicaid, this is a problem. No Managed Care covers DD, nor does NHHPP. (unless they have APDT also changing to Granit advantage 1/19)
All DD billing (other than EI Services or children) must have a Special Eligibility code. If not that is also a problem.
If you cannot pull up a client in MMIS- call Conduent. Customer Service will help.
If you have eligibility issues, contact the Service Coordinator and CC SC Manger and also CC Denise Larson, the benefits specialist at One Sky.
You can also go directly to DHHS Eligibility, currently no one took Joanna's place
If there are Issues with the "Special Eligibility" After DHHS confirms it is not a paperwork issue on their end the next step is to reach out to BDS Ann M. or Reba to ask if they can add the code back on. 603-271-5154 or Contact through estudio currently the best method of communication with them.
*One Sky should be using NH Easy, Especially the complicated Cases. They must sign form 11. This gives One Sky permission to access NH Easy. If Form 11 is signed it goes to one designated person's dashboard. Anyone with this dashboard can upload documents or elig re-applications or view status of elig or rejections notices.
Any Medicaid ID corrections that Billing finds should be fixed in Intake but also communicated to appropriated staff that handles the other system.

TIPS

To View Attendance in One Sky
Go to Y
CM
Attendance - Year-Month-Vendor
*2019 this is outdated-now use Ebridge software-need user name, view by Vendor and Date range

To View where Vendor List is in One Sky
Common X
Everyone Folder
Provider Choice

To View BTS

To View Paws Tracking

To View Client by Vendor

To View PA DEPT Spreadsheet Master
Y
Business
Pending
FY17 or Y18
Most recent date

To View PA Renewals and Tracking
Y
Business
Prior Authorizations folder

INTAKE USE

How to Use Intake to Enter a Missing Medicaid ID#

Intake is generally for reference only for the Billing Dept.
In NH Leads
Intake
Consumer
Search
By Last name or Duck #
Double click client
You can enter a Medicaid ID here if missing
Click Save

How to Use Intake to View A Diagnosis

NH Leads
Intake
Consumer
Search
By Last name or Duck #
Double click client
Click Intake again, upper left corner
Click Consumer Diagnostics on drop down
Click on Diagnostics Information Box that appears
Next screen you can View Diagnosis. Use Scroll Bar to go left and right ICD10 starts 10/01/15
All Diagnosis should have Rank 1 for primary. All ICD10 should have end date. Computer automatically puts 10/1/2115.
Never make a change to Diagnosis. Tina or Intake must be emailed to make this change.

How to Use Intake to View/Correct Rep Payee or Assignment of Benefits or Release Forms

NH Leads
Intake
Consumer
Search
By last name or Duck#
Double Click client
Intake
Click Billing Release in drop down menu
On 1st option check 2nd drop down box (Cris P said on 09/17 you should pick "last choice"
On 2nd option check 1st drop down box
Check Assignment Yes

Billing should use this as view only and request Tina the Front Desk Manager to make these changes.

How to Use Intake to View Anything Regarding Missing Intake Information

NH Leads
Intake
Consumer
Search
By Last name or Duck#
Double click client
Intake upper left
Look at drop down menu.
All changes to Intake should be done by Tina the Front Desk Manager

FYI-As of 2019 Stephanie Auclair handles Intake issues

HOW TO RUN REPORTS

How to Run Pending Report

NH Leads
Service Capture
Reports
Services Billing
Pending Services by Consumer and Service level
DO NOT enter region 8 (flaw)
Click Submit
(Or enter criteria of your choice)

How to Run Denied Report

NH Leads
Service Capture
Reports
Report Wizard
Function area should be all
Find Denied Claims by Consumer on right side
Hit Next
PUT REGION 8!
Click Submit

How to Run Client History of Services

NH Leads
Service Capture
Reports
Report Wizard
Function Area should be all
Find Consumer History by Service Level
Next
You can enter Date Range or other criteria
Submit

How to Run Claims by Status

NH Leads
Service Capture
Report
Report Wizard

Claims Status upper left-Select which report you want //then Region 8// then on right side select Claims by Status//Next-Date Range //and Submit

How to Run Attendance and View Who Entered it

NH Leads
Service Capture
Reports
Report Wizard
Function Area should be all
Find Attendance List by Consumer
Select all criteria you want
Submit

How to Run Report to View Claims by Status

NH Leads
Service Capture
Reports
Report Wizard
Functional Area should be all
Find Claims by Status
Select all criteria you want
Submit

How To Run Report for Cost of Care

NH Leads
Service Capture
Reports
Report Wizard
Cost of Care Xerox (with GL)
Run by GL transaction date or Check deposit date or service date
It will list claims that had some activity with COC as determined by reason on RA
Send to Brandie and Brian at end of each month.

How to Run a Report by GL?

Select Claims and Adj Cost Center Contiguous
Or Select claims and Adj by Cost Center and Date
Had this noted that I ran this for Vin once, 2019

Reports to Run Weekly and Work

Pending Report
Following the instructions in how to run for pending, you should run the pending each week after validation and work it.
Many Errors are simple fixes. Medicaid ID's missing, Assignment Form Missing, Diagnosis missing, no GL code, and Insufficient PA dollars. The major reason held up on Pending is PA missing. You must work with the PA specialist to make sure all is in process.
All errors require a bit of research. Once the error is corrected in the appropriate place these claims will process the next time you validate claims.
If you must delete something off Pending, you must go into the Attendance and delete from there.

Denied Report
Following the instructions on how to run reports for Denied you should run it each week after posting the weekly 835.
Typical Errors, are no Medicaid, No special eligibility, no Pa (most likely due to UCR) cost of Care, Timely filing etc.
All Denials require research. Once corrected you must go to the claims file and resubmit the claim, or write off, void etc. All claims should have a note written on the actual claim when you do fix and take action.
Any questions on denied contact Conduent, sometimes denial reason is NOT what it says on report.

837 Error Report
Refer to 837 Instructions on how and why

Batched Claims Report
Following the Instructions on how to run Reports for claims status you should run the batched claim report each week after posting cash. Watch dates. The date range you select is critical. You want to be sure NOT to include dates of service that are still pending at MMIS. Thus, I usually select dates going back to July 1st of the previous fiscal year up to the date before you last validated.
The purpose of this is to show you problems. Claims should never be in batch mode for more than a week or so. If they are there are problems you must correct.
Some examples of Batched issues: Cash was posted too soon (without waiting a ½ hour after importing thus not all denials will post. Or, they rejected at MMIS. Or someone could have changed a PA while in the middle of processing/validating the claims. All require research. Most likely once issue is determined you will need to Contact CSNI for help reprocessing those claims stuck in Batch mode.

CLAIMS

Note about Claims

Once Attendance is validated it creates a claim. From here on in you must work the date of service in the claim area. It is always assigned a Claim number. You can view this number at the bottom of a selected claim screen. It also provides dates of RA postings with information and status of claim with dates. Also at bottom of claim screen when you click the status date if there were any notes input at time of resubmission or write off etc. The notes appear here. Other valuable information is here also, GL code, units, $ value etc.

<u>To Get to Claims</u>
NH Leads
Service Capture
Claims
Disposition
Claim Search click
Generally, Use the 2nd option "Detail Search"
Hover over transparent box
Search by Name or Duck
When List appears-select client-then OK
On left Side select criteria to bring up this claim such as Denied claims/or date/ or whatever and search
When List of claims appears, select your claim by double clicking

How to Rebill a Claim
Using above Instructions
Rebill
Put status note on why you are rebilling
Save

How to Write off a Claim

Using above Instructions
Click Write off
Enter proper GL Date
Write status note as to why you are writing off

How to Void a Claim

Using above Instructions
Click Void
Enter proper GL Date
Write status Note why you are voiding this claim

VOIDS ARE PERMANENT. YOU CAN NOT REVERSE. YOU SHOULD USE SPARINGLY. YOU MUST RE-ENTER ATTENDANCE IF IT WAS AN ERROR

How to Recoup a Claim

(Follow all steps in how to rebill a claim except ….)
Click Recoup
Enter Proper GL Date
Always put Status Note as to why you are sending Recoup

GL CODES AND COST CENTERS AND CONSUMER PLACEMENT

A Note about Cost Centers ---Only BTS group creates these.
A Note about Consumer Placement---Billing will be entering, or modifying these as well as the PA person and BTS group. Always understand what you are doing if creating a missing consumer placement or amending these. They go hand in hand with Authorizations and the BTS budget. End dates are in theory placed there deliberately to suggest the client may no longer has the service. Always research prior to making any changes.
*Flaw-if you create a new Consumer placement it is not reversible. At best, you can only end date it the same date as start date. On rare occasion CSNI will delete it.
*If a consumer placement is changed it will affect any attendance in process and the claim area as well. If a claim is attached to the placement that you are changing and you are trying to write it off for example an error will pop up. Much thought must to go into this before changing.
*If you Try to delete attendance and cannot bring it up due to cost center it may be this: The Vendor was not assigned to One sky. To assign: Administration/Service Providers/Filter/Search/Click add to RG8
I would not do this however without Finance Manager or someone's permission. They must have deleted it for a reason

To View Consumer Placement

NH Leads
Service Capture
Administration
Consumer Placement
List (this bring up everyone)
Filter
Enter Last Name
Ok
This brings up everyone with that last name. Be sure to view only your client and note that there could be more clients on the next page. (This is a flaw in leads if you do not see your client be sure there is not a second page.)
WITH KNOWLEDGE AND PERMISSION PROCEED TO NEXT STEP

How to Enter a Consumer Placement

(Follow above steps)
Click New
Search Client by last name
Click the client when name appears
Click OK
Service Level -you must be positive Do research first
Service Provide-you must be positive-hint One sky is being used as a default to many vendors but the GL code will always be accurate
Start Date-Enter

End Date leave blank
GL Cost Center Code-Know this-be absolute Most important criteria refer to listings
GL Cost Center-is the Cost Center Code with 3 zeros at end

How to Edit or Modify Consumer Placement

(Follow above steps on How to enter GL code)
Click the client and placement you want to modify
Click Modify
You can only modify dates or GL Codes (not the service code)

How to View/Edit/ADD Vendor to Master

On rare occasion, if you are entering attendance or deleting attendance and the GL does not pop up in the drop-down section. It could be that the vendor is no longer assigned to region 8. Go to:

Service Coordination
Administration
Service Provider
Filter Search "starts with"
Click add to AA8 Button

PRIOR AUTHORIZATIONS

A note about PA's

Refer to PA dept. policy, updated 2019
PA'S 1 YEAR AGREEMENTS. CHANGES SHOULD ONLY BE FOR A CRISIS
PA'S SHOULD BE RENEWED 60-90 DAYS IN ADVANCE
YOU ONLY HAVE 60 DAYS TO DO A Request FOR A PA
YOU ONLY HAVE 120 DAYS TO REQUEST A PA CHANGE
ONE SKY Changed POLICY. FROM NOW ON CHANGES SHOULD ONLY COME UP ON THE RENEWAL DATE NOT WHENEVER THEY WANT. (2018?)
CHRIS AND CFO SIGN OFF ON CHANGES, IT GOES TO BILL. HE UPDATES BTS-UPLOADS TO BDS
D. FERGUSON AT BDS REVIEWS AND EITHER APPROVES OR REJECTS OR CHANGES.
WHEN BILL SENDS TO BTS HE SENDS OUT EMAIL-WE SHOULD BE INCLUDED
ROCCO (CFO) wants ECRS to add GL codes for Paws changes.
IF BDS SAYS YES, change PRE-APPROVED THEN ONE-SKY OFFICIALLY REQUESTS PA. UCR GOES TO DIVISION.
WHEN BDS APPROVES the UCR (UCR=UNITS CHANGE REQUESTS FORM)-PA dept. SENDS OUT EMAIL to ECRS and ATTENDANCE SHEETS CAN be entered again/reviewed by ECRS/run unbillable etc.
-As of 2019 PA dept. will not update Paws for a UCR until UCR is approved. That means much thought is given on how to handle UCR attendance. At times it can be added, put on hold, it may go to unbillable and now the GL code may be ended to get these claims to hang up on the denied report.

PA Dept. KEEPS LIST OF PA CHANGES, VITAL FOR BILLING
ALL PA'S IN PAWS
REBA/Michelle ENTERS PA# into MMIS
IF PA is INCORRECT CONTACT REBA/Michelle FOR CORRECTIONS. Review this FIRST
YOU CAN RUN PA UNITS used report: LOOK UP IN SERVICE CAPTURE-REPORTS-SERVICE CAPTURE- Billing/Admin-PA units usage report.
WE TEND TO OVER PROVIDE, ONCE CONFIRMED IT'S A WRITE OFF unless it went to unbillables.
IF PA ENDS BEFORE FISCAL YEAR 2016 PER ROCCO (CFO) DO NOT PURSUE, WRITE OFF DUE TO RECOUP PROJECT AND RE-ALLOCATION PROJECT
PAWS ONLY WORKS ON WINDOWS 9 OR BELOW-NH Leads issue
FOR HISTORY REFERENCE: IN THE PAST HP (former Medicaid Contractor) ENTERED AND TRACKED PA'S IN PAWS, NOT WITH XEROX, IT IS UP TO ONE-SKY TO MAINTAIN PAWS.
WHEN CHANGE HAPPENS to service codes-TERM OLD PLACEMENT, ENTER NEW CODES
RESIDENTIAL AND DAY PROGRAMS ARE CONSIDERED ACCELERATED. WHAT THIS MEANS IS: BASED ON 365 DAYS, (PA IS) IF THE CLIENT ENDS THE PROGRAM

BEFORE 12 MONTHS AND YOU HAVE USED UP ALL THE UNITS, YOU MAY HAVE TO SEND A RC. BILL WILL NOTIFY US. (ANOTHER WORDS, YOU COULD HAVE MET ALL UNITS IN OCTOBER AND NOVEMBER AND DECEMBER GO TO UNBILLABLE BUT BILL WOULD DO THE MATH, CALCULATE OUT $ AMOUNT OR UNITS ON PA. DIVIDE BY 12. AND CALCULATE HOW MANY UNITS TO REFUND TO MCD.)
When checking issue, make certain it is not an HCBC issue first.
To preview a PA, "preview" then OK, then print it gives you a copy of what actually goes to MMIS
To view Bills hold list, go to Y, Business, CFT Pending change, Pa's scanned Y, Business, PA scanning

Continued-PA information

CONTINUE-PA

Function screen is only good for 1 year-Also known as FST and there are written instructions on this
When entering DH6 or SEP3 for 1st time or rate change you must contact Cris at CSNI of the rate. She has to add it to the file, otherwise the entire billing file will fail. Give her Duck#, code and rate and effective date-This also applies to a "change" to those code.
Brian G. currently adds and changes all Prior auths. Crucial for billing to work with him. If he has not yet entered a PA or UCR change it will affect billing and could potentially wreak havoc on UCR approvals.

To Enter a PA
Paws
Application
New
Enter clients, dates
Service detail on left Click NEW
Add code, Service Detail, provider, cap units, amounts (no commas) Again, consult with Dan, this is only FYI. Also, CDS provider # in paws is HE M525
If you were to send out a PA, you can go into Preview, click applications edit, put your name and now your name appears on the PA going to bds. FYI only, do not do this

Per Reba, on initial HCBD only she and Michelle do this. Must send Pa request first, if approved they add HCBC.
Problem when changing units of $ value for day or residential. You can't change, you literally must delete the old code/units and add new one in
Use 9999 and $99999.00 for some codes

As of 04/01/18 Per Reba

For any HCBC issues or any special eligibility issues upload a spreadsheet to E studio, under the PA sections, "other" folder. Put name, Medicaid ID, Date. Sent Attn: to Reba and Ana Morais

ATTENDANCE

There are 4 ways to enter Attendance in Service Capture in NH Leads

General Attendance
Early Intervention Evaluations
Environmental Modification
Case Management

General Notes Regarding Attendance

*About 18 plus Vendors submit to One Sky should be 1st-15th, then 16th 31st unless monthly
*One Sky Enters Attendance as often as possible, heavy weeks are every other Month. The end the most.
*One Sky Bills Medicaid
*One Sky Pays Vendors
*Currently Attendance may be uploaded directly to Ebridge by Vendor or placed in ECRS Attendance to be entered folder.
*Prior to entering attendance-Organize. Watch months, Watch for signatures, watch for amended, also per Tina must be a handwritten signature. Not signed electronically. Nothing typed. 11/9/18
*Watch for types of service
*Vacation billable with provider see 092618 email. Provider should be listed
*Respite billable with cert number for RES
*Never bill for Hospital
*Ritchie McFarland always GL E24000 and Child and Family E20000 The GL's are often missing, go ahead and add them as these are young children
* Each year Accounting sends notice to stop billing for year-budget hits a max. With permission BDS will allow so many more units to be billed for the FY but they notify CFO of units allowed.
*Once attendance is validated it becomes a claim. You can no longer correct any issues in the Attendance area. It must be done through Claims. (Void etc.)
*If you make an error and you have NOT validated yet, you can simply re-enter the criteria, click Generate Calendar. Each date will have a pencil mark. Click each box you want to fix and hit the DELETE button. Click Save. Now go back and re-enter it correctly. You can just delete one date if you need to. But if you want to delete the whole month, you have to click each and every date and the delete button.
*If the attendance hangs Hit reset. More often you will have to get all the way out of leads and get back in, there are some system flaws.
*Validate often. If you are entering lots of billing such as at month end, again, there are flaws, it may be best to stop and validate and create claims at least once or twice depending on the amount being entered to avoid any issues.
*Service Levels -Should always appear in bold. If not, stop! Most likely a PA issue. Investigate PA and read notes, Check BTS, Paws Change forms, Cost Center, client history to find correct service to enter. Never guess. **BOLD** means that there is a current PA on file. (Or at least a UCR

in process) Of course some codes will never appear in bold, such as Non Medicaid billing and EI services since no PA is required

Continued-General Notes for Attendance

*Service Provider. One should populate for that code if there is one on file. Refer to GL Cost center list to double check its correct vendor. If no GL cost Center appears, STOP! This is a problem. Do your research, contact BTS group, or look at recent Paws change forms, and contact SC Manger. Before
entering the service to find out what is going on. There is most likely a reason why there is not a code entered.
*For Rate box: do nothing unless there is a problem you are aware of and you must manually enter a rate (for example, a PA change not entered yet for a DH6 or SEP3)
*You should bill NDH codes_ Non Medicaid NCCW, NCCWR NHD etc

How to Enter Day Hab Attendance (CPS type Service)

NH Leads
Service Capture
Service Capture again
General Attendance

1. Start Date and End Date: Be consistent. Enter the 1st thru 15th or the 16th to end of Month .UNLESS it is a Monthly billing such as 521 (If you do not follow this rule it can create issues)
2. Search for the Consumer
3. Select Correct Bold Service Level
4. Select Correct Service Provider
5. If all information looks correct click Generate Calendar.
7. For Day Attendance: 24 Units automatically populate each date on the Calendar except Saturdays and Sundays. If they were seen they typical get24 each weekday you can simply click save, if not carefully change each date to the correct number of units.
8. SAVE (upper left)

Notes on Day Hab Services

*Day Hab is billed in Units. 15 minutes units
*Observe low units. While some clients may have low, most clients will have 12-24 units. Be certain attendance was submitted with Units, not hours.
*DH1, DH2, DH3, DH4, DH5 and DH6 are the codes (as well as ABDDH etc)
*DH6 –For Initial PA's or UCR's using this code, you must contact Cris Philipson at CSNI to enter the rate! It will cause the billing to crash, you will not be able to generate billing if this was not done. She adds the rate. Again, first time only using the DH6. (or change) To get the rate,

refer to BTS, Paws change form or take $$ on the PA divide it by units. The rate approved for each unit is what Chris needs.
*Just FYI CPS and SEP client can have both, usually PA # for each. Sometimes Sep can be under umbrella of SEP, not clear on this.
*Attendance should always be submitted even if a zero and entered
*V for vacation is billable with provider, they should put the provider's name on sheet

How to enter SEP (Supported Employment) CPS type Service

NH Leads
Service Capture
Service Capture again
General Attendance

1. Start Date and End Date: Be consistent. Enter the 1st thru 15th or the 16th to end of Month .UNLESS it is a Monthly billing such as 521 (If you do not follow this rule it can create issues)
2. Search for the Consumer
3. Select Correct Bold Service Level
4. Select Correct Service Provider
5. If all information looks correct click Generate Calendar.
7. For SEP Attendance: 24 Units automatically populate each date on the Calendar except Saturdays and Sundays. Be very careful to change each date or make zero, otherwise you would be overbilling. (Unless each date was the 24)
8. SAVE (upper left)

Notes on SEP

*There are 3 codes on the BDS List
*Clients can have SEP and Dayhab should have PA# for both, occasionally SEP can be under Day umbrella not clear on this.
*Sep billed in 15 minute units
SEP3 rate original billing must be sent to Cris at CSNI or change in rate. Otherwise billing file crashes.

How to Enter Community Support Services/CSS Attendance (CPS type Service)

NH Leads
Service Capture
Service Capture again
General Attendance

1. Start Date and End Date: Be consistent. Enter the 1st thru 15th or the 16th to end of Month .UNLESS it is a Monthly billing such as 521 CSS IS MOSTLY SUBMITTED MONTHLY
2. Search for the Consumer
3. Select Correct Bold Service Level
4. Select Correct Service Provider
5. If all information looks correct click Generate Calendar.
6. CSS You must enter units, all dates come up as zero
7. SAVE (upper left)

Notes regarding CSS services

*There are 2 codes for CSS on BDS report
*CSS is billed in 15 minute units

How to enter CRRS (Crisis) (CPS type of service)

NH Leads
Service Capture
Service Capture again
General Attendance

1. Start Date and End Date: Be consistent. Enter the 1st thru 15th or the 16th to end of Month .UNLESS it is a Monthly billing such as 521
2. Search for the Consumer
3. Select Correct Bold Service Level
4. Select Correct Service Provider
5. If all information looks correct click Generate Calendar.
6. CRRS You must enter units, all dates come up as zero
7. SAVE (upper left)

Notes on Crisis

*There is only 1 Crisis code on BDS sheet
*Crisis is billed in 15 minutes units.
*The Maximum crisis you can bill per day is 96 (4x24=96) NH Leads will let you enter more but will then
Have an error.
on 061219-Per Darlene Ferguson at state, she stated in certain situations billing for crisis can be submitted as crisis OR CPS. Depends on what PA is. (for example we had attendance stating crisis but PA was for CPS we were told for this particular client bill it as CPS do not bother getting change of attendance sheet

How to enter Residential (CPS type of service)

NH Leads
Service Capture
Service Capture again
General Attendance

1. Start Date and End Date: Be consistent. Enter the 1st thru 15th or the 16th to end of Month .UNLESS it is a Monthly billing such as 521 (If you do not follow this rule it can create issues)
2. Search for the Consumer
3. Select Correct Bold Service Level
4. Select Correct Service Provider
5. If all information looks correct click Generate Calendar.
7. For Residential Attendance: Check marks automatically populate each date. If the client was P for present on each date then simply click save (upper left) if client was absent for residential you must select absent from the dropdown and a reason. If they were on Respite select R UNLESS that date was CERTIFIED (it should state this on Attendance sheet) then you can bill for being present. It will be a billable service.
8. SAVE (upper left)
9. Tip for any DH6 or SEP3 individual rate you have to email Cris at CSNI for 1st time code used or a change in rate for these codes. Tell her client, rate, effective date

Notes on Residential Services

*Residential is a 365 Day Program
*Residential is billed per day
*You can never bill for Respite care (RESP) when a person is receiving Residential services
*RPCLEV1, RPCLEV2, RPCLEV3, RPCLEV4, RPCLEV5, RPCLEV6 are the codes. Units are per day
*Per Bill you can't have CSS with RES? 2019 (not positive if he meant Respite? Need to look into)
*Vacation billable with Provider only, should have name etc. double check

How to Enter CM Attendance

NH Leads
Service Capture
Case Management
Case Management Log
Click Correct Group Name: Currently using only RMCC-EINCCW, FS-FC A-L, FS-FC M-Z, Waypoint EINCCW and REG CCW-CM
Service Date-always use the last date of the month you are billing
Locate clients name and to the far right click the Contact Box. Make sure there is a GL code. If not STOP! Research and add one.
Click Save upper left hand.

*If you need to delete a CM from log, simply bring up the same date, and uncheck the contact box and save. (If it has not been validated yet)
*Enter many at the same time. Save often. It is common to lose clients if not saved frequently
*The below was from Michelle Rosado on 030619 regarding what date of service to bill CM. Her response was it is OK to bill last date of month.

"Sorry for the delay in responding I had to speak with our Finance Administrator regarding your question. Additionally, you may already have this information as I spoke with Fran by phone this morning

Waiver Case Management is a monthly billing 1unit/$257.35. Typically, most area agencies bill this service on the day of the month as several contacts may be made throughout the month to the individual. However, there is nothing that prohibits the agency from billing on an actual date of service that a case management contact has been made. All documentation for the service shall be maintained by the agency in accordance with the regulation(s) outlined in the rule(s). BDS

has not given a directive on when agencies choose to bill case management services, the decision remains with the agency.

Please let me know if you have additional questions.
Thank you
Michelle"

How to Add a CM to the Log or Delete Someone Permanently

Often a client will not be in the CM Log. If this is the case, you must add them (could have changed from another group, or new client) Always, confirm with SC Manager to be certain of what type of CM and what group prior to adding.

NH Leads
Service Capture
Case Management
Administration
By Member
Filter
Search for your client
*If the client shows up, select the client and click MODIFY.
Change the Current CM group to the correct one, Change Current Service Level to correct one and save
*If the client is not in the system Click NEW. Add the client, Current CM group and Current Service Level and save. (Most likely if you added a new one you may also have to add a GL code)

To Delete someone from the CM GROUP entirely, make certain there is no outstanding billing, then go to CM, Administration, By Member, search for client then select Delete. This should be done when someone changes regions, or ends services with One Sky.

Notes on CM Billing

It is difficult to locate Reimbursement rules in writing from BDS on DD Billing. The below is general information. FYI

Currently we have 4 Lists submitted each month.

1. Adult- SC In-house vendor submitted by Karen M. SC Manager
   REG-CCW. Codes will be CM, ABDCM, CMADV, and NXIX
2. Child and Family In House Vendor submitted by Karen M SC Manager
   FS-FC A-L and FS-FC M-Z. Codes will be FSNCCW and FSNXIX
3. Ritchie McFarland-Submitted by the Vendor
   Codes are RMCC-EINCCW
4. Waypoint-Submitted by Vendor
   Codes are CFS-EINCCW (formerly waypoint was CFS)

*CM =$
*NXIX= 0 $
*CMADV=higher $ (***note: as of 010118 Code no longer to be used as well as ABDCMADV)***

*CCW=Billable
*FSNCCW=Billable
*NXIX-Non Billable
*NCCW=Non Billable

*CM billed as 1 per month
*Targeted CM=NCCW =No PA required Also, Not currently covered under NHHPP
*EINCCW-No PA required
*NXIX-means they do not have Medicaid but we must enter to track
*Email sent out by Rocco 12/28/16 to Karen:
Break attendance into 3 groups.CM, CMADV, NXIX. No PDMS should be on CM sheet, or HIS
*S01-Gl code Adult

*F02-Gl code Child
*E20-GL code Waypoint
*E25-Gl code Ritchie McFarland
*You can't bill for CM when someone has Respite (or is it FSNCCW?)
*FSNCCW is supposed to be a CM for a client that does not qualify yet for DD services so you should not be billing this when there is a PA. MCD will pay, they have a system flaw.
*IHS SC is submitted with the IHS Attendance and the only SC NOT done thru CM Log. Code is IHS PDM FSSC
Every 3 months Karen and Brandie send missing CM list. You must research why not entered, also they have a flawed report that does not necessarily show what is really missing, again no way know except researching for them.
*ib 012819 in email Lenore confirmed that can client cannot have NCCW/FSNCCW with Respite because one states non Medicaid and one says DD elig

How to Enter Attendance for EI (Early Intervention) Ritchie McFarland (RMCC) and Waypoint (formerly Child and Family Services)

How to enter the EI CM

See notes on how to enter CM. Go to CM Log it will be RMCC-EINCCW or Waypoint-EINCCW

How to enter the Evaluations

NH Leads
Service Capture
Early Intervention
Date of Service
Select Consumer
Select Service-We are only billing EIASSESS
Select Provider
Consumer Placement should populate on upper right side, if not add one
On Bottom of screen at EVALUATIONS-click NEW
It self populates the date of service you selected above
Click Save

How to Enter the EIB Services

NH Leads
Service Capture
Service Capture again
General Attendance

1. Start Date and End Date-always enter full month range
2. Search for the Consumer
3. Select Service code EIB (it will never be bold-no PA required)
4. Select Correct Service Provider
5. If all information looks correct click Generate Calendar.
7. Check each date that EIB was serviced on
8. SAVE (upper left)

Notes on RMCC and Waypoint

*Warning: Ritchie McFarland and Waypoint submit their Service Coordination attendance on the same sheet as 2 other billable codes. So total of 3 codes *may* be billed.
*RMCC-be sure to look at the SC Date column, again only bill those with a date and only use the month end date for billing! Also remember to bill EIB services (all boxes that are checked use exact service date) and lastly any EI Evaluations, clearly dated in that column.
*Waypoint (formerly CFS) sure to look at Coordination column and bill for any with a date (using month end date!) also be sure to bill the EIB Services under Activity code MP and use the actual service date, and lastly bill for EI evals in the coordination column it will say EVAL , use the exact date provided to bill charge
*They never submit NCCW billing FYI
*EIB is a bundle service it includes Therapy FYI
*Each Spring Management will tell you to stop all billing. They are allotted Funds differently. Prior to Fiscal year end it will be calculated how much more if any you may bill and CFO will state exactly what to bill. Do not start again until notified
*SC is billed 1 per month, Eval possibly twice per year, EIB 1 per week. NH Leads prevents claim from generating if 2 EIB occurred in 1 week span.
*RMCC is E24000 and Child and Family is E20000
*They provide services whether they have Medicaid or not. If they don't have Medicaid they fund raise throughout the year to get money.
*They should not be submitting attendance if they do not have Medicaid, they do not always know and it is up to RMCC or Waypoint to contact the family and try to fix the issue. As of 2019 also notify Stephanie Auclair, Lenore S.
*EI services are only up to 3 years old

How to enter IHS (In House Support)

NH Leads
Service Capture
Service Capture again
General Attendance

1. Start Date and End Date-always enter full month range
2. Search for the Consumer
3. Select correct Service code for IHS (There are 5 Listed on BDS sheet)
4. Select Correct Service Provider
5. If all information looks correct click Generate Calendar.
7. You must enter the $dollar amount provided for each charge on Attn. sheet. Type this in Rate Box
8. You will always select the last date of the month to bill
9. SAVE (upper left)

Notes on IHS

*Currently Brandie submits the attendance once a month. She will provide the $$amount to bill for each charge. There can be up to 4 codes on her typical attendance to bill for one client. The 5th code (IHS EMOD) will be submitted on EMOD attendance and billed through the EMOD screen)
*The codes are: IHS PDM PC, (personal care) IHS PDM Consult (consultations), IHS PDM FSSC (Service coordination and the ONLY SC not billed through the CM screen) and IHS PDM Respite (Respite IHS this is not submitted with the typical Respite billing)
*The Rates can and usually do change from Month to Month
*The Real attendance sheets comes from the family, Brandie is the one that provides us with billing details.
*Currently you can't bill SSLHRST for IHS Client although Karen McLaughlin is looking into this

How to Enter CDS/PDMS Attendance

NH Leads
Service Capture
Service Capture again
General Attendance

1. Start Date and End Date-always enter full month range
2. Search for the Consumer
3. Select correct Service code for CDS Code (There are 6 listed on BDS sheet)
4. Select Correct Service Provider
5. If all information looks correct click Generate Calendar.
7. AS LONG AS THERE IS A PA ENTERED, the correct $$ Amount will default in rate box
8. You will always select the last billable date of the month to bill
9. SAVE (upper left)

Notes on CDS/PDMS

*There are currently 6 codes listed on BDS sheet.
*I03=CDS Plan 525 also known as PDMS
*CDS-Consumer Directed Services
*Billing comes from the family. Currently Brandie is submitting the attendance
*Attendance should only be submitted once per month. (there are clients that get submitted bi-monthly- these are set aside and tracked-do not enter until end of month)
*All CDS programs have the First 3 Letters as Program, the Last 3 letters are: 1st Initial of first name and Last 2 are the First 2 letters of the last name. Example: John Smith would be I03JSM.
*Many times Management will change the dollar amount billed. It is all based off of the PA. (I have seen some months zero billed the next month higher than normal etc)
*Many times due to the changing of dollar billed during the 12 months, a claim (Usually the 12th one) may hang up on the pending report for insufficient dollars. (Person working pending would need to research be sure all dollars BILLED not necessarily received-take into account Cost of Cares!) And then the rate would be corrected in the rate box.
*Per Brandie on100518 if attendance sheet is blank but a contact was made by Service Cord. It is billable. Date of contact should be on sheet

How to Enter Home Modification /EMOD Billing

NH Leads
Service Capture
Environmental Modification

1. Enter Date provided on attendance
2. Select Consumer
3. Make certain a GL code populates on screen to right
4. In EMOD log click NEW
5. A box will populate showing the actual PA, $ and code
6. IF YOU ARE BILLING 1 UNIT EXACTLY FOR THE PA $$ THEN CLICK ON HIGHLIGHTED PA
7. CLICK SAVE
8. IF YOU ARE NOT BILLING FULL PA $!! For example some EMOD's are 2 units at different $$ amounts, then you would follow above except at step 6, you will still click on the highlighted PA then you would actually need to type in the dollar amount to be billed for that date of service. Click Save.

Notes regarding EMOD

* Brandie Via Bill currently submits Attendance for EMOD's
*You can never enter an EMOD unless there is a PA entered
*Attendance should tell you the date of service. If they did not, you can pick a logical date on the attendance sheet AS LONG AS IT IS WITHIN THE PA DATES.
*Most Emod PA's are only for a short date range.
*again, note above, a client could have 3 different charges for an EMOD against the same PA, so again when entering attendance you would have to type over dollar amount

How to Enter Specialty Services/SSL /SIS and HRST Attendance

NH Leads
Service Capture
Service Capture again
General Attendance

1. Start Date and End Date-always enter full month range
2. Search for the Consumer
3. Select correct Service code SSLHRST_2013 OR SSL1_2013
4. Select Correct Service Provider S01 OR WATCH S06* READ NOTES BELOW
5. If all information looks correct click Generate Calendar.
7. For HRST BILLING simply click the date of service then click save (upper left)

9. For specialty services billing be-careful, put correct units in each date of service then click save
10. Watch for SIS billing but done the same way enter units on date of service and click save

Notes regarding HRST, SIS and Specialty Services

*Bill sends clinical billing SPECIALTY SERVICES each month uploads to Ebridge.
*The attendance for clinical comes from Vendors and One Sky Clinicians, sometimes you add them together they could be on same date of service. 90% are in house.
*Clinical Billing must be converted to units. There are 2 units per hour. 1 unit is 30 minutes. T2025 codes. If they provide .75 hours that is one unit. We are not rounding up. Another example. .50 hours is 30 minutes is 1 unit. .25 is ¼ hour or 15 minutes I am not rounding up for extra .25 unless it combines with a second sheet with exact date of service and it creates 1 unit together.
*Was told to watch units no more than 6 hours per day or 12 units per day
*Ways to calculate: take $ amount divide by $45.90 units round up or down (I am not doing this- Code is based on time, 30 minutes, not dollars.) OR hours x2=units
*Always select the SSL1_2013 code GL is S06 for SSL Vendor and clinical SSL
*NH Leads will not let you bill more than 12 units per day, it is a loss if over provided will not carry to antoher date unless Someone clarifies
*Emailed BDS and Called Reba asked for clarification in October 2018 no response. Told Fran on 102518 I will not combine units for different DOS or roll up extra .25 with different DOS etc until provided info

<u>*Re SIS billing!</u> Bill sends these each month, they are like HRST evaluations BUT only 1 per 5 years.
*Typically, 7 units on date of service, but Bill will tell you
*Problem is that they are the EXACT same procedure code as clinical billing SSL1_2013 BUT different GL code (S01) and they pay at a higher rate. Sometimes clients will have both, clinical billing and a SIS, watch the GL code, sometimes they must be changed in order to bill the SIS etc.

<u>*For SSLASSESS_2013-</u> Bill also sends these. Rare, but he will tell you the $value to enter as well as the date of service

*HRST billing comes from Brandie Accounting Manager. Once per month (client can have HRST once per year)
*HRST is in Zunk in BTS not entered into individual names
* You can bill HRST with CDS
*HRST with I HS is an issue. We are not currently billing it, nor is it added to PA. SC Manager was looking into it as she believes it should be a covered service
Per Bill they would never just request a PA for only a HRST
HRST typically 1 per Year and SIS once every 5 years, per Bill you can bill both 2/27/19
*Per Lenore on 012819 client can't have NCCW/FSNCCW and then bill for a DD code HRST

How to Enter Respite Attendance

NH Leads
Service Capture
Service Capture again
General Attendance

1. Start Date and End Date-always enter full month range
2. Search for the Consumer
3. Select correct Service code RESP OR NRESP
4. Select Correct Service Provider F01 IS Gl CODE
5. If all information looks correct click Generate Calendar.
7. Enter units on each date of service click save upper left

Notes Regarding Respite

*CCW=RESP=Billable=Medicaid
*NCCW=NRESP=zero$-Non billable-Non Medicaid=State dollars
*$money comes from Zunk
*People switch in an out
*Brandie sends Respite billing each month. Spreadsheet as of 09/18
*You can't bill RESP when someone has a targeted CM True
*You can't bill RESP when someone has Residential
*You can't bill RESP when someone has CDS
*You have to convert the hours to units. There are 4 units per hour. So 4 hours is 16 units
*Per Conduent you can only bill up to 96 units per day (24 hours x4 =96 logic)
*Per Lenore on 012819 can't bill NCCW/FSNCCW for someone who has RESP one says Non DD elig Medicaid one says DD elig.

837 Instructions

After all Attendance is entered in NH LEADS

Step 1: Validate Claims
Service Capture
Claims
Validation-(Go back 1 year from the day you are validating on. For Example if today is 092517 pick dates ------092516-091517)
WAIT!
A Screen will pop up with dates and amounts. Copy this screen, send it to Rocco, Minda
Create Bills (upper left box)
Period to Post Pops up-(Be careful of Month end)
OK
Bills created successfully! (Any problems, contact CSNI)

Step 2: Prepare 837

Claims
Transmission
New (It will show you the claims you just created)
Prepare 837 (Top Left)
OK
WAIT! (At least 5-10 minutes depending on file size)

Step 3: Download 837

Claims
Transmission
Download 837
Highlight the file (take note of batch # starts with a 2)
Download file (upper left)
Save As 837_MM.DD.YY_Batch#
(Save to Folder ECRS 837)
NH Leads is done

Continued 837 Instructions

Step 4 Upload to MMIS

Log onto MMIS (DD provider number only)
EDI
Upload X12

Browse-(Find your file you just saved to your folder)
Click on it-and Click Submit
Log off

Step 5 Check for Errors
Wait about ½ hour or so
Log back on
EDI
File Retrieval Mailbox
Proprietary
Error Rpt
Put in today's date for both
Check Show All
Search
The file will come up as 2 reports (Audit and Report)
Click Report – (On the first page you should see claims count and rejected zero. 3rd page has Accepted $ charge and claims count, batch number. Make sure this $$ matches what you validated)
Also, the next day log back on and click 999 Look for IK5 Accept- Reject- Error. If you need further details
AK1 is good

1. Always As stated above look for errors on that Report at MMIS. It will tell you how many errors there were and what this issue is. Most common are incomplete address or zip codes. You will have to Search the actual 837 with the claim line to find the client. Notify CSNI for help if you cannot figure out who the client is. It can be difficult without knowledge of 837.
   Once you determine the client, you will have to have to correct the errors. Then contact CSNI to re-batch the claims or create an 837 for you. You cannot do it yourself. (If you do not look for the errors these claims will never be processed. As far as MMIS is concerned they never uploaded and they will be stuck in Batch mode.)

2. To Check for errors that occurred at time of creating 837 Go to Service Capture, Administration
   Download 837 Error Log. Click most recent view it. It will give you claim number. You will have to research to try to figure out why it had an error. Most times CSNI will be involved. It could be many things. PA issues etc. If you find the error and correct it, the next time you validate claims it will go through. Also, this report is cumulative, thus if you do not fix the error it will stay on each week until it does get corrected.

3. Errors while creating files. You will need to contact CSNI. Most common error is "Bill charge Insert" This means that CSNI was not notified by the PA department of a NEW DH6 rate or Sep3 rate. Calculate rate and provide to them. The next most common error is that you have too many claims.

Notes of Interest regarding 837

WATCH END OF MONTH!-You May have 2 months open, be sure to pick correct month end or never choose a month prior for a current month's billing! You may have to validate twice.

VALIDATE OFTEN. Especially if you entered a lot of attendance. You may get hung up or lose attendance
You can submit 15 months but. ANYTHING older than 15 months must be done by CSNI.

Always send $$ validated to Rocco and Minda

Must always have .837 when naming file

Per Cris if you validate you can adjust claims still. Another words, go fix it in attendance. If you "create bills" that is the point of no return.
Per Cris, if you want to validate, run validation report in Reports/service capture/billing claims by status and view for errors etc, BUT if you do this and you did leave the validation screen you must REVALIDATE
Also Per Cris, if you had validated unbillables you do NOT want to revalidate unbillables. VERY CONFUSING.

UNBILLABLES!!!-You should validate unbillables at least once per month and if you have skipped a month it is best to do 3 or 4 months at a time, (not a year) it will take longer to validate. . Or if PA dept. notifies you of a PA change. Once attendance is marked an unbillable charge it will not be released unless more units are added to a PA. (Thus if you get into the habit of this once per month if PA dept. forgets to notify billing it will be caught this way).

You have to "create Bills" after each validation. You don't however have to create the 837 each time.
So Validate, create bills, validate create bills, as many times as you want. Then go make the 837 only once, it will pull together a grand total of all times you validated.

835 Instructions

Last Date Updated: September 25, 2017

Any Problems with 835 contact Christine Philipson at CSNI she works on NH Leads problems cphilipson@csni.org Phone # 603-319-4785

Currently 835 is downloaded on Friday mornings.

Step 1: Download Eob's and the Native Dat File

Before you start log into MMIS under each of the 5 provider numbers. Download each EOB.
Save the EOB using this format: **Example**: DD_MM.DD.YY_RA# (or IHS, ABD, EI, NCCW)
Save the EOB to: Department Y-Business office-ECRS-NH Medicaid EOB's and Select correct Service type folder.
Print a copy of the page with Total amount paid for each EOB, it will help you later.

Log into MMIS using the DD provider number (This is the only one to download for all 5 provider #'s)
Go to EDI
X12 File Retrieval Mailbox
Select 835 from the Drop Down
Put Thursday and Fridays date for Viewing range of of 835's
Check Show All
Double click Native Dat
Report opens very messy. Very carefully in first row find the + sign. You must change this to a Colon:
File Save as (be sure All Types is set –no text document)
Name it in this format: 835_MM.DD.YY_Batch#.835 (The batch number is part of the native file it should be the last 6 digits) (MAKE SURE YOU PUT THE .835!)
Save it to: Department Y-Business Office-ECRS-835 folder
Log out

Continued-835 Instructions-

Step 2: Upload the 835 file from Folder to Remittance/documents file in Leads

Sign into NH Leads
Service Capture
Remittance
Documents
Upload 835 (right side Import)
Browse for file click it
Upload (left side button)

Step 3: Import the 835-Match totals and enter correct Data of EOB

In the same place service capture....
Remittance
Documents
Import
Highlight File (click to highlight)
Import (on upper right side)
When Box comes up you can see the claims being imported after 5 minutes you can close it BUT

WAIT ½ HOUR BEFORE DOING THE NEXT STEP! The reason for this is a problem with NH Leads. Not all denials will post if you upload and post too quickly. (Ask Cris or is it at next step clarify)

Step 4: Enter Check Information and Posting the cash
This populates a list
Click on one of the files (you may have 1-5 files and yes always do the zero ones, so denials post)
It should pop up. Now enter
RA#
Put Check date. Keep as same date on the EOB
PROVIDER NUMBER!!! SELECT CORRECT ONE YOU ARE POSTING
For Check # just put DD or ABD or HIS or NCCW or EI
Make sure the totals match the EOB (Look at the EOB total page you previously printed!)
Save
Ok
(Suggestion from Cris is to complete the process by posting this payment now-do not do it later...causes Issues)

Continued-835-Instructions

After you have completed step above now
Double click the same file (it will come up again)
Also Make sure the $ amount Internal matches the Matched....upper right box
Slide the ruler bar over at bottom of box that pops up towards the right
You should now see Apply Remittance (on top)
Click this.
Your totals should still equal (Internal and the Matched should have moved to Applied)
(If you do not match, contact Cris P.)
When done with this hit Cancel, it brings you back to get ready to start the next EOB payment.

Notes of Interest:

1. I was negative in variance. I had an old Date of service pay, it could not post. CSNI put it to Batch mode as it was "not rebilled by us" Once that was done (claim# put as Batched") go back to Remit. Click New. Enter Claim #. Process as primary and save. Go back and apply the remit. Also it said External and also had to do this.

2. Another example: I had old claims submitted to Conduent on spreadsheet. If they are not too old and we can validate (not older than 15 months) then, Rebill the claim. Validate the dates for these claims only. Create Bills. DO NOT create and 837. Go back and post cash.

3. If Conduent/Medicaid recoups More $ than what was paid on an EOB, you must get Cris at CSNI to fix it. You will need to track this as it could take more than several remits to fully recoup.

4. All Adjustments requested through Conduent will not post automatically as the claims are typically in denied status. Contact CSNI provide Batch# and deposit date. Provide Claim numbers on a spreadsheet and request them to apply.

5. Per Cris on 12/06/17 some things listed here that make you NOT balance A) could be cost of care overpayments, when they take a cost of care in error and repay you it comes in one lump sum. B) If you refund a claim that had a partial cost of are taken and you reversed it, it may somehow thro you off balance. C.) she said on 052119 to handle these overpayments write them off.

6. Always run reports after you post cash. You should know the dates that should be processed, thus: A) run a batched report Nothing should be in batch mode anymore

except newly (within the most recent billing not set to be paid on this 837. If there is claims batched, research,that's a problem B) Run Rebilled, same as above nothing should be in Rebill mode C) Run Void Requested same as above and D) run Overpaid. E) Denied F) Pending -You can do these in reports or claims file. See Report section

7. I sent Adj. Req. They RC and Repaid same claim. I had to :

   A) put all recouped claims as void req.
   B) I reposted
   C) I had to created new claims, validate and create claims (no 837)
   D.) In cash I had to add the new claim # to the 835 and post, (reconfirm this last part)
   E.) There may be a problem as there is an original $ amount and now a new created amount, Cris most likely has to get involved to removed the extra dollars.

General Information about One Sky

1. Someone wants services
2. Goes through family support or adult service coordinator. These people determine if they are eligible get services
3. Must Be Medicaid eligible and AA area agency eligible
4. SIS-Supports intensity scale. Need auth to be done and HRST Health risk screening 2 evals need to be done. Needs auth. They have to be done before they come off of the wait list
5. Wait List-Rocco on committee, SC , family support functional screen from budget, elig etc., can wait a few years
6. Once approved, comes off wait list. Packet from SC needs to be completed. Bill and billing sign it off. Changes comes in packet also. Chris M must sign off on crisis change. There is more to this not written

Acronyms

Acronyms:

ABD	ACQUIRED BRAIN DISORDER
BDS	BUREAU OF DEVELOPMENTAL SERVICES
BTS	BUDGET TRACKING SYSTEM
CCW	COMMUNITY CARE WAIVER
CDS	CONSUMER DIRECTED SERVICES
CFS	CHILD AND FAMILY SERVICES
CFT	CLIENT FUND TRACKING
CM	CASE MANAGMENT
CMS	CENTERS FOR MEDICARE AND MEDICAID SYSTEMS
CPS	DAY HAB OR DAY SERVICES (Certified Placement Services)
Res/Day/Crisis/	
CSNI	COMMUNITY SUPOORT NETWORK
DD	DEVELOPMENTALLY DISABLED
DHS	DEPARTMENT OF HEALTH AND HUMAN SERVICES
EI	EARLY INTERVENTION-CHILDRENS
HCBC	HOME AND COMMUNITY BASED WAIVER
HRST	HEALTH RISK SCREENING
IHS	IN HOME SUPPORT
MMIS	MEDICAID MANAGEMENT INFORMATION SYSTEMS
NCCW	IS JUST THIS. NON COMMUNITY CARE WAIVER (FOR ELIGIBILITY NO HCBC)
OII	OFFICE OF IMPROVEMENT AND INTEGRITY
PA	PRIOR AUTHORIZATION
SC	SERVICE COORDINATOR
UCR	UNITS CHANGE REQUEST
521	Day and Resident
525	

Remediation Action #6

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan Finance

COMPLIANCE WITH AREA AGENCY FINANCIAL CONDITION

STANDARD

Regulatory	None References
Contractual	Contract, Exhibit A, Section 2:12: Maintenance of Fiscal Integrity (see Appendix B, Exhibit 11 Contract, Exhibit A, Section 2:6: Wait List Registry (see Appendix B, Exhibit 12)

FINDING

- Days of cash on hand has decreased over time and is lower than the target of 30 days for the reporting period.
- Operating with an average deficit of $159,745 which demonstrates that One Sky is not fiscally sound
- Late and/or incorrect financial data submission to the Bureau of Improvement and Integrity (BII)
- Inconsistent and/or inaccurate Wait List Management
- Untimely provider payments
- Improper Billing Practices (late, inconsistent, incorrect and in some cases, no billing)

REQUIRED REMEDIATION

6. Develop an organizational structure review and quarterly update of the business office

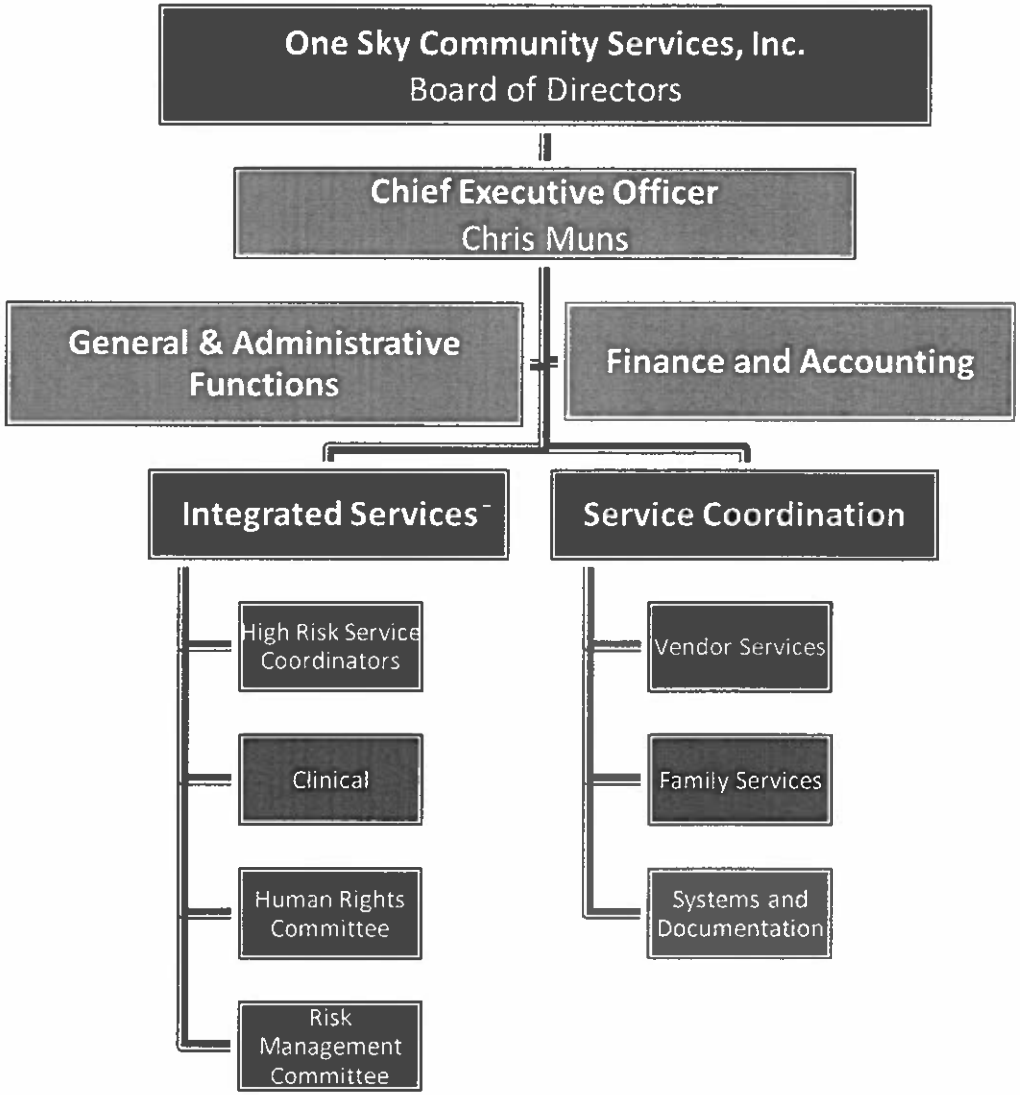
REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

One Sky has since at least May 2017 regularly published an organization chart that includes the finance and accounting team. These are included the New Hire Orientation Manual that each new hire receives. A copy of our organizational chart as it existed on July 8, 2019 was included as Appendix C, Exhibit 16 in our July 31, 2019 submittal. A copy of our current organizational chart as of November 18, 2019 is included as Exhibit NNN.

Beginning with our August 8, 2019 All Vendor Meeting (see Exhibit Y) we have begun the practice of sharing an updated copy of our organizational chart with our service provider partner prior to each All Vendor Meeting. In addition, we are also sharing with them updated listing of which service coordinator, team manager and director is assigned to work with each individual served by that service provider partner. See Exhibit F for a sample copy of the email that is sent out in advance of each All Vendor Meeting. Share Organizational Chart with vendors at Quarterly All Vendor Meeting

Current Organization

Exhibit NNN



One Sky Community Services
One Life, Endless Possibilities

As of November 18, 2019

Senior Leadership Team

Chris Muns
Chief Executive Officer

John Moran
Chief Financial Officer

Keryn Bernard-Kriegl
Director of Service Coordination

Tina Holmes
Director of HR & Administration

Lenore Sciuto
Director of Integrated Services

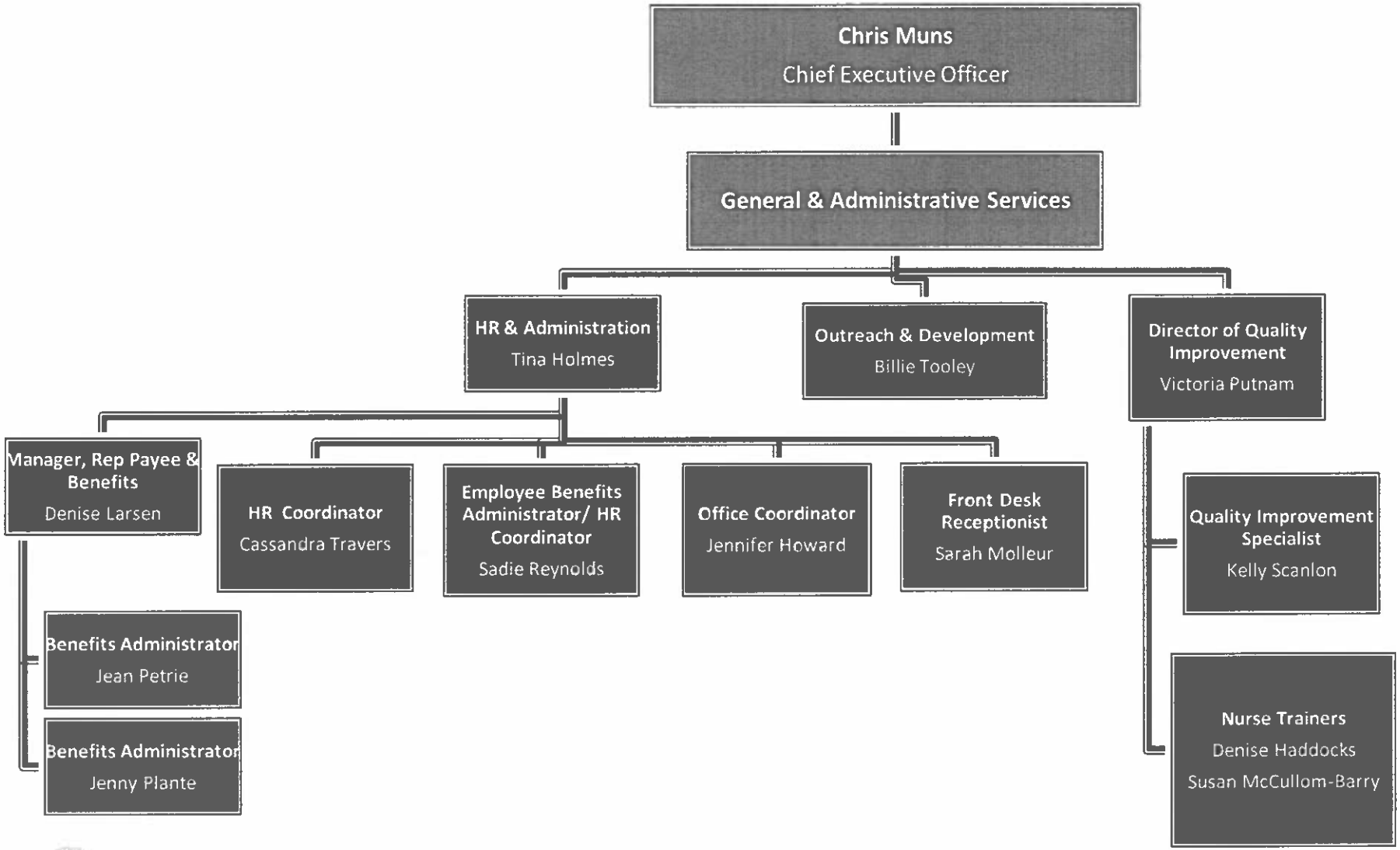
Billie Tooley
Director of Outreach & Development

Victoria Putnam
Director of Quality Improvement

One Sky Community Services
One Life. Endless Possibilities

As of November 18, 2019

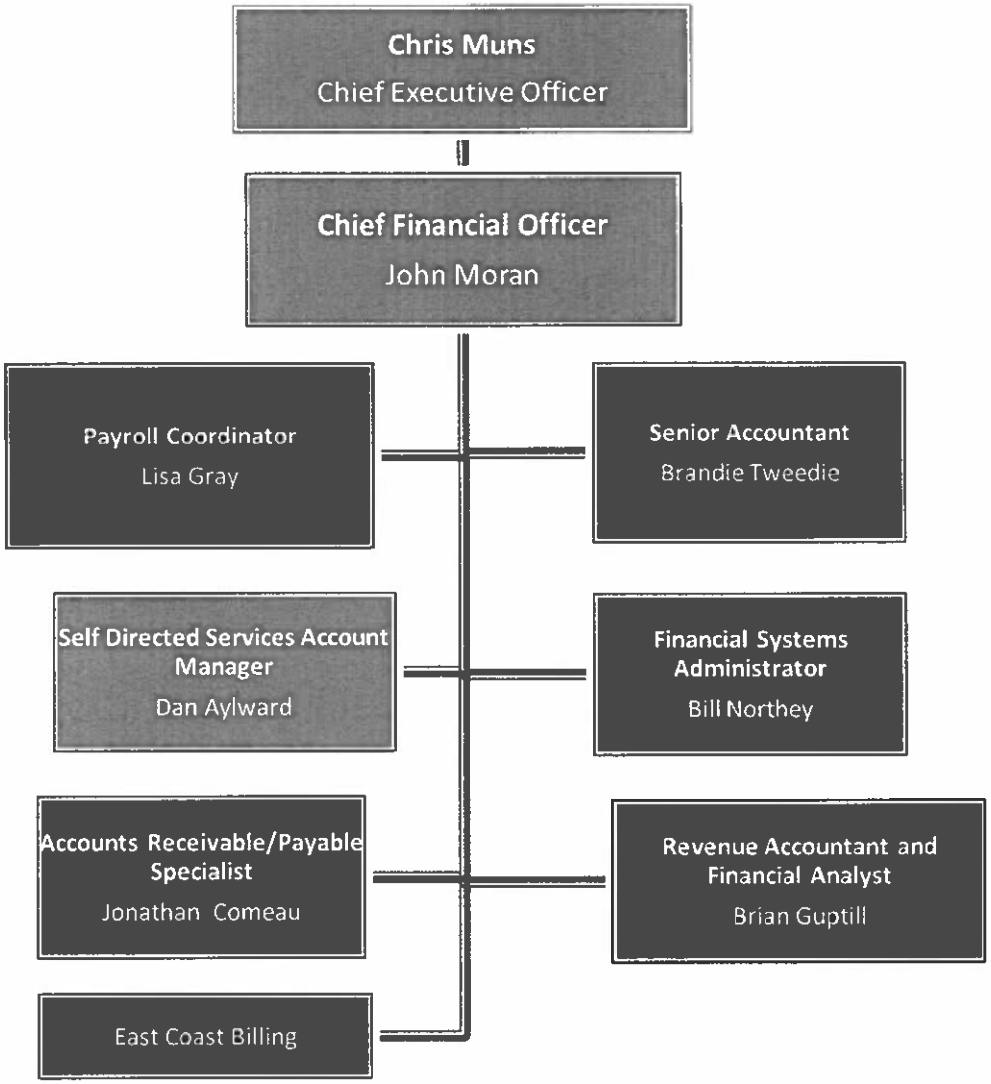
General & Administrative



One Sky Community Services
One Life. Endless Possibilities

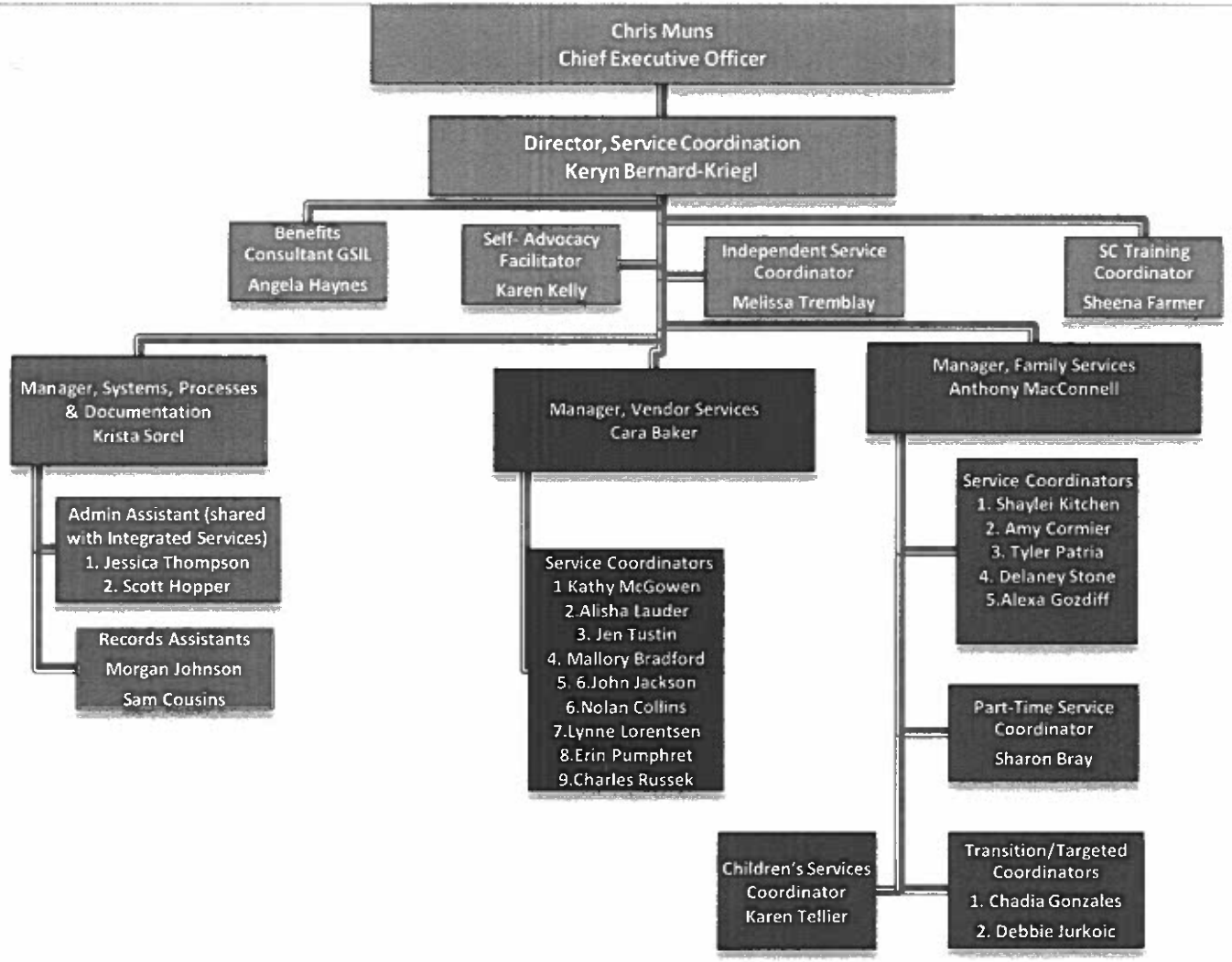
As of November 18, 2019

Finance & Accounting (Current)



One Sky Community Services
One Life, Endless Possibilities

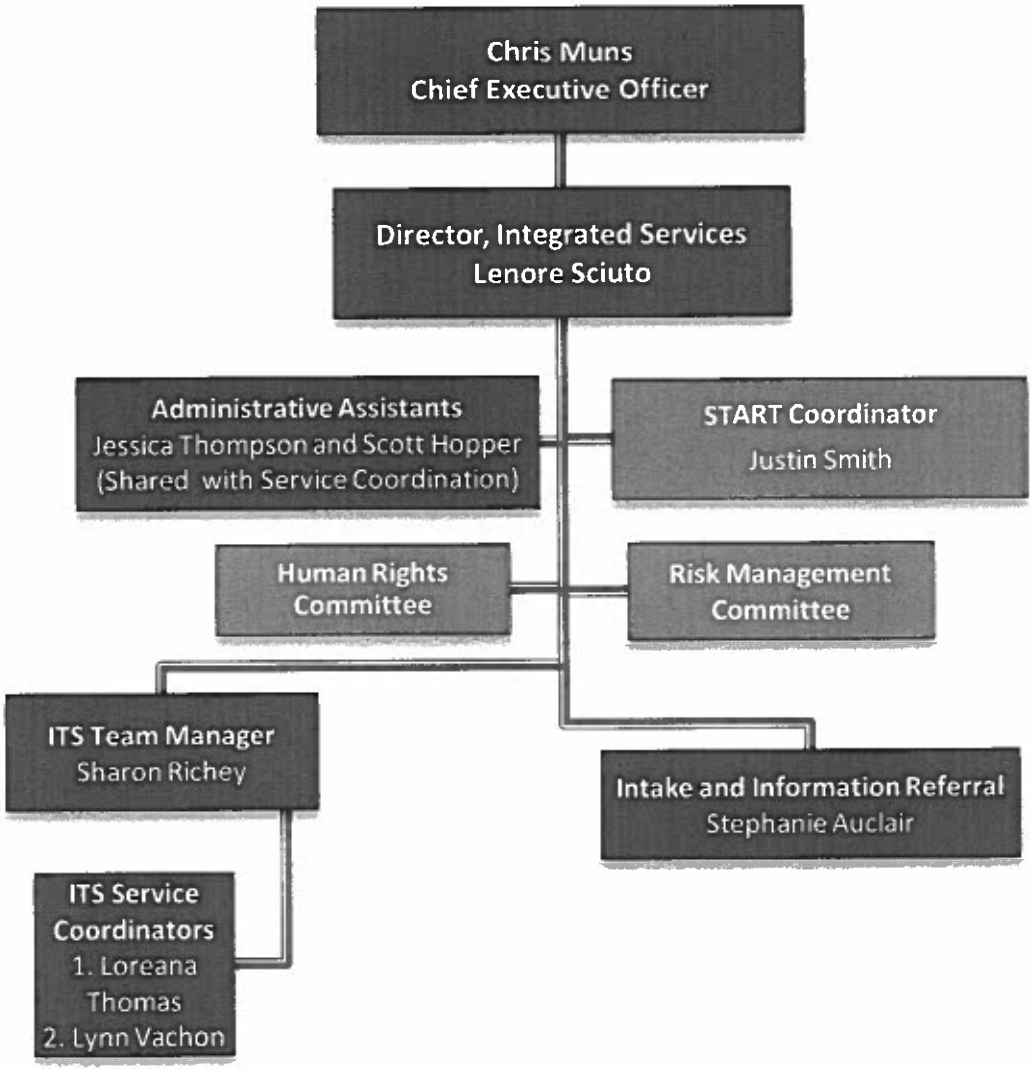
Service Coordination



One Sky Community Services
One Life, Endless Possibilities

As of November 18, 2019

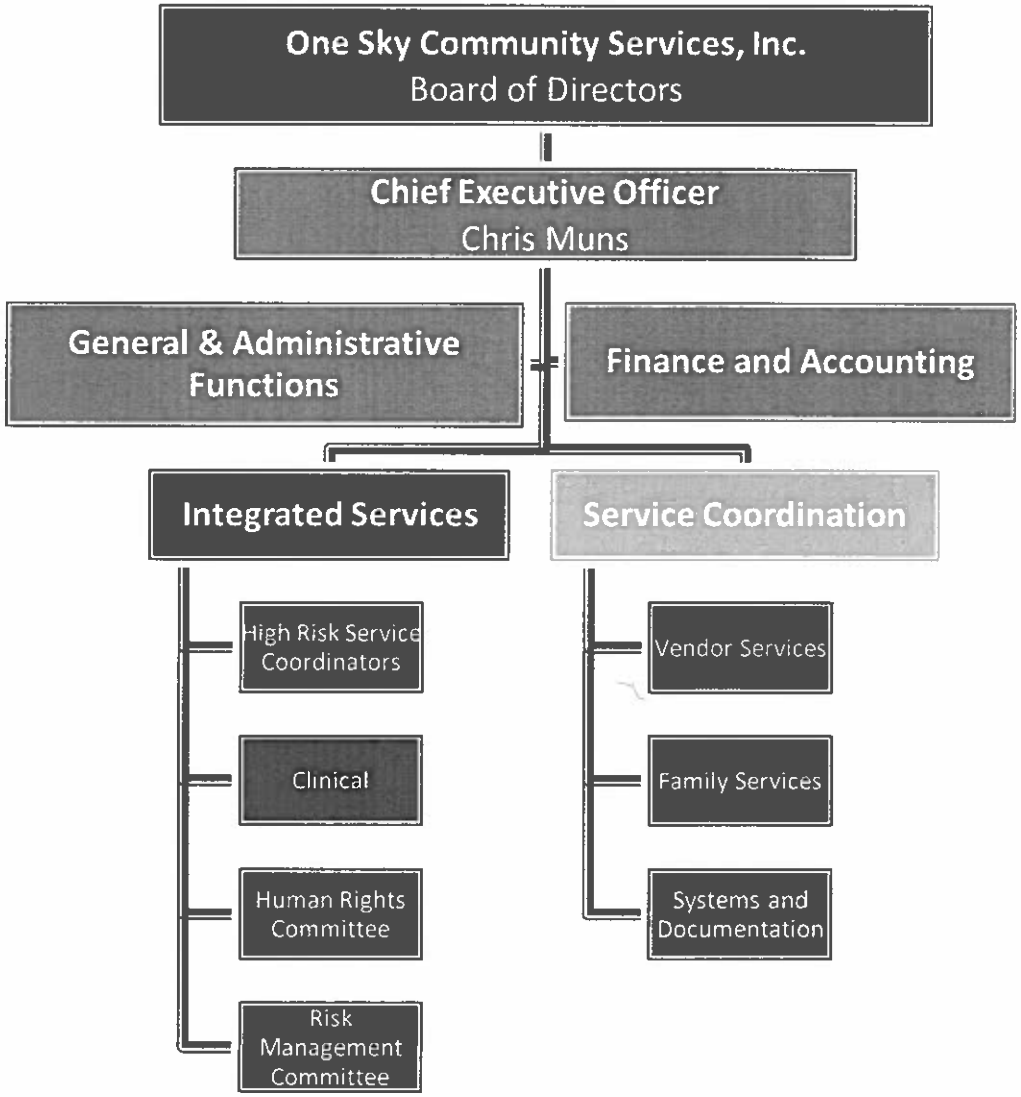
Integrated Services



One Sky Community Services
One Life. Endless Possibilities

Current Organization

Exhibit 16



One Sky Community Services
One Life, Endless Possibilities

As of July 8, 2019

Senior Leadership Team

Chris Muns
Chief Executive Officer

Vincent DiPiero
Chief Financial Officer

Keryn Bernard-Kriegl
Director of Service Coordination

Tina Holmes
Director of HR & Administration

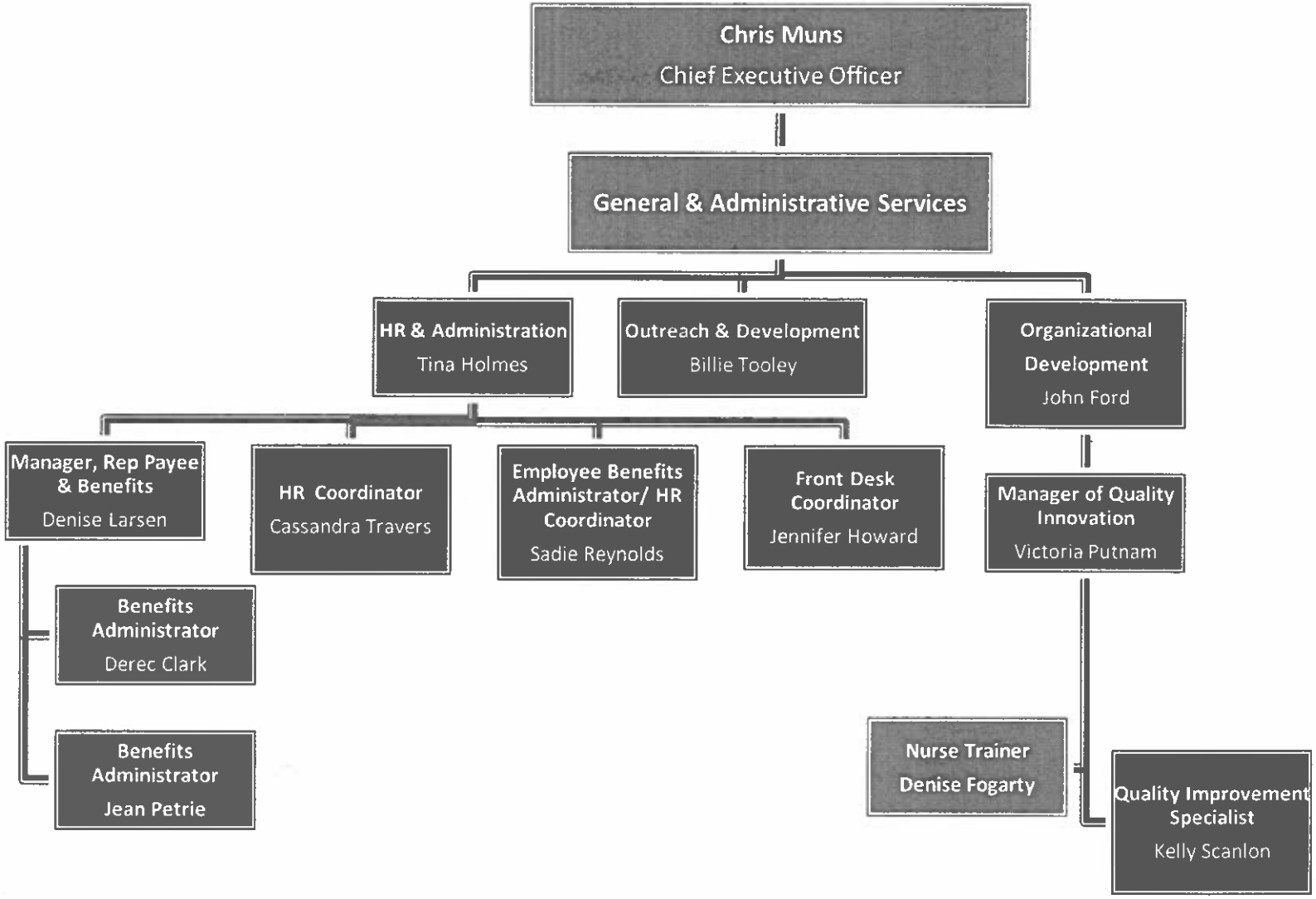
Lenore Sciuto
Director of Integrated Services

John Ford
Director of Organizational Development

Billie Tooley
Director of Outreach & Development

One Sky Community Services
One Life, Endless Possibilities

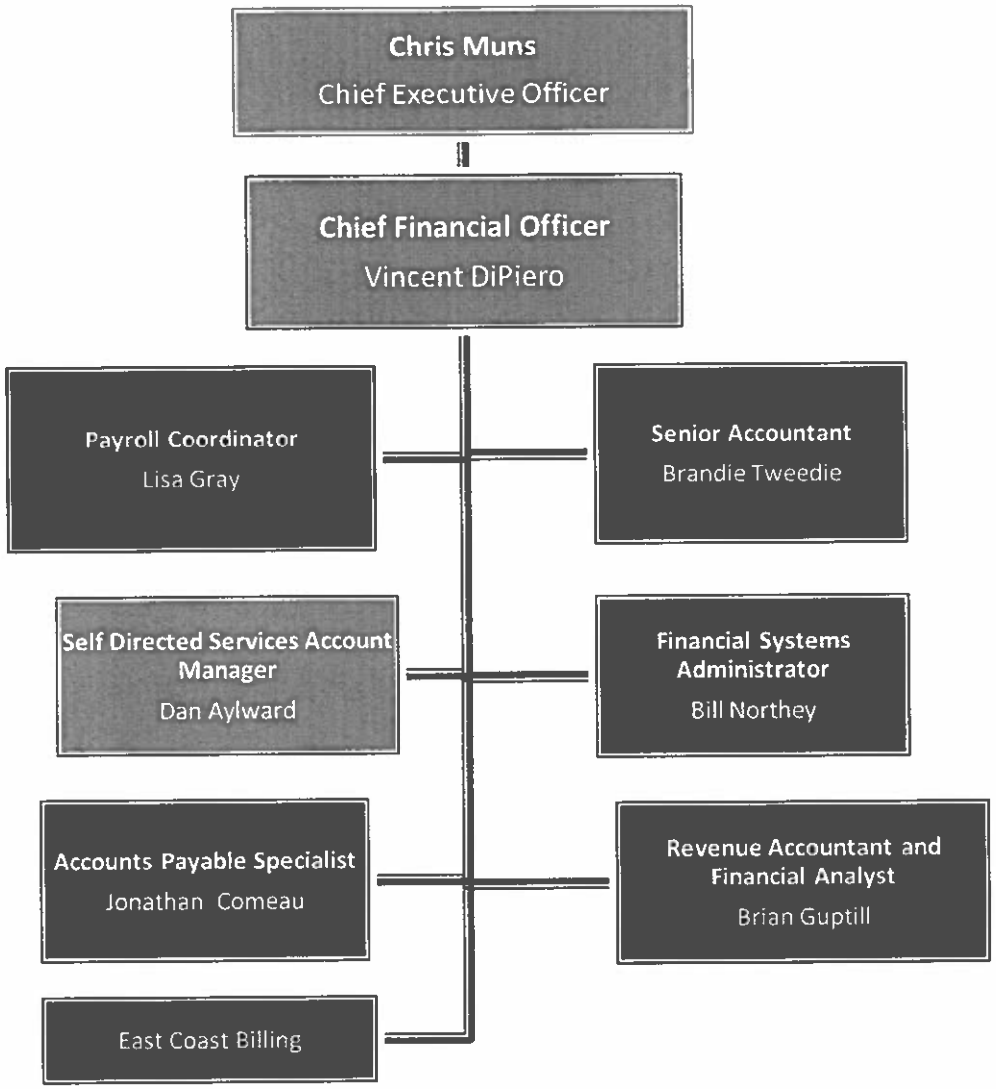
General & Administrative



One Sky Community Services
One Life, Endless Possibilities

As of July 8, 2019

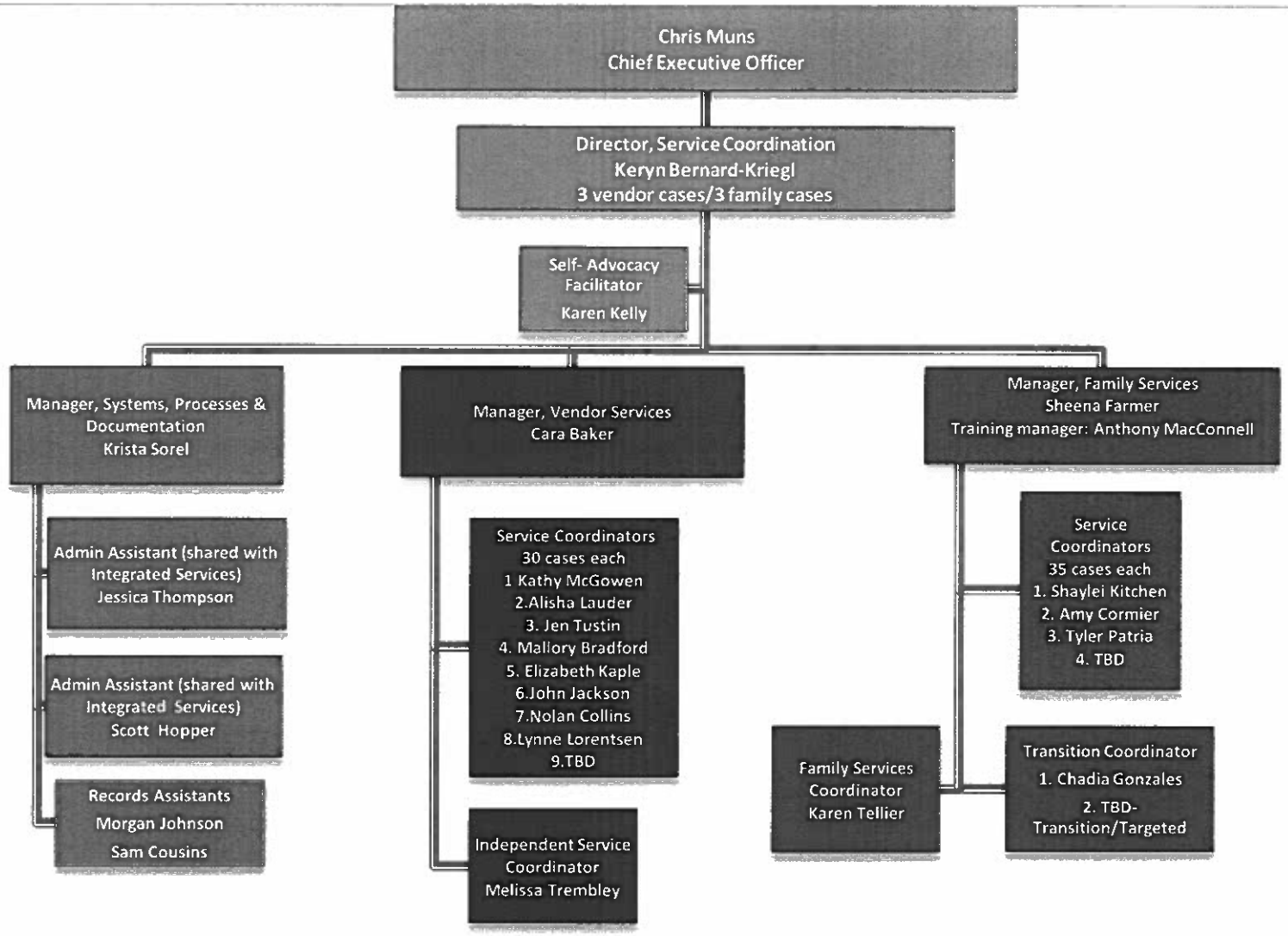
Finance & Accounting (Current)



One Sky Community Services
One Life, Endless Possibilities

As of July 8, 2019

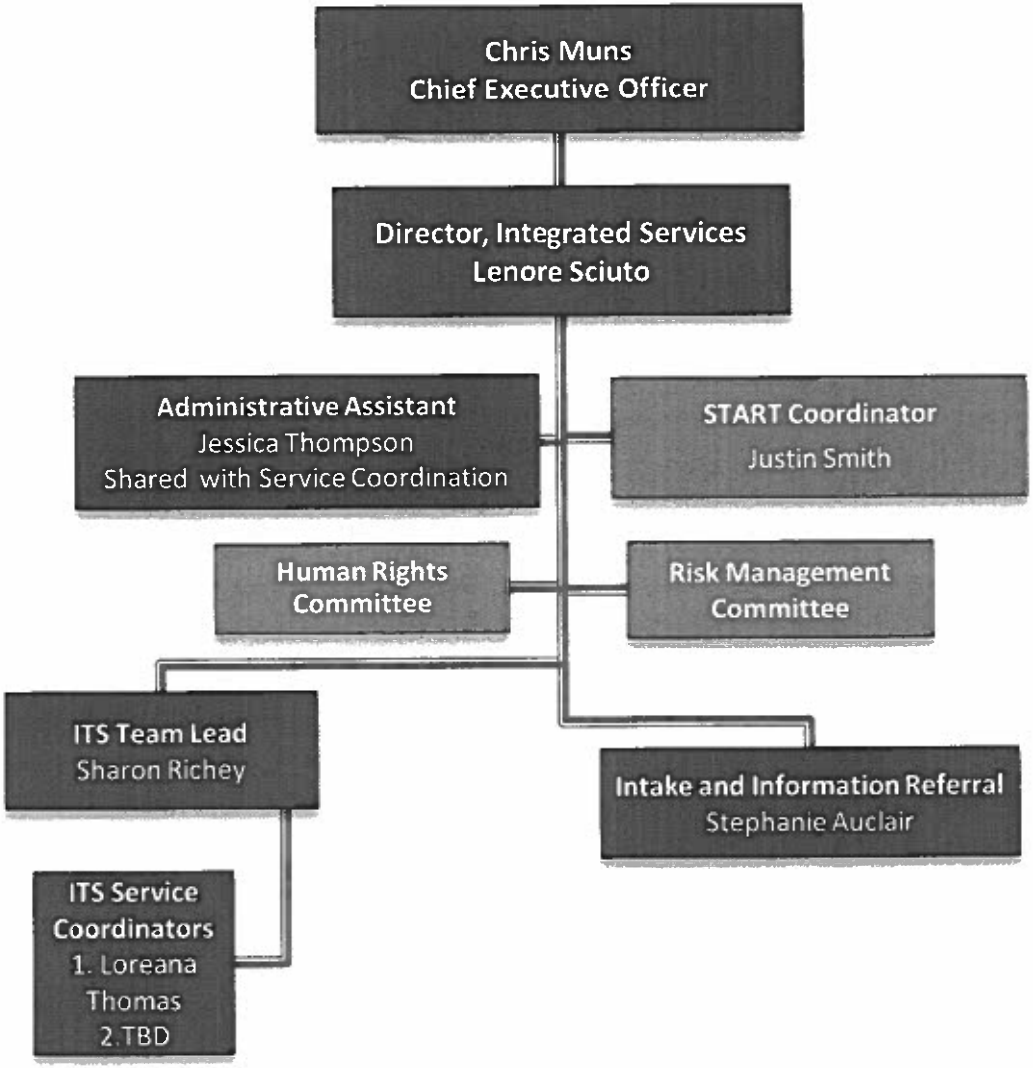
Service Coordination



One Sky Community Services — One Life, Endless Possibilities

As of July 8, 2019

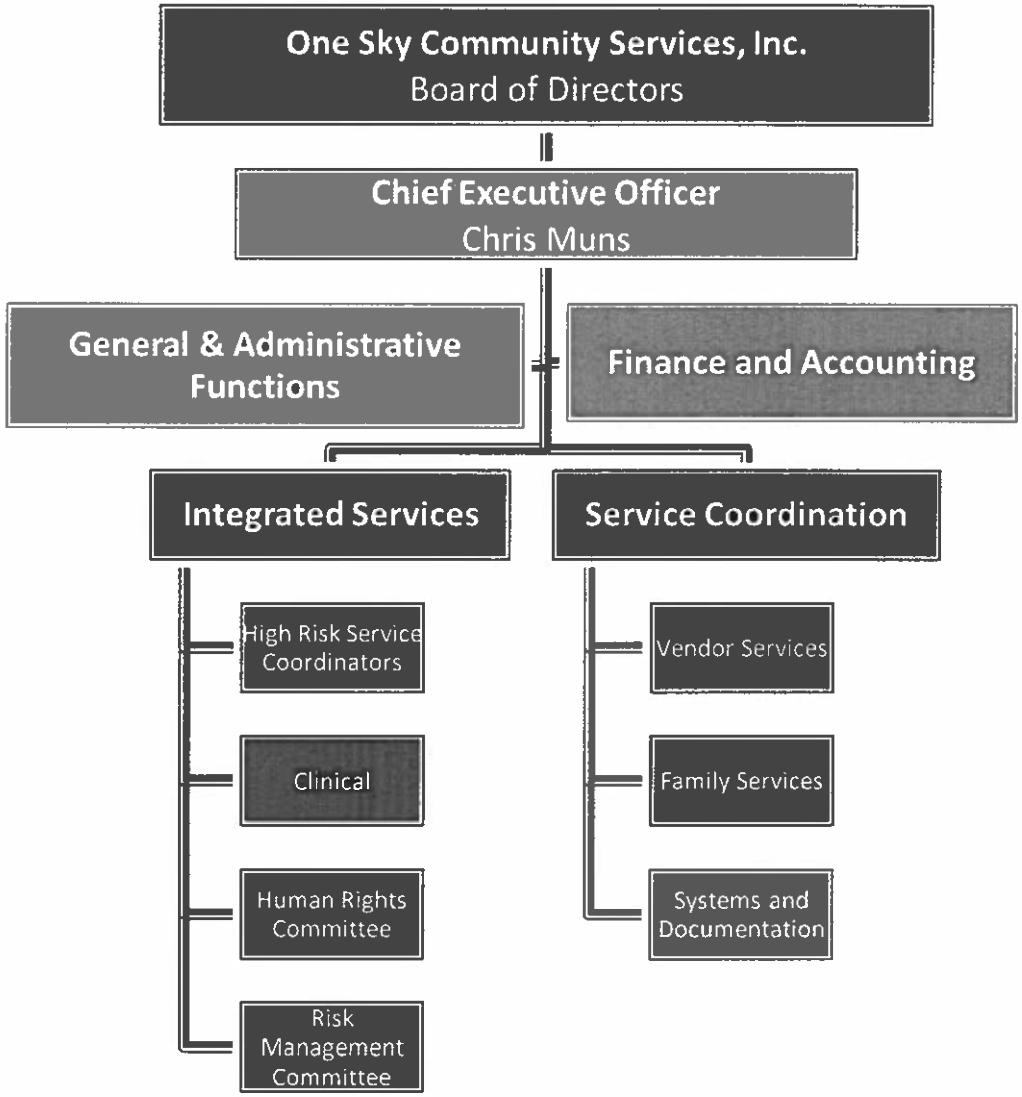
Integrated Services



One Sky Community Services
One Life, Endless Possibilities

Current Organization

Exhibit NNN



One Sky Community Services
One Life, Endless Possibilities

As of November 18, 2019

Senior Leadership Team

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Chief Executive Officer

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Chief Financial Officer

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Billie Tooley
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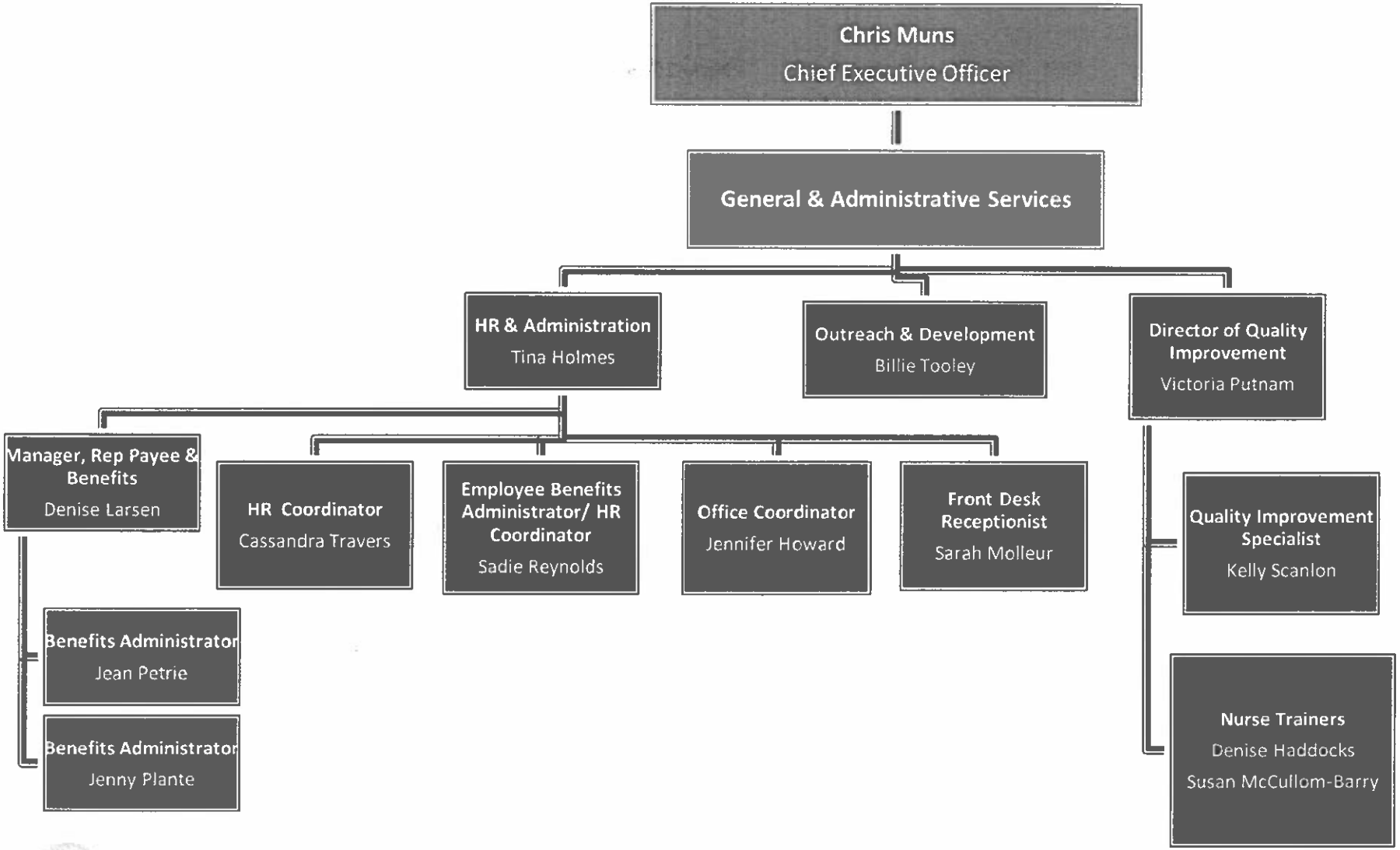
Victoria Putnam
Director of Quality Improvement

One Sky Community Services
One Life. Endless Possibilities

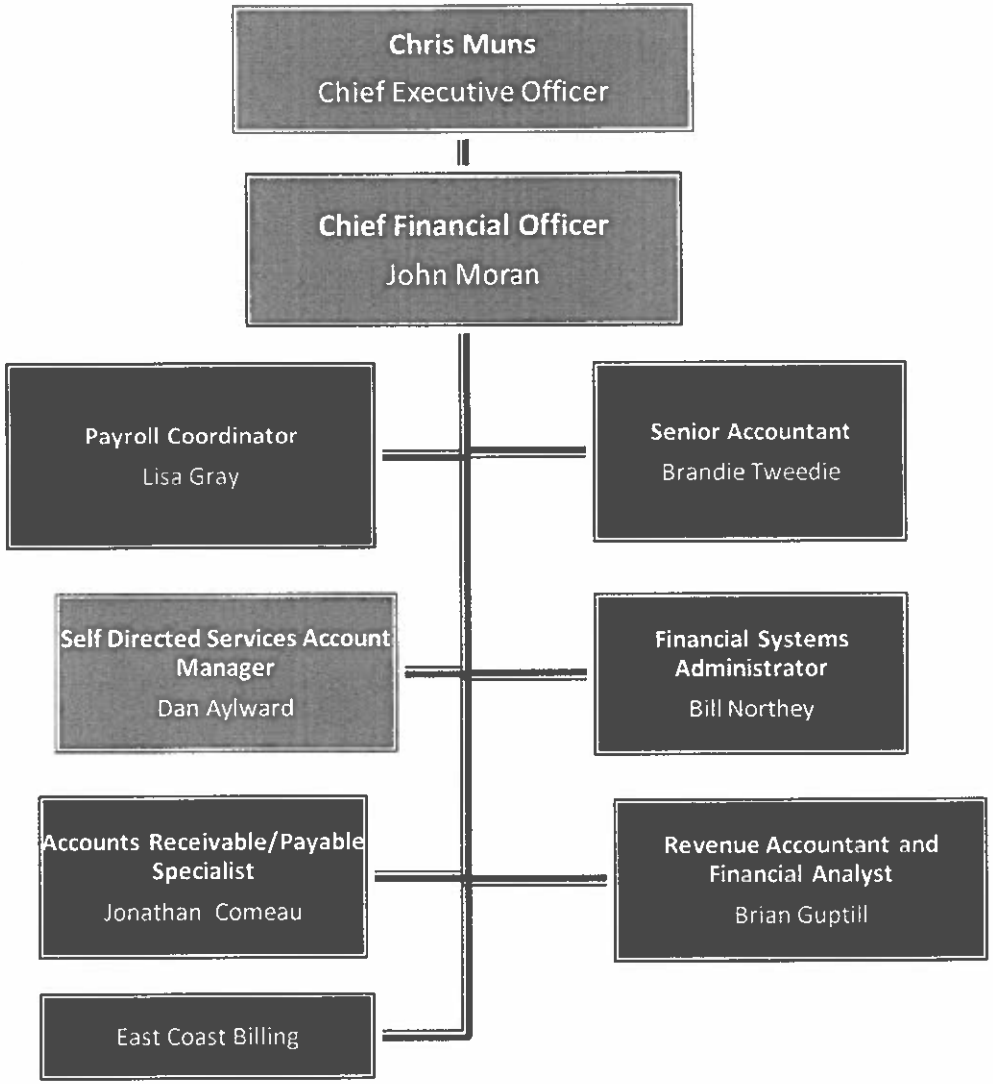
General & Administrative



One Sky Community Services
One Life, Endless Possibilities

As of November 18, 2019

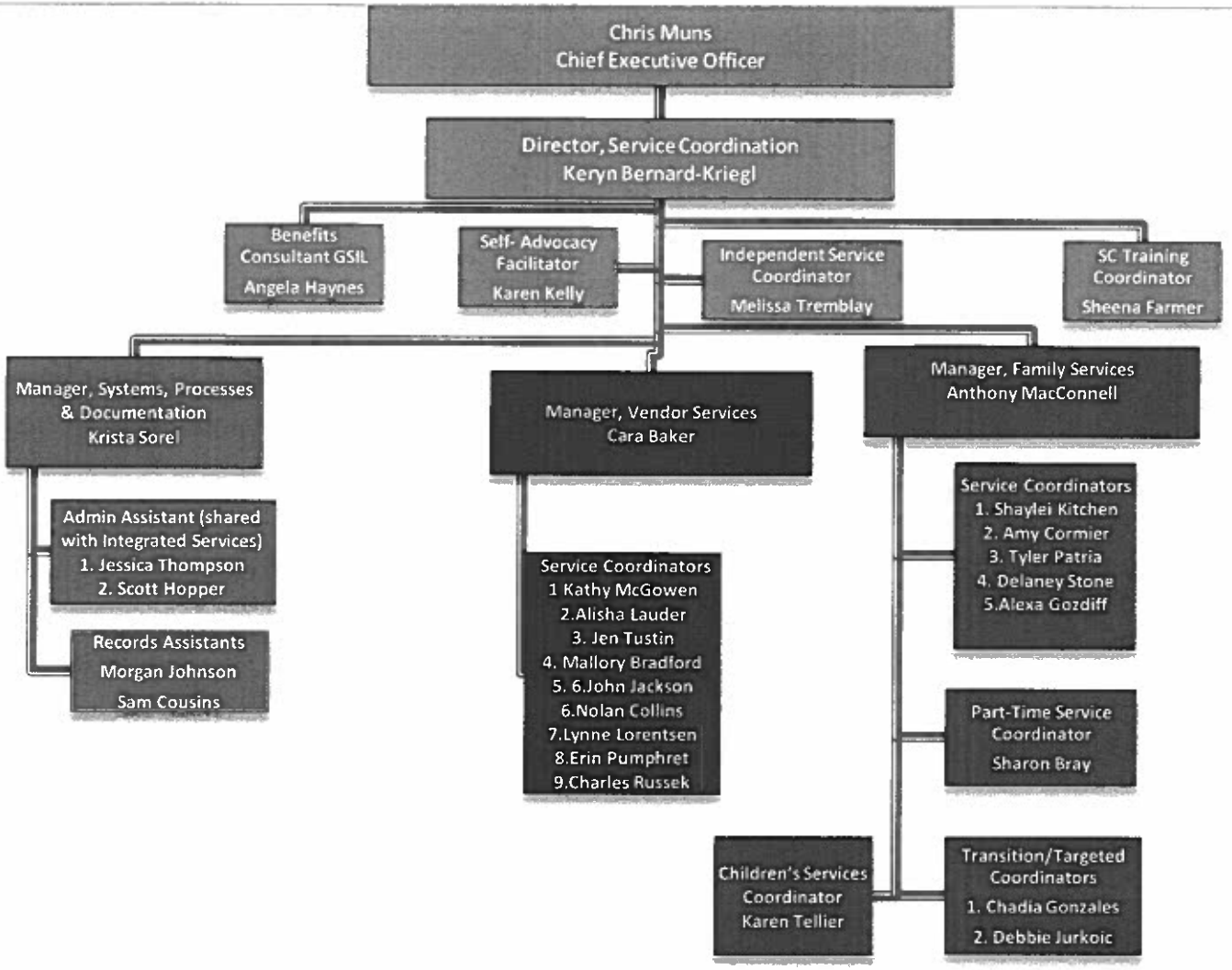
Finance & Accounting (Current)



One Sky Community Services
One Life, Endless Possibilities

As of November 18, 2019

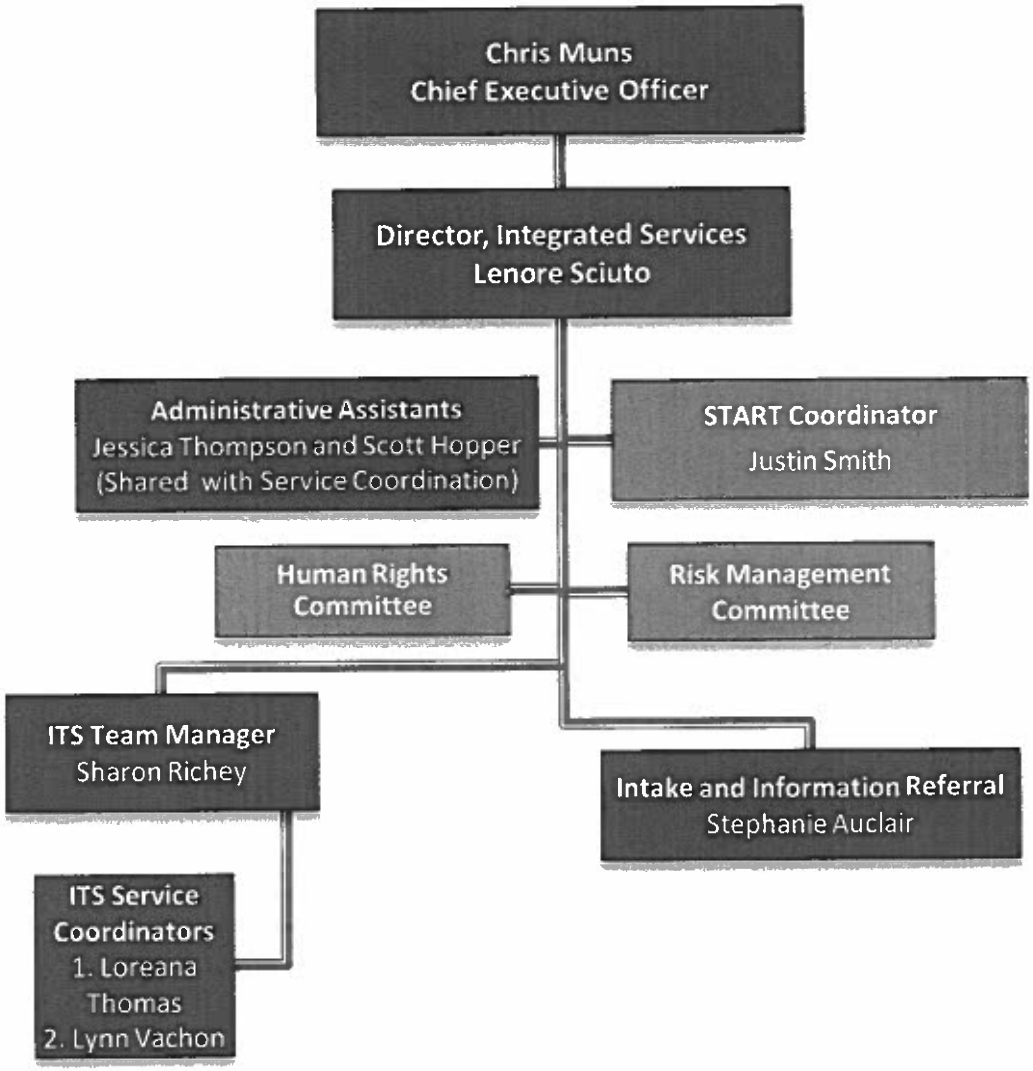
Service Coordination



One Sky Community Services
One Life, Endless Possibilities

As of November 18, 2019

Integrated Services



One Sky Community Services
One Life, Endless Possibilities

Remediation Action #7

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH DHHS PROGRAM CERTIFICATION REQUIREMENTS

STANDARD

Regulatory	He-M 1201 Medication Administration He-M 1001 Certification Standards for Developmental Services He-M 507 Certification for Community Participation Services He-M 310 Rights of Persons Receiving Developmental Services or Acquired Bran Disorder Services in the Community
Contractual	Contract, Exhibit A, Section 1: Provisions Applicable to all Services

FINDING

Areas where One Sky is considered to not be compliant

- He-M 503: Eligibility and the Process of Providing Services (See Attachment 1): All of the deficiencies cited under this rule were in regard to the writing, approval and completion of the service agreement on an annual basis, along with amendments not being completed as required. There has been a significant increase in He-M 503 service agreement deficiencies over the past two years, for which the area agency is directly responsible and there is a significant increase in service agreement deficiencies in both 2017 and 2018, and this is continuing into 2019. As of March 2019, there had been approximately 20 certification reviews for One Sky Community Services. At those reviews, there were 82 deficiencies cited, 17 (20.7%) of which were related to He-M 503.

- He-M 1001: Certification Services for Developmental Services Community Residences (see Attachment 2): The majority of the deficiencies cited under this rule were due to not completing criminal record checks, BEAS registry checks, DMV checks prior to hire and household maintenance issues, which are typically furnaces not being inspected as required. The percentage of deficiencies with respect ot his rule ranges from 43.7% in 2018 to 69.4% in 2017. The other years fell in the middle of these two numbers.

- He-M 1201: Healthcare Coordination and Administration of Medication: This is addressed separately in the Corrective Action Plan developed for Compliance with Medication Administration and Health Care Coordination.

REQUIRED REMEDIATION

7. Develop an action plan to decrease the number of deficiencies associated with service agreement planning and implementation.

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

The first step in addressing the problems with Service Coordination's ability to complete and implement service agreements is training. This has been addressed and continues to be addressed. Service Coordination meeting time was spent over the course of multiple weeks reviewing the different parts of the service agreement and how to fully complete each section in December 2018. In March 2019, training on specifically how to navigate HRST to complete an ISA was completed.

Individual Service Agreement training is built in to the New Hire Orientation Schedule as a Relias course and in the Documentation Overview with the Team Manager (see Exhibit FFFF). Group-based Individual Service Agreement training has been scheduled to occur on a quarterly basis starting on October 2nd (see Exhibit II for record of attendance). The goal is for all of service coordination to participate so new service coordinators can get exposed to subject experts and that as expectations around service agreements shift, it is fully communicated to all relevant staff. In support of the need for service agreement requirements to be crystal-clear, ISA processes for each major program type have been developed and are currently being reviewed for final implementation approval (see Exhibit GGGG).

The Quality Department has taken on monitoring service agreements that are overdue, currently being completed, and upcoming. Two facets of the "Scoreboard" that were implemented are ISAs and ISA Scheduling (see Exhibit JJ). The ISA Goal number shows the total number of ISAs that are meant to be starting in the current month, the number under the current month shows the number of ISAs starting in that month that have been completed. The ISA Scheduling Goal shows the number of ISAs that are due to start in the following month, the number under the current month shows the number of ISAs that have meetings scheduled and documentation started for the next month's ISAs. This data is updated weekly and reviewed at the weekly Service Coordination Meeting.

Bi-weekly at the Service Coordination Management Meetings, each manager and director gets the list of overdue ISAs for their service coordinators and the alternate week they get the list of ISAs that are or are going to be out-of-compliance due to the timespan from the meeting date. Team Managers follow-up individually to address the overdue ISAs and out of compliance timespans with their staff members.

It was identified that part of the root cause for the great number of service agreement deficiencies was that staff were carrying caseloads that were too large. The caseload sizes based on the BDS minimum staffing requirements were not the ideal for handling crises and acknowledging a learning curve for new staff. In response, we have added an extra team member to our Family Support team. As we are now fully-staffed the Service Coordination Management Team is going to continually monitor the caseload ratios to address any potential need for additional service coordination staff before it begins to negatively affect the individuals we serve (see Exhibit G).

Exhibit FFFF

Week 1 - New Hire Orientation Schedule - Service Coordination

Day 1	Activity	Person or Source
8:30 AM	Orientation	with Sadie Reynolds (HR/Training Assistant)
End of Day	Set Up Work Station (computer & email login, desk/mobile phone)	with Jennifer Howard (Office Manager)

Day 2	Activity	Person or Source
8:30 - 9:00	Set Up Work Station (voicemail, email signature, OneDrive)	with Jennifer Howard (Office Manager)
9:00 - 10:00	Job Description and Agency Review	with Team Manager
10:00 - 10:30	Intro to Relias Training & SC Resource Guide	with Victoria Putnam (Director of Quality Improvement)
10:30 - 12:00	*Welcome to Service Coordination*	*Relias: One_Sky_SCWelcome_2019*
12:30 - 2:00	*Client's Rights*	*Relias: NHSDDClientRights*
2:00 - 4:00	*HRST System Overview*	*Relias: 2019-HRSTOV1*

Day 3	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members
10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination
1:00 - 1:30*	Meet Service Coordination Admin Team (and get HRST Certification)	with Krista Sorel (Manager of Systems, Processes, & Documentation)
1:30 - 4:30	*Start HRST Rating Training*	*HRST Link in Email; Online (non-consecutive)*

Day 4	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	*HRST Rating Training Continuted*	*HRST Link in Email; Online (non-consecutive)*
2:00 - 4:00*	Q & A Competencies	with Sheena Farmer (SC/Training Coordinator)

Day 5	Activity	Person or Source
8:30 - 10:00	*Finish HRST Rating Training*	*Notify Krista Sorel when complete*
10:00 - 12:00	Meet your Caseload in HRST	with Team Manager
12:30 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Week 2 - New Hire Orientation Schedule - Service Coordination

Day 6	Activity	Person or Source
8:30 - 9:30	Review your caseload in HRST	Self-directed
9:30 - 10:30*	Service Coordination Q & A	with Krista Sorel
10:30 - 12:00	*Service offerings and associated regulations*	*Relias: One_Sky_Rules_and_Regulations*
12:30 - 2:30	Shadow Service Coordinator	with Manager or Service Coordinator
2:30 - 3:00	HR and Admin Department Overview	with Jennifer Howard
3:00 - 4:00*	Quality Department Overview	with Victoria Putnam (Director of Quality Improvement)

Day 7	Activity	Person or Source
8:30 - 9:00	Payroll and Benefits Review	with Lisa Gray (Payroll Adminstrator)
9:00 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 4:30	*Individual Service Agreement (ISA) Overview*	*Relias: One_Sky_SCISA_2019*

Day 8	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members
10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination

1:00 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 9	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	Shadow Service Coordinator	with Manager or Service Coordinator
2:00 - 4:00*	Q & A Competencies (Review documentation workplan)	with Sheena Farmer

Day 10	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Week 3 - New Hire Orientation Schedule - Service Coordination

Day 11	Activity	Person or Source
8:30 - 9:30	*Billable Activities and Contact Notes*	*Relias: One_Sky_SCBillable_Events*
9:30 - 10:30*	Service Coordination Q & A	with Krista Sorel
10:30 - 12:00	*The Community We Serve*	*Relias: One_Sky_Community_Served*
12:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Day 12	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:30	*Disabilities Overview*	*Relias: REL-DISOV-DD-0*
2:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Day 13	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members
10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination
1:00 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 14	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	Human Rights & Risk Management	Relias: One_Sky_HRRM_2019
2:00 - 4:00*	Q & A Competencies	with Sheena Farmer

Day 15	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Exhibit FFFF

Week 4 - New Hire Orientation Schedule - Service Coordination

Day 16	Activity	Person or Source
8:30 - 9:30	*One Sky Intake Process*	*Relias: One_Sky_Intake_Process*
9:30 - 10:30*	Service Coordination Q & A (NH LEADS & EDS Overview)	with Krista Sorel
10:30 - 12:00	*How Services are Funded*	*Relias: One_Sky_SCFunded_2019*
1:00 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 17	Activity	Person or Source
8:30 - 10:00	*Prior Authorization Overview*	*Relias: One_Sky_Prior_Authorization_Overview*
10:00 - 11:00	Q & A on Services & Funding	with Lenore Sciuto (Director of Integrated Services)
11:00 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 18	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members
10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination
1:00 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 19	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	Shadow Service Coordinator	with Manager or Service Coordinator
2:00 - 4:00*	Q & A Competencies	with Sheena Farmer

Day 20	Activity	Person or Source
	Self-Directed Time	Self- Directed

Exhibit FFFF

Training and Orientation Notes

*Meeting will take place in a conference room.

Schedule weekly one-on-one meeting time with your team manager.

Do not hesitate to outreach anyone at the agency with questions.

Relias Course Assignments in Month 2

Wait List (Relias: One_Sky_Wait_List_Process)

Prior Authorization Process (Relias: One_Sky_APA2019)

SIS (Relias: CSNI_SIS_Overview & One_Sky_SIS_Planning)

Quarterly In Person Trainings

Individual Service Agreements & SMART goals

Prior Authorizations and Wait List

Introduction to START services

Annual Trainings

Active Shooter Training

Home Visit Safety Training

HIPAA & Confidentiality Training

Bloodborne Pathogen Training

FAMILY SERVICES TEAM	ACTUALS 11/18/19	IDEAL CASELOAD
TEAM MANAGER	6	6
CHILDRENS	152	160
TEENS	68	65
TRANSITION/TARGETED	61	60
I.H.S	40	35
PDMS/I.H.S	30	30
PDMS-PT	9	9
PDMS	30	30
PDMS/I.H.S	29	30
PDMS/Non-Mediciad CM	26	30
PDMS-CONTRACTED	1	1
FS IDEAL TOTAL	**452**	**456**

TRADITIONAL TEAM	ACTUALS 11/18/19	IDEAL CASELOAD
TEAM MANAGER	6	6
TRADITIONAL	32	30
TRADITIONAL	26	30
TRADITIONAL	30	30
TRADITIONAL	31	30
TRADITIONAL	28	30
TRADITIONAL	30	30
TRADITIONAL	30	30
TRADITIONAL	28	30
TRADITIONAL-CONTRACTED	7	7
IDEAL TOTAL	**248**	**253**

ITS TEAM	ACTUALS 11/18/19	IDEAL CASELOAD
TEAM MANAGER	5	4
ITS	17	18
ITS	13	18
IDEAL TOTAL	**35**	**40**

INDIVIDUAL SERVICE AGREEMENT - TRADITIONAL

Department: Service Coordination
Contact: Keryn Bernard-Kriegl, Director of Service Coordination.
Effective & Revision Date: October 15, 2019.

PROCEDURE STATEMENT: This procedure outlines the timeline and steps to be taken to complete an Individual Service Agreement, prior to the Individual Service Agreement meeting, during the meeting, and following the meeting.

PURPOSE STATEMENT: The Individual Service Agreement is a living document reflecting the level of services an individual is being provided during a given year. This document is heavily regulated, requiring completion within 15 business days from meeting date and a minimum of annual completion with amendments as necessary.

DEFINITIONS:

ISA= Individual Service Agreement
SC= Service Coordinator
HRST= Health Risk Screening Tool

PROCEDURE & CONDUCT:

1. Scheduling/Coordinating the Pre-ISA (Quarterly Meeting Before the ISA is Due) Meeting.
    a. SC schedules Pre-ISA Meeting 60-90 days prior to the current ISA expiring and invites individual, guardian, vendor (if applicable), and any other person deemed appropriate.
    b. SC facilitates discussion with individual and team to begin considering how goals will change in next ISA. Goals to be finalized at ISA Meeting.
    c. SC should schedule ISA Meeting date at the Pre-ISA Meeting.

2. Scheduling/Coordinating the ISA Meeting.
    a. The ISA Meeting should occur 30 days prior to the ISA expiring.
    b. SC should fill out the ISA Scheduling Form after they obtained the date from the Pre-ISA Meeting and give to an Admin to process.
    c. Admin sends out ISA invitation letters to invitees.
    d. SC/Admin sends evaluations (SIS & HRST) to individual/guardian/vendor.
    e. SC reviews ISA Checklist and makes sure all documents are prepared.

    SERVICE AGREEMENT CHECKLIST:
    1. Extension Amendment, if applicable. (SC responsible for this)
    2. HRST Service Agreement; this should include all goals. (SC responsible for this)
    3. Residential Summary of Previous Year, if applicable. (obtain from Vendor)
    4. Description of He-M 1001 Residential Services, if applicable. (obtain from Vendor)
    5. Summary of Previous Year, if applicable. (obtain from Vendor)
    6. Description of He-M 518, He-M 530, He-M 507 Services, if applicable. (obtain from Vendor)

7. Schedule of Weekly Activities (obtain from Vendor, if CPS Services)
8. Resume (obtain from Vendor, if CPS Services)
9. Social Media Release (SC responsible for this)
10. Medicaid Letter, if applicable (only if One Sky is NOT Rep-Payee) (SC responsible for this)
11. Planning Process Acknowledgement Form (SC responsible for this)
    a. Participant Directed and Managed Services Overview
    b. One Sky Community Services Providers
    c. Complaint Process
    d. Cost of Care
    e. Client Rights
12. Service Agreement Approval Form (SC responsible for this)
13. Health History Form (SC responsible for this)
14. Medication List (SC responsible for this)

OTHER:

15. Release of Information for Primary Care Physician (SC responsible for this)

3. Attending the ISA Meeting.
    a. SC attends ISA Meeting (with all ISA Documents) and obtains signatures on the required forms.
    b. Required Forms (that should be brought back to the office);
        i. Social Media Release (SC should have individual/guardian sign at the meeting.)
        ii. Medicaid Letter, if applicable (only if One Sky is NOT Rep-Payee) (SC should have individual/guardian sign at the meeting.)
        iii. Planning Process Acknowledgement Form (SC should have individual/guardian sign at the meeting.)
    c. SC reviews the HRST rating with the team to obtain updates.
    d. SC reviews the previous year's HRST Service Agreement and obtains updates to the profile and progress on previous goals.
    e. SC, individual, and team finalize individual's goals for coming year.
4. Writing the ISA.
    a. SC writes ISA and updates HRST Rating if applicable.
    b. SC uploads all documents that are related to the ISA. These documents include;
        i. Residential Summary of Previous Year, if applicable. (obtain from Vendor)
        ii. Description of He-M 1001 Residential Services, if applicable. (obtain from Vendor)
        iii. Summary of Previous Year, if applicable. (obtain from Vendor)
        iv. Description of He-M 518, He-M 530, He-M 507 Services, if applicable. (obtain from Vendor)
        v. Schedule of Weekly Activities (obtain from Vendor, if CPS Services)
        vi. Resume (obtain from Vendor, if CPS Services)
    c. SC reviews all information associated with the ISA again and submits to Team Manager for review. Regulations show; SC has 10 days to complete the ISA before obtaining signatures from the Director of Service Coordination or Area Agency designee.

5. Approval Process (must be completed within 15 business days of meeting date)
    a. SC submits ISA for review to their Team Manager.
    b. Team Manager reviews ISA and assures all appropriate documents are attached. Team Manager gives Approval Page to Director of Service Coordination.
    c. Director of Service Coordination reviews ISA and finalizes it in HRST.
    d. After finalizing the Service Agreement, the Director of Service Coordination gives signed Approval Page to Admin.
    e. Admin uploads signed Approval Page (as an ISA attachment rather than, the Approval Page).
6. Processing of the completed ISA.
    a. Admin processes ISA and determines whether or not the Service Agreement needs to be sent to the guardian for approval. Once the Service Agreement is mailed to guardian, the regulation states that the individual/guardian has 10 business days (from receipt of the ISA) to return the signed Approval Page, if the Approval Page is not returned, the Service Agreement is considered implicitly approved.
    b. Admin processes ISA as complete after receiving the signed Approval Page and/or implicitly approving the Service Agreement.
    c. Admin saves completed Service Agreement to CM Drive and HRST Document Repository.
    d. Admin mails a completed copy of the Service Agreement to the individual and guardian and emails a completed copy of the Service Agreement to the associated vendor(s).

REFERENCE

1. ISA Scheduling Form
2. HRST Manual, 5. Case Management, 2018.
3. He-M 503.10 Service Agreement Regulation

    (d) For services provided under He-M 1001, He-M 521, He-M 524, He-M 518 or He-M 507, or per individual or guardian request, an expanded service agreement shall be developed pursuant to (e)-(k) below.

    (e) The service coordinator shall convene a meeting to prepare an expanded service agreement in accordance with (f)–(k) below within 20 business days of the initiation of services.

    (f) If people who provide services to the individual are not selected by the individual to participate in a service planning meeting, the service coordinator shall contact such persons prior to the meeting so that their input can be considered.

    (g) Copies of relevant evaluations and reports shall be sent to the individual and guardian at least 5 business days before service planning meetings.

    (h) Within 10 business days following a service planning meeting pursuant to (e) above, the service coordinator shall:

    (1) Prepare a written expanded service agreement that:

    a. Includes the following:

    1. A personal profile; and
    2. A list of those who participated in the service agreement planning meeting; and

    b. In addition to the information included in the basic service agreement, also includes the following:

    1. The specific services to be provided;
    2. The goals to be addressed, and timelines and methods for achieving them;

3. The persons responsible for implementing each service in the expanded service agreement;

4. Any training needed to carry out the service agreement, beyond the staff training required by He-M 506.05 and other applicable rules, with the type and amount of such training to be determined by the service agreement participants;

5. Services needed but not currently available;

6. Service documentation requirements sufficient to describe progress on goals and the services received;

7. If applicable, reporting mechanisms under self-directed services regarding budget updates and individual and guardian satisfaction with services;

8. If applicable, risk factors and the measures required to be in place to minimize them, including backup plans and strategies; and

9. The individual's need for guardianship, if any;

(2) Contact all persons who have been identified to provide a service to the individual and confirm arrangements for providing such services; and

(3) Explain the service arrangements to the individual and guardian and confirm that they are to the individual's and guardian's satisfaction.

(i) For individuals who reside in a provider owned or controlled residential setting, the service agreement shall document any modifications of the individual's rights in said setting to:

(1) Privacy in their sleeping or living unit, including doors lockable by the individual with only appropriate staff having keys to doors as needed;

(2) Freedom and support to control their own schedule and activities;

(3) Access to food at any time;

(4) Having visitors of their choosing at any time; and

(5) Freedom to furnish and decorate sleeping or living units.

(j) A provider agency shall only make modifications pursuant to (i) above by documenting in the service agreement the following:

(1) An identified specific and individualized assessed need that the modifications are based on;

(2) The positive interventions and supports used prior to any modifications to the service agreement;

(3) The less intrusive methods of meeting the need that have been tried but did not work;

(4) A clear description of the condition that is directly proportionate to the specific assessed need;

(5) The regular collection and review of data to measure the ongoing effectiveness of the modification;

(6) Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated;

(7) The informed consent of the individual or representative; and

(8) An assurance that the interventions and support will not cause harm to the individual.

(k) Within 5 business days of completion of the service agreement, the area agency shall send the individual, guardian, or representative the following:

(1) A copy of the expanded service agreement signed by the area agency executive director or designee;

(2) The name, address, and phone number of the service coordinator or service provider(s) who may be contacted to respond to questions or concerns; and

(3) A description of the procedures for challenging the proposed expanded service agreement pursuant to He-M 503.17 for those situations where the individual, guardian, or representative disapproves of the expanded service agreement.

INDIVIDUAL SERVICE AGREEMENT – SHORT FORM

Department: Service Coordination
Contact: Keryn Bernard-Kriegl, Director of Service Coordination.
Effective & Revision Date: October 15, 2019.

PROCEDURE STATEMENT: This procedure outlines the timeline and steps to be taken to complete an short-form Individual Service Agreement, prior to the Individual Service Agreement meeting, during the meeting, and following the meeting.

PURPOSE STATEMENT: The Individual Service Agreement is a living document reflecting the personal profile and services of the individual.

DEFINITIONS:

ISA= Individual Service Agreement
SC= Service Coordinator
HRST= Health Risk Screening Tool

PROCEDURE & CONDUCT:

2. Scheduling/Coordinating the Pre-ISA (Quarterly Meeting Before the ISA is Due) Meeting.
    e. SC schedules Pre-ISA Meeting 60-90 days prior to the current ISA expiring and invites individual, guardian, vendor (if applicable), and any other person deemed appropriate.
    f. SC facilitates discussion with individual and team to begin considering how goals will change in next ISA. Goals to be finalized at ISA Meeting.
    g. SC should schedule ISA Meeting date at the Pre-ISA Meeting.

7. Scheduling/Coordinating the ISA Meeting.
    a. The ISA Meeting should occur 30 days prior to the ISA expiring.
    b. SC should fill out the ISA Scheduling Form after they obtained the date from the Pre-ISA Meeting and give to an Admin to process.
    c. Admin sends out ISA invitation letters to invitees.
    d. SC reviews ISA Checklist and makes sure all documents are prepared.

    SERVICE AGREEMENT CHECKLIST:
        1. Extension Amendment, if applicable. (SC responsible for this)
        2. HRST Service Agreement; this should include all goals. (SC responsible for this)
        3. Resume (SC responsible for this)
        4. Social Media Release (SC responsible for this)
        5. Planning Process Acknowledgement Form (SC responsible for this)
            a. Participant Directed and Managed Services Overview
            b. One Sky Community Services Providers
            c. Complaint Process
            d. Cost of Care
            e. Client Rights

6. Service Agreement Approval Form (SC responsible for this)

OTHER:

7. Release of Information for Primary Care Physician (SC responsible for this)

8. Attending the ISA Meeting.
    a. SC attends ISA Meeting (with all ISA Documents) and obtains signatures on the required forms.
    b. Required Forms (that should be brought back to the office);
        i. Social Media Release (SC should have individual/guardian sign at the meeting.)
        ii. Planning Process Acknowledgement Form (SC should have individual/guardian sign at the meeting.)
        iii. Release of Information for Primary Care Physician (SC should have individual/guardian sign at the meeting).
    c. SC reviews the previous year's HRST Service Agreement and obtains updates to the profile and progress on previous goals.
    d. SC, individual, and team finalize individual's goals for coming year.
9. Writing the ISA.
    a. SC writes ISA and updates HRST profile.
    b. SC uploads all documents that are related to the ISA. These documents include;
        i. Social Media Release (signed by individual/guardian)
        ii. Resume
        iii. Planning Process Acknowledgment Form (signed by individual/guardian)
        iv. Service Agreement Approval Form (signed by Service Coordinator)
        v. Release of Information for Primary Care Physician (signed by individual/guardian).
    c. SC reviews all information associated with the ISA again and submits to Team Manager for review. Regulations show; SC has 10 days to complete the ISA before obtaining signatures from the Director of Service Coordination or Area Agency designee.
10. Approval Process (must be completed within 15 business days of meeting date)
    a. SC submits ISA for review to their Team Manager.
    b. Team Manager reviews ISA and assures all appropriate documents are attached. Team Manager gives Approval Page to Director of Service Coordination.
    c. Director of Service Coordination reviews ISA and finalizes it in HRST.
    d. After finalizing the Service Agreement, the Director of Service Coordination gives signed Approval Page to Admin.
    e. Admin uploads signed Approval Page (as an ISA attachment rather than, the Approval Page).
11. Processing of the completed ISA.
    a. Admin processes ISA and determines whether or not the Service Agreement needs to be sent to the guardian for approval. Once the Service Agreement is mailed to guardian, the regulation states that the individual/guardian has 10 business days (from receipt of the ISA) to return the signed Approval Page, if the Approval Page is not returned, the Service Agreement is considered implicitly approved.
    b. Admin processes ISA as complete after receiving the signed Approval Page and/or implicitly approving the Service Agreement.

c. Admin saves completed Service Agreement to CM Drive and HRST Document Repository.
d. Admin mails a completed copy of the Service Agreement to the individual and guardian and emails a completed copy of the Service Agreement to the associated vendor(s).

REFERENCE

4. HRST Manual, 5. Case Management, 2018.
5. He-M 503.10 Service Agreement Regulation

(a) The area agency shall create service agreements for all individuals in accordance with (b)-(j) below.
(b) All service agreements shall:
(1) Be understandable to the individual, guardian, or representative and all services providers responsible for providing services;
(2) At a minimum, be written in plain language and in a manner accessible to individuals with disabilities and persons who have limited proficiency in English;
(3) Be finalized and agreed to in writing by the individual, guardian, or representative and signed by all providers responsible for the implementation of the service agreement;
(4) Be written such that no unnecessary or inappropriate services or supports will be provided to the individual; and
(5) Be distributed to the individual, guardian, or representative and all providers, including direct support providers, responsible for the implementation or monitoring of the service agreement.
(c) Within 14 days of the initial service agreement meeting pursuant to He-M 503.09 (b), the service coordinator shall develop a written basic service agreement, signed by the individual, guardian, or representative and the area agency executive director or designee, that includes the following:
(1) A brief description of the individual's strengths, needs, and interests, as applicable;
(2) The individual's clinical and support needs as identified through current evaluations and assessments;
(3) The specific services to be furnished and the goal associated with each service;
(4) The amount, frequency, duration and desired outcome of each service;
(5) Timelines for initiation of services;
(6) The provider to furnish the service;
(7) The individual's need for guardianship, if any;
(8) Service documentation requirements sufficient to track outcomes; NEW HAMPSHIRE CODE OF ADMINISTRATIVE RULES 22 He-M 500
(9) Identification of the person or entity responsible for monitoring the plan;
(10) Documentation that the setting the individual resides in was chosen by the individual or representative and is integrated in, and supports full access of individuals to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as people not receiving services;
(11) Documentation that the setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting, and that the settings options are identified and based on the individual's needs, and preferences; (12) Documentation that any restriction on the right of an individual to realize his or her preferences or goals in the services plan is justified by:

i. a. An identified specific and individualized need that the modification is based on;
ii. b. The positive interventions and supports used prior to any modifications to the individual's rights;
iii. c. The less intrusive methods of meeting the need that were tried but did not work;
iv. d. A clear description of the condition that is directly proportionate to the specific assessed need;
v. e. The regular collection and review of data to measure the ongoing effectiveness of the modification;

vi. f. Established time limits for periodic reviews of the necessity of the modification;

vii. g. The informed consent of the individual, guardian, or representative; and

viii. h. An assurance that the modification will not cause harm to the individual; and

(13) For individuals with a participant directed and managed service arrangement, reporting mechanisms regarding budget updates.

INDIVIDUAL SERVICE AGREEMENT - PDMS

Department: Service Coordination
Contact: Keryn Bernard-Kriegl, Director of Service Coordination.
Effective & Revision Date: October 15, 2019.

PROCEDURE STATEMENT: This procedure outlines the timeline and steps to be taken to complete an Individual Service Agreement, prior to the Individual Service Agreement meeting, during the meeting, and following the meeting.

PURPOSE STATEMENT: The Individual Service Agreement is a living document reflecting the level of services an individual is being provided during a given year. This document is heavily regulated, requiring completion within 15 business days from meeting date and a minimum of annual completion with amendments as necessary.

DEFINITIONS:

ISA= Individual Service Agreement
SC= Service Coordinator
HRST= Health Risk Screening Tool

PROCEDURE & CONDUCT:

e. Scheduling/Coordinating the Pre-ISA (Quarterly Meeting Before the ISA is Due) Meeting.
   i. SC schedules Pre-ISA Meeting and assures everyone is invited; this should occur approximately 60-90 days prior to the current ISA expiring.
   ii. SC facilitates discussion with individual and team to begin considering how goals will change in next ISA. Goals to be finalized at ISA Meeting.
   iii. SC should schedule ISA Meeting date at the Pre-ISA Meeting.

f. Scheduling/Coordinating the ISA Meeting.
   i. The ISA Meeting should occur 30 days prior to the ISA expiring.
   ii. SC should fill out the ISA Scheduling Form after they obtained the date from the Pre-ISA Meeting and give to an Admin to process.
   iii. Admin sends out ISA invitation letters to invitees.
   iv. SC/Admin sends evaluations (SIS & HRST) to individual/guardian/vendor.
   v. SC reviews ISA Checklist and makes sure all documents are prepared.

SERVICE AGREEMENT CHECKLIST:

1. Extension Amendment, if applicable. (SC responsible for this)
2. HRST Service Agreement; this should include all goals. (SC responsible for this)
3. Overview of Services. (SC responsible for this)
4. Social Media Release (SC responsible for this)
5. Medicaid Letter, if applicable (only if One Sky is NOT Rep-Payee) (SC responsible for this)
6. Planning Process Acknowledgement Form (SC responsible for this)
   a. Participant Directed and Managed Services Overview
   b. One Sky Community Services Providers

c. Complaint Process
d. Cost of Care
e. Client Rights

7. Service Agreement Approval Form (SC responsible for this)
8. Health History Form (SC responsible for this)
9. Medication List (SC responsible for this)

OTHER:

10. Release of Information for Primary Care Physician (SC responsible for this)

g. Attending the ISA Meeting.
   i. SC attends ISA Meeting (with all ISA Documents) and obtains signatures on the required forms.
   ii. Required Forms (that should be brought back to the office);
      1. Social Media Release (SC should have individual/guardian sign at the meeting.)
      2. Medicaid Letter, if applicable (only if One Sky is NOT Rep-Payee) (SC should have individual/guardian sign at the meeting.)
      3. Planning Process Acknowledgement Form (SC should have individual/guardian sign at the meeting.)
      4. Release of Information for Primary Care Physician (SC should have individual/guardian sign at the meeting.)
   iii. SC reviews the HRST rating with the team to obtain updates.
   iv. SC reviews the previous year's HRST Service Agreement and obtains updates to the profile and progress on previous goals.
   v. SC, individual, and team finalize individual's goals for coming year.

h. Writing the ISA.
   i. SC writes ISA and updates HRST Rating if applicable.
   ii. SC uploads all documents that are related to the ISA. These documents include;
      1. Resume (completed by SC)
      2. Overview of Services (completed by SC)
      3. Social Media Release (signed by individual/guardian)
      4. Medicaid Letter, if applicable. (signed by individual/guardian)
      5. Planning Process Acknowledgment Form (signed by individual/guardian)
      6. Service Agreement Approval Form (signed by Service Coordinator)
      7. Health History
      8. Medication List
      9. Release of Information for Primary Care Physician (signed by individual/guardian).
   iii. SC reviews all information associated with the ISA again and submits to Team Manager for review. Regulations show; SC has 10 days to complete the ISA before obtaining signatures from the Director of Service Coordination or Area Agency designee.

i. Approval Process (must be completed within 15 business days of meeting date)
   i. SC submits ISA for review to their Team Manager.
   ii. Team Manager reviews ISA and assures all appropriate documents are attached. Team Manager gives Approval Page to Director of Service Coordination.
   iii. Director of Service Coordination reviews ISA and finalizes it in HRST.

iv. After finalizing the Service Agreement, the Director of Service Coordination gives signed Approval Page to Admin.

v. Admin uploads signed Approval Page (as an ISA attachment rather than, the Approval Page).

j. Processing of the completed ISA.

i. Admin processes ISA and determines whether or not the Service Agreement needs to be sent to the guardian for approval. Once the Service Agreement is mailed to guardian, the regulation states that the individual/guardian has 10 business days (from receipt of the ISA) to return the signed Approval Page, if the Approval Page is not returned, the Service Agreement is considered implicitly approved.

ii. Admin processes ISA as complete after receiving the signed Approval Page and/or implicitly approving the Service Agreement.

iii. Admin saves completed Service Agreement to CM Drive and HRST Document Repository.

iv. Admin mails a completed copy of the Service Agreement to the individual and guardian and emails a completed copy of the Service Agreement to the associated vendor(s).

REFERENCE

6. HRST Manual, 5. Case Management, 2018.
7. He-M 525.06 Administrative, Service, and Personnel Requirements.

(a) During the service planning process, the area agency shall inform each individual and representative that participant directed and managed services are available as an option to them.

(b) For each individual receiving participant directed and managed services, the service coordinator shall develop a service agreement upon the area agency's identification of the availability of funding and prior to the initiation of services.

(c) The service coordinator shall assist the individual and representative and other persons chosen by the individual to develop a written service agreement in accordance with the principles outlined in He-M 525.05, signed by the individual or representative and the area agency director or designee, that includes the following:

(1) A brief description of the individual's strengths, needs, and interests, as applicable;
(2) The specific services to be furnished;
(3) The amount, frequency, duration, and desired outcome of each service;
(4) Timelines for initiation of services;
(5) The provider to furnish the services;
(6) Service documentation requirements for tracking outcomes and service provision, including the type of documentation;
(7) The frequency of service coordinator visits with the individual and contact with the representative pursuant to He-M 525.08 (a) and (b);
(8) An individualized budget pursuant to (g) below; and
(9) If medication is administered, provision for compliance with (k)(5) below.

(d) Requirements for documentation of service provision shall be specified in the service agreement and include, at minimum:

(1) The dates services are provided; and
(2) Reports on progress toward achieving desired outcomes.

(e) Service agreements shall be renewed at least annually and include a review of guardianship.

(f) Amendments to the service agreement may be made at any time. Amendments shall be documented by the service coordinator with the approval of the individual or representative and the area agency director or designee.

INDIVIDUAL SERVICE AGREEMENT - I.H.S

Department: Service Coordination
Contact: Keryn Bernard-Kriegl, Director of Service Coordination.
Effective & Revision Date: October 15, 2019.

PROCEDURE STATEMENT: This procedure outlines the timeline and steps to be taken to complete an Individual Service Agreement, prior to the Individual Service Agreement meeting, during the meeting, and following the meeting.

PURPOSE STATEMENT: The Individual Service Agreement is a living document reflecting the level of services an individual is being provided during a given year. This document is heavily regulated, requiring completion within 15 business days from meeting date and a minimum of annual completion with amendments as necessary.

DEFINITIONS:

ISA= Individual Service Agreement
SC= Service Coordinator
HRST= Health Risk Screening Tool

PROCEDURE & CONDUCT:

k. Scheduling/Coordinating the Pre-ISA (Quarterly Meeting Before the ISA is Due) Meeting.
   i. SC schedules Pre-ISA Meeting and assures everyone is invited; this should occur approximately 60-90 days prior to the current ISA expiring.
   ii. SC facilitates discussion with individual and team to begin considering how goals will change in next ISA. Goals to be finalized at ISA Meeting.
   iii. SC should schedule ISA Meeting date at the Pre-ISA Meeting.

l. Scheduling/Coordinating the ISA Meeting.
   i. The ISA Meeting should occur 30 days prior to the ISA expiring.
   ii. SC should fill out the ISA Scheduling Form after they obtained the date from the Pre-ISA Meeting and give to an Admin to process.
   iii. Admin sends out ISA invitation letters to invitees.
   iv. SC/Admin sends evaluations (SIS & HRST) to individual/guardian/vendor.
   v. SC reviews ISA Checklist and makes sure all documents are prepared.

SERVICE AGREEMENT CHECKLIST:

1. Extension Amendment, if applicable. (SC responsible for this)
2. HRST Service Agreement; this should include all goals. (SC responsible for this)
3. Overview of Services. (SC responsible for this)
4. Social Media Release (SC responsible for this)
5. Medicaid Letter, if applicable (only if One Sky is NOT Rep-Payee) (SC responsible for this)
6. Planning Process Acknowledgement Form (SC responsible for this)
   a. Participant Directed and Managed Services Overview
   b. One Sky Community Services Providers

c. Complaint Process
d. Cost of Care
e. Client Rights

7. Service Agreement Approval Form (SC responsible for this)
8. Supplemental Form. (SC responsible for this)

OTHER:

9. Release of Information for Primary Care Physician (SC responsible for this)

m. Attending the ISA Meeting.
   i. SC attends ISA Meeting (with all ISA Documents) and obtains signatures on the required forms.
   ii. Required Forms (that should be brought back to the office);
      1. Social Media Release (SC should have Guardian sign at the meeting.)
      2. Medicaid Letter, if applicable (only if One Sky is NOT Rep-Payee) (SC should have Guardian sign at the meeting.)
      3. Planning Process Acknowledgement Form (SC should have individual/guardian sign at the meeting.)
      4. Supplemental Form (SC should have Guardian sign at the meeting.)
      5. Release of Information for Primary Care Physician (SC should have Guardian sign at the meeting.)
   iii. SC reviews the HRST rating with the team to obtain updates.
   iv. SC reviews the previous year's HRST Service Agreement and obtains updates to the profile and progress on previous goals.
   v. SC, individual, and team finalize individual's goals for coming year.

n. Writing the ISA.
   i. SC writes ISA and updates HRST Rating if applicable.
   ii. SC uploads all documents that are related to the ISA. These documents include;
      1. Overview of Services (completed by SC)
      2. Social Media Release (signed by Guardian)
      3. Medicaid Letter, if applicable. (signed by Guardian)
      4. Planning Process Acknowledgment Form (signed by Guardian)
      5. Service Agreement Approval Form (signed by Service Coordinator)
      6. Supplemental Form (signed by Guardian)
      7. Release of Information for Primary Care Physician (signed by Guardian).
   iii. SC reviews all information associated with the ISA again and submits to Team Manager for review. Regulations show; SC has 10 days to complete the ISA before obtaining signatures from the Director of Service Coordination or Area Agency designee.

o. Approval Process (must be completed within 15 business days of meeting date)
   i. SC submits ISA for review to their Team Manager.
   ii. Team Manager reviews ISA and assures all appropriate documents are attached. Team Manager gives Approval Page to Director of Service Coordination.
   iii. Director of Service Coordination reviews ISA and finalizes it in HRST.
   iv. After finalizing the Service Agreement, the Director of Service Coordination gives signed Approval Page to Admin.

v. Admin uploads signed Approval Page (as an ISA attachment rather than, the Approval Page).

p. Processing of the completed ISA.

i. Admin processes ISA and determines whether or not the Service Agreement needs to be sent to the guardian for approval. Once the Service Agreement is mailed to guardian, the regulation states that the individual/guardian has 10 business days (from receipt of the ISA) to return the signed Approval Page, if the Approval Page is not returned, the Service Agreement is considered implicitly approved.

ii. Admin processes ISA as complete after receiving the signed Approval Page and/or implicitly approving the Service Agreement.

iii. Admin saves completed Service Agreement to CM Drive and HRST Document Repository.

iv. Admin mails a completed copy of the Service Agreement to the individual and guardian and emails a completed copy of the Service Agreement to the associated vendor(s).

REFERENCE

8. HRST Manual, 5. Case Management, 2018.
9. He-M 524.08 In-Home Supports Service Agreement

(a) The service agreement describing services provided pursuant to He-M 524.04 shall:

(1) Be jointly developed by the family, individual, representative, providers, service coordinator, and consultants in accordance with the individual's interests, preferences, and needs and the family's and individual's or representative's priorities;

(2) Be incorporated into the existing document, if the individual already has an IFSP pursuant to He-M 510.07 or service agreement pursuant to He-M 503.11;

(3) Include the following:

a. A list of specific activities to be carried out, including those regarding safety;

b. The specific schedule for the provision of services;

c. Name(s) of the person(s) responsible for providing the services;

d. Specific documentation requirements;

e. Specific contingency plans for assuring provision of service when the usual providers are not available;

f. Emergency contact information; and

g. An individualized budget which specifies:

1. Service components;
2. Duration and frequency of services required; and
3. Itemized cost of services;

(4) Be amended at any time by the individual, family, representative, service providers, service coordinator, and others involved in the care of the individual through joint discussion, written revision, and with indication of consent as shown by the signature of the individual or representative; and

(5) Be reviewed, and if necessary, amended, as required under (4) above, but at least annually, with:

a. Formal discussion of the individual's progress in developing greater independence and life skills;

b. Documentation of the family's, representative's, and individual's satisfaction with the service provision; and

c. Provision and review of information regarding personal rights and the complaint process.

(b) Upon completion of the service agreement, the individual or representative and area agency executive director or designee shall indicate approval by signing the agreement.

(c) The signature page of the service agreement shall document the individual's or representative's informed consent and that the individual or representative has been fully informed of community and institutional service alternatives and of the right to a hearing, as defined in He-C 201.02 (i), to dispute any component of the service agreement.

(d) If either the individual or representative, or area agency executive director, or designee, disapproves of the service agreement or an amendment proposed pursuant to (a)(4) above, the dispute shall be resolved:

(1) Through informal discussions among the individual, family, representative, service

(2) By reconvening a service planning meeting; or

(3) By the individual or representative filing a complaint pursuant to He-M 202.

	Relias Course	Welcome to Service Coordination	Client's Rights	HRST System Overview	Guiding Rules and Regulations	Individual Service Agreement (ISA) Overview	Billable Activities & Contact Notes	The Community We Serve	Disabilities Overview	Human Rights & Risk Management	Intake Process	How Services Are Funded	Prior Authorization Overview	The wait List	Individual Service Agrement Refresher	Automated Prior Author-ization System	CSNI SIS Overview	SIS Planning
Service Coordinator		Week 1				Week 2			Week 3			Week 4				Month 2		
Audlair, Stephanie		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Bradford, Mallory		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Bray, Sharon		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Collins, Nolan		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Cormier, Amy		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Gonzales, Chadia		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Jackson, John		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Jurkoic, Deb		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Kitchen, Shaylei		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Lauder, Alisha		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Lorentsen, Lynne		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
McGowan, Kathy		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Patria, Tyler		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Tellier, Karen		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Thomas, Lorena		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Supervisors																		
Baker, Cara		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Bernard Kriegl, Keryn		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
MacConnell, Anthony		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Richey, Sharon		x	G	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Sciuto, Lenore		G	G	x	G	x	x	G	G	G	x	x	x	x	x	x	x	x
Sorel, Krista		G	x	G	G	G	x	G	G	G	G	G	x	x	x	x	x	x
Admins																		
Hopper, Scott		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Thompson, Jess		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Farmer, Sheena		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
New Staff	Date of Hire																	
Stone, Delaney	23-Sep	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Russek, Charles	7-Oct						x		x		x		x	x		x	x	x
Vachon, Lynn	15-Oct								x								x	x
Pumphret, Erin	15-Oct		x						x							x	x	x

EXHIBIT JJ

Q1 FY 2020 Scoreboard

Activity *Completed On-Time*	Current Goal	July	August	September	Quarterly Total	Quarterly Goal
Billable Activities	492	422	480	483	1385	1476
PA Renewals Due to F.O.	20	20	14	11	45	60
ISAs	46	37	28	35	100	138
ISA Scheduling	55	26	36	49	111	165
Home Visits (1001 & 524)	36	12	25	30	67	108
Traditional QSS	80	10	5	49	64	240
QSS (524,525,521)	29	30	3	11	44	87
PA Renewals Due to BDS	20	26	25	20	-	-

Activity/Item:	Definition:
Billable Activities	Total number of expected billable contacts to be done by service coordinators on a monthly basis.
PA Renewals Due to F.O.	Number of Prior Authorization Renewals due to the Business Office by the end of the given month for timely processing.
ISAs	Number of Service Agreements currently expected to be completed and to begin in a given month.
ISA Scheduling	Goal is the number of ISAs expected to begin within the following month and the number is the ISAs that have been started for the following month.
Home Visits (1001 & 524)	Estimated number of Home Visits that should be completed on a monthly basis, tracked via the Home Visit document.
Traditional QSS	Estimated number of Satisfaction Surveys that should be completed on a monthly basis, tracked via the QSS document.
QSS (524,525,521)	Estimated number of Satisfaction Surveys that should be completed on a monthly basis, tracked via the QSS (524, 525, 521) document.
PA Renewals Due to BDS	Number of Prior Authorization Renewals Business Office has to submit to BDS by the middle of the given month.
Current Goal	Identifies the expected total of completed items in a given month
Month	The total number of items completed at that moment in time
Quarterly Total	Sum of all completed items for the three month period
Quarterly Goal	Estimated total expected items completed for the three month period

Remediation Action #8

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH DHHS PROGRAM CERTIFICATION REQUIREMENTS

STANDARD

Regulatory	He-M 1201 Medication Administration He-M 1001 Certification Standards for Developmental Services He-M 507 Certification for Community Participation Services He-M 310 Rights of Persons Receiving Developmental Services or Acquired Bran Disorder Services in the Community
Contractual	Contract, Exhibit A, Section 1: Provisions Applicable to all Services

FINDING

Areas where One Sky is considered to not be compliant

- He-M 503: Eligibility and the Process of Providing Services (See Attachment 1): All of the deficiencies cited under this rule were in regard to the writing, approval and completion of the service agreement on an annual basis, along with amendments not being completed as required. There has been a significant increase in He-M 503 service agreement deficiencies over the past two years, for which the area agency is directly responsible and there is a significant increase in service agreement deficiencies in both 2017 and 2018, and this is continuing into 2019. As of March 2019, there had been approximately 20 certification reviews for One Sky Community Services. At those reviews, there were 82 deficiencies cited, 17 (20.7%) of which were related to He-M 503.

- He-M 1001: Certification Services for Developmental Services Community Residences (see Attachment 2): The majority of the deficiencies cited under this rule were due to not completing criminal record checks, BEAS registry checks, DMV checks prior to hire and household maintenance issues, which are typically furnaces not being inspected as required. The percentage of deficiencies with respect to this rule ranges from 43.7% in 2018 to 69.4% in 2017. The other years fell in the middle of these two numbers.

- He-M 1201: Healthcare Coordination and Administration of Medication: This is addressed separately in the Corrective Action Plan developed for Compliance with Medication Administration and Health Care Coordination.

REQUIRED REMEDIATION

8. Coordinate with Vendor Agencies as appropriate to analyze the cause of deficiencies and develop plan to decrease vendor related deficiencies going forward.

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

As the Area Agency is meant to be in receipt of the provider agency corrective actions on deficiency/inspection reports, it is not always necessary or appropriate for the Area Agency to follow-up on every specific item. However, in order to identify if there are long-standing deficiency problems at a particular provider agency, the Quality department reviewed the deficiency data for all programs over the past five years (see Exhibit HHHH). The five-year lookback informs us of which vendors have had multiple years of high deficiency rates so we can more closely monitor their programs and begin

outreaching them this year as appropriate. The top three provider agencies that had high deficiency rates year-over-year were Easter Seals, Farmsteads, and NeuroRestorative.

The Quality Department maintains all certification data, including deficiencies, in an Access database and on a quarterly basis the previous quarter's deficiency data is going to be pulled and disseminated between Vendor-related deficiencies and Area Agency-related deficiencies. If the vendor-related deficiencies are at a rate that is higher than 3.5 (an estimated statewide average) this will trigger further review. If the data suggests a particular trend or particular program problem, the relevant Program Managers will be outreached to discuss if the corrective action has been effective or if further action is required. If no trend is identified, an informative message will be sent to the Program Director to inform them that their rate of deficiencies are higher than the average and a strategizing meeting will be offered. A data review was completed for deficiencies from January 2019 through June 2019 and this review did not uncover any significant areas of deficiency that were not already adequately addressed. The deficiency data for July through September of 2019 has not yet been fully compiled and reviewed, but meetings to address this data will take place in December.

The quarterly review that takes place is done using the below table, the "Certification Deficiency Review Data Table." Each vendor has their own table and a new column is added for every program that was inspected during the quarter. The "type of deficiency" identified in the table is related to CSNI reporting requirements. Under the regulation column the corresponding cited regulation number is entered in the blank cell. After data entry is complete, the overall deficiency rate is computed and a formula is run to count the number of occurrences of He-M 503 deficiencies, He-M 1001 deficiencies, He-M 1201 deficiencies, and other deficiencies. The reason these specific deficiencies are being reviewed is due to them being the specific areas of non-compliance reported in the Redesignation Report.

"Vendor Name"	
Certification #:	####
Date of Inspection:	##/##/##
Certification Type:	EFC
Vendor Response Req.	
Type of Deficiency	*Regulation*
Documentation:	
Health:	
Service Delivery:	
Medication:	
Safety:	
Other:	
Follow Up Needed:	
AA Response Req.	
Type of Deficiency	*Regulation*
Documentation:	
Health:	
Service Delivery:	
Medication:	
Safety:	
Other:	

The previously mentioned corrective actions are heavily focused on reactivity. On the side of proactivity to avoid vendor-deficiencies we are going to utilize our service coordination team to monitor their programs more closely. The first step was encouraging all of our service coordination staff to attend a training on He-M 1001's, this gave them a chance to ask questions of a state representative and get refreshed on the residential program requirements. Our current Home Visit form (see Exhibit IIII) does review medication logs, multiple documentation checks, and Fire Safety checks, but we are updating this form to be more robust and more in line with the Program Review Tool developed by CSNI's Uniformity of Practice (see Exhibit JJJJ).

To also become more proactive, we have increased the level of dialogue taking place with our service provider partners, who were all informed of our upcoming reviews at our September 12 All Vendor Meeting (see Exhibit DD). During the October 17 Meeting we reiterated our commitment to helping provider agencies prepare for certification and requested that when possible we receive 1-2 weeks' notice for missing documentation to ensure guardian contact when necessary (see Exhibit VP1). Additionally, our Quality Department has outreached the Office of Legal and Regulatory Services to request notification when certification inspections are scheduled so that we have the opportunity to complete a preliminary documentation review and self-report any instances of noncompliance.

Exhibit DD

One Sky Community Services, Inc.
755 Banfield Road | Suite 3 | Portsmouth | New Hampshire | 03801

Phone: (603) 436-6111 | Voice/TDD: (800) 660-4103
Fax: (603) 436-4622 | Visit us online: www.oneskyservices.org

ALL-VENDOR MEETING
Thursday, September 12, 2019 (3:00PM)

LOCATION:
One Sky Community Services (755 Banfield Rd, Portsmouth)

ATTENDEES:
Katie Kelly (IPPI), Jon Noble (FNE), Joseph Ntengeri (CPFC), Marci Poulin (LISS), Terry Blaisdell (CMRS), Kenda Howell (RRI), Chris Bertoncini (RRI), Scott Dow (RRI), Michael McKenna (MAY), Peggy Small-Porter (RMCC), Michelle Donovan (LISS), Patten Lohmann (WOU)

One Sky: John Ford (Director of Organizational Development), John Moran (Chief Financial Officer), Victoria Putnam (Manager of Quality Innovations), Lenore Sciuto (Senior Policy Advisor), Cara Baker (SC Team Manager, Traditional Services), Sharon Richey (SC Team Manager, ITS), Anthony MacConnell (SC Team Manager, Family Services), Kelly Scanlon (Quality Improvement Specialist).

MINUTES:

1. Introduction & Updates
    - John Moran, One Sky's new Chief Financial Officer, was introduced to the group. John has over 25 years' experience working with organizations specializing in serving DD populations both in Massachusetts and Rhode Island. He is learning NH-specific processes. His main focus since joining the agency has been to speed up cash flow process and get out late payments. There has been concern among provider agencies regarding delayed invoice payment, and many stress that transparency and communication by the area agency is needed during this time. Victoria noted that there was a shift in philosophy when the CFO change occurred earlier this year that focused on getting processes established which may have contributed to a slowdown in payment dissemination.
    - John Ford (Director of Organizational Development) will be leaving the agency effective tomorrow (9/13/19) due to health reasons. The agency is working on a transition plan to address his departure.
    - One Sky is close to fully staffed. A second part-time Nurse Trainer has started this month. As of 10/15/19 the traditional Service Coordination department will be fully staffed.

2. Communication Review
    - The One Sky service coordination team managers Cara Baker (Traditional Service Coordination), Anthony MacConnell (PDMS Service Coordination), and Sharon Richey (ITS Service Coordination) were re-introduced to the group, and provided a brief

overview of their backgrounds. They will serve as internal leads to their respective groups and as additional points of contact for provider agencies.

- Victoria stressed that the team management structure was created to enforce a "team approach" to providing services. A new Communication Matrix was distributed to the group that outlines agency points of contacts according to business need, and various team members will serve as escalation contacts if initial response is not received or if further clarification is needed. Any person listed on a line of the matrix will be a point of contact.
- Victoria will always serve as an internal point of contact if she needs to respond to a query. She will update provider agencies to any changes in communication protocols.
- Victoria also noted that the One Sky On-Call telephone number should be used by all provider agencies for an urgent matter/incident that occurs outside business hours. Depending on the severity of the issue, the on-call staff member can then escalate critical matters to senior leadership ASAP. This will ensure that serious matters are addressed timely by the agency.
- It is expected that leadership within each provider agency disseminate One Sky's On-Call information to appropriate staff as needed.

3. Vendor Reporting Processes Review
    - Victoria distributed copies of the vendor reporting requirements taken from the Master Agreements and highlighted critical documentation such as attendance needed for timely payment.
    - One Sky has a new email address (quality@oneskyservices.org) that will gate keep the important quality control documentation turned in by the provider agencies, such as certification documentation, 1201 reports, waiver requests, and BDS complaint communications.
    - Provider agencies have struggled to adhere to the 24-hour turnaround requirement for incident report submission, and Victoria stressed that agencies need to focus on turning those in in a timely manner for our records. Jon Noble (FNE) noted that during some cert reviews the certifier will note if Service Coordinator sign-off is not listed on the forms. At this time, One Sky will accept electronic signatures on incident reports as long as the Program Manager Review section on page 2 is completed.

4. Corrective Action Plan – Redesignation Updates
    - As part of the corrective action plan implementation, One Sky has been reviewing both internal and provider agency deficiencies for all certification reports from 2014-2018, as well as the first half of 2019. Victoria will reach out to providers in the coming

months to discuss the findings of this review and review proof of corrective actions that the agencies reported to BDS.

- One Sky will also be reinstating quarterly Nurse Trainer meetings. The first meeting is slated to occur sometime in late October (exact date TBD). The purpose of these meetings will be to discuss issues, share information, and document trends experienced by Nurse Trainers across the region, with the goal of creating a stronger community among nurses. Both of the new One Sky Nurse Trainers have a wealth of experience working in this field, and will be a welcome resource for the provider agencies.
- Additional positive outcomes noted by One Sky during the Corrective Action Plan (CAP) implementation:
    - Overdue ISAs have dropped by a rate of 41%
    - Approximately 53% of the 88 CAP action steps have already been implemented, and we are projected to have all CAP requirements completed prior to the state deadline of November 27, 2019.
- The state is still expected to release a survey to affected stakeholders sometime in November. It was suggested that another All-Vendor Meeting occur prior to that time in order to have a real-time update regarding the progress of the CAP. Victoria noted that another CAP update will be disseminated within the next month to keep provider agencies informed of progress.

5. Resources
    - There will be scheduled trainings hosted by the Region 8 START coordinator (Justin Smith) at the One Sky main office the third Friday of every month starting this September. An outline of topics for these trainings was given to the group and attendance was encouraged.

Next All-Vendor Meeting:
Thursday, December 12, 2019 at 3:00pm
One Sky Community Services main office

2014	Deficiencies	Inspections	Deficiency Rate
Great Bay Services	10	1	10.00
LifeShare	94	13	7.23
NeuroRestorative	6	1	6.00
Farmsteads	26	5	5.20
Granite Bay Connections	12	3	4.00
Futures	30	8	3.75
Living Innovations	52	15	3.47
Residential Resources	17	5	3.40
WOU	3	1	3.00
Crotched Mountain	4	2	2.00
Easter Seals	23	15	1.53
IPP	3	4	0.75
Community Strategies	1	3	0.33

2015	Deficiencies	Inspections	Deficiency Rate
Futures	74	13	5.69
NeuroRestorative	11	2	5.50
Farmsteads	14	3	4.67
Granite Bay Connections	8	2	4.00
LifeShare	58	17	3.41
Great Bay Services	3	1	3.00
Residential Resources	5	2	2.50
Living Innovations	49	20	2.45
IPP	18	9	2.00
Easter Seals	20	14	1.43
WOU	1	1	1.00
Community Strategies	0	1	0.00
Crotched Mountain	-	-	-

2016	Deficiencies	Inspections	Deficiency Rate
NeuroRestorative	10	1	10.00
Farmsteads	18	2	9.00
CPFC	5	1	5.00
Living Innovations	64	14	4.57
Futures	71	16	4.44
Residential Resources	9	3	3.00
Community Strategies	7	3	2.33
Easter Seals	33	15	2.20
LifeShare	31	15	2.07
Crotched Mountain	5	4	1.25
IPP	6	6	1.00
WOU	1	1	1.00
Granite Bay Connections	-	-	-
Great Bay Services	-	-	-

2017	Deficiencies	Inspections	Deficiency Rate
Easter Seals	41	5	8.20
Farmsteads	29	4	7.25
NeuroRestorative	11	2	5.50
Crotched Mountain	4	1	4.00
Residential Resources	3	1	3.00
Futures	36	13	2.77
Living Innovations	39	16	2.44
LifeShare	49	22	2.23
CPFC	4	3	1.33
Community Strategies	2	3	0.67
IPP	4	6	0.67
WOU	-	-	-
Granite Bay Connections	-	-	-
Great Bay Services	-	-	-

2018	Deficiencies	Inspections	Deficiency Rate
Easter Seals	170	22	7.73
Residential Resources	14	2	7.00
LifeShare	92	14	6.57
NeuroRestorative	6	1	6.00
Crotched Mountain	11	2	5.50
WOU	11	2	5.50
Living Innovations	107	20	5.35
Farmsteads	27	6	4.50
CIS	29	7	4.14
Futures	63	19	3.32
CPFC	15	6	2.50
IPP	8	4	2.00
Community Strategies	0	3	0.00
Granite Bay Connections	-	-	#VALUE!
Great Bay Services	-	-	#VALUE!

Each List Constitutes the Top 5 Deficiency Rates in each Year

	Deficiencies	Inspections	Deficiency Rate	Year
Great Bay Services	10	1	10.00	2014
NeuroRestorative	10	1	10.00	2016
Farmsteads	18	2	9.00	2016
Easter Seals	41	5	8.20	2017
Easter Seals	170	22	7.73	2018
Farmsteads	29	4	7.25	2017
LifeShare	94	13	7.23	2014
Residential Resources	14	2	7.00	2018
LifeShare	92	14	6.57	2018
NeuroRestorative	6	1	6.00	2014
NeuroRestorative	6	1	6.00	2018
Futures	74	13	5.69	2015
NeuroRestorative	11	2	5.50	2015
NeuroRestorative	11	2	5.50	2017
Crotched Mountain	11	2	5.50	2018
Farmsteads	26	5	5.20	2014
CPFC	5	1	5.00	2016
Farmsteads	14	3	4.67	2015
Living Innovations	64	14	4.57	2016
Futures	71	16	4.44	2016
Granite Bay Connections	12	3	4.00	2014
Granite Bay Connections	8	2	4.00	2015
Crotched Mountain	4	1	4.00	2017
LifeShare	58	17	3.41	2015
Residential Resources	3	1	3.00	2017

	Deficiencies	Inspections	Deficiency Rate	Year
CPFC	5	1	5.00	2016
Crotched Mountain	11	2	5.50	2018
Crotched Mountain	4	1	4.00	2017
Easter Seals	41	5	8.20	2017
Easter Seals	170	22	7.73	2018
Farmsteads	18	2	9.00	2016
Farmsteads	29	4	7.25	2017
Farmsteads	26	5	5.20	2014
Farmsteads	14	3	4.67	2015
Futures	74	13	5.69	2015
Futures	71	16	4.44	2016
Granite Bay Connections	12	3	4.00	2014
Granite Bay Connections	8	2	4.00	2015
Great Bay Services	10	1	10.00	2014
LifeShare	94	13	7.23	2014
LifeShare	92	14	6.57	2018
LifeShare	58	17	3.41	2015
Living Innovations	64	14	4.57	2016
NeuroRestorative	10	1	10.00	2016
NeuroRestorative	6	1	6.00	2014
NeuroRestorative	6	1	6.00	2018
NeuroRestorative	11	2	5.50	2015
NeuroRestorative	11	2	5.50	2017
Residential Resources	14	2	7.00	2018
Residential Resources	3	1	3.00	2017

HRST+ New Hampshire

ONE SKY COMMUNITY SERVICES

Report of Home Visit by Krista Sorel

Name: Mickey Mouse Date of Visit: -- Time: _____

☐ Announced or ☒ Unannounced Home Provider: _____

Residential Vendor: Easter Seals Program Manager: _____

Present in the home at the time of visit: _____

1 = Acceptable 2 = Concern 3 = Unacceptable

	1	2	3	Comments
Individual's Personal Appearance	☐	☐	☐	
General Conditions of the Home; sufficient food supplied	☐	☐	☐	
Individual's Bedroom	☐	☐	☐	
Relationship & Observed Interactions	☐	☐	☐	
Review that ISA is being implemented	☐	☐	☐	
Review CPS Notes	☐	☐	☐	
Activities/Participation in the Home/Community	☐	☐	☐	
Review of Medication Log	☐	☐	☐	
Fire Safety; Alarms & clear egresses	☐	☐	☐	
Review Fire Drill Reports	☐	☐	☐	

Dates of Program Mgr. Visits: _____ **Dates of Program Nurse Visits:** _____

Health Status:

Reviewed HRST Monthly Tracker with Provider: ☐ **Yes** ☑ **No**

Follow Up Needed:

Behavioral/Safety Issues/Behavioral Plan in the Home:

Additional Comments/Follow-Up Needed:

Generated 26 Mar, 2019 9:26am by Krista Sorel
Visit us on the web at www.hrstonline.com

Exhibit JJJJ

Program Review Tool

Individual: _____ **Service Coordinator:** _____ **Vendor Agency:** _____

Date of Visit: _____ **Time of Visit:** _____ **Location of Visit:** _____

Staff/ Provider Present for Visit: _____

Environment: *(Intent- to ensure that the setting seems safe, appropriate and accessible to the individual)*

	Satisfactory	Of Concern	Comments
General condition of home (walk through all common areas)	☐	☐	
Individual's bedroom (safe, healthy, private, reflects choice)	☐	☐	
Food (free access, adequate supply, reflects personal choice)	☐	☐	

Service Agreement: *(Intent-to ensure that the services and goals in the ISA are being implemented)*

	Satisfactory	Of Concern	Comments
ISA being followed (services, goals)	☐	☐	
Behavior Plan being followed, if applicable	☐	☐	☐ N/A
Staff report being adequately trained and supported by vendor	☐	☐	

Observation & Communication: *(Intent-to ensure individual is happy, healthy, etc. Talk with and/ or observe person)*

	Satisfactory	Of Concern	Comments
Supervision level of individual (as described in ISA)	☐	☐	
Happy with staff, services, health, schedule, home, etc.	☐	☐	
Activities, participation & interactions in community/ home of value to individual	☐	☐	

Client Rights: *(Intent-to ensure that the individual has the same rights as everyone else)*

	Satisfactory	Of Concern	Comments
No restrictions in place that are not part of bx plan or ISA	☐	☐	
Good health, hygiene, safety & quality of life	☐	☐	
Individual rights are being respected	☐	☐	

Additional Notes:

Follow-Up Needed (Include when and by whom):

Person Completing this Tool: _____ **Date:** _____

**Check with supervisor for procedure/ expectations of this tool- varies by agency*

One Sky Community Services
One Life, Endless Possibilities

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CAP UPDATES TO PROVIDER AGENCIES

Thursday, October 17, 2019 (3:00PM)

LOCATION:
One Sky Community Services (755 Banfield Rd, Portsmouth)

ATTENDEES:
Jon Noble (FNE), Michael McKenna (MAY), Peggy Small-Porter (RMCC), Melissa Hugener (Waypoint), Michelle Donovan (LISS), Lisa Evans (CIS), Hannah Reed (CIS), Susan Silsby (Easter Seals).

One Sky: Chris Muns (Chief Executive Officer), John Moran (Chief Financial Officer), Victoria Putnam (Director of Quality Improvement), Lenore Sciuto (Senior Policy Advisor), Kelly Scanlon (Quality Improvement Specialist).

MINUTES:

1. Introductions / Emergency Contacts & On-Call / Certification Support (Victoria Putnam)
    - Victoria welcomed the group and recapped the materials that were sent to provider agencies prior to the meeting. Each agency received a list of individuals served with the current Service Coordinator and SC Team Lead assigned. Victoria asked that providers notify her of other individuals at their agencies that should also receive these lists as they are updated (Nurse Trainers requested copies of these assignments at the Quarterly Nurse Trainer meeting held on 10/10/19).
    - An up-to-date One Sky organizational chart and a listing of upcoming START Training presentations were distributed. One Sky is fully staffed for Service Coordination assignments, though one more PDMS service coordination staff will be sought. The START Training series presentations will be monthly between now and April (with the exception of December). Attendance has been sparse – provider agency staff/DSPs are encouraged to attend.
    - The sign-in sheet for today's meeting included a request for On-Call / Emergency contact information for your agency. Please make sure to list this information for our records.
    - Victoria noted that One Sky wants to be a helpful resource in prepping for scheduled certification inspections and fill in any gaps for needed materials. However, advance notice is requested as much as possible since guardian follow-up may be needed for some documentation. Ideally, service coordination would be notified a week or two in advance of a scheduled inspection.

2. Corrective Action Plan Update (Chris Muns)
    - Chris emphasized that One Sky is striving to communicate regularly with agencies regarding CAP updates – if anyone else at the agencies need to receive updates please let him know.

- Work began in June when conditional redesignation was received. The detailed CAP was posted to the One Sky website back in July. Approximately 40-50 specific corrective action requirements were first outlined, which later increased to about 80.
- One Sky submitted a CAP progress report to BDS on September 12, and a copy was posted to the One Sky website. A 2nd progress report will be submitted to BDS on October 25, which will also be posted to the One Sky website.
- Upcoming CAP activities include:
    a. November 1: One Sky meeting with BDS; families should receive an electronic survey from BDS asking for feedback regarding One Sky
    b. November 5: A family forum will be held
    c. November 7: BDS will be holding a meeting with provider agencies; a survey to providers will be sent out asking for feedback regarding One Sky
    d. November 27: final day of CAP; status of redesignation potentially finalized
- The biggest challenge to address was the staffing shortage, though now we are fully staffed. The agency is also making progress on our training program (Relias training modules almost fully completed for all staff).
- The One Sky Business Office has also achieved more stability in the recent weeks with the addition of John Moran. John has reached out to counterparts at other area agencies to gain knowledge regarding best practices.
- Victoria has taken over staff development in her new role as Director of Quality Improvement. There are currently no uniform training tools across the state to draw from outside of Relias trainings, so these will need to be drafted using knowledge of best practices.
    a. Victoria would like to collaborate with providers to share external training opportunities between area agency and provider staff.

3. Statewide Budget Updates (Chris Muns)
    - The approved FY 20-21 and FY 21-22 budgets now include the ability to transfer funds between waivers, which allows for more flexibility. Also, funding no longer lapses at the end of the year – can be carried over to the following year.
    - The budget has increased 3.1% compounded annually. Implementation dates will be 1/1/2020 and 1/1/2021.
    - Advanced authorizations will be extended to the end of the fiscal year.
    - Allocation of new dollars will be prioritized as follows (across state; competition for $$):
        a. Students graduating or exiting the school system ("A"s)
        b. Those new to services ("B"s) – 18 ppl at R8 starting Jan 2020
        c. People receiving services but have additional needs ("C"s) – 23 ppl at R8
    - One Sky will need to work with provider agencies to determine how to justify needs for wait list; have to justify with our Bureau Liaison before even getting on list.

- Transitional services begin when the individual turns 21 or when they graduate high school, whichever comes first. The challenge still remains that we need to prove the person is waiver-eligible if they completed traditional high school courses.

4. Billing & Invoicing Process (John Moran)
    - The agency is committed to timely communication with provider agencies going forward regarding billing/financial status updates. John is accessible to all provider agencies for status updates.
    - Payments are run each Friday – agencies can expect to see payment in their accounts Monday mornings.
    - The agency is working to resolve pending claims, which are dependent on status of PA processing at the state. The state has limited resources to process PAs for all area agencies. There are currently $5 million in pending claims statewide.

5. Requests for Additional Funding (Chris Muns)
    - One Sky recognizes the struggle that provider agencies have experienced with limited funds available, but communicated that they would like to collaborate with provider agencies as much as possible to avoid any termination of services due to the disruption it causes to the individual's we mutually serve.
    - The agency has ability to supplement short-term, temporary funding but not long-term funding.
    - One Sky wants to be a helpful resource to agencies by helping communicate to families that their budget limitations will limit the services they are eligible to receive.

6. Final Comments (Chris Muns)
    - One Sky has distributed handouts that outline helpful resources for individuals and families:
        a. special needs planning/law services
        b. dental care options
        c. a series of "Meet and Greet" forums during the month of October to ask questions and meet key leaders of One Sky
    - One Sky will be holding the 4th annual "Move to Include" benefit gala on November 7 to recognize individuals we serve. Proceeds from the event will support our One Sky Readiness Fund. All are welcome to attend.

<u>Next All-Vendor Meeting:</u>
Thursday, December 12, 2019 at 3:00pm
One Sky Community Services main office

Remediation Action #9

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH FAMILY CENTERED EARLY SUPPORTS AND SERVICES

STANDARD

Regulatory	He-M 510 Family Centered Early Supports and Services
Contractual	Exhibit A, Section4: Family Centered Early Supports and Services

FINDING

One Sky Community Services is not in compliance with He-M 510.10 9j) which states "each FCESS Program shall have a designated program director who shall be responsible for the overall administration of the supports and services and personnel training and supervision."

REQUIRED REMEDIATION

9. Assign a Senior Leadership management Representative that has experience working with children and families to be liaison to the FCESS programs with whom thy contract.

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

Lenore Sciuto, a senior Leadership team member with 25+ years of experience working with children and families was appointed to be the liaison to the FCESS programs with whom One Sky contracts; Richie McFarland Children's Center and Waypoint on June 18, 2019. Richie McFarland Children's Center, Waypoint and FCESS State office (Liz Collins) were formally notified of this change on June 27, 2019 (see Exhibit 25). Lenore Sciuto's job description was altered to include oversight of the FSESS program on October 4, 2019 (See attached Exhibit MM). Keryn Bernard-Kriegl, Director of Service Coordinator was designated as the secondary contact (See attached Exhibit LL).

One Sky Community Services
One Life. Endless Possibilities

One Sky Community Services, Inc.
755 Banfield Road | Suite 3 | Portsmouth | New Hampshire | 03801

Phone: (603) 436-6111 | Voice/TDD: (800) 660-4103
Fax: (603) 436-4622 | Visit us online: www.oneskyservices.org

June 27, 2019

Ms. Elizabeth Collins, RN-BC, MS
Administrator/CYSHCN Director
Bureau of Special Medical Services
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Ms. Collins,

I would like to officially notify you that One Sky Community Services has assigned Lenore Sciuto as our Family Centered Early Supports and Services (FCESS) program director. Lenore has been acting in this role for most of this year and will continue to serve as our Senior Level Management Representative and will act as the liaison to the FCESS programs with whom we have contracted: the Richie McFarland Children's Center and Waypoint.

Lenore can be reached at l.sciuto@oneskyservices.org and (603) 436-6111 ext. 107. If you have any questions, please do not hesitate to contact me at c.muns@oneskyservices.org and (603) 436-6111 ext. 103.

Very truly yours,

Chris Muns
Chief Executive Officer

cc: Lenore Sciuto
Sandy Hunt – BDS Bureau Chief
Darlene Ferguson – BDS Area Agency Liaison
Peggy Small-Porter – Richie McFarland Children's Center
Melissa Hugener - Waypoint

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October 16, 2019

Ms. Elizabeth Collins, RN-BC, MS
Administrator/CYSHCN Director
Bureau of Special Medical Services
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Ms. Collins,

I would like to officially notify you that One Sky Community Services has designated Keryn Bernard-Kriegl as our Family Centered Early Supports and Services (FCESS) program secondary contact. In the event you are unable to reach Lenore Sciuto who is our FCESS program Senior Level Management Representative, please reach out to Keryn.

Keryn can be reached at k.bernardkriegl@oneskyservices.org and (603) 436-6111 ext. 135. If you have any questions, please do not hesitate to contact me at c.muns@oneskyservices.org and (603) 436-6111 ext. 103.

Thank you very much for your many years of dedicated state service and good luck to you in wherever the next chapter in your life takes you.

Very truly yours,

Chris Muns
Chief Executive Officer

cc: Lenore Sciuto
Keryn Bernard-Kriegl
Dee Dunn Tierney - Special Medical Services Bureau Chief
Sandy Hunt – BDS Bureau Chief
Darlene Ferguson – BDS Area Agency Liaison
Peggy Small-Porter – Richie McFarland Children's Center
Melissa Hugener - Waypoint

Exhibit MM

One Sky Community Services, Inc.
755 Banfield Road Suite 3
Portsmouth, NH 03801
Phone: 603-436-6111
1-800-660-4103
Fax: 603-436-4622
www.oneskyservices.org Facebook/ @oneskyservices Twitter/@onesky_services

ONE SKY COMMUNITY SERVICES
JOB DESCRIPTION

I. JOB TITLE:

Director of Integrated Services

II. JOB OBJECTIVE:

Serve as the catalyst on the Senior Leadership Team in support of our strategic goal of becoming the leading provider of integrated service coordination services to individuals with alternate abilities in our area.

Work with other community stakeholders to developed an integrated approach to meeting the needs of the "whole person" we support.

Member of the Senior Leadership Team

III. SKILLS REQUIRED:

- At least four year's professional experience in human services, with two years administrative experience.
- Demonstrated skills in staff development, consumer advocacy and utilizing and developing community resources.
- Superior skills in organization and attention to detail
- Commitment to the highest quality of work; from themselves and from others.
- Highly collaborative, wants to work in a team environment without a rigid structure and encourages all who she/he has responsibility for to do the same, has a strong connection to the success of the Senior Leadership Team and the organization as a whole.
- An excellent communicator; as a speaker and as a listener.
- Ability to build strong relationships with others members of the Senior Leadership Team and with others in the organization.
- An ability to recognize, foster and develop talent and initiative in others
- A proactive self-starter with the ability to work independently and effectively manage competing requests and priorities.
- Proven abilities to problem solve, negotiate with internal and external partners and apply personal judgment to address problems as they arise and help move the organization forward.

- Intermediate proficiency in MS Office (Word, Excel and Outlook); advanced proficiency preferred.
- Flexibility and creativity are keys to success.

The Director of Integrated Services will have a minimum of a bachelor's degree from an accredited college or university in a related profession, as required by HeM 506.03. A master's degree may be substituted for one year experience.

IV. RESPONSIBILITIES:

A. Essential functions:

1. **ITS Service Coordination**
   a. Oversee activities of a team of two high risk service coordinators managing primarily individuals identified as in need of Intensive Treatment Services (ITS).
   b. Advocate for and on behalf of individuals who are eligible for DD, ABD and IHS Medicaid waiver. Advocate for them internally within the Senior Leadership Team and the Board of Directors and externally with the NH Bureau of Developmental Services (BDS) , our service provider partners and within our community.
   c. Balance the individual needs of each of the individuals and their families needing services with the needs of other individuals and resources available to One Sky through the State of New Hampshire and/or other funding sources.
   d. Ensure that all services are delivered and administrated consistent with all applicable CMS and NH laws and regulations.
   e. Ensure that all and guardians of same are informed of and understand their rights and responsibilities under all applicable US and NH laws and regulations
   f. Develop and refine models for Individualized Service Plans (ISP) and other reporting forms and ensure that all Service Coordinators are trained in these approaches.
   g. Ensure that a designated signer reviews and approves all Individual Service Plans and accompanying budget all individuals receiving services. Participate in program development meetings with parents, Service Coordinators and others as required either because of the complexity or the high visibility of the case.
   h. Work in collaboration with the NH BDS, other area agencies and our service provider partners to accomplish our mission.
   i. Actively participate as a key member of the Senior Leadership Team.
   j. Represent One Sky at Statewide Community of Practice and Risk Management Committees. Team manager does this

2. **Intake and Eligibility Determination**
   a. Oversee activities of Intake Coordinator

b. Determine - in consultation with CSNI – eligibility for area agency services of persons who apply.
c. When an individual is determined to be conditionally eligible, ensure that that eligibility is re-evaluated at the appropriate time.
d. Oversee the processing of any area agency to area agency transfer requests; either into the region from or out to other regions.
e. Work closely with Director of Service Coordination to ensure that everyone over the age of 3 who is deemed to be eligible for area agency services is assigned to a service coordinator.

3. **Early Supports and Services**
   a. Serve as the Senior Level Management Representative liaison to the Early Supports and Services (ESS) programs with whom we have contracted: the Richie McFarland Children's Center and Waypoint.
   b. Schedule and conduct quarterly (at a minimum) meetings with service providers providing ESS services.
   c. Work closely with the Director of Quality Improvement to monitor performance of ESS service providers.

4. **Regional and Integrated Initiatives**
   a. Ensure that One Sky is aware of and actively participating in regional or statewide discussion groups or initiatives impacting how and where service for individuals with developmental disabilities and acquired brain disorders can be delivered.
   b. Work closely with the Director of Service Coordination to develop an integrated approach to case management; pulling other stakeholders (e.g. behavioral health, MCOs, school Special Ed directors, etc.) into the service team and working toward shared care plans

5. **Risk Management / Human Rights**
   Chair One Sky's Risk Management and Human Rights Committees. Work closely with Director of Service Coordination to:
   a. Maximize input that Risk Management Committee can provide in the development of appropriate risk and behavior plans.
   b. Maximize input from the Human Rights Committee to ensure that rights of individuals we serve are protected.

6. **Clinical Oversight / Consultation**
   a. Senior Leader who has overall responsibility for allocation and spending of Specialty Services (Service Levels: SSL and SSL Consult Services)
      - Ensure that those scarce resources are fully utilized each year
      - Review all invoices for clinical and behavioral support services that are charged to either SSL or SSL Consult

b. Work closely with Chief Financial Officer to develop and implement effective processes, procedures and reporting mechanisms to:
   - Provide prior approval for all new clinical and behavioral support services.
   - Process all invoice for clinical and behavioral supports Review invoices.
   - Track and monitor monthly and year-to-date utilization.

c. Work closely with the Director of Service Coordination to review and approve all requests for clinical and behavioral supports.

d. Serve as a subject matter expert on clinical supports typically necessary/provided to individuals with developmental disabilities and acquired brain disorders. Be available to consult with other members of the Service Coordination team on clinical matters.

7. **Supervisory**
   - Foster and encourage a culture of openness and accountability within the department and between Service Coordination and other organizational entities within One Sky.
   - Delegate and take personal responsibility for the growth and development of immediate direct reports; help them become more effective supervisors and leaders in the organization.
   - Set annual performance goals with each direct report and provide (at a minimum) quarterly verbal feedback and annual written assessment of performance. Ensure that in-house case management system is accurate and up-to-date at all times.
     - Work in collaboration with the Director of Service Coordination and the Director of Quality Improvement to ensure that the same evaluation measurement/tools to assess the quality of Service Coordination services are implemented for ITS Service Coordinators.
     - Review with other senior staff appropriate measures of performance.
     - Monitor service provider (vendor) performance in providing required documentation; provide all service providers with annual reminder of required documentation.
     - Ensure that all outside service provider certifications are up-to-date and current.
   - Regularly assess caseloads to ensure that workloads are fairly and appropriated balanced
   - Meet with the entire Service Coordination team as a whole on a regular and recurring basis. Work with the Director of Service Coordination to develop and foster an "esprit de'corps" across the two departments that is focused on working together – as a team and with other members of the organization - to support and further the entire organization's goals.

4. **Professional Development**

   Work closely with the Director of Quality Improvement to assist with in-house training activities and/or leverage industry and state-wide contacts to identify additional training and development opportunities.

8. **Leadership**
   a. Serve as the designated alternate representative of One Sky at statewide meetings.
   b. Foster and encourage a culture of openness and accountability within the Service Coordination department and between Service Coordination and other organizational entities within One Sky.
   c. Prepare, submit and review with the Board of Directors a quarterly summary of performance.
   d. Develop strong and effective working relationships with other members of the Senior Leadership Team.
   e. Be a change agent. Continually identify and pursue opportunities for us to become more efficient.

5. **Professional Development**
   a. Maintain, expand and share current knowledge of best practices in services to people with developmental disabilities with agency staff, service providers, families, NH BDS/DHHS staff and local legislators.
   b. Take on an expanded leadership role within the Area Agency system and in interactions with NH BDS/DHHS.
   c. Develop and implement new programs as the demand for these new services may arise.
   d. Monitor and encourage staff to acquire knowledge of current practices in field.
   e. Participate in development of annual Individual Assessment review with Chief Executive Officer.

B. Non-essential functions:

1. Actively support our community outreach and development activities, including fundraising.
2. Actively support our family advocacy and education activities, including meeting with local legislators from time to time.

V. WORKING CONDITIONS:

A. Workday is usual office hours Monday through Friday with flexibility to accommodate individuals, family, program schedules and department/agency events. Majority of work is performed at a workstation, in a climate-controlled office. Some time is spent away from the office on agency business.

B. Must provide or have available own transportation. A Criminal Record Check, driver record check, proof of license and insurance is required and

employment is contingent on the results. Auto insurance limits of 100/300 is recommended.

VI. POSITION ACCOUNTABILITY:

A. This is a full time exempt management position directly reporting to the Chief Executive Officer. While there is no set expectation of hours worked in excess of 40 hours per week, there is an expectation that the work the position is responsible for will get done in a timely and accurate manner and that if additional hours to do so are required then the Senior Policy Advisor will put in the time necessary to do so.

B. Position has managerial responsibilities for the following direct reports
   1. ITS Team Manager
   2. Intake and Information Referral Specialist
   3. START Coordinator

C. An initial job performance will be reviewed at 6 months, with annual reviews thereafter.

VII. EFFECTIVE DATE:

1983 revised: 2/90, 11/1/95, 9/97,9/98,6/01,8/09, 10/2016, 6/2018

VIII. ACKNOWLEGMENT:

I have read and understand the duties of this position. I understand that I am an employee "at will" and do not construe this as an employment contract.

_____ _____
Staff Signature Date

_____ _____
Supervisor Signature Date

Remediation Action #10

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH MEDICATION ADMINISTRATION

STANDARD

Regulatory	He-M 1201 Medication Administration (see Attachment 1)
Contractual	Contract, Exhibit A, Section 1: Provisions Applicable to all Services

FINDING

The majority of the deficiencies cited under this rule were evenly divided between healthcare coordination requirements (annual review by nurse trainer and health screening recommendations) and medication administration (initial assessment by nurse trainer and PRN (pro re Nata, as needed) order and protocols). The percentage of deficiencies of this rule ranges from 16.7% to 23% each year except for 2017, which accounted for 32.5% of their total deficiencies. One of the vendor agencies for this area agency had a significant nursing shortage for part of 2017, which appears to have led to this significant increase. Although the vendor agencies were short staffed, One Sky has the ultimate responsibility to ensure compliance with this rule.

REQUIRED REMEDIATION

10. One Sky will submit a Corrective Action Plan that addresses compliance with Medication Administration in accordance with He-M 1201.

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

The first action taken to better address the Medication Administration compliance issues was to hire a part-time Nurse Trainer to the Quality Department. In late 2018, the AA Nurse Trainer was working per diem and did not have a direct supervisor as the Director of Service Coordination position was vacant. The first Nurse Trainer hired was extremely experienced and working as a Nurse Trainer at another region's area agency. Due to the Nurse Trainer living outside Region 8, the decision was made to hire a second part-time Nurse Trainer to ensure that support would be consistent in the case of scheduling conflicts. The second Nurse Trainer had previous experience working for as a Nurse Trainer at a NH provider agency and experience working at a MA agency.

In May 2019, the Manager of Quality Innovations outlined the Quality Improvement Initiatives or Plans for Monitoring in the 1201-C report for October 2018-April 2019 (see Exhibit KKKK). Key aspects of that plan were to;

- Involve new Nurse Trainers in 1201 review for more informed oversight,
- Review and track 1201 data over reporting periods to analyze trends and compare providers,
- Compare provider's corrective actions over reporting periods to track progress of corrective actions on compliance rates,
- Expand Nurse Trainer responsibilities to include random audits of provider agency med logs,
- Begin tracking Medication Error Occurrence Reports to identify trends and rectify prior to 1201 reporting time, and
- Host regional Nurse Trainer meetings on a quarterly basis.

In October 2019, the Director of Quality Improvement, the two Nurse Trainers, and the QI Specialist met to review the received 1201 reports for the period from April 2019 through September 2019 and update

the data on the 1201 Tracking Spreadsheet (see Exhibit NN). The team identified trends specifically in authorized providers not following appropriate procedures for New Medication Orders. The team agreed to develop a best practice document for New Orders to share with the specific programs and the regional Nurse Trainers at the next meeting. The team identified the programs with the highest rates of errors and strategized how to follow-up with the corresponding provider Nurse Trainers and Program Managers.

Following completion of training, the in-office Nurse Trainer will begin shadowing service coordinators to residential programs to spot-audit medication logs. This new level of involvement was communicated with provider agencies during the September Provider Meeting (see Exhibit DD). The first nurse review took place in October 2019 at one of the ITS programs and will be the model for future visits which are planned to increase in December 2019.

The below chart is a truncated version of the data that is now being collected as part of the Medication Error/Occurrence Reports (previously outlined in Exhibit I). This tracking and comparison with the 1201 reporting errors, did make it evident that some programs are under-submitting the Medication Error/Occurrence Reports. In response to this, we will be reviewing the systemic barriers to this process at the next regional Nurse Trainer meeting and will be recommending that Nurse Trainers or Program Managers get weekly reminders to complete Medication Error/Occurrence Reports for any new instances.

Vendor	Individual	Time of Incident	Deficient 3 Checks	Deficient 6 Rights	Description
Becket	Redacted	12:00 PM	X	X	New Log not created for July regarding daily patch- lack education was indicated as a contributing factor- failed to follow 3 checks 6 rights
EasterSeals	Redacted	4:10 PM		X	Omission of initials- med given, individual forgot to sign- failed to follow 6 rights
FNE	Redacted	9:30 AM	X	X	Medications not given as they had been poured and left on the counter found in the AM- did not follow 3 checks 6 rights
EasterSeals	Redacted	8:00 AM	X	X	Provider forgot to give medications due to distraction and altered AM routine
FNE	Redacted	12:00 AM		X	Seizure medication documentation missing - found during QA,

The first Regional Nurse Trainer Meeting took place on October 10, 2019 (see Exhibit OO). The current proposed schedule for these meetings is the first month of the quarter on the third Friday of the month from 10am-11am.

The upcoming schedule of Region 8 Nurse Trainer meetings is;

- January 17, 2020 10am-11am
- April 17, 2020 10am-11am
- July 17, 2020 10am-11am
- October 16, 2020 10am-11am

In October 2019, the Director of Quality Improvement outlined the Quality Improvement Initiatives or Plans for Monitoring in the 1201-C report for April 2019 – September 2019 and those initiatives are outlined below and currently being reviewed by the Medication Committee (see Exhibit LLLL).

Oct 2019 Quality Improvement Initiatives or Plans for Monitoring:

- Area Agency Nurse Trainers review Medication Error reports as they are submitted and as appropriate make recommendations to Program Manager or Provider Nurse Trainer for follow-up.
- Area Agency Nurse Trainers have reviewed all submitted 1201-A and 1201-B reports, identified data outliers and will be meeting with those Program Managers and Provider Nurse Trainers to discuss best practices and most effective ways to implement with Authorized Providers.
- Area Agency Nurse Trainer to spot audit residential service providers for He-M 1201 and NUR 404 compliance.
- Area Agency hosting regional Nurse Trainer meetings quarterly to discuss best practices, system updates, training needs of authorized providers, share resources, and plan community training opportunities.
- The regional Nurse Trainer meeting will be additionally used as time to discuss nursing recruitment strategies. One initiative already in planning stages is to increase healthcare and hospital awareness of the DD/ABD field to widen the potential candidate pool for new Nurse Trainer positions.
- In response to the identification of inconsistent Medication Error reporting, Area Agency is going to institute a standardized communication with all regional Nurse Trainers reminding them to submit Medication Error forms at the time of the errors.
- In response to the identification of New Medication Order related errors, the Area Agency Nurse Trainers are developing a New Med Order Checklist that will be shared as a resource with all Program Managers and Nurse Trainers.

Exhibit DD

One

ALL-VENDOR MEETING
Thursday, September 12, 2019 (3:00PM)

LOCATION:
One Sky Community Services (755 Banfield Rd, Portsmouth)

ATTENDEES:
Katie Kelly (IPPI), Jon Noble (FNE), Joseph Ntengeri (CPFC), Marci Poulin (LISS), Terry Blaisdell (CMRS), Kenda Howell (RRI), Chris Bertoncini (RRI), Scott Dow (RRI), Michael McKenna (MAY), Peggy Small-Porter (RMCC), Michelle Donovan (LISS), Patten Lohmann (WOU)

One Sky: John Ford (Director of Organizational Development), John Moran (Chief Financial Officer), Victoria Putnam (Manager of Quality Innovations), Lenore Sciuto (Senior Policy Advisor), Cara Baker (SC Team Manager, Traditional Services), Sharon Richey (SC Team Manager, ITS), Anthony MacConnell (SC Team Manager, Family Services), Kelly Scanlon (Quality Improvement Specialist).

MINUTES:

1. Introduction & Updates
    - John Moran, One Sky's new Chief Financial Officer, was introduced to the group. John has over 25 years' experience working with organizations specializing in serving DD populations both in Massachusetts and Rhode Island. He is learning NH-specific processes. His main focus since joining the agency has been to speed up cash flow process and get out late payments. There has been concern among provider agencies regarding delayed invoice payment, and many stress that transparency and communication by the area agency is needed during this time. Victoria noted that there was a shift in philosophy when the CFO change occurred earlier this year that focused on getting processes established which may have contributed to a slowdown in payment dissemination.
    - John Ford (Director of Organizational Development) will be leaving the agency effective tomorrow (9/13/19) due to health reasons. The agency is working on a transition plan to address his departure.
    - One Sky is close to fully staffed. A second part-time Nurse Trainer has started this month. As of 10/15/19 the traditional Service Coordination department will be fully staffed.

2. Communication Review
    - The One Sky service coordination team managers Cara Baker (Traditional Service Coordination), Anthony MacConnell (PDMS Service Coordination), and Sharon Richey (ITS Service Coordination) were re-introduced to the group, and provided a brief

overview of their backgrounds. They will serve as internal leads to their respective groups and as additional points of contact for provider agencies.

- Victoria stressed that the team management structure was created to enforce a "team approach" to providing services. A new Communication Matrix was distributed to the group that outlines agency points of contacts according to business need, and various team members will serve as escalation contacts if initial response is not received or if further clarification is needed. Any person listed on a line of the matrix will be a point of contact.
- Victoria will always serve as an internal point of contact if she needs to respond to a query. She will update provider agencies to any changes in communication protocols.
- Victoria also noted that the One Sky On-Call telephone number should be used by all provider agencies for an urgent matter/incident that occurs outside business hours. Depending on the severity of the issue, the on-call staff member can then escalate critical matters to senior leadership ASAP. This will ensure that serious matters are addressed timely by the agency.
- It is expected that leadership within each provider agency disseminate One Sky's On-Call information to appropriate staff as needed.

3. Vendor Reporting Processes Review
    - Victoria distributed copies of the vendor reporting requirements taken from the Master Agreements and highlighted critical documentation such as attendance needed for timely payment.
    - One Sky has a new email address (quality@oneskyservices.org) that will gate keep the important quality control documentation turned in by the provider agencies, such as certification documentation, 1201 reports, waiver requests, and BDS complaint communications.
    - Provider agencies have struggled to adhere to the 24-hour turnaround requirement for incident report submission, and Victoria stressed that agencies need to focus on turning those in in a timely manner for our records. Jon Noble (FNE) noted that during some cert reviews the certifier will note if Service Coordinator sign-off is not listed on the forms. At this time, One Sky will accept electronic signatures on incident reports as long as the Program Manager Review section on page 2 is completed.

4. Corrective Action Plan – Redesignation Updates
    - As part of the corrective action plan implementation, One Sky has been reviewing both internal and provider agency deficiencies for all certification reports from 2014-2018, as well as the first half of 2019. Victoria will reach out to providers in the coming

months to discuss the findings of this review and review proof of corrective actions that the agencies reported to BDS.

- One Sky will also be reinstating quarterly Nurse Trainer meetings. The first meeting is slated to occur sometime in late October (exact date TBD). The purpose of these meetings will be to discuss issues, share information, and document trends experienced by Nurse Trainers across the region, with the goal of creating a stronger community among nurses. Both of the new One Sky Nurse Trainers have a wealth of experience working in this field, and will be a welcome resource for the provider agencies.
- Additional positive outcomes noted by One Sky during the Corrective Action Plan (CAP) implementation:
    - Overdue ISAs have dropped by a rate of 41%
    - Approximately 53% of the 88 CAP action steps have already been implemented, and we are projected to have all CAP requirements completed prior to the state deadline of November 27, 2019.
- The state is still expected to release a survey to affected stakeholders sometime in November. It was suggested that another All-Vendor Meeting occur prior to that time in order to have a real-time update regarding the progress of the CAP. Victoria noted that another CAP update will be disseminated within the next month to keep provider agencies informed of progress.

5. Resources
    - There will be scheduled trainings hosted by the Region 8 START coordinator (Justin Smith) at the One Sky main office the third Friday of every month starting this September. An outline of topics for these trainings was given to the group and attendance was encouraged.

Next All-Vendor Meeting:
Thursday, December 12, 2019 at 3:00pm
One Sky Community Services main office

FORM 1201-C
Six-Month Area Agency Report to NH Bureau of Developmental Services Medication Committee

1. Area Agency Name: **One Sky Community Services** Area Agency Address: **755 Banfield Rd. Suite 3** **Portsmouth, NH 03801** Area Agency contact person **Victoria Putnam** Email Address **v.putnam@oneskyservices.org** Phone number: **603-436-6111 Ext. 160**	2. Number of programs where medications are administered by unlicensed persons: 106 1001 **50** **1001/507 57** 521 **0** 507 **4** 524 **0** 518 **0** 525 **0**
3. Number of Psychotropic Medications prescribed: **280**	4. Number of individual identified to be in Frail Health: **14**
5. Number of individuals on four or more Psychotropic Medications: **35**	6. Number of individuals receiving medication From authorized providers: **139**
7. Number of medication errors that resulted in Medical treatment (DD): **N/A**	8. Number of medication errors that resulted in Medical treatment (ABD) **N/A**

TO:
Jen McLaren, M.D.
Chairperson, Medication Committee
c/o Maureen DiTomaso, Bureau of Developmental Services
105 Pleasant Street, Main Building
Concord, New Hampshire 03301

Dear Dr. McLaren,

Enclosed are the semi-annual medication administration review He-M 1201-A, -B, and –C Form(s) for the period of **10/01/2018** through **03/31/2019**, including each provider agency's and/or area agency entity's performance summarized, and this corresponding area agency's plan for monitoring, oversight and quality improvement. In addition, from this area agency's perspective:

9. Summary Medication Errors:

Wrong Medication	**4**
Wrong Time	**5**
Wrong Dosage	**3**
Wrong Person	**1**
Wrong Route	**0**
Omission	**76**
Documentation	**45**
Total Errors	**134**
Number of Doses	**234,136**
Error to Dosage Ratio	**0.00057232**
Number of He-M 1201 Authorized Providers*	**614**

FORM 1201-C

Six-Month Area Agency Report to NH Bureau of Developmental Services Medication Committee

*Providers may be authorized in more than one location and therefore may be counted more than once.

FORM 1201-C

Six-Month Area Agency Report to NH Bureau of Developmental Services Medication Committee

10. Positive Regional Trends
    1. **Vendor agencies are identifying complicated and staffed programs as having higher rates of medication errors and are accordingly increasing the oversight in those programs.**
    2. **Vendor agencies are consistently responding appropriately to performance issues with authorized providers through retraining, probation periods with increased oversight, and, when necessary, termination.**
    3. **Multiple vendor agencies are implementing, reinstating, or retraining on communication logs to improve shift-change collaboration and verify correct medication sign-offs.**
    4. **Total Medication Errors decreased significantly compared to the last two reporting periods. This can be attributed to outlying errors being identified and rectified more quickly than in previous periods as a result of those periods' plans of correction for increased oversight.**
    5. **Total Medication Errors decreased, while the number of doses over the last period increased, yielding an Error to Dosage Ratio that is significantly lower than the previous two reporting periods. This can be attributed to increased oversight from vendors in the past two reporting periods. An additional potential reason is the increase to Nurse Trainer hours compared to the last two reporting periods.**
    6. **The increase to Nurse Trainer hours was heavily influenced by the introduction of a new staffed residence from NeuroInternational in Concord, NH.**
    7. **The number of individuals being served in a home (including out of region) is the highest it has been in the past four reporting periods. This change is in line with the spike in the number of authorized providers in Region 8 as of this reporting period.**

	Ind (total in home, even out of region)	# of Providers	Doses	NT Hours	He-M 1201 Def	Ind on 4+ Psych Meds	# of Psych Meds	Total Errors	Error to Dosage Ratio
Totals 4-19	207	614	234136	509	34	35	280	134	0.00057
Totals 10-18	185	492	221470	372.5	21	25	273	528	0.00238
Totals 4-18	157	445	216693	460	45	22	243	1502	0.00693
Totals 10-17	192	449	213344	494.5	13	26	240	67	0.00031
Totals 4-17	149	440	192025	538	15	20	234	131	0.00068

11. Negative Regional Trends
    1. **Multiple vendors reported problems with staff consistently completing triple checks. Responses were for personal retraining, disciplinary action, and increased oversight from Nurse Trainers.**
    2. **Over the past reporting period, some authorized providers required disciplinary action, probationary periods, and termination for instances of non-compliance. When appropriate, staff received the necessary retraining and oversight to be successful going forward.**
    3. **There was an increase in the He-M 1201 deficiencies, which could have been a result of the increased number of individuals in the homes, the increases in psychiatric medications, or in the number of individuals with four or more psychiatric medications. The AA Nurse Trainer will be completing more frequent audits to the vendor agencies in order to monitor for 1201 deficiencies and assist in rectifying any issues that are noted as soon as possible.**
    4. **A problematic trend is that a single provider will be incorrectly tracking or documenting medication administration, causing a period with a significant number of errors due to a single provider. This period the**

outlier was a single provider at CIS that accounted for 51% of the total omission errors for the region. That provider was terminated by the vendor agency and they are increasing oversight for complicated programs. Moving forward the AA Nurse Trainer will be a more frequent, additional oversight to identify ongoing issues earlier. The AA Nurse Trainer will also be increasing opportunities for continuing education for authorized providers.

12. Significant Changes in Individuals' Health Status, if any, and Actions Taken:

Crotched Mtn: The three individuals listed in frail health continue to be monitored by their physicians as well as the nurse trainer and DSPs. No significant changes in their health had occurred over this reporting period. There is psych involvement for the individuals who are administered psych medications.

Easter Seals: A few individuals in this Region have recently been diagnosed with Dementia. Another individual has also been recently diagnosed with a Seizure Disorder and Dementia. Two of these individuals are being treated at the Frisbee Hospital Gero Psych Outpatient Unit. The individual with the Seizure Disorder is also being seen by a Neurologist. One person has Osteoarthritis in her left hip, Osteoporosis, and severe Scoliosis. She is being watched very carefully by her physicians.

One Sky Futures: One individual continues to struggle with recurring pressure wound, due to CPS hours in conflict with medical orders to remain off bottom. The vendor has continued to advocate for reduced CPS hours to better follow medical orders. Another individual suffered a fall and minor head injury that resulted in a hospital observation overnight, staples, and home modifications for improved safety.

13. Quality Improvement Initiatives or Plans for Monitoring:

1. **Area Agency Quality Department will continue to review and track 1201 data to allow for analysis of trends over reporting periods and comparison of data points between vendor agencies.**
2. **Area Agency is placing its Nurse Trainer position under the direct supervision of the Manager of QI to allow for more organized oversight of vendor 1201 compliance.**
3. **Area Agency will begin conducting comparative reviews of previous 1201 A & B reports to track the progress of corrective actions being taken by vendor agencies.**
4. **Area Agency is expanding expectations of the internal Nurse Trainer to include frequent audits of service provider medication books and logs to ensure compliance, check for accuracy, and provide additional training as needed.**
5. **Area Agency Nurse Trainer will begin data tracking of Medication Error Occurrence Reports to quickly identify and rectify trends in a timely manner on an ongoing basis.**
6. **Area Agency Nurse Trainer will offer, at minimum, quarterly meetings for all Region 8 Nurse Trainers to discuss best practices, system updates, and training needs with authorized providers.**

15. Signature of individual completing form: _____ Date: 4/26/19

FORM 1201-C

Six-Month Area Agency Report to NH Bureau of Developmental Services Medication Committee

(electronic signatures cannot be accepted at this time)

FORM 1201-C
Six-Month Area Agency Report to NH Bureau of Developmental Services Medication Committee

1. Area Agency Name: **One Sky Community Services** Area Agency Address: **755 Banfield Rd. Suite 3** **Portsmouth, NH 03801** Area Agency contact person **Victoria Putnam** Email Address **v.putnam@oneskyservices.org** Phone number: **603-436-6111 Ext. 160**	2. Number of programs where medications are administered by unlicensed persons: 123 1001 **49** **1001/507 69** 521 **0** 507 **5** 524 **0** 518 **0** 525 **0**
3. Number of Psychotropic Medications prescribed: **296**	4. Number of individual identified to be in Frail Health: **11**
5. Number of individuals on four or more Psychotropic Medications: **33**	6. Number of individuals receiving medication From authorized providers: **146**
7. Number of medication errors that resulted in Medical treatment (DD): **1**	8. Number of medication errors that resulted in Medical treatment (ABD) **0**

TO:
Jen McLaren, M.D.
Chairperson, Medication Committee
c/o Maureen DiTomaso, Bureau of Developmental Services
105 Pleasant Street, Main Building
Concord, New Hampshire 03301

Dear Dr. McLaren,

Enclosed are the semi-annual medication administration review He-M 1201-A, -B, and -C Form(s) for the period of **04/01/2019** through **09/30/2019**, including each provider agency's and/or area agency entity's performance summarized, and this corresponding area agency's plan for monitoring, oversight and quality improvement. In addition, from this area agency's perspective:

9. Summary Medication Errors:

Wrong Medication	**1**
Wrong Time	**10**
Wrong Dosage	**4**
Wrong Person	**0**
Wrong Route	**0**
Omission	**93**
Documentation	**77**
Total Errors	**185**
Number of Doses	**234,748**
Error to Dosage Ratio	**0.000788**
Number of He-M 1201 Authorized Providers*	**545**

*Providers may be authorized in more than one location and therefore may be counted more than once.

FORM 1201-C
Six-Month Area Agency Report to NH Bureau of Developmental Services Medication Committee

10. Positive Regional Trends
    1. **While the overall errors and error to dosage ratio are higher than the last reporting period, the increases are relatively insignificant comparative to the errors in the April and October 2018 reporting periods, which illustrates overall improvement in preventing and monitoring medication administration errors.**
    2. **While the regional Nurse Trainer hours decreased by 20%, the error to dosage ratio only increased by 0.00022, indicating regional success in the plan to prioritize Nurse Trainer oversight on complicated and staffed programs that typically yield higher error rates.**
    3. **Provider agencies across the region have identified the need to reinforce the requirements for triple-checks during medication administration.**
    4. **Provider agencies across the region have identified the need to retrain and reinforce medication counts for controlled substances.**
    5. **Provider agencies are continuing to identify communication problems causing errors in the staffed residences and are implementing new processes to address this. Communication Logs and shift-change procedures will be discussed at the next regional Nurse Trainer meeting.**
    6. **Provider agencies are continuing to respond appropriately to performance issues with authorized providers through retraining and revocation of authorization as appropriate.**

	Ind (total in home, even out of region)	# of Providers	Doses	NT Hours	He-M 1201 Def	Ind on 4+ Psych Meds	# of Psych Meds	Total Errors	Error to Dosage Ratio
Totals 10-19	205	545	234748	409	23	33	296	185	0.00079
Totals 4-19	207	614	234136	509	34	35	280	134	0.00057
Totals 10-18	185	492	221470	372.5	21	25	273	528	0.00238
Totals 4-18	157	445	216693	460	45	22	243	1502	0.00693
Totals 10-17	192	449	213344	494.5	13	26	240	67	0.00031
Totals 4-17	149	440	192025	538	15	20	234	131	0.00068

11. Negative Regional Trends
    1. **There was a significant decrease in Nurse Trainer hours; this could be related to the decrease in the total number of providers in the region or industry staffing shortages. This could also be a result of the two provider agency acquisitions that took place during this reporting period (One Sky Futures acquired by Community Integrated Services; LifeShare acquired by Becket Family of Services). This is considered a negative regional trend, because the number of individuals in the homes was consistent and the number of administered doses increased by several hundred, decreasing opportunities for oversight.**
    2. **Upon review of 1201-B reports, it was identified by the AA Nurse Trainers that across provider agencies a significant number of errors are caused by new medication orders not being reviewed by or with the Nurse Trainer for the program. Area Agency Nurse Trainers are developing a New Med Order Checklist that will be shared as a resource with all Program Managers and Nurse Trainers.**
    3. **Multiple instances of reported data not matching data submitted via medication error reports. Area Agency is going to institute a standardized communication with all regional Nurse Trainers reminding them to submit Medication Error forms at the time of the errors.**
    4. **Multiple providers identified that turnover is having a negative effect on their rate of errors. Covering staff and in-training staff are more likely to have errors due to their unfamiliarity with the particular programs. Providers are attempting to address these problems in multiple ways; ensuring that there are always back-up authorized providers available and that they have weekly in-person updates and setting up visual reminders**

for staff to complete specific medication tasks.

12. Significant Changes in Individuals' Health Status, if any, and Actions Taken:

Community Integrated Services:

- MDE- Allergic reaction to antibiotic Macrobid, September 2019. Medication listed as allergy by PCP, transcribed on all medical records now, including ISA.
- DFO- Increased confusion and nocturia possibly caused by reaction to medications, including Lithium. Closely followed by psychiatrist with multiple psychiatric medication titrations throughout summer, into fall and still ongoing. Biweekly to monthly oversight by psychiatrist.
- WGA- Small bowel obstruction with emergency surgery, August 2019, discharged home with regular diet, follow up with GI doctor. Cleared to return to work.
- MKN- Hospital admission with colonoscopy for Ulcerative Colitis, September 2019, now followed by Gastroenterologist, new medications to manage diagnosis.
- PLA- Planned Right Total Knee replacement surgery, September 2019, extended rehab stay for increased stability, returned home with VNA and PT, recovering well.
- JME- Emergency placement August 2019, with multiple subsequent hospital admissions for mental health emergencies. Increased emergency behavior supports provided, re-writing behavior plan for further prevention and support. START team involved.
- MWA- Extended hospital admission due to aspiration pneumonia with sepsis, September 2019, is frail, Returned home, is doing considerably well, with VNA and PT supports. Palliative support being considered.

Crotched Mountain:

- One of the three individuals that were listed as in being in frail health are no longer considered to be in frail health. The two individuals that are listed as being in frail health continue to be monitored by their physicians as well as the nurse trainer and DSPs. One individual (BH) was hospitalized for pneumonia and sepsis, all issues have been resolved.
- No significant changes in the other individual's health has occurred over this reporting period.
- There is psych involvement for the individuals who are administered psych medications.

Easter Seals:

- M.C. moved to Cornhill Road. Since moving from the Seacoast, she has moved to a home that is in a very rural area in Northern New Hampshire. Since the move, M lost her Psychiatrist, Therapist, Day Program, and Day Program Staff. She was taken off of Risperdal injections and placed on Risperdal orally, and therapy was discontinued due to her "hearing voices." She has decompensated and is actively psychotic and verbally abusive to her Home Care Providers. Her Nurse Trainer is actively working with Riverbend, her current Home Care Providers, Community Living Manager, and Guardian to determine what can be done. The Mental Health Center is moving to put her back on the injectable Risperdal.
- J.R. moved to Bee Hole Road. "he is in frail health, has M.S. which is becoming more debilitating, has a suprapubic catheter with a history of frequent infections and is seen monthly for catheter flushes/replacements at Urology office."

FORM 1201-C
Six-Month Area Agency Report to NH Bureau of Developmental Services Medication Committee

Great Bay Services:

- **Neither error resulted in medical treatment, harm or any change in health status.**
- **Wrong time dose was delayed by an hour. Health care provider/prescribing physician, service coordinator, and home provider were contacted. Prescribing provider instructed authorized provider to give dose late, which was done. Home provider was contacted and she adjusted the time of next dose.**
- **Wrong dose error was a misreading of an order by the authorized provider. She gave a lesser dose of PRN med that was prescribed. The authorized provider was instructed to carefully read orders, perform triple check prior to dispensing med, and to always be certain of correct dose. She was reminded to always ask nurse if there was any doubt of dosing or any other questions.**

13. Quality Improvement Initiatives or Plans for Monitoring:

- **Area Agency Nurse Trainers review Medication Error reports as they are submitted and as appropriate make recommendations to Program Manager or Provider Nurse Trainer for follow-up.**
- **Area Agency Nurse Trainers have reviewed all submitted 1201-A and 1201-B reports, identified data outliers and will be meeting with those Program Managers and Provider Nurse Trainers to discuss best practices and most effective ways to implement with Authorized Providers.**
- **Area Agency Nurse Trainer to spot audit residential service providers for He-M 1201 and NUR 404 compliance.**
- **Area Agency hosting regional Nurse Trainer meetings quarterly to discuss best practices, system updates, training needs of authorized providers, share resources, and plan community training opportunities.**
- **The regional Nurse Trainer meeting will be additionally used as time to discuss nursing recruitment strategies. One initiative already in planning stages is to increase healthcare and hospital awareness of the DD/ABD field to widen the potential candidate pool for new Nurse Trainer positions.**
- **In response to the identification of inconsistent Medication Error reporting, Area Agency is going to institute a standardized communication with all regional Nurse Trainers reminding them to submit Medication Error forms at the time of the errors.**
- **In response to the identification of New Medication Order related errors, the Area Agency Nurse Trainers are developing a New Med Order Checklist that will be shared as a resource with all Program Managers and Nurse Trainers.**

14. Patterns of Non-Compliance, if any:

- **The increase in Total Errors from last reporting period was partially due to a significant increase in Documentation errors. As with previous reporting periods, the errors in Documentation were primarily due to a single outlier program that consisted of 50% of the period's Documentation errors. The AA Nurse Trainers are going to be reviewing this case with the Provider Nurse Trainer and Program Manager to discuss best practices for follow-up, identifying the line for revocation of authorization, and share resource for New Order checklist for medication authorized Home Care Providers.**
- **The increase in Total Errors from last reporting period was partially due to an increase in Omission errors. As**

with previous reporting periods, the Omission errors were primarily due to a single outlier program that consisted of 57% of the period's Omission errors. The cause was related to the authorized provider not identifying a change to the new med order, so the AA Nurse Trainers will be sharing the New Order checklist with the Provider Nurse Trainer and Program Manager to ensure that medication authorized Home Care Providers are reviewing all new medication orders with their Nurse Trainer.

- One provider agency (CMRC) has had small, but consistent increases to their overall errors for the past four reporting periods. The Area Agency will be reaching out to the Nurse Trainer to discuss ways that the AA Nurse Trainers can support this program. They also reported the lowest number of NT hours they have in the past four reporting periods, so the discussion will likely revolve around recruitment and prioritization.
- One provider agency (NCIL) reported an increase in total errors and identified that new management was not following the nursing requirement for triple checks. The Area Agency will be following up to ensure that this has been resolved and offer extra training to the staff, if necessary.

15. Signature of individual completing form: _____ Date: 10/31/2019
(electronic signatures cannot be accepted at this time)

Exhibit NN

Vendor Specific 1201 Reporting Comparisons

*To track progress of vendor agencies. NT evaluates Corrective Action. If error rates increased, will follow up.

Vendor/Reporting Period		Wrong Med	Wrong Time	Wrong Dose	Wrong Person	Wrong Route	Omission	Document	Total	NT Hours	Corrective Action
Becket Family of Services	**Error/Dosage**								**0**		
10/1/17-3/31/18	0.0004	0	0	1	0	0	4	0	**5**	**64**	NT to provide oversighton med, count , ordering and med pass process.Supervision for med passess. NT to do Qas monthly
4/1/2018-9/30/18	0.0011	0	1	1	0	0	5	0	**7**	**20**	as above
10/1/2018-3/31/19	0	0	0	0	0	0	0	0	**0**	**50**	as above
4/1/2019-9/30/19	0.0002	0	1	1	0	0	3	0	**5**	**46**	Review 6 rights, med review, protocol when med supply low
CI$											
10/1/17-3/31/18	0.0002	0	0	0	0	0	0	1	**1**	**15.5**	Daily count of controlled meds reinforced
4/1/18-9/30/18	0.01	0	0	0	0	0	60	56	**116**	**10**	Closer staff overesight with full-time NT.Reinforce/reeducate DSPs
10/1/18-3/31/19	0.0043	0	0	0	0	0	49	0	**49**	**10**	Reinforce need to maintain med supply
4/1/2019-9/30/19	0.0012176	0	0	0	0	0	1	38	**39**	**40**	Controlled meds count daily. Improve communication.
Community Partners											
4/1/19-9/30/19	0.007	0	0	1	0	0	4	0	**5**	**6**	Re-education of staff
Community Partners for Change									**0**		
10/1/17-3/31/18	0	0	0	0	0	0	0	0	**0**	**5**	1-3 clients only;6-8 auth. Providers
4/1/18-9/30/18	0	0	0	0	0	0	0	0	**0**	**1.5**	
10/1/18-3/31/19	0	0	0	0	0	0	0	0	**0**	**2**	
4/1/19-9/30/19	0	0	0	0	0	0	0	0	**0**	**2.5**	
Community Strategies									**0**		
10/1/17-3/31/18	0	0	0	0	0	0	0	0	**0**	**4**	3 Clients; 6 auth. Providers
4/1/18-9/30/18	0	0	0	0	0	0	0	0	**0**	**3**	"; 3 auth. Providers
10/1/18-3/31/19	0	0	0	0	0	0	0	0	**0**	**3.5**	4 Clients: auth.6 Providers
4/1/19-9/30/19	0	0	0	0	0	0	0	0	**0**	**2**	2 auth. Providers
Crotched Mountain											
10/1/17-3/31/18	0.0003	0	0	0	0	0	0	5	**5**	**12**	Medically complex clients; 40+ auth. Providers
4/1/18-9/30/18	0.0003	1	1	1	0	0	3	0	**6**	**12**	Increased oversight by NR
10/1/18-3/31/19	0.0005	1	0	0	0	0	3	6	**10**	**16**	
4/1/19-9/30/19	0.0006	0	0	0	0	0	9	3	**12**	**6**	Reinforce change of shift,triple checks
Easter Seals											
10/1/17-3/31/18	0.0023	0	0	0	0	0	6	130	**136**	**75**	125Providers/33 clients Double check med logs q shift
4/1/18-9/30/18	0.0004	1	1	3	0	0	18	2	**25**	**53**	NT to increase training. Re-train employees that continue to omit meds
10/1/18-3/31/19	0.00029	0	2	1	1	0	8	4	**16**	**81**	100 = Auth. Providers
4/1/19-9/30/19	0.001305	0	6	0	0	0	63	2	**71**	**65**	Reinforce triple checks;review MARS q shift
Farmsteads of NE											
4/1/18-9/30/18	0.0119	0	0	7	0	0	2	83	**92**	**22**	All OTC meds to be consulted c NT: reinforce triple checks
10/1/17-3/31/18	0.00019	0	0	0	0	0	2	0	**2**	**24**	Staff to review med logs at start of shift to check admin times
10/1/18-3/31/19	0.00269	2	1	1	0	0	10	11	**25**	**31**	Reinforce staff to document client refusals
4/1/19-9/30/19	0.00118	0	0	0	0	0	7	7	**14**	**21**	Using one designated auto Pharmacy

Great Bay Services											
10/1/17-3/31/18	0	0	0	0	0	0	0	0	**0**	**30**	
4/1/18-9/30/18	0	0	0	0	0	0	0	0	**0**	**30**	
10/1/18-3/31/19	0	0	0	0	0	0	0	0	**0**	**20**	
4/1/19-9/30/19	1	1	0	0	0	0	0	0	**2**	**4**	Reinforce reading Mars for time of admin; triple checks
Institute Prof. Practice											
10/1/17-3/31/18	0.0075	0	0	0	0	0	0	88	**88**	**29**	All staff/providers to attend annual recert classs and pass exam
4/1/18-9/30/18	0.000099	0	0	0	0	0	1	0	**1**	**21**	
10/1/18-3/31/19	0.0012	0	0	0	0	0	2	11	**13**	**18**	Retrain staff in 8 hour recert.
4/1/19-9/30/19	0.001	0	0	0	0	0	3	8	**11**	**25**	Reinforce med counts; 1 staff med auth. Suspended
Kimi Nichols Center											
10/1/17-3/31/18	0	0	0	0	0	0	0	0	**0**	**8**	1 client/6 auth. Providers
4/1/18-9/30/18	0	0	0	0	0	0	0	0	**0**	**8**	
10/1/18-3/31/19	0	0	0	0	0	0	0	0	**0**	**8**	
4/1/19-9/30/19	0	0	0	0	0	0	0	0	**0**	**12**	1 client; staff meetings q month
Life Share											
10/1/17-3/31/18	0.05417	0	0	20	0	0	0	1211	**1231**	**6**	Documentation to be done at time of med admin., not end of shift
4/1/18-9/30/18	0.013	0	180	0	0	0	0	81	**261**	**6**	Provider re-educated re: med administration times/documentation
10/1/18-3/31/19	0	0	0	0	0	0	0	0	**0**	**3.5**	
Living Innovations											
10/1/17-3/31/18	0.000035	0	0	0	0	0	0	15	**15**	**58**	Re-educate to count contolled meds
4//1/18-9/30/18	0	0	0	0	0	0	0	0	**0**	**54**	
10/1/18-3/31/19	0.00014	0	0	0	0	0	0	4	**4**	**47**	
4/1/19-9/30/19	0.00002924	0	0	0	0	0	0	1	**1**	**57**	Reinforce count of controlled meds
May Institute											
10/1/17-3/31/18	0	0	0	0	0	0	0	0	**0**	**5**	1 client/6 auth. Providers
4/1/18-9/30/18	0	0	0	0	0	0	0	0	**0**	**5**	
10/1/18-3/31/19	0.00036	0	1	0	0	0	0	0	**1**	**5**	
4/1/19-9/30/19	0.00346	0	0	0	0	0	1	0	**1**	**5**	Check Med log daily
Neurointernational Concord											
10/1/18-3/31/19	0.01	0	1	1	0	0	4	5	**11**	**60**	Continue training for triple checks, change of shift report, effect of PRNs
4/1/19-9/30/19	0.0006	0	0	0	0	0	0	2	**2**	**10**	reinforce prn effects; and proper documentation
Neurorestorative											
10/1/17-3/31/18	**0.0016**	0	0	0	0	0	0	9	**9**	**1**	Reminders for odd admin. Times
4/1/18-9/30/18	0	0	0	0	0	0	0	0	**0**	**5**	
10/1/18-3/31/19	0	0	0	0	0	0	0	0	**0**	**3**	2 clients/20 auth .providers
4/1/19-9/30/19	0	0	0	0	0	0	0	0	**0**	**6**	
No. Country Independent		0	0	0	0	0	1	0	**1**		
4/1/18-9/30/18	0.0003	0	0	0	0	0	1	0	**1**	**3**	Staff member med certificate rescinded
10/1/18-3/31/19	0.00024	1	0	0	0	0	0	0	**1**	**3**	Reinforce triple checks
4/1/19-9/30/19	0.0036	1	0	1	0	0	2	1	**5**	**4**	Change in mngmt: not following triple checks
One Sky Futures											
10/1/17-3/31/18	0.0005	1	0	0	0	0	0	0	**1**	**18**	Retrain Nurse around orders,date, documentation when med unavailable

4/1/18-9/30/18	0.0011	0	0	0	0	0	0	19	19	24	Reinforce documentation and controlled med count
10/1/18-3/31/19	0.0002	0	0	0	0	0	0	4	4	34	Reinforce controlled med count
Residential Resources											
10/1/17-3/31/18	0	0	0	0	0	0	0	0	0	8	
4/1/18-9/30/18	0	0	0	0	0	0	0	0	0	3	
10/1/18-3/31/19	0	0	0	0	0	0	0	0	0	3	
4/1/19-9/30/19	0	0	0	0	0	0	0	0	0	4	
Siddharth											
4/1/19-9/30/19	0	0	0	0	0	0	0	0	0	5	

Exhibit OO

One Sky Community Services, Inc.
755 Banfield Road | Suite 3 | Portsmouth | New Hampshire | 03801

Phone: (603) 436-6111 | Voice/TDD: (800) 660-4103
Fax: (603) 436-4622 | Visit us online: www.oneskyservices.org

NURSE TRAINER QUARTERLY MEETING
Thursday, October 10, 2019 (3:00PM)

LOCATION:
One Sky Community Services (755 Banfield Rd, Portsmouth)

ATTENDEES:
Melissa Mayville (IPPI), Rhonda Connors (BFS), Eileen Murphy-Hamel (Easter Seals), Pam White (GBS)

One Sky: Victoria Putnam (Director of Quality Improvement), Kelly Scanlon (Quality Improvement Specialist), Susan McCullom-Barry (Nurse Trainer), Denise Haddocks (Nurse Trainer) – via phone.

MINUTES:

1. Introduction
   - Victoria Putnam (Director of Quality Improvement) introduced the One Sky agency staff to the group. She noted that the Quality Improvement department works as an internal advocate for our provider agencies while supporting the Service Coordination department. The Nurse Trainers on staff (Susan and Denise) will be working with provider agency Nurse Trainers as a collaborative resource for medication/1201 regulation oversight.

2. PowerPoint Presentation: 1201 Nurse Trainer Updates (Denise / Susan)
   - Denise and Susan presented a PPT presentation to the group. Highlights of this presentation include the following:
     i. Delegation of med authorized providers should be to those that are competent to take on the responsibility and show sound judgment and decision-making skills. An intensive training is required for initial med authorization, and training must be repeated annually prior to expiration of med certification.
     ii. The overwhelming majority of Medication Occurrences for our regional providers are in regards to a failure to document medication administration correctly.
     iii. Remediation steps should include 3 checks/6 rights training, careful review of med logs, and a documented letter of concern to the authorized med provider regarding the error(s) noted with plan of correction. Agencies are required and are responsible for offering retraining of individuals for remediation of errors.
     iv. Providers should notify the Provider Nurse Trainer staff of any of the following:
        1. new medication ordered,
        2. change in medication,

3. respite placement, and
4. med refusals for individuals.

v. The biannual 1201 reporting cycle is underway for Region 8. Providers are tasked with submitting their completed 1201 forms to the Area Agency by 10/15/19. An overview of the various forms (A, B and C) was discussed. A handout of helpful tips and reminders was given to the Nurse Trainers as a guide to assist with filling out the forms.
    1. Discussion of nuances between Omissions and Failure to Document. Victoria and Nurse Trainers will follow-up with Medication Committee at the 1201 Review Meeting.

vi. Ongoing NT training recommendations were outlined for the group, which include:
    1. attend monthly DD meetings the 3rd Tuesday of each month (Concord),
    2. attend quarterly NT meetings at One Sky to brainstorm solutions and discuss ongoing issues, and
    3. explore an opportunity to hold meetings with local hospitals/physicians that serve our populations to educate them of the work we do and the state regulations we are required to meet.

3. Final Comments / Group Discussion
    - The Nurse Trainers in attendance expressed concern that the HRST ratings are not always updated after clinical review by service coordination.
    - Victoria will send the provider agency Nurse Trainers lists of current service coordination assignments. These lists were already shared with the agency management staff, but will be shared directly with Nurse Trainer staff as well so they are informed.
    - There is anticipation that a new 1201 reporting system will be implemented by the state, though exact timeline is not known.

Next Quarterly Nurse Trainer Meeting: January 2020, date TBD
One Sky Community Services main office - Portsmouth

Remediation Action #11

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH EMPLOYMENT SUPPORTS FOR INDIVIDUALS

STANDARD

Regulatory	He-M 518 Employment Services
Contractual	Contract, Exhibit A, Section 2.7: Employment Data System (EDS)

FINDING

One Sky Community Services is not in compliance with its contractual requirements for entering / updating employment data for individuals served by One Sky by 9/30, 12/31, 3/31, 6/30 for the previous quarters in the Employment Data System.

REQUIRED REMEDIATION

11. One Sky will identify a specific staff member to regular updated and maintain the Employment Database.

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

In March 2019, responsibility for the Employment Data System was assigned to the Manager of Systems, Processes, and Documentation. Previously there had been a lack of organization for the approach the agency was taking to update this system. Throughout the summer of 2019 the Manager of Systems, Processes, and Documentation has effectively communicated the requirements and functionality of the Employment Data System with the One Sky service coordinators (see Exhibit QQ) and One Sky's subcontracting provider agencies (see Exhibit J; list of users). Additionally, the EDS process and the service coordination expectations have been built in to the New Hire Orientation Schedule during time with the Manager of Systems, Processes, and Documentation on Day 16 (see Exhibit FFFF).

The Manager of Systems Processes and Documentation is supported with responsibility for the Employment Database System by the Director of Service Coordination and the Director of Quality Improvement. In response to an additional request by BDS to "Identify a One Sky Point Person to attend Employment Leadership Committee Meetings," the Director of Service Coordination has been attending these meetings and the responsibility for attending has been added to her job description (see attachment Exhibit RR). As the Director of Quality Improvement is responsible for provider relations she has served as the communication source to give and receive information on EDS with provider agencies, providing provider agencies with the EDS Manual (see Exhibit F) a One Sky process document for EDS (see Exhibit MMMM) and time during the August 2019 Vendor Meeting to discuss the expectations surrounding the EDS and answer questions (see Exhibit F).

The spreadsheet attached (Exhibit PP) illustrates that for Q1 FY20, One Sky individuals had 100% of their records updated. While provider agencies had 89% of their records updated, with a single provider agency outlier. When this provider agency was outreached about this, it came to be known that they no longer had an EDS Authorized User on staff, the Manager of Systems, Processes, and Documentation addressed this and trained the provider staff on the EDS's use so going forward the data will be updated.

Chris Muns

From: Victoria Putnam
Sent: Thursday, August 08, 2019 7:29 PM
To: Chris Muns; Keryn Bernard Kriegl
Cc: John Ford
Subject: All Vendor Reminder Info
Attachments: 05 One Sky Organization as of August 1 2019.pptx; EmploymentDataSystemManual_Vendors.pdf; One Sky Staff Listing for Vendors.xlsx; List Assignment1.xlsx

Good afternoon,

The below message went out to our vendors today reminding them of the meeting next week and giving them the updates that we will start providing them on a minimum of a quarterly basis. I have attached an example of the assignment list that I sent out that addresses any potential incorrect information by being HIPAA compliant.

Good afternoon,

This is a reminder for the **All Vendor Meeting taking place next Thursday, August 15th at 1pm at One Sky Community Services**. This meeting is extraordinary as it is in addition to our regularly scheduled quarterly meetings, the next of which is on September 12th at 3pm.

Our agenda topics will cover the:

- Regional Staffing Shortage
- Request For Proposal process
- Progress on One Sky's Redesignation Corrective Action Plan
- Employment Data System

We have added EDS to this agenda because we are updating our internal EDS procedures and for your convenience we are going to include a courtesy review of the Employment Data System at the end of the meeting. Attached is the complete EDS Manual provided by CSNI.

Attached please also find the up to date One Sky Organizational Chart, One Sky Staff Contact Information, and Service Coordination assignments for the individuals we mutually serve. We will be sending these updates prior to each All Vendor Meeting, so you will receive them at a minimum quarterly.

Please provide us a copy of your agency's Organizational Chart, either as an attachment response to this email or as a physical copy to this meeting.

Thank you and we look forward to seeing you,

Victoria Putnam, MBA
Manager of Quality Innovations
One Sky Community Services, Inc.
755 Banfield Road, Suite 3
Portsmouth, NH 03801

NH Employment Data System Manual

Employment Vendors

Community Support Network, Inc.

Version 1.5

June 6, 2012

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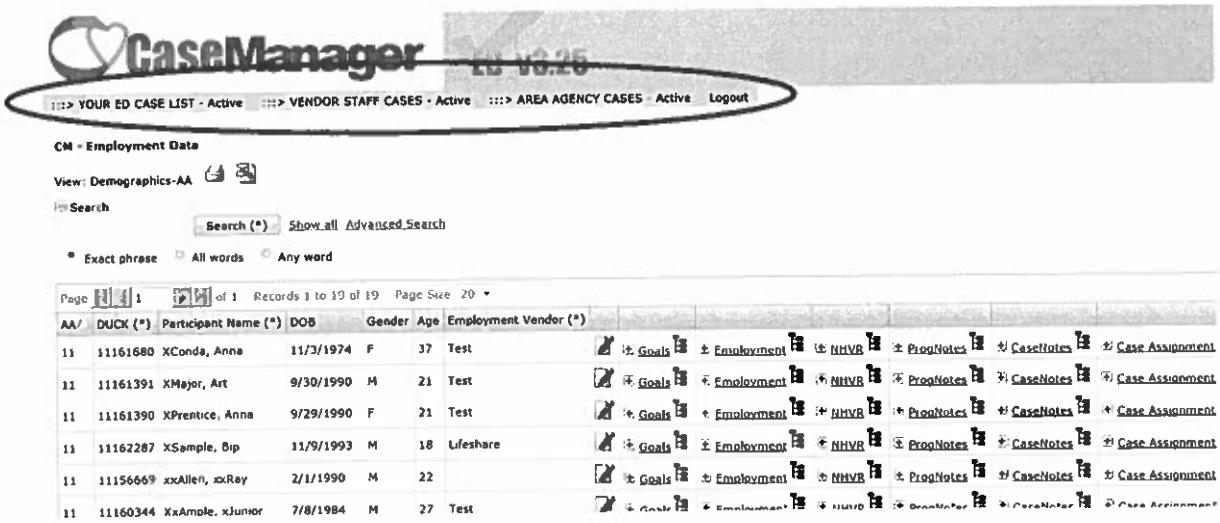
Accessing the Employment Data System

Go to this URL: https://services.nhleads.org/casemanagered.

Enter your username and password.

In the light green bar toward the top of the screen, you will find three different links that will display information based on your level of access to the system.



By default, you land on the "Your ED Case List" page. This page will be blank if you have no cases assigned to you. This screen is used to help users organize their own caseload. A person does not have to be in this list for you to work with them.

If you are with an Area Agency, click on the Area Agency Cases link. This list shows everyone who is currently in the system as associated with your Area Agency, who does not have a date in the Discharge Date field in Leads, and who is 18 or over.

If you are with a Vendor Agency, click on the Vendor Staff Cases link. This list shows everyone who has been assigned to your vendor by any Area Agency. If someone has been referred to your vendor for employment services, and their name does not show up in your list, contact the Area Agency that referred the person to you. They have the ability to make the assignment and cause the person to be added to your list.

You can export the list of names to Excel by clicking on the Excel icon toward the top of the page (just below the red oval in the above image).

Searching and Navigating

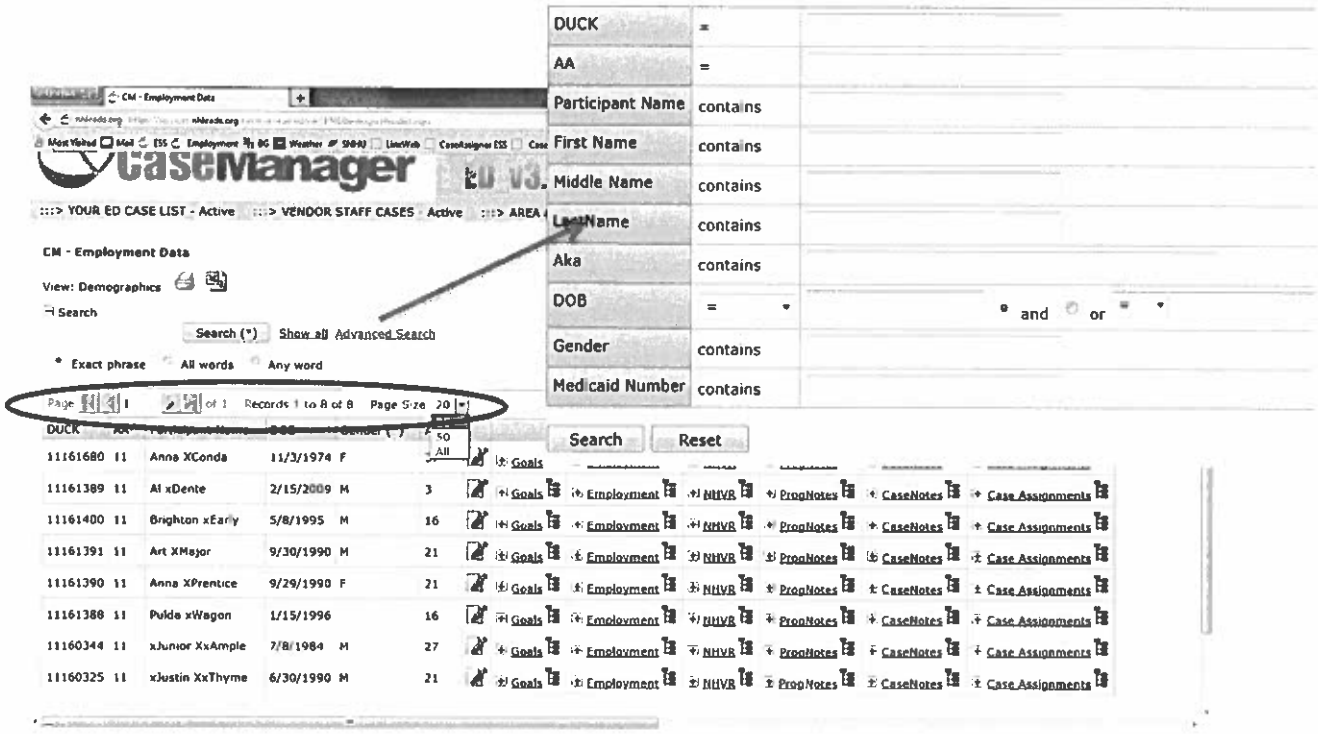
You can search for a person by typing in any part of their first or last name in the Search box and clicking the Search button. Do not use characters like commas. If you have trouble finding someone, try using fewer characters in your search.

This list includes someone named Early Brighton. Typing "brigh" in the search field will be enough to locate this record.

The Advanced Search function allows you to search on criteria other than the name.

To return to the full list, and remove any search criteria, click the Show All link next to the Search button.

By default, the page displays 20 records. You can navigate from page to page using the arrows (circled below in Red), or by typing in a page number if you would like. You can increase the number of records displayed on one page using the Page Size drop down list.



Required Sections

There are seven sections of the Employment Data System, each of which is described in detail in this document. Six are readily visible by named links, and the seventh is the Demographics section, which is accessible by clicking the paper and pencil icon. Not all of these sections are required.

Required Sections for all Area Agencies:

Demographics and Goals (if applicable)

Required Sections for Area Agencies who also provide employment services:

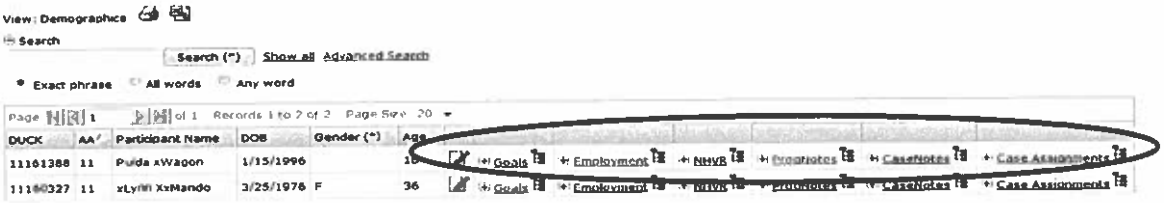
Demographics, Goals (if applicable), Employment, NHVR (if applicable), Case Assignments (if applicable)

Required Sections for Vendors:

Employment, NHVR (if applicable), Case Assignments (if applicable)

Optional Sections:

Progress Notes and Case Notes



Demographic Information and Youth Measures

Limited demographic information is made available in the Employment Data System. With the exception of a few fields, described below, this information is provided as read-only in this system. The data is entered and managed by Area Agencies using the NHLeads/Intake system, which is not accessible to vendors.

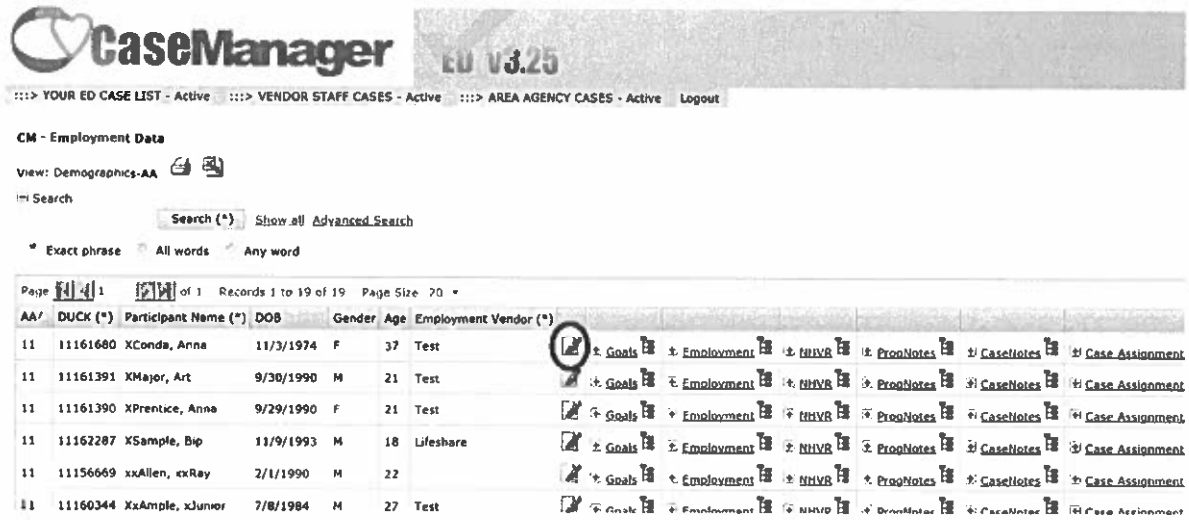
The following data elements on this screen need to be filled out by Area Agency staff:

- A checkbox stating whether or not the client is funded through Consumer Directed Services (CDS)
- Checkboxes stating the type(s) of medical, physical, behavioral, or psychiatric challenges the client faces
- The date a consultation with a benefits specialist took place

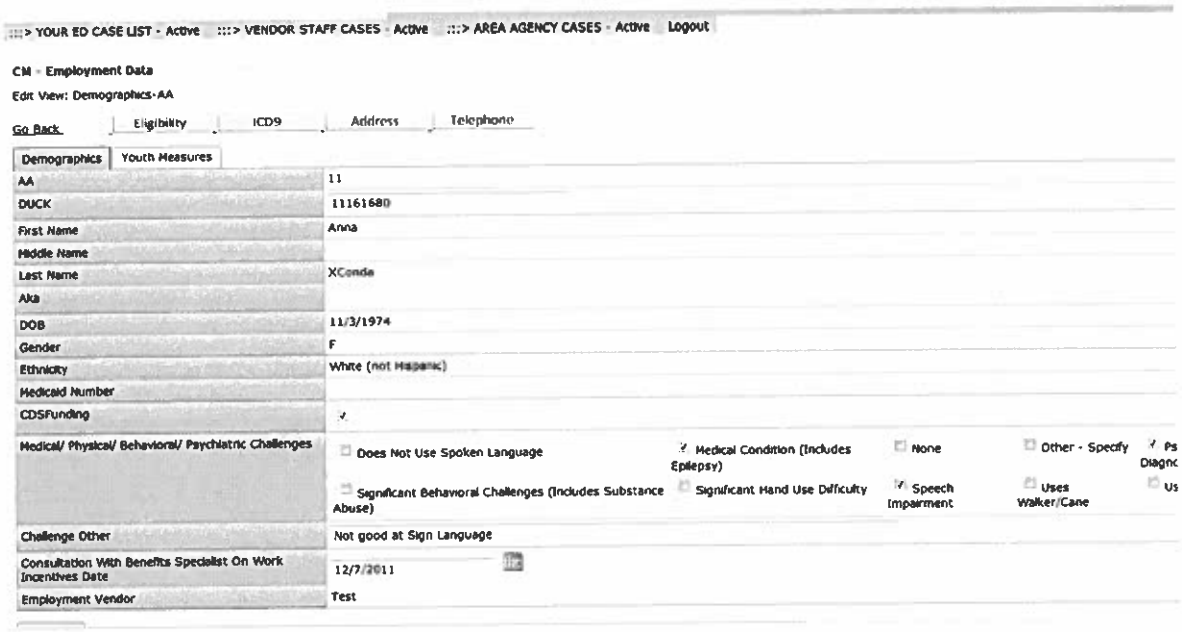
If the client is a young adult transitioning from the school, and if that client is participating in sector based training, the following data elements on the Youth Measures tab must be completed:

- Anticipated graduation date
- Did the student have one on one staffing in high school
- A description of the student's post-secondary employment goals

To access this information, click on the paper and pencil icon (circled below) for the individual you are working with.



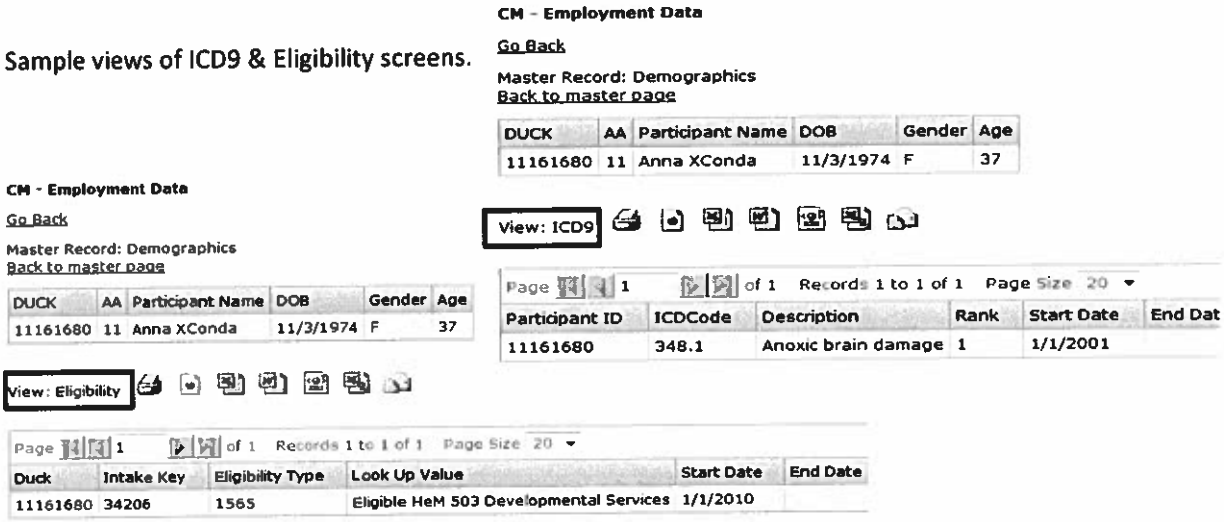
This screen will be displayed:



To enter or view Youth Measure data, click the Youth Measures tab.

Eligibility, ICD-9 Diagnosis, Address, and Telephone information is available here by clicking the appropriate button toward the top of the page. This is read only, and for informational purposes only.

Sample views of ICD9 & Eligibility screens.



If you click one of these buttons and no information appears, the Area Agency has not entered that information in the NHLeads/Intake database.

Use the Go Back link or the Back button on your browser to return to the previous page.

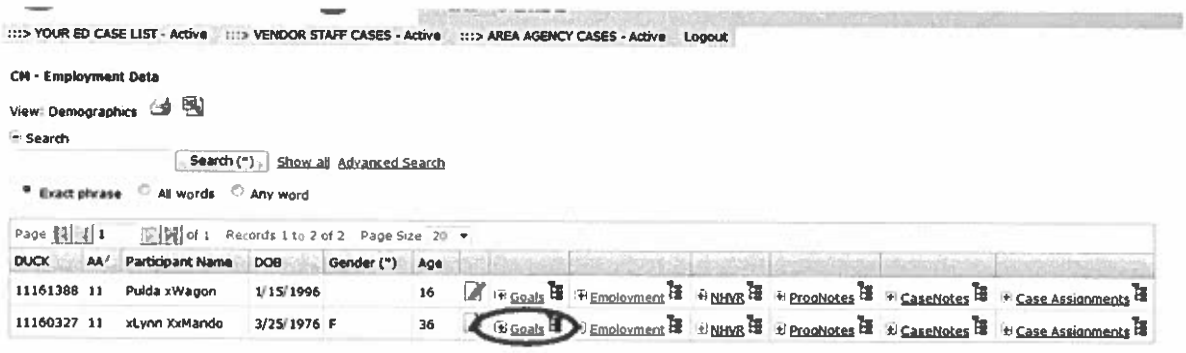
If you entered data on either of these tabs that you would like to save, be sure to click the Save button at the bottom of the screen. You will be automatically redirected to the previous screen.

Employment Goals

Goal information is entered by the Area Agency. Vendors are not expected to or allowed to enter or edit information related to goals; it is made available as read-only information for vendors.

Employment Goals should be entered anytime a new employment goal is established. This typically occurs at the annual Service Agreement meeting, but may also take place any time during the year when a new goal is created or an existing goal is modified. Please do not list a new employment goal if there are no changes to the individual's current employment (change in job, interest in increasing hours, or interest in increasing skills). The only time a new employment goal should be listed as "maintaining employment" is if something new must occur to maintain current employment. This may include a need to provide additional behavioral supports, job coaching if new skills have been added, or modifications/retraining if there has been a change in the individuals physical or mental health status.

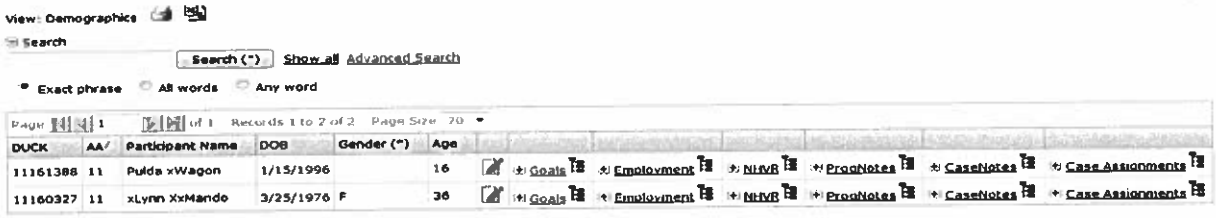
To enter a new goal, modify an existing goal, or view the details of an existing goal, click the Goals link.



Viewing Employment Goals

Goal information is made available to vendors for viewing only. Vendors are not responsible for, nor are they able to, enter new or edit existing goal information. This is the responsibility of the Area Agency.

To view goal information, click the Goals link.



You will see a screen like this.

CM - Employment Data

Master Record: Demographics-EV
Back to master page

AA	DUCK	Participant Name	DOB	Gender	Age
11	11161389	xDente, Al	2/15/2009	M	3

View: Goals

If no goals have been entered, this section will be empty.

Page 1 of 1 Records 1 to 1 of 1 Page Size 20

	Participant ID / Name	Date Established	Goal Type	Last Modified By	Changed At
	11161389, Al xDente	12/22/2011	Seek Additional Job	1074	12/22/2011

Click on the magnifying glass to view goal details.

CM - Employment Data

View View: Goals

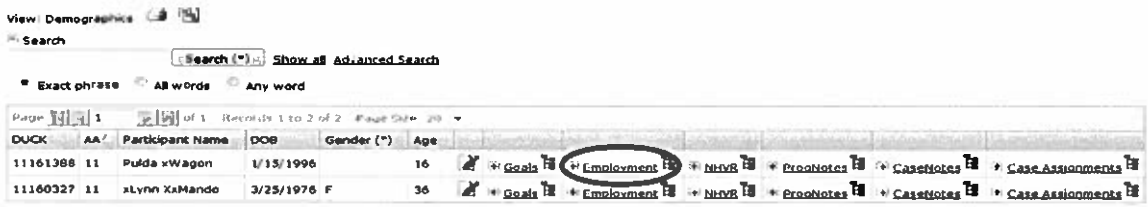
Back to List

Page 1 of 1

EDGoals Key	69
Participant ID / Name	11161389, Al xDente
Date Established	12/22/2011
Goal Type	Seek Additional Job
If Changing or Seeking Additional Job	Job Development by Current Employment Vendor
Goal Notes	Get a job with the right schedule
Goal Status	
Created By	1074
Created At	12/22/2011
Last Modified By	1074
Changed At	12/22/2011

Entering Employment Data

Employment information must be entered for all individuals who are currently working as a paid employee, as an unpaid intern, as a volunteer, or who are self-employed. To enter any and all of these types, click on the Employment link.



The next screen will display a summary of any existing employment related entries for this individual. As new records are added, the number of records in this view will increase, too. These columns can be sorted by clicking on the column headers, if desired. The Business Type field relates to self-employment only, and will be blank unless the record is for self-employment.

To edit or view details on an existing record, click the paper and pencil icon to the far left of the row you wish to see.

The next icon to the right, with two pieces of paper, is the Copy icon. Clicking this icon will create a new employment record pre-populated with the data from the record you are copying. This is useful if the individual has seasonal work, left a job to accept a different one at the same company, or is returning for any reason to a job they held previously. After copying the record, you can go through and update just the information that has changed rather than re-keying the entire record.

To add a new employment record, click the Add link.

Employment Data Entry Screen

Participant | Workplace | Volunteer | Self-Employed | Notes

Participant ID / Name	11161389, Al xDente
Employment Type	Please Select
Hire Date	
Business Name	
Business Location	
Job Title	
Job Category	Please Select
Hours Per Week	
Hourly Wage	
Wages Paid By	Please Select
Primary Transportation	Please Select
Primary Trans Other	
Job End Date	
Job End Reason	☐ Internship Completed ☐ Changed Jobs Within Company ☐ Left to Accept Better Job with Different Company ☐ Relocated ☐ Seasonal ☐ Laid Off ☐ Terminated / Fired ☐ Resigned, but Not Accepting New Position ☐ Retirement ☐ Medical Reasons ☐ Family Reasons ☐ Other - Specify
Job End Reason Other	

Add

This is the form used to enter all types of employment, be it paid employee, volunteer, unpaid intern, or self-employment. For all of these types, information on the Participant and Workplace tab must be completed, where applicable. For example, in the case of Volunteerism, there will be nothing to enter in the Hourly Wage or Wages Paid By fields, but the rest of these fields are relevant and should be completed. The same is true for Unpaid Internships and Self-Employment.

For volunteer positions, complete the Participant, Workplace, and Volunteer tabs.

For self-employment, complete the Participant, Workplace, and Self-Employed tabs.

For employees and unpaid interns, complete the Participant and Workplace tabs.

The notes tab is optional and available for use at your discretion. Any notes that pertain to this particular position can be added here.

You can enter information on all the tabs before you save the record by clicking the Add button. If you are editing an existing record, this button will read Save. Be sure to click Add before navigating away from this page.

If a person has more than on position, each one must be entered separately. After entering the first position and adding the record, click New to bring up a fresh form and enter the second position.

What is Self-Employment?

Self-employment is working for yourself and drawing an income from your business. This can include providing a service or producing goods. Independent Contractors are self-employed. The key element of whether it is truly self-employment is to look at how wages are reported to the IRS.

Employment Field Descriptions

Employment Type	Select Employee, Self-Employed, Volunteer, or Unpaid Intern.
Hire Date	Date of hire. If the person has been working there for a long time and the exact hire date is unknown, use your best estimate. Must be a properly formatted date using four-digit years, i.e. 5/1/2010.
Business Name	Name of the company the individual works for, interns or volunteers at. If self-employed, the name of the business.
Business Location	Street or City name, or other identifying information if the business has more than one location. For example, if the business is McDonalds, you might put Amherst St., Nashua in the location field.
Job Title	Job title, like "custodian" or "cashier".
Job Category	The category that best describes the type of work. See Appendix B for additional guidance on making a selection.
Hours Per Week	Average number of hours per week. Enter numbers only, up to two decimal places (like 4, or 4.5, or 4.25)
Hourly Wage	Hourly wage. Enter numbers only, no dollar sign. (4.25, 4.00, etc). This is used to calculate the average hourly wage for reports. If the individual is doing piece work, we need to estimate the hourly rate. Don't put in 17 cents in the hourly rate field! If it is contract work, they should be listed as Self-Employed, and the pay recorded in the Gross Monthly Income field.
Wages Paid By	**Paid by Employer** Receives a pay check directly from an employer. Sometimes the Area Agency is the employer and should not be confused with the category below. **Paid by Area Agency or Vendor** Receives a pay check from the Area Agency or Vendor Agency for participating in contract work. The agency holds the contract and receives the payment from the employer. In this instance, the agency is **not** the employer, they are the Contractor.
Primary Transportation	Choose the method of transportation most commonly used for this position.
Primary Trans – Other	If Other – Specify was selected as the primary transportation, describe here.

Employment Field Descriptions

Job End Date	Date the job or position ends. For seasonal work, even if you know they will be returning next season, you still enter an end date.
Job End Reason	Reason the job ended, select more than one if necessary. Specific notes regarding termination may be made on the Notes tab.
Job End Reason – Other	If Other-Specify was selected as the job end reason, describe that other reason.
Work Environment	Choose the environment within which the individual works. Common question: Mail Delivery/Courier=Individual Works Alone-With Co-workers
Fringe Benefits	Select fringe benefits, if any.
Fringe Benefits – Other	If Other was selected for Fringe Benefits, enter description here.
Supports	Natural supports=co-worker supports Consultation On-Site refers to an arrangement with the employer for regular check-ins preferred via a personal scheduled visit. Consultation Off- Site refers to an arrangement with the employer for regular check-ins via phone, e-mail or survey.
Job Coaching Hours	Hours per week individual is supported by a job coach
Support Notes	Any additional notes regarding on the job supports.
Assistive Technologies	Type of assistive technologies used for job, if applicable. Example: "Vantage Unity Communication System"
Description	Details about how the assistive technology is utilized, if applicable. Example: "Talker box using Unity language. Used for salesmanship, which is a job requirement."
Assistive Technologies	Type of assistive technologies used for job, if applicable. Example: "Vantage Unity Communication System"
Description	Details about how the assistive technology is utilized, if applicable. Example: "Talker box using Unity language. Used for salesmanship, which is a job requirement."

Employment Field Descriptions – Volunteer Tab

Volunteer Experience Type	Select the type of experience the individual is gaining through volunteer work. Some examples may be: Soft Skills – Practice keeping a schedule, proper grooming, appropriate interaction with others, etc. Hard Skills – Using a computer, filing, using tools, etc. Exploration – Learning about different careers and types of jobs. Socialization – Time with others, enjoyment, desire to help, like animal shelter or soup kitchen.
Volunteer Experience Type – Other	If Other was selected as volunteer type, describe here.

Employment Field Descriptions – Self-Employment Tab

Business Type	Type of business, like recycling, paper shredding, dog walking, etc.
Gross Monthly Income	Average monthly income from business. Enter as numeric only, like 150.00.

Seasonal Work

When seasonal work comes to an end, the employment record must be updated with a job end date and reason of "Seasonal".

When the individual goes back to work the next season, a new employment record with a new Hire Date must be created.

This can be done most easily by selecting the Copy icon next to the record that already exists for this job, the one that has been ended, and updating it with new information. If everything is the same as it was last season, simply remove the job end date and job reason for this new record so it shows as active. If other information has changed, like wages or hours, make the appropriate changes. Save the new record.

Leave the company name exactly as it was listed in the previous record.

This allows us to save and demonstrate progression and continuity of employment, while also accurately reporting active employment at any given time.

NH Vocational Rehabilitation (NHVR)

The NHVR section is required if a person is referred to VR for employment services. When this is the case, click the NHVR link.

Upon entering this screen, you will see records relating to any previous referrals to VR:

DUCK	AA	Participant Name	DOB	Gender	Age
11161680	11	Anna XConda	11/3/1974	F	37

Table: NHVR

Page 1 of 1 Records 1 to 2 of 2 Page Size 20

Add

	Participant ID	Date Referred To VR	VR Closure Date	VR Closure Status
	11161680	4/1/2011	9/1/2011	Customer Request
	11161680	12/1/2011		

As with the other screens, to view or edit an existing record, click the paper and pencil icon.

To add a new referral, click the Add link.

Go Back

Participant ID	11161680
Date Referred To VR	
VR Closure Date	
VR Closure Status	Please Select

Please Select
- Please Select
- Customer Request
- Failure to Cooperate
- Illness
- Moved From Area
- Sucessful Closure

Add

Enter the date your office made the referral to VR.

Enter the date that VR closed the case and the status upon closure.

When you first enter the record, you will probably only have the date referred to VR. That should be entered at the time of referral. When the case is closed, return to this existing record and enter the closure information.

Progress Notes and Case Notes

Entering Progress Notes and Case Notes into the Employment Data System is optional, however these sections do offer valuable functionality that some vendors and Area Agencies may choose to implement.

Progress Notes and Case Notes have identical interfaces. This section uses Progress Notes as the example.

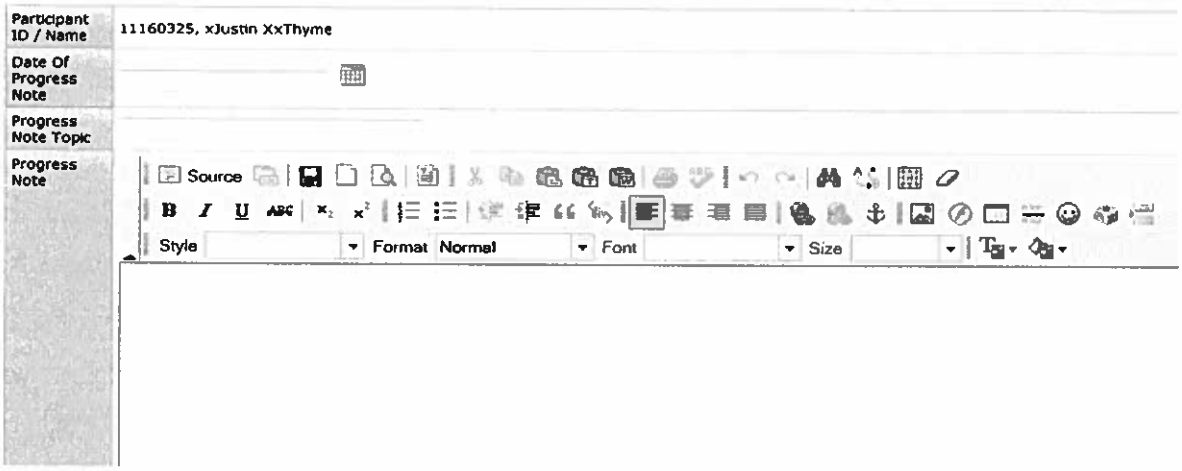
Notes are available to anyone who has access to an individual's record. If a vendor enters notes, they are immediately available to Area Agency staff and other vendor staff who have access to the system. They provide a way for a new Employment Specialist to read about the history of an individual and, since this is a web-based system, can be accessed from any location at any time.

In addition to being available directly in the system, notes can be printed or saved as a Word or PDF file to be stored in an individual's electronic record.

After clicking on the Progress Notes link, you will see a summarized list of existing notes.

Participant ID / Name	Date Of Progress Note	Progress Note Topic	Created Date	Created By	Changed Date	Change
11160325, xJustin XxThyme	1/11/2012	Learning New Skills	1/11/2012	1074	4/17/2012	1074
11160325, xJustin XxThyme	12/1/2011	Doing Well at Hannaford	1/10/2012	1074	4/17/2012	1074
11160325, xJustin XxThyme	10/31/2011	Hannaford Job Application	1/9/2012	1074	4/17/2012	1074
11160325, xJustin XxThyme	9/18/2011	Met To Discuss Potential Jobs	12/29/2011	1074	4/17/2012	1074

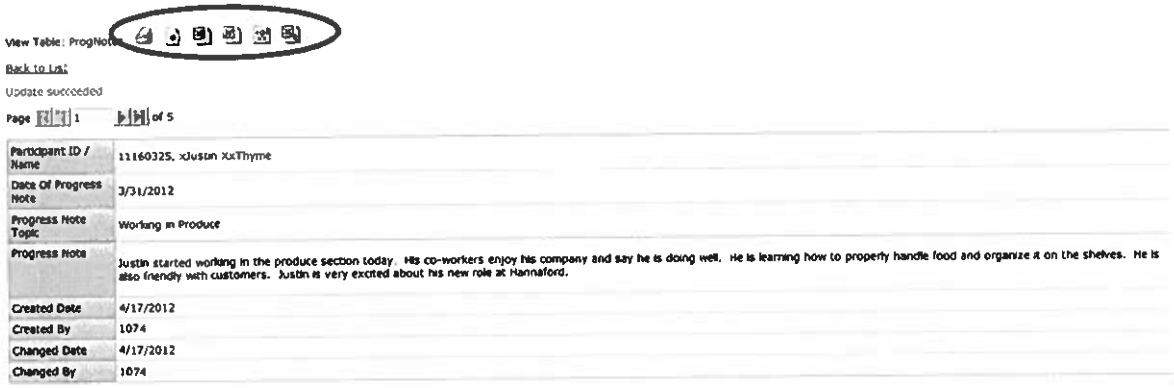
To edit an existing note, use the paper and pencil icon. To print or save an existing note, use the magnifying glass icon. To enter a new note, click the Add link.



Enter the date of the note, a meaningful topic, and the content of the note. Click the Add button at the bottom of the screen to save.

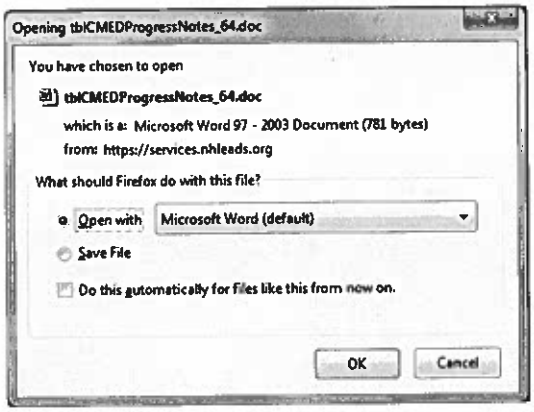
Printing or Saving the Note as a Word or PDF document

To print or save a note, click the magnifying glass next to the note you would like to access.



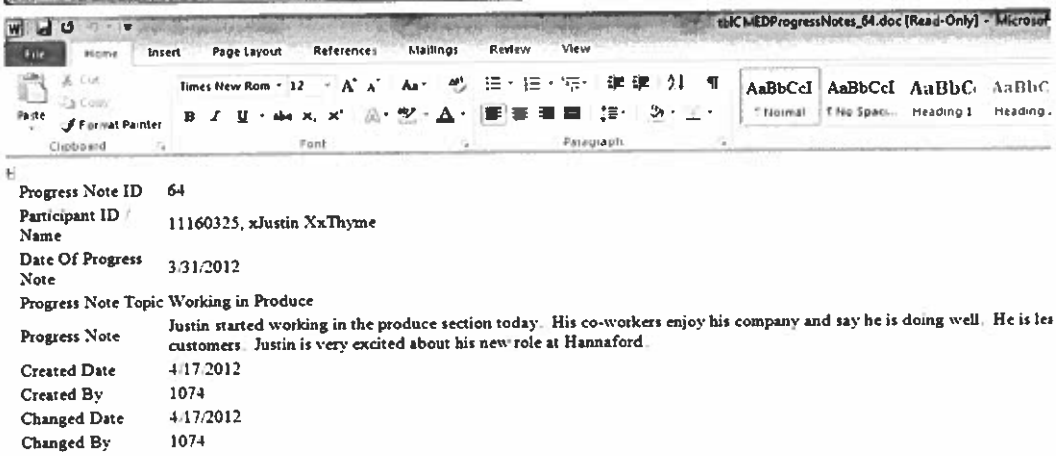
To print the progress note, click the Print icon. Use the Print functionality within your web browser to send the document to the appropriate printer.

To save the note, click the Microsoft Word (the blue W) icon. The exact series of steps will depend on the version of Microsoft Office you have, but should be similar to these.

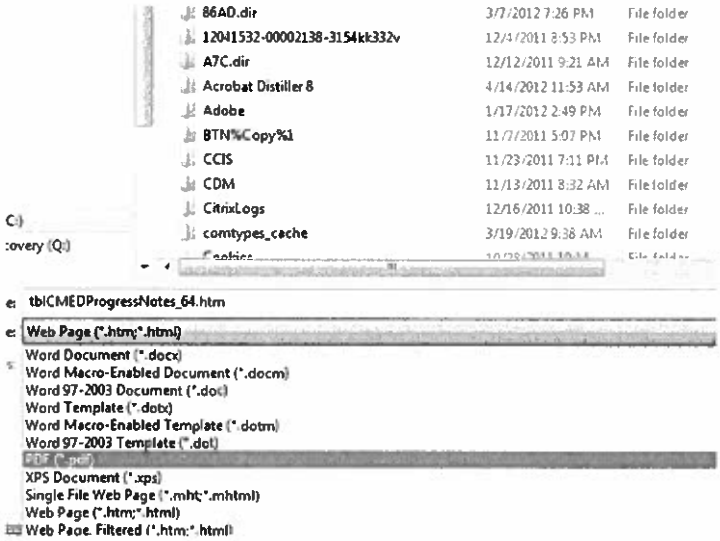


Click OK to open the file, or Save to save it.

We will open it here.



Microsoft Word will open and display the note. Click the File tab, Save As, give the file a name, choose a location to save to, and choose a file type.



If you plan to email progress notes, be sure to secure the document with a password.

Case Assignments

The Case Assignments link is intended to be the place where **Employment Specialists** are assigned to individuals. This is not necessarily the direct support worker who provides supports for an individual during the day and/or on their job. This is intended to be the particular staff person who works with the individual to make sure their employment goals are met.

This section offers two kinds of functionality. First, by associating an employment specialist with individuals, we have the ability to analyze success rates by employment specialist. We can also analyze how the specialist's level of training might impact their success rate. Second, by making an association on this screen, we can isolate caseloads so that, when a user logs in, they can view only their own cases under the first link described at the beginning of this document – ED Case List.

In addition to assigning an Employment Specialist, you can also assign a Service Coordinator. This is a separate and distinct relationship from any reference to a Service Coordinator in NHLeads, and this association is completely optional. The main reason you might want to assign a Service Coordinator here is so that a Service Coordinator can isolate his/her case load and view them all together on the ED Case List screen. It is not required.

To enter a new or view existing assignments, click the Case Assignments link.

This example has no existing relationships.

CM - Employment Data

Master Record: Demographics-AA
Back to master page

AA	DUCK	Participant Name	DOB	Gender	Age
11	11161391	XMajor, Art	9/30/1990	M	21

Click Add to add a new one.

Table: Case Assignments

No records found
Add

Add to Table: Case Assignments

Go Back

Participant/DOB	Art XMajor, 9/30/1990
AA Coordinator/ Employment Specialist *	Please Select
Assignment Type *	Please Select
Is Assignment Active *	Yes No

Add

In the AA Coordinator/Employment Specialist field, pick the name of the person to associate the individual with.

In the Assignment Type field, choose appropriate value as described above.

The Is Assignment Active field should be "Yes" for new assignments.

Click Add.

We now have AA Employment assigned as the Employment Specialist for this Individual, and we can see that this is a current, active relationship.

When user AA Employment logs in to the system, this person will show up on their ED Case List.

Table: Case Assignments

Add succeeded

Page 1 of 1 Records 1 to 1 of 1 Page Size 20

Add

	Participant/DOB	AA Coordinator/ Employment Specialist	Assignment Type	Is Org Admin	Is Assignme
	Art XMajor, 9/30/1990	AA Employment, 11	Intake CM-ED Employment Specialist		Yes

If the individual changes Employment Specialists, click the Edit icon for this record.

Participant/DOB	Art XMajor, 9/30/1990
AA Coordinator/ Employment Specialist *	AA Employment, 11
Assignment Type *	Intake CM-ED Employment Special
Is Assignment Active *	Yes No

Save

Select "No" in the Is Assignment Active field and save.

Now click the Add button again and follow the steps above to add a new Employment Specialist.

Table: Case Assignments

Page 1 of 1 Records 1 to 2 of 2 Page Size 20

Add

	Participant/DOB	AA Coordinator/ Employment Specialist	Assignment Type	Is Org Admin	Is Assignment Active
	Art XMajor, 9/30/1990	VendorTest Employment, 11	Intake CM-ED Employment Specialist		Yes
	Art XMajor, 9/30/1990	AA Employment, 11	Intake CM-ED Employment Specialist		No

Now, VendorTest Employment is the Employment Specialist, and we can see that this individual used to be working with AA Employment.

Appendix A – Employment Vendors

ACCESS Employment
ACS Employment
Advocates Employment
Alternative Programs Employment
Brock Childrens Home
CAL Employment
Cardinal Cushing Employment
Career Resources Employment
Chesco Employment
CMRC Employment
Comfort Employment
Community Bridges Employment
Cove Center Employment
CSC Employment
CSNH Employment
Easter Seals 5 Employment
Easter Seals Manchester - Employment
Easter Seals Salem - Employment
Farmsteads of NE Employment
GCS Employment
Granite Bay Employment
Great Bay Services Employment
GSIL - Employment
Homemakers Employment
IPP - Employment
ISN - Employment
Kimi Nichols Center Employment
Lakeview Employment
Life Coping Employment
Life Visions Employment
Lifeshare Employment

Living Innovations Employment
Lukas Employment
Lutheran Employment
Maple Hill Employment
May Center Employment
MCS Employment
MCST Employment
MDS ISO Employment
MWS Employment
Nashua Center - Employment
Neurorestorative NH
North Country Employment
One Sky Futures - Employment
Opportunity Networks - Employment
Pathways Employment
Plowshare Employment
Polux
PPI Employment
Psalm 33 Employment
Robin Hill Employment
Rose Meadow Garden Employment
RRI Employment
RZR Employment
Siddharth Employment
SWS Employment
The Plus Company - Employment
TILL - Employment
Tobias Employment
Work Opportunities Employment

Appendix B – Job Categories

Common jobs within each field and held by individuals receiving services. This is not an exhaustive list.

- Arts, Entertainment & Media (Graphic Design, Videography, Musician/Peformer)
- Building, Grounds and Maintenance (Landscaping, Janitorial, Handyman)
- Business & Finance (Banking, Insurance Products, Bookkeeping)
- Community & Social Service (Not for Profit-Variety of Duties)
- Computer
- Construction (all helpers related to construction field)
- Education & Training (Daycare, Preschool, School Aide)
- Farming & Forestry (all Farming related jobs, Animal Care, Conservation Work)
- Food Preparation & Service (Cook, Prep-Cooks, Cafeteria Attendants, Coffee Shop Workers, Dishwashers, Bussers, Host/Hostess, Waitress/Waiter)
- Healthcare Support (Home Health Aide, Phlebotomist, Orderlies, Nursing Assistant)
- Housekeeping & Laundry
- Office & Administrative (Data Entry, File Clerks, Office Clerks, Mail Clerks, Reception)
- Personal Care (Personal Care Aides, Grocery Shopper, Errand Runner, Recreation Worker)
- Production & Manufacturing
- Retail & Customer Service (Grocery Bagger, Carters, Cashiers, Stockers, Inventory Specialist)
- Transportation (Transportation Worker, Toll Operator, Transportation Provider)

Exhibit FFFF

Week 1 - New Hire Orientation Schedule - Service Coordination

Day 1	Activity	Person or Source
8:30 AM	Orientation	with Sadie Reynolds (HR/Training Assistant)
End of Day	Set Up Work Station (computer & email login, desk/mobile phone)	with Jennifer Howard (Office Manager)

Day 2	Activity	Person or Source
8:30 - 9:00	Set Up Work Station (voicemail, email signature, OneDrive)	with Jennifer Howard (Office Manager)
9:00 - 10:00	Job Description and Agency Review	with Team Manager
10:00 - 10:30	Intro to Relias Training & SC Resource Guide	with Victoria Putnam (Director of Quality Improvement)
10:30 - 12:00	*Welcome to Service Coordination*	*Relias: One_Sky_SCWelcome_2019*
12:30 - 2:00	*Client's Rights*	*Relias: NHSDDClientRights*
2:00 - 4:00	*HRST System Overview*	*Relias: 2019-HRSTOV1*

Day 3	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members
10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination
1:00 - 1:30*	Meet Service Coordination Admin Team (and get HRST Certification)	with Krista Sorel (Manager of Systems, Processes, & Documentation)
1:30 - 4:30	*Start HRST Rating Training*	*HRST Link in Email; Online (non-consecutive)*

Day 4	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	*HRST Rating Training Continuted*	*HRST Link in Email; Online (non-consecutive)*
2:00 - 4:00*	Q & A Competencies	with Sheena Farmer (SC/Training Coordinator)

Day 5	Activity	Person or Source
8:30 - 10:00	*Finish HRST Rating Training*	*Notify Krista Sorel when complete*
10:00 - 12:00	Meet your Caseload in HRST	with Team Manager
12:30 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Week 2 - New Hire Orientation Schedule - Service Coordination

Day 6	Activity	Person or Source
8:30 - 9:30	Review your caseload in HRST	Self-directed
9:30 - 10:30*	Service Coordination Q & A	with Krista Sorel
10:30 - 12:00	*Service offerings and associated regulations*	*Relias: One_Sky_Rules_and_Regulations*
12:30 - 2:30	Shadow Service Coordinator	with Manager or Service Coordinator
2:30 - 3:00	HR and Admin Department Overview	with Jennifer Howard
3:00 - 4:00*	Quality Department Overview	with Victoria Putnam (Director of Quality Improvement)

Day 7	Activity	Person or Source
8:30 - 9:00	Payroll and Benefits Review	with Lisa Gray (Payroll Adminstrator)
9:00 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 4:30	*Individual Service Agreement (ISA) Overview*	*Relias: One_Sky_SCISA_2019*

Day 8	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members

10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination
1:00 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 9	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	Shadow Service Coordinator	with Manager or Service Coordinator
2:00 - 4:00*	Q & A Competencies (Review documentation workplan)	with Sheena Farmer

Day 10	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Week 3 - New Hire Orientation Schedule - Service Coordination

Day 11	Activity	Person or Source
8:30 - 9:30	*Billable Activities and Contact Notes*	*Relias: One_Sky_SCBillable_Events*
9:30 - 10:30*	Service Coordination Q & A	with Krista Sorel
10:30 - 12:00	*The Community We Serve*	*Relias: One_Sky_Community_Served*
12:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Day 12	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:30	*Disabilities Overview*	*Relias: REL-DISOV-DD-0*
2:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Day 13	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members
10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination
1:00 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 14	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	Human Rights & Risk Management	Relias: One_Sky_HRRM_2019
2:00 - 4:00*	Q & A Competencies	with Sheena Farmer

Day 15	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Exhibit FFFF

Week 4 - New Hire Orientation Schedule - Service Coordination

Day 16	Activity	Person or Source
8:30 - 9:30	*One Sky Intake Process*	*Relias: One_Sky_Intake_Process*
9:30 - 10:30*	Service Coordination Q & A (NH LEADS & EDS Overview)	with Krista Sorel
10:30 - 12:00	*How Services are Funded*	*Relias: One_Sky_SCFunded_2019*
1:00 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 17	Activity	Person or Source
8:30 - 10:00	*Prior Authorization Overview*	*Relias: One_Sky_Prior_Authorization_Overview*
10:00 - 11:00	Q & A on Services & Funding	with Lenore Sciuto (Director of Integrated Services)
11:00 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 18	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members
10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination
1:00 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 19	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	Shadow Service Coordinator	with Manager or Service Coordinator
2:00 - 4:00*	Q & A Competencies	with Sheena Farmer

Day 20	Activity	Person or Source
	Self-Directed Time	Self- Directed

Exhibit FFFF

Training and Orientation Notes

*Meeting will take place in a conference room.

Schedule weekly one-on-one meeting time with your team manager.

Do not hesitate to outreach anyone at the agency with questions.

Relias Course Assignments in Month 2

Wait List (Relias: One_Sky_Wait_List_Process)

Prior Authorization Process (Relias: One_Sky_APA2019)

SIS (Relias: CSNI_SIS_Overview & One_Sky_SIS_Planning)

Quarterly In Person Trainings

Individual Service Agreements & SMART goals

Prior Authorizations and Wait List

Introduction to START services

Annual Trainings

Active Shooter Training

Home Visit Safety Training

HIPAA & Confidentiality Training

Bloodborne Pathogen Training

	Authorizations AA Read-Only Use	Authorizations AA User	Billing Manager	Billing Specialist	Budgie Area Agency Upload	CM-ED Employment Specialist	CM-ESS Organization Admin	Finance Reports	Intake Coordinator	Intake Data Entry	Intake Read Only	Intake Transfer Acceptor	Intake Transfer Initiator	Misc Files Upload/Download	Mortality Data Upload	Reports User	Upload/Download User	Wait List AA Edit	Wait List AA Read Only	Wait List Submit to BDS	Wait List Summary	Total
Auclair, Stephanie	0	0	0	0	0	0	1	0	1	0	0	1	1	0	0	1	0	0	1	0	0	6
Aylward, Daniel	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	4
Baker, Cara	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	4
Bernard-Kriegl, Keryn	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	1	1	0	0	0	5
Bradford, Mallory	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	3
Collins, Nolan	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	3
Cormier, Amy	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2
DiPiero, Vincent	0	1	1	0	1	0	0	0	1	0	0	0	0	1	0	1	1	0	0	1	0	8
Farmer, Sheena	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	4
Ford, John	0	1	0	0	0	1	0	0	1	0	0	0	0	1	1	1	1	0	0	1	0	8
Gonzales, Chandia	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2
Gupill, Brian	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	4
Hoffman, Sharon	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	4
Holmes, Tina	0	0	0	0	0	1	0	0	1	0	0	1	1	0	0	1	0	0	0	0	1	6
Hopper, Scott	0	1	0	0	0	1	1	0	1	0	0	0	0	1	1	1	1	0	0	1	0	9
Howard, Jennifer	0	0	0	0	0	1	0	0	1	0	0	1	1	0	0	1	0	0	0	0	0	5
Jackson, John	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	4
Kaple, Elizabeth	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	3
Kitchen, Shaylei	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	3
Larsen, Denise	0	1	0	0	0	1	0	0	1	1	0	0	0	1	0	1	1	0	0	0	0	7
Lauder, Alisha	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2
Lorensten, Lynne	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	4
MacConnell, Anthony	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	4
McGowen, Kathy	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	4
Motta, Fran	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	4
Muns, Chris	0	1	0	1	0	1	0	0	1	0	0	0	0	0	1	0	1	1	0	0	0	7
Northey, Bill	0	1	1	1	1	1	0	0	1	0	0	0	0	1	0	1	1	0	0	1	0	10
Patria, Tyler	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	4
Putnam, Victoria	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1	1	1	0	0	0	0	6
Richey, Sharon	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	3
Ristaino, Cathy	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	4
Scanlon, Kelly	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	1	1	0	0	0	0	5
Scauto, Lenore	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	3
Sorel, Krista	0	1	0	0	0	1	1	0	1	0	0	0	0	1	1	1	1	0	0	1	0	9
Tellier, Karen	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	1	1	0	0	5
Thomas, Loreana	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2
Tremblay, Melissa	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	4
Tustin, Jennifer	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2
Tweedie, Brandi	1	0	0	1	0	0	0	1	1	0	0	0	0	0	0	1	0	0	0	0	0	5
Winward, Dianna	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	4
Total	1	13	3	8	2	28	3	1	33	1	1	3	3	9	6	33	10	3	16	7	1	

EMPLOYMENT DATA SYSTEM

Department: Service Coordination
Contact: Victoria Putnam (Primary), Krista Sorel (Secondary)
Effective & Revision Date: 8/1/2019

PROCEDURE STATEMENT: Employment information must be entered for all individuals who are currently working as a paid employee, as an unpaid intern, as a volunteer, or who are self-employed.

- It is the responsibility of the AA (Area Agency) to monitor, for accuracy, all data in the system.
- It is the responsibility of the VA (Vendor Agencies) to input this data for all individuals receiving Community Participation Services and/or Supportive Employment Services through them.
- Is it the responsibility of the AA (Area Agency) Service Coordinators to input this data for all PDMS (He-M 525) programs that do not have a vendor association for Community Participation Services and/or Supportive Employment Services.

PURPOSE STATEMENT: The Employment Data System is used by Area Agencies and Vendors to track employment and volunteer positions of individuals with intellectual disabilities and acquired brain disorders who receive services through the Area Agency system in New Hampshire. The Employment Data System contains current and historical information including where individuals are employed, their hourly wages, hours per week, transportation methods, workplace supports, and more. Data collected through this system is used to inform quality improvement efforts, assist in service planning, and to generate quarterly reports.

DEFINITIONS:

EDS, Employment Data System. AA, Area Agency. VA, Vendor Agency.

Employment Field Descriptions – Participant Tab

Employment Type	Select Employee, Self-Employed, Volunteer, or Unpaid Intern.
Hire Date	Date of hire. If the person has been working there for a long time and the exact hire date is unknown, use your best estimate. Must be a properly formatted date using four-digit years, i.e. 5/1/2010.
Business Name	Name of the company the individual works for, interns or volunteers at. If self-employed, the name of the business.
Business Location	Street or City name, or other identifying information if the business has more than one location. For example, if the business is McDonalds, you might put Amherst St., Nashua in the location field.
Job Title	Job title, like "custodian" or "cashier".
Job Category	The category that best describes the type of work. See Appendix B for additional guidance on making a selection.

Hours Per Week	Average number of hours per week. Enter numbers only, up to two decimal places (like 4, or 4.5, or 4.25)
Hourly Wage	Hourly wage. Enter numbers only, no dollar sign. (4.25, 4.00, etc). This is used to calculate the average hourly wage for reports. If the individual is doing piece work, we need to estimate the hourly rate. Don't put in 17 cents in the hourly rate field! If it is contract work, they should be listed as Self-Employed, and the pay recorded in the Gross Monthly Income field.
Wages Paid By	**Paid by Employer** Receives a pay check directly from an employer. Sometimes the Area Agency is the employer and should not be confused with the category below. **Paid by Area Agency or Vendor** Receives a pay check from the Area Agency or Vendor Agency for participating in contract work. The agency holds the contract and receives the payment from the employer. In this instance, the agency is **not** the employer, they are the Contractor.
Primary Transportation	Choose the method of transportation most commonly used for this position.
Primary Trans – Other	If Other – Specify was selected as the primary transportation, describe here.

Employment Field Descriptions

Job End Date	Date the job or position ends. For seasonal work, even if you know they will be returning next season, you still enter an end date.
Job End Reason	Reason the job ended, select more than one if necessary. Specific notes regarding termination may be made on the Notes tab.
Job End Reason – Other	If Other-Specify was selected as the job end reason, describe that other reason.
Work Environment	Choose the environment within which the individual works. Common question: Mail Delivery/Courier=Individual Works Alone-With Co-workers
Fringe Benefits	Select fringe benefits, if any.
Fringe Benefits – Other	If Other was selected for Fringe Benefits, enter description here.
Supports	Natural supports=co-worker supports Consultation On-Site refers to an arrangement with the employer for regular check-ins preferred via a personal scheduled visit. Consultation Off-Site refers to an arrangement with the employer for regular check-ins via phone, e-mail or survey.

Job Coaching Hours	Hours per week individual is supported by a job coach
Support Notes	Any additional notes regarding on the job supports.
Assistive Technologies	Type of assistive technologies used for job, if applicable. Example: "Vantage Unity Communication System"
Description	Details about how the assistive technology is utilized, if applicable. Example: "Talker box using Unity language. Used for salesmanship, which is a job requirement."

Employment Field Descriptions – Volunteer Tab

Volunteer Experience Type	Select the type of experience the individual is gaining through volunteer work. Some examples may be: Soft Skills – Practice keeping a schedule, proper grooming, appropriate interaction with others, etc. Hard Skills – Using a computer, filing, using tools, etc. Exploration – Learning about different careers and types of jobs. Socialization – Time with others, enjoyment, desire to help, like animal shelter or soup kitchen.
Volunteer Experience Type – Other	If Other was selected as volunteer type, describe here.

Employment Field Descriptions – Self-Employment Tab

Business Type	Type of business, like recycling, paper shredding, dog walking, etc.
Gross Monthly Income	Average monthly income from business. Enter as numeric only, like 150.00.

PROCEDURE & CONDUCT:

1. LOG INTO THE EMPLOYMENT DATA SYSTEM
   HTTPS://SERVICES.NHLEADS.ORG/CASEMANAGERED/LOGIN.ASPX
2. GOAL INPUT; Goal information is made available to vendors for viewing only. Vendors are not responsible for, nor are they able to, enter new or edit existing goal information. This is the responsibility of the Area Agency.
   a. **Date Established:** This is the date the goal was established, often the same as the service agreement date.

b. **Goal Type:** Select the appropriate choice from the list.
c. **If Changing or Seeking Additional Job:** If the goal type is seeking employment or to change jobs, select the appropriate choice in this drop down.
d. **Goal Notes:** Copy and paste the employment related goal from the service agreement.
e. **Goal Status:** Select the appropriate status. If the goal is active, select New or Continuation as appropriate. Once the goal is no longer being actively pursued, select Goal Met or No Longer Pursuing Goal as appropriate.
f. **Click Add to Save Goal.**

3. EMPLOYMENT DATA INPUT; Employment information must be entered for all individuals who are currently working as a paid employee, as an unpaid intern, as a volunteer, or who are self-employed. To enter any and all of these types, click on the Employment link.
   a. **For individuals that already have employment information entered**, to edit or view details on an existing record, click the paper and pencil icon to the far left of the row you wish to see.
   b. To add a new employment record, click the Add link.
      i. **For volunteer positions**, complete the Participant, Workplace, and Volunteer tabs.
      ii. **For self-employment**, complete the Participant, Workplace, and Self-Employed tabs. (Self-employment is working for yourself and drawing an income from your business. This can include providing a service or producing goods. Independent Contractors are self-employed. The key element of whether it is truly self-employment is to look at how wages are reported to the IRS.)
      iii. **For employees and unpaid interns**, complete the Participant and Workplace tabs.
   c. The notes tab is optional and available for use at your discretion. Any notes that pertain to this particular position can be added here.
   d. You can enter information on all the tabs before you save the record by clicking the Add button. If you are editing an existing record, this button will read Save. Be sure to click Add before navigating away from this page.

4. SEASONAL WORK; Seasonal Employment information must be entered for all individuals who are currently working as a seasonal paid employee, as a seasonal unpaid intern, as a seasonal volunteer, or who are seasonally self-employed. To enter any and all of these types, click on the Employment link.
   a. When seasonal work comes to an end, the employment record must be updated with a job end date and reason of "Seasonal".
   b. When the individual goes back to work the next season, a new employment record with a new Hire Date must be created.

   This can be done most easily by selecting the Copy icon next to the record that already exists for this job, the one that has been ended, and updating it with new information. If everything is the same as it was last season, simply remove the job end date and job reason for this new record so it shows as active. If other information has changed, like wages or hours, make the appropriate changes. Save the new record.

   Leave the company name exactly as it was listed in the previous record: *This is important because it allows us to save and demonstrate progression and continuity of employment, while also accurately reporting active employment at any given time.*

5. NEW HAMPSHIRE VOCATIONAL REHABILITATION; The NHVR section is required if a person is referred to VR for employment services. When this is the case, click the NHVR link.
    a. Enter the date your office made the referral to VR.
    b. Enter the date that VR closed the case and the status upon closure.
    c. When you first enter the record, you will probably only have the date referred to VR. That should be entered at the time of referral.
    d. When the case is closed, return to this existing record and enter the closure information.

6. PROGRESS NOTES/CASE NOTES; Notes are available to anyone who has access to an individual's record. If a vendor enters notes, they are immediately available to Area Agency staff and other vendor staff who have access to the system. They provide a way for a new Employment Specialist to read about the history of an individual and, since this is a web-based system, can be accessed from any location at any time.
    a. After clicking on the Progress Notes link, you will see a summarized list of existing notes.
    b. To edit an existing note, use the paper and pencil icon.
    c. To print or save an existing note, use the magnifying glass icon.
    d. To enter a new note, click the Add link.
        i. Enter the date of the note, a meaningful topic, and the content of the note. Click the Add button at the bottom of the screen to save.

PROGRESS NOTES/CASE NOTES ARE NOT ENTERED INTO THE EMPLOYMENT DATA SYSTEM FOR THE AA. MONTHLY PROGRESS NOTES (FROM VENDORS) AND CASE NOTES (FROM SERVICE COORDINATORS) ARE INPUT AND MONITORED IN THE HRST CASE MANAGEMENT SYSTEM

7. CASE ASSIGNMENTS; The Case Assignments link is intended to be the place where **Employment Specialists** are assigned to individuals. This is not necessarily the direct support worker who provides supports for an individual during the day and/or on their job. This is intended to be the particular staff person who works with the individual to make sure their employment goals are met.

PROCEDURE & **CONDUCT**:

1. If a person has more than one position, each one must be entered separately. After entering the first position and adding the record, click New to bring up a fresh form and enter the second position.

2. AA will monitor, for accuracy, on a Quarterly Basis.

3. VA will input employment data into the EDS System for all of their individuals on a monthly or as needed basis.

4. AA Service Coordinators will input employment data into the EDS System for all of their individuals on a monthly (minimum requirement) or an as needed basis for everyone that either; is in a PDMS program with no vendor or does not have Community Participation Services and/or Supported Employment Services.

REFERENCES

1. NH Employment Data System Manual, CSNI, Version 1.5, Dated June 6, 2012.
2. https://www.dhhs.nh.gov/dcbcs/bds/employment.htm

Individuals Served by One Sky Who Are Employed **Exhibit PP**

Updated by One Sky

Participant ID	Participant Name	DOB	Employment Type	Hire Date	Changed At	EDKey
11127410	Woodburn, Brian	28512	Employee	42509	7/15/2019	8/22/1903
11134883	Hester, Ashley	31270	Volunteer	42491	9/17/2019	11/25/1922
11134883	Hester, Ashley	31270	Employee	41974	9/17/2019	11/26/1922
11127425	Valliere, Caitlin	32372	Employee	41669	9/17/2019	1/24/1912
11145430	Arakelian, Gary	24829	Employee	38911	9/18/2019	4/7/1911
11125841	Miller, Brian	32251	Employee	39814	9/18/2019	8/23/1903
11127164	Portrie, Sarah	34719	Employee	42461	9/18/2019	6/1/1922
11126004	Letourneau-Desmond, Joshuah	32537	Employee	42867	9/19/2019	7/26/1904
11147202	Witham, Faye	30377	Employee	43010	9/19/2019	7/18/1905
11133959	Butler, Brendan	33913	Employee	39965	9/20/2019	5/14/1914
11133959	Butler, Brendan	33913	Volunteer	39965	9/20/2019	10/27/1926
11125815	Ouellette, James	32808	Employee	42248	9/20/2019	5/31/1922
11139811	Evans, Jaime	34251	Employee	43647	9/23/2019	11/27/1926
11125342	George, Derek	31979	Employee	40723	9/23/2019	9/16/1903
11125472	Gill, Gerard	31093	Employee	41757	9/23/2019	5/9/1913
11156956	Hauenstein, Laurie	27723	Employee	39791	9/23/2019	4/6/1911
11165106	Mikell, Tyler	35046	Employee	42724	9/23/2019	8/14/1919
11174188	Adams, Rhiannon	34961	Volunteer	42887	9/24/2019	11/28/1922
11174188	Adams, Rhiannon	34961	Volunteer	42430	9/24/2019	11/29/1922
11133770	Berggren, Brian	28660	Employee	42192	9/24/2019	10/26/1916
11137382	Bissonette, Erika	34512	Employee		9/24/2019	6/20/1917
11133613	Casian, Peter	33735	Employee	43586	9/24/2019	10/29/1926
11133613	Casian, Peter	33735	Employee	41791	9/24/2019	2/1/1914
11133613	Casian, Peter	33735	Employee	41487	9/24/2019	1/31/1914
11133387	Clayburgh, Michael	32639	Employee	40311	9/24/2019	11/14/1903
11133387	Clayburgh, Michael	32639	Volunteer	40064	9/24/2019	12/31/1908
11133387	Clayburgh, Michael	32639	Employee	40016	43732	11/16/1903
11133387	Clayburgh, Michael	32639	Volunteer	39636	9/24/2019	1/1/1909
11133387	Clayburgh, Michael	32639	Employee	38508	9/24/2019	11/15/1903
11135383	Cousins, Samantha	33892	Volunteer	42979	9/24/2019	10/29/1922
11135383	Cousins, Samantha	33892	Employee	41870	9/24/2019	6/15/1922
11140417	Durant, Hollis (Buster)	18931	Employee	40911	9/24/2019	7/8/1906
11155895	Essley, Alka	34318		42345	9/24/2019	6/19/1917
11161398	Holliday, Brandon	33840	Employee	43695	9/24/2019	6/4/1913
11161398	Holliday, Brandon	33840	Volunteer		9/24/2019	12/11/1926
11125932	Holroyd, Brianna	33824	Employee	42850	9/24/2019	3/5/1920
11125744	Lynch, Megan	32765	Volunteer	43678	9/24/2019	11/28/1926
11125725	Maxwell, Andrew	29515	Employee	43221	9/24/2019	12/4/1926
11147778	Molasky, Dwight	20857	Employee	31926	9/24/2019	2/25/1905
11147777	Molasky, Fannie	21592	Employee	31926	9/24/2019	5/3/1909
11141365	Molasky, Steven	21550	Employee	76437	9/24/2019	6/25/1925
11126866	Roy, Erin	26873	Employee	37160	9/24/2019	3/14/1911
11126866	Roy, Erin	26873	Employee	37160	9/24/2019	9/28/1917
11143122	Soucy, Christian	34623	Employee	42150	9/24/2019	6/27/1915
11126990	Spooner, Leon	24357	Employee	43542	9/24/2019	6/7/1925
11159419	Sullivan, Rebecca	34677	Volunteer		9/24/2019	6/3/1922
11159419	Sullivan, Rebecca	34677	Volunteer		9/24/2019	12/10/1926
11138467	Anderson, Kristen	31373	Employee	42795	9/26/2019	1/19/1927
11133462	Davidson, Kristen	34389	Employee	41879	9/27/2019	6/29/1915
11125478	Gezzer, Christine	30890	Volunteer	41061	9/27/2019	10/9/1912
11125883	Johnson, Morgan	34436	Employee	42380	9/27/2019	11/1/1926
11125786	Nowak, Michael	32692	Employee	41737	9/27/2019	10/10/1912
11125786	Nowak, Michael	32692	Employee	40354	9/27/2019	8/27/1903
11126919	Tellier, Cody	33374	Volunteer	40714	9/27/2019	4/5/1912
11140536	Denyou, Crystle	31250	Employee	41873	9/30/2019	5/31/1913

Individuals Served by One Sky Who Are Employed **Exhibit PP**

Updated by One Sky

Participant ID	Participant Name	DOB	Employment Type	Hire Date	Changed At	EDKey
11125384	Ellis, Millicent	28510	Employee	42066	9/30/2019	8/21/1914
11154381	Johnson, Kristen	32997	Employee	42114	9/30/2019	11/15/1914
11154381	Johnson, Kristen	32997	Employee	41064	9/30/2019	1/22/1907
11137365	Kendrick, Hannah	32703	Employee	40441	9/30/2019	9/2/1903
11126059	Krantz, Thomas	16758	Employee	40238	9/30/2019	9/6/1903
11158127	Monty, Joshua	33996	Employee	41156	9/30/2019	12/21/1910
11126845	Smart, Matthew	33968	Volunteer	42122	9/30/2019	9/30/1916
11126845	Smart, Matthew	33968	Volunteer	42122	9/30/2019	10/2/1916
11172119	Smart, Timothy	33257	Volunteer	42122	9/30/2019	10/7/1916
11172119	Smart, Timothy	33257	Volunteer	42122	9/30/2019	10/9/1916
11126916	Thagard, Stephen	30126	Volunteer	41061	9/30/2019	7/20/1916
11126916	Thagard, Stephen	30126	Volunteer	41003	9/30/2019	10/11/1912
11143627	Davies, Christin	32440	Volunteer	41426	10/1/2019	10/8/1912
11129206	Desmond, Daniel	33612			10/1/2019	6/16/1922
11144555	Elliott, Mark	32501	Employee	39661	10/1/2019	10/13/1903
11125350	Gayhardt, Justine	33043	Employee	42974	10/1/2019	10/16/1922
11125342	George, Derek	31979	Employee	39448	10/1/2019	10/16/1903
11125900	Keech, Linda	24845	Employee	40249	10/1/2019	8/25/1903
11156658	Kuzirian, Jeffrey	30673	Employee	40459	10/1/2019	9/17/1903
11125992	Lantinen, Charles	27842	Employee	39482	10/1/2019	8/26/1903
11125992	Lantinen, Charles	27842	Employee	38626	10/1/2019	9/4/1903
11125992	Lantinen, Charles	27842	Employee	37895	10/1/2019	5/22/1913
11125992	Lantinen, Charles	27842	Employee	36804	10/1/2019	8/29/1903
11125778	Madison, Joshua	32724	Employee	41481	10/1/2019	4/24/1910
11125778	Madison, Joshua	32724	Employee	40070	10/1/2019	9/20/1903
11125777	Madison, Noah	30295	Volunteer	36904	10/1/2019	11/7/1911
11141564	Molasky, Lois	20774	Employee	41540	10/1/2019	2/16/1917
11151509	Parent, Joseph	26349	Employee	40443	10/1/2019	3/1/1904
11156389	Powell, Jonathan	32387	Volunteer	42005	10/1/2019	8/4/1916
11127534	Zoellick, Peter	32674		40414	10/1/2019	3/28/1911
11127534	Zoellick, Peter	32674	Volunteer	39629	10/1/2019	11/8/1903

Exhibit QQ

SC Meeting Notes
14 August 2019

Team Meetings 9-9:50

In Attendance: Jess, Karen, Scott, Mallory, Lynne, John, Jennifer, Cara, Kathy, Alisha, Nolan, Sharon, Shay, Anthony, Sheena, Keryn, Lenore, and Loreana.
On the Phone: Krista

Welcome and Introductions

- What is your favourite snack food?

Admin Updates

- Sheena Farmer is the new part time SC Training Coordinator starting 12 August
- Sharon Bray part time PDMS SC
- Denise Haddocks started as Nurse Trainer
- Debbie Jurkoic Transition Coordinator

All things Service Coordination

- On Call – Jennifer Tustin

- EDS Overview (Employment Data System)
  - Everyone has a unique username and password. (https://oneskyservices-my.sharepoint.com/:w:/g/personal/jthompson_oneskyservices_org/Edie59GQTGxIvTdOgrz6ooUBXrhgE6o8stvQfGIpIkwNmQ?e=WlZ2A8)
  - Everyone has a number, which is the last four numbers of the password. 'Last Modified By' will show your number, not your name.
  - See Packets that Krista made. [LINK TO LATER]

- Changes in HRST
  - Change in Vendor, Conversion from Traditional to PDMS, Address Change, Guardian Change, Rep Payee Change. (We do have a change form, Krista doesn't care of you send it to her, emailing the info is fine)
  - Possibility of SC updating the information instead of needing the Change Form.
  - With a name change, legal documentation is required.
  - Same with Guardian change.
  - Changing or removing Diagnosis, need documentation to show why you're doing it.
  - Address Change, must have previous address and provider info, must have phone number for current and previous provider.
  - If starting or terminating services, must include start/end date, and why.
  - Hosptial, start & end date, hospital address. Discharge paperwork if possible.
  - Repayee doesn't happen often. If Repayee changes and is not OneSky, can do simple change. If OneSky, tell Denise.

- ISA Q&A
  - See Team manager for any questions

- ISA Training 2 October 2019 10am – 3 Pm

- RFP Process
  - See new form.
  - Releases are needed for teaser.
  - Vendor has 5 business days to respond, then 15 days to submit proposal and budget.

- Quick reminders, complete baseline competency servey by Friday
- Update at least 5 contacts per week: https://oneskyservices-my.sharepoint.com/:x:/g/personal/jthompson_oneskyservices_org/ETTPr8FU0JtDlspNmSOMZ9cBm33uJYfnX1zGZZAA1ZV_9w?e=daNC6a
- Contact notes for August are due 4 Sept
- Only three 3 Renewals are left, due 4 Sept

Kudos (meeting ran long, kudos cut short)

- John thanks everyone who showed up for pick up meeting yesterday
- Jennifer says everyone is awesome
- Cara to Lynne for an ISA yesterday, and deflecting interesting/difficult questions
- Jennifer kudos to Keryn for recommending Management and Leadership training for Women.

Wrap Up

11-12 Farmsteads of New England with Jon Noble and Tim https://www.farmsteads-ne.org/
In Attendance: Keryn, Jess, Karen, Scott, Mallory, Lynne, John, Cara, Cathy, Nolan.

- Started in the founder's basement in Epping, and one in Hillsborough.
- CPS and Transition is open at both sites
- Res in Hillsborough. Everyone has their own apartment and lease. They do take section 8 housing vouchers. It took a while to go through due to repayee not understanding Section 8.
- Do have two individuals that receive CSS.
- They have a CPS cert (probably for One Sky)
- ISAs have recently been up to date. (woot!)
- They currently have a 50/50 of people who get 1:1 services and group care in Hillsborough. 1:1 staffing support is difficult due to shortages. 8 hour shifts
- Frequently have family meals together in the common room, or can eat in their apartment, which have kitchenettes.
- For Day Program, there is a communal provided lunch.
- Sleep program, no mandatory overtime.
- Res is currently maxed out in Hillsborough. 87 person waiting list, most aren't currently eligable for services, they're early teens. 37 people who are eligible and of age.
- Want to open a 32 bed in Epping, no current timeline due to issues with funding. Timeline is currently

30 months.
- Looking to expand their Farmstead to up limit on Day program from 12 to 30.
- Some of their day people who volunteer at Meals on Wheels, some have jobs, some volunteer at the Austin17House Youth Center (https://www.austin17house.org/) which they also use for program space.
- Staff: All staff must have minimum of HS Diploma or GED. DSP state minmum. Leadership must have some college.
- Res Training: Shadow 40 hours with staff before solo, Relias training, Med Class with Nurse Trainer, along with Client specific training.
- CPS Training: Client specific training
- Not a lot of transitions services because most people are looking for residential services.
- 30 slots for Day programs in Epping, 10 slots are filled, 13 people on 507 cert not included in the 30 slots. Dependent on Staffing.
- REs are expected to be 1201 certified/ med authorized.
- They do limit geographic reach due to transportation rates. They do reimburse at the IRS rates, 58c per mile. https://www.irs.gov/tax-professionals/standard-mileage-rates
- All RFPs go to Deborah first, then Jon and the SC.
- 115 employees, they lose about 6 people per quarter, usually PT.
- Prior Authorization – Brand new services need everything. CSS doesn't have a set list like CPS and RES.
- Start date – Staffing is not required prior to getting the authorization. Once person is moved in, there's
- 20 days to get in the goals, and create an amendment to the ISA.
- Hillsborough - is working to be a self-substaining farm.

Keryn/Krista - Vendor Meeting in Sept, make sure that they know to be updating employment info in EDS.
Kathy to send description of CSS services to Farmsteads

Exhibit RR

One Sky Community Services, Inc.
755 Banfield Road Suite 3
Portsmouth, NH 03801

Phone: 603-436-6111
1-800-660-4103
Fax: 603-436-4622

www.oneskyservices.org Facebook/ @oneskyservices Twitter/@onesky_services

ONE SKY COMMUNITY SERVICES
JOB DESCRIPTION

I. JOB TITLE:

Director of Service Coordination

II. JOB OBJECTIVE:

Oversee the delivery of ESS; DD, ABD and IHS Medicaid waiver; and State of New Hampshire Family Support services to eligible individuals and families y. Ensure that all such services are delivered in accordance with all applicable state and federal laws and regulations. Manage and oversee the Service Coordination department staff and budget so that we become more efficient, more data driven in our decision making process and standardize and simplify what we currently are doing and adopt best practices that have been proven to work so that we can become a more cohesive and collaborative organization and continue to provide the high level of service to our clients.

III. SKILLS REQUIRED:

- At least four year's professional experience in human services, with two years administrative experience.
- Demonstrated skills in Service Coordination, management and staff development, consumer advocacy and utilizing and developing community resources.
- Superior skills in organization and attention to detail
- Commitment to the highest quality of work; from themselves and from others.
- Highly collaborative, wants to work in a team environment without a rigid structure and encourages all who she/he has responsibility for to do the same, has a strong connection to the success of the Senior Leadership Team and the organization as a whole.
- An excellent communicator; as a speaker and as a listener.
- Ability to build strong relationships with others members of the Senior Leadership Team and with others in the organization.
- An ability to recognize, foster and develop talent and initiative in

others

- A proactive self-starter with the ability to work independently and effectively manage competing requests and priorities.
- Proven abilities to problem solve, negotiate with internal and external partners and apply personal judgment to address problems as they arise and help move the organization forward.
- Intermediate proficiency in MS Office (Word, Excel and Outlook); advanced proficiency preferred.
- Flexibility and creativity are keys to success.

The Director of Service Coordination will have a minimum of a bachelor's degree from an accredited college or university in a related profession, as required by HeM 506.03. A master's degree may be substituted for one year experience.

IV. RESPONSIBILITIES:

A. Essential functions:

1. Program Administration
   - Advocate for and on behalf of individuals who are eligible for ESS and DD, ABD and IHS Medicaid waiver and State of New Hampshire Family Support services. Advocate for them internally within the Senior Leadership Team and the Board of Directors and externally with the NH Bureau of Developmental Services (BDS) , our service provider partners and within our community.
   - Balance the individual needs of each of the individuals and their families needing services with the needs of other individuals and resources available to One Sky through the State of New Hampshire and/or other funding sources.
   - Ensure that all services are delivered and administrated consistent with all applicable CMS and NH laws and regulations.
   - Oversee One Sky's rep-payee program and ensure that it is compliance with all applicable CMS and NH laws and regulations and One Sky policies and procedures.
   - Ensure that all and guardians of same are informed of and understand their rights and responsibilities under all applicable US and NH laws and regulations
   - Develop and refine models for Individualized Service Plans (ISP) and other reporting forms and ensure that all Service Coordinators are trained in these approaches.
   - Ensure that every adult client has an employment goal included in their ISP
   - Ensure that a designated signer reviews and approves all Individual Service Plans and accompanying budget all individuals receiving services. Participate in program development meetings with parents,

Service Coordinators and others as required either because of the complexity or the high visibility of the case.

- Work in collaboration with the NH BDS, other area agencies and our service provider partners to accomplish our mission.
- Actively participate as a key member of the Senior Leadership Team.
- Represent One Sky in state wide service coordination and other meetings.
- Work Closely with Senior Policy Advisor to:
  - Maximize input that Risk Management Committee can provide in the development of appropriate risk and behavior plans.
  - Maximize input from the Human Rights Committee to ensure that rights of individuals we serve are protected.
  - Develop an integrated approach to case management; pulling other stakeholders (e.g. behavioral health, MCOs, school Special Ed directors, etc.) into the service team.

2. Fiscal Management
   - Review and approve budgets for individual clients prepared by service providers and submitted by Individual Adult Service Coordinators.
   - Monitor and manage use of available overtime.
   - Work closely with the Chief Financial Officer to:
     - Ensure, except in rare exceptional circumstances that Prior Authorizations(PA) for any Medicaid waiver program expenditures are funded and approved ***before*** services are delivered
     - Develop strategies on how to address unexpected emergencies ***before*** presenting those to the state for consideration.
     - Minimize our crisis billings so as to maximize our general management revenues
     - Minimize our reported lapse (unbilled budget dollars). Where there is lapse, identify sources as quickly as possible.
     - Ensure that service providers are current in submitting attendance logs and contact notes, such that One Sky maximize our billable activities
     - Monitor and control internal expenses.

3. Supervisory
   - Recruit, interview, hire and train Service Coordination staff.
   - Work closely with the Director of Organizational Development to:
     - Review and revise as necessary all internal processes and procedures.
     - Ensure that job descriptions for everyone in the Service Coordination department accurately reflect their roles and responsibilities in the defined processes and procedures.
     - Design and implement a training and development programs that empowers every member of the Service Coordination department to fulfill their role and grow professionally and personally.

  - Monitor and track performance of all staff; identify and review trends and develop and implement solutions with him/her to address those trends
  - Develop and implement policies and procedures to review and approve potential new service providers (vendors)
- Foster and encourage a culture of openness and accountability within the Service Coordination department and between Service Coordination and other organizational entities within One Sky.
- Delegate and take personal responsibility for the growth and development of immediate direct reports; help them become more effective supervisors and leaders in the organization.
- Set annual performance goals with each direct report and provide (at a minimum) quarterly verbal feedback and annual written assessment of performance. Ensure that in-house case management system is accurate and up-to-date at all times.
- Identify, establish and implement appropriate annual goals for Service Coordination department.
- Work in collaboration with the Director of Compliance to:
  - Develop evaluation measurement tools to assess the quality of Service Coordination services which meet or exceed state standards; review staff performance against these standards at least annually.
  - Develop, maintain and review with other senior staff appropriate measures of performance.
  - Monitor service provider (vendor) performance in providing required documentation; provide all service providers with annual reminder of required documentation.
  - Ensure that all outside service provider certifications are up-to-date and current.
- Prepare, submit and review with the Board of Directors a quarterly summary of performance.
- Regularly assess caseloads to ensure that workloads are fairly and appropriated balanced
- Meet with the entire Service Coordination team as a whole on a regular and recurring basis. Develop an "esprit de'corps" within the team that is focused on working together – as a team and with other members of the organization - to support and further the entire organization's goals. Invite representatives of other departments to participate in those meetings on a regular basis.

4. Professional Development
   - Maintain, expand and share current knowledge of best practices in services to people with developmental disabilities with agency staff, service providers, families, NH BDS/DHHS staff and local legislators.
   - Take on an expanded leadership role within the Area Agency system and in interactions with NH BDS/DHHS.

- Develop and implement new programs as the demand for these new services may arise.
- Monitor and encourage staff to acquire knowledge of current practices in field.
- Develop strong and effective working relationships with other members of the Senior Leadership Team.
- Be a change agent. Continually identify and pursue opportunities for us to become more efficient.
- Participate in development of annual Individual Assessment review with Chief Executive Officer.

B. Non-essential functions:

1. Actively support our community outreach and development activities, including fundraising.
2. Actively support our family advocacy and education activities, including meeting with local legislators from time to time.
3. Serve as secondary contact for Family Centered Early Supports and Services (FCESS) program.
4. Serve as One Sky representative to Employment Leadership Committee.

V. WORKING CONDITIONS:

A. Workday is usual office hours Monday through Friday with flexibility to accommodate individuals, family, program schedules and department/agency events. Majority of work is performed at a workstation, in a climate-controlled office. Some time is spent away from the office on agency business.

B. Must provide or have available own transportation. A Criminal Record Check, driver record check, proof of license and insurance is required and employment is contingent on the results. Auto insurance limits of 100/300 is recommended.

VI. POSITION ACCOUNTABILITY:

A. This is a full time exempt management position directly reporting to the Chief Executive Officer. While there is no set expectation of hours worked in excess of 40 hours per week, there is an expectation that the work the position is responsible for will get done in a timely and accurate manner and that if additional hours to do so are required then the Director of Adult Service Coordination will put in the time necessary to do so.

B. Position has managerial responsibilities for the following direct reports
   1. Associate Director of Vendor Services Coordination
   2. Associate Director of Service Coordination Operations

3. Manager of Family Directed Services
4. Clinical Director
5. Nurse (Part-Time)
6. Administrative Assistants (2)

C. An initial job performance will be reviewed at 6 months, with annual reviews thereafter.

VII. **EFFECTIVE DATE:**

1983 revised: 2/90, 11/1/95, 9/97,9/98,6/01,8/09, 10/2016, 5/2018

VIII. **ACKNOWLEGMENT:**

I have read and understand the duties of this position. I understand that I am an employee "at will" and do not construe this as an employment contract.

_____ _____
Staff Signature Date

_____ _____
Supervisor Signature Date

Remediation Action #12

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH REMEDIATION RESULTING FROM STAKEHOLDER ENGAGEMENT - SERVICE COORDINATION AND FAMILY SUPPORT

STANDARD

Regulatory	He-M 505.08 (f) Redesignation (see Appendix A, Exhibit 6)
Contractual	None Referenced

FINDING

One Sky needs to increase communication, transparency, proactive planning, and responsiveness to individuals and families. Many of the problematic situations that require BDS intervention are due to the lack of communication, planning, responding, and transparency by the organization. The turnover, lack of training and lack of leadership in Service Coordination and Family Support is directly tied to these areas of concern.

REQUIRED REMEDIATION

12. Hire an experienced Director of Service Coordination

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

Keryn Bernard-Kriegl was hired on March 18, 2019 (see Exhibit 26). Keryn came to One Sky after serving as Executive Director of New Hampshire Children's Trust for 9 years. Her prior experience included Program Director at Families First Health and Support Center and Residential Coordinator at Odyssey House Family Center. Her experience in nonprofit health and human services includes direct services, supervising staff, program development and management, training, community education, public awareness and advocacy. She enthusiastically accepted this position and the challenge of building a highly skilled and compassionate team to serve more than 1000 Region 8 individuals and families.

KERYN BERNARD-KRIEGL

NONPROFIT EXECUTIVE

OBJECTIVE

To improve the lives of individuals and families

SKILLS

Advocacy
Board development
Collaboration and coordination
Community relations
Decision making
Financial management
Fundraising and grant writing
Problem solving
Program management
Public speaking
Strategy
Training
Software: Microsoft Office, Constant Contact, Survey Monkey, Social media

ATTRIBUTES

Effective communicator
Lifelong learner
Organized
Passionate
Self-starter

EXPERIENCE

DIRECTOR SERVICE COORDINATION • ONE SKY COMMUNITY SERVICES • 2019 – PRESENT

Oversee the delivery of ESS; DD, ABD and IHS Medicaid waiver; and State of New Hampshire Family Support services to eligible individuals and families in accordance with all applicable state and federal laws and regulations. Manage the Service Coordination department staff and budget. Standardize, simplify and adopt best practices to provide the highest level of service.

EXECUTIVE DIRECTOR • NH CHILDREN'S TRUST • 2009 – 2018

Successfully led small nonprofit charged with preventing child abuse and neglect in New Hampshire. Insured that the mission was carried out effectively by working in partnership with the Board of Directors, employees, community partners, funders, donors and elected officials. Developed and managed agency operations and programs. Worked on state and national initiatives.

2015-2018 Prevent Child Abuse America Chapter Network Executive Committee

2015- Excellence in Nonprofit Management Award by NH Charitable Foundation

PROGRAM DIRECTOR • FAMILIES FIRST • 2001 – 2009

Coordinated work teams of staff from all departments to reach strategic plan goals, and improve patient and family outcomes. Directly managed Family Support Center; Secured funding; Hired, trained, supervised, evaluated staff; Served on management team and committees of the board of directors. Participated in numerous networks and collaborative projects with community agencies.

KERYNBK@GMAIL.COM

603-866-9618

LINKEDIN.COM/IN/KERYN-BERNARD-KRIEGL-6038669618/

EDUCATION

MS • Wheelock College (now part of Boston University)
BS • University of New Hampshire
MBA Classes • Southern New Hampshire University

VOLUNTEER EXPERIENCE OR LEADERSHIP

2019	*Dover Leadership Academy*
2019	*Garrison Players Arts Center Volunteer*
2013-2015	*Cocheco Arts & Technology Academy Parent's Assoc. (VP/Pres)*
2013-2014	*Leadership New Hampshire*
2009-2010	*Garrison Players Arts Center Board (fundraising co-director)*
2004-2008	*Family Support New Hampshire Board (President 04-06)*

Remediation Action #13

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH REMEDIATION RESULTING FROM STAKEHOLDER ENGAGEMENT - SERVICE COORDINATION AND FAMILY SUPPORT

STANDARD

Regulatory	He-M 505.08 (f) Redesignation (see Appendix A, Exhibit 6)
Contractual	None Referenced

FINDING

One Sky needs to increase communication, transparency, proactive planning, and responsiveness to individuals and families. Many of the problematic situations that require BDS intervention are due to the lack of communication, planning, responding, and transparency by the organization. The turnover, lack of training and lack of leadership in Service Coordination and Family Support is directly tied to these areas of concern.

REQUIRED REMEDIATION

13. Develop a training curriculum for all new and existing Service Coordination / Family Support Staff

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

One Sky is committed to providing the tools, resources and knowledge base Service Coordinators, Team Mangers and Administrative staff need to provide excellent services. One Sky developed and implemented a variety of tools and strategies to support the team. One Sky has seen a sharp improvement in knowledge, skills and confidence since implementing this a few months ago. Service Coordinators have expressed appreciation for all the resources and learning opportunities. More experienced staff have been enthusiastic about sharing their knowledge with others. Each week staff give shout outs and kudos to one another for their support, wisdom and accomplishments.

A formal New Hire (1 day) Orientation Program was created and implemented with each newly hired employee (Exhibit 41). See Exhibit S for employee acknowledgments that they received orientation manual. See Exhibit SS for acknowledgments received from employees hired after September 1).

A Services Coordination New Hire Training Manual was created and distributed to all existing and new Service Coordinators. This includes the HRST Case Management User Manual. (Training Packet Exhibit PPP). This manual serves as a reference guide throughout employment.

A formal Services Coordination New Hire Competencies and Orientation Schedule was developed so Service Coordinators and Team Mangers can learn "the basics" during the first six months. Orientation methods include conversations, shadowing, mentoring, face to face and Relias trainings, and reading materials. Face to Face trainings allow for group discussion, sharing and specific questions while the One Sky Relias training can serve as an introduction to or review of topics covered in group sessions. One Sky has identified specific competencies (Exhibit 42) that Service Coordinators need to demonstrate by one-month, three-month and six-month tenure. The Team Manager review tool (see Exhibit 42A) was created to assist Team Managers in tracking employee competencies and informing them of specific areas of focus for building skills.

Current Service Coordinators competed a baseline competencies assessment on August 22, 2019 (see Exhibit K). The results of the assessment were shared with Team Managers and Directors so that training and technical assistance could be tailored to meet the needs of each supervisee through individual and group opportunities. Service Coordinators can cover topics in their weekly team meetings, Service Coordination Staff meeting, or one on one with their Team Manager in supervision.

A New Hire Orientation for Service Coordinators Learning Plan was created in Relias. A completion certificate is awarded when an employee completes the orientation series. 100% of staff who have been here six months or longer have completed the orientation program. See Exhibit L for summary of week 1-4 and month 2 on-line training plans. See Exhibit II for SC Orientation Training Plan -- shaded box indicates that training has been completed. See Exhibit 11A for revised 4-week Training Schedule. Service Coordinators who have completed the training receive a completion certificate (see Exhibit NNNN).

To assist Team Managers and Directors, a Service Coordination Training Coordinator (TC) was hired in August. The TC had served as the Family Support Team Manager for three years prior to her accepting this position. The TC provides hands on technical assistance related to building competencies with Service Coordinators as needed. For example, the TC will guide the Service Coordinator with setting up and attending ISA meetings, and writing the ISA. Once a week, the TC reviews specific processes and procedures, and fields questions in a group setting.

One Sky created a *Resources* folder in OneDrive which has the lastest resources, forms, policies and other information Service Coordinators need. As One Sky continues to create additional tools, processes and procedures, they will be added to this repository.

One Sky has been recognizing and celebrating all of our individual, team and department acheivements. For example, Service Coordinators who achieve 100% documented billable contacts each month are recognized in the 100% club (see Exhibit QQQ). Service Coordinators display these badges with pride. Team Managers have been working to identify individual strengths and interests so that One Sky can continue to strengthen its workforce.

In a letter dated September 6 (see Exhibit Z) we detailed our plans for ensuring that all of the individuals we serve have a service coordinator. As of October 21, 2019 One Sky had filled all of the service coordinator positions mandated in our FY 20/21 contact with the State. We are however, hiring one additional service coordinator who will have a full caseload. At that point in time each of the individuals we serve will have an assigned service coordinator and we do not envision having to implement any of the actions contemplated in Exhibit Z.

Exhibit 41

New Hire Orientation Manual Table of Contents

Tab	
1	• One Sky Mission • One Sky Security System Procedure • Systems Engineering Contact Information
2	• Organizational Chart • Employee Handbook
3	• Conference Room Scheduling • Outlook Scheduling • Alphabet Soup
4	• RSA 171-A Services for The Developmentally Disabled • RSA 171-B Involuntary Admission for Persons Found Not Competent to Stand Trial
5	• History of the NH Developmental Services System • The History and Development of Family Support in NH
6	• He-M 503 Eligibility & the Process of Providing Services • He-M 506 Staff Qualifications & Staff Development Requirements for Developmental Services Agencies • He-M 507 Community Participation Services • He-M 1001 Certification Standards for Developmental Services Community Residences • He-M 1201 Medication Standards
7	• He-M 521 Certification of Residential Services or Combined Residential & Days Services Provided in the Family Home • He-M 525 Participant Directed & Managed Services • He-M 518 Employment Services
8	He-M 310 Rights of Persons Receiving Developmental Services or Acquired Brain Disorder Services in the Community
9	• Office 365 Login • VPN Connection Instructions
10	One Sky Strategic Plan

Exhibit 42

New Hire Competencies

Name: _____ Date of hire: _____ 6 Month Date: _____
Job Title: _____ Supervisor: _____

Goal: At the end of the timeframe indicated be able to demonstrate an understanding or perform task.
Review progress with supervisor on a weekly basis.

First Month	Record questions on topic to review with supervisor.
Individual Service Agreement (ISA) function	
Health Risk Screening Tool (HRST) & ratings	
General Services Available Through One Sky	
Structure of Area Agency System	
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	
Expectations and Reporting Requirements as a Mandated Reporter	
Function of a Prior Authorization (PA)	
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	
Understanding of functions for 60% of individual specific documentation.	

Three Months	Record questions on topic to review with supervisor.
ISAs; planning and writing	
Quality Contact Note writing	
Who is eligible for services?	
Wait List function	
Request for Proposal (RFP) process	
Prior Authorization (PA) process	
History of Service Delivery in NH	
Why the programs are called "waivers"?	
What a SIS is (Supports Intensity Scale)?	
Documentation that goes to Quality	
Function of individualized budgets	
Respite Overview	
Human Rights Committee	
Rep Payee relationship with SC	

Six Months	Record questions on topic to review with supervisor.
Ability to write 80% of individual specific documentation.	
SIS Planning and Scheduling	
Funding Sources for services	
Team Meeting Facilitation	
START Service offerings	
Specialty Services	
MMIS Function	
Rep Payee relationship with SC	
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	
Risk Management Committee	
Functions of NH LEADS and EDS	
Some Local Resources (Mental Health Center, benefits resources, housing resources)	

Exhibit 42A

Team Manager Review of New Hire Competencies

Name: _____ Date of hire: _____ 6 Month Date: _____
Job Title: _____ Supervisor: _____

Review progress of competencies with new hire on a weekly basis.
Supervisor sign off when employee has completed relevant training(s) and/or has shown competency.

Topics after First Month	Training Opportunities	Supervisor Signature
Individual Service Agreement (ISA) function	Shadowing, Relias: One_Sky_SCISA_2019	
Health Risk Screening Tool (HRST) & ratings	HRST training, Relias: 2019-HRSTOV1	
General Services Available Through One Sky	Day 2 Agency Overview, Shadowing, Relias: One_Sky_Community_Served & One_Sky_Rules_and_Regulations	
Structure of Area Agency System	Day 2 Agency Overview, Shadowing	
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	In-Person Trainings, Relias: NHSDDClientRights & One_Sky_Quality_and_Compliance	
Expectations and Reporting Requirements as a Mandated Reporter	In-Person Trainings, Relias: NHSDDClientRights & One_Sky_Quality_and_Compliance	
Function of a Prior Authorization (PA)	Shadowing, Quarterly In-Person, Relias: One_Sky_Prior_Authorization_Overview	
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	Shadowing, Relias: REL-DISOV-DD-0	
Understanding of functions for 60% of individual specific documentation.	Week 2 Day 5 Documentation Overview, Shadowing	

Topics after Three Months	Training Notes	Supervisor Signature
ISAs; planning and writing	Shadowing/On the job, Quarterly In-Person training, Relias: One_Sky_SCISA_2019	
Quality Contact Note writing	Shadowing/On the job, Relias: One_Sky_SCBillable_Events	
Who is eligible for services?	Day 2 Agency Overview, Shadowing, Quarterly In-Person training, Relias: One_Sky_Rules_and_Regulations & One_Sky_Community_Served & One_Sky_Intake_Process	
Wait List function	Shadowing/On the job, Quarterly In-Person training, Relias: One_Sky_Wait_List_Process	
Request for Proposal (RFP) process	Shadowing/On the job, Quarterly In-person training	

Prior Authorization (PA) process	Shadowing/On the job, Quarterly In-Person, Relias: One_Sky_Prior_Authorization_Overview & One_Sky_APA2019	
History of Service Delivery in NH	Shadowing, Quarterly In-person training, Relias: One_Sky_SCFunded_2019	
Why the programs are called "waivers"?	Shadowing, Quarterly In-person training, Relias: One_Sky_SCFunded_2019	
What a SIS is (Supports Intensity Scale)?	Shadowing, Relias: CSNI_SIS_Overview & One_Sky_SIS_Planning	
Documentation that goes to the Quality department	Shadowing/On the job, In-Person Trainings, Relias: One_Sky_Quality_and_Compliance	
Function of individualized budgets	Shadowing/On the job, Relias: One_Sky_Prior_Authorization_Overview	
Respite Overview	Shadowing/On the job, Quarterly In-person training	
Human Rights Committee	On the job, Quarterly In-person training, Relias: One_Sky_HRRM_2019	

Topics after Six Months	Training Notes	Supervisor Signature
Ability to write 80% of individual specific documentation.	On the job	
SIS Planning and Scheduling	On the job, Relias: CSNI_SIS_Overview & One_Sky_SIS_Planning	
Funding Sources for services	Shadowing, Quarterly In-person training, Relias: One_Sky_SCFunded_2019	
Team Meeting Facilitation	Shadowing/On the job	
START Service offerings	Meeting with START coordinator	
Specialty Services	Quarterly In-person training, Shadowing/On the job	
MMIS Function	Quarterly In-person training, Shadowing/On the job	
Rep Payee relationship with SC	Shadowing/On the job	
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	Shadowing/On the job, Quarterly In-Person	
Risk Management Committee	On the job, Quarterly In-person training, Relias: One_Sky_HRRM_2019	
Functions of NH LEADS and EDS	Shadowing/On the job, Quarterly In-Person training	
Some Local Resources (Mental Health Center, benefits resources, housing resources)	Shadowing/On the job	

	Relias Course	Welcome to Service Coordination	Client's Rights	HRST System Overview	Guiding Rules and Regulations	Individual Service Agreement (ISA) Overview	Billable Activities & Contact Notes	The Community We Serve	Disabilities Overview	Human Rights & Risk Management	Intake Process	How Services Are Funded	Prior Authorization Overview	The wait List	Individual Service Agrement Refresher	Automated Prior Author-ization System	CSNI SIS Overview	SIS Planning
New Staff	Date of Hire																	
Stone, Delaney	23-Sep	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Russek, Charles	7-Oct						x		x		x		x	x		x	x	x
Vachon, Lynn	15-Oct								x								x	x
Pumphret, Erin	15-Oct		x						x							x	x	x
Service Coordinator		Week 1				Week 2			Week 3			Week 4				Month 2		
Auclair, Stephanie		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Bradford, Mallory		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Bray, Sharon		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Collins, Nolan		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Cormier, Amy		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Gonzales, Chadia		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Jackson, John		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Jurkoic, Deb		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Kitchen, Shaylei		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Lauder, Alisha		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Lorentsen, Lynne		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
McGowan, Kathy		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Patria, Tyler		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Tellier, Karen		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Thomas, Lorena		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Supervisors																		
Baker, Cara		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Bernard Kriegl, Keryn		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
MacConnell, Anthony		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Richey, Sharon		x	G	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Sciuto, Lenore		G	G	x	G	x	x	G	G	G	x	x	x	x	x	x	x	x
Sorel, Krista		G	x	G	G	G	x	G	G	G	G	G	x	x	x	x	x	x
Admins																		
Hopper, Scott		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Thompson, Jess		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Farmer, Sheena		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

Week 1 - New Hire Orientation Schedule - Service Coordination

Day 1	Activity	Person or Source
8:30 AM	Orientation	with Sadie Reynolds (HR/Training Assistant)
End of Day	Set Up Work Station (computer & email login, desk/mobile phone)	with Jennifer Howard (Office Manager)

Day 2	Activity	Person or Source
8:30 - 9:00	Set Up Work Station (voicemail, email signature, OneDrive)	with Jennifer Howard (Office Manager)
9:00 - 10:00	Job Description and Agency Review	with Team Manager
10:00 - 10:30	Intro to Relias Training & SC Resource Guide	with Victoria Putnam (Director of Quality Improvement)
10:30 - 12:00	*Welcome to Service Coordination*	*Relias: One_Sky_SCWelcome_2019*
12:30 - 2:00	*Client's Rights*	*Relias: NHSDDClientRights*
2:00 - 4:00	*HRST System Overview*	*Relias: 2019-HRSTOV1*

Day 3	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members
10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination
1:00 - 1:30*	Meet Service Coordination Admin Team (and get HRST Certification)	with Krista Sorel (Manager of Systems, Processes, & Documentation)
1:30 - 4:30	*Start HRST Rating Training*	*HRST Link in Email; Online (non-consecutive)*

Day 4	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	*HRST Rating Training Continuted*	*HRST Link in Email; Online (non-consecutive)*
2:00 - 4:00*	Q & A Competencies	with Sheena Farmer (SC/Training Coordinator)

Day 5	Activity	Person or Source
8:30 - 10:00	*Finish HRST Rating Training*	*Notify Krista Sorel when complete*
10:00 - 12:00	Meet your Caseload in HRST	with Team Manager
12:30 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Week 2 - New Hire Orientation Schedule - Service Coordination

Day 6	Activity	Person or Source
8:30 - 9:30	Review your caseload in HRST	Self-directed
9:30 - 10:30*	Service Coordination Q & A	with Krista Sorel
10:30 - 12:00	*Service offerings and associated regulations*	*Relias: One_Sky_Rules_and_Regulations*
12:30 - 2:30	Shadow Service Coordinator	with Manager or Service Coordinator
2:30 - 3:00	HR and Admin Department Overview	with Jennifer Howard
3:00 - 4:00*	Quality Department Overview	with Victoria Putnam (Director of Quality Improvement)

Day 7	Activity	Person or Source
8:30 - 9:00	Payroll and Benefits Review	with Lisa Gray (Payroll Adminstrator)
9:00 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 4:30	*Individual Service Agreement (ISA) Overview*	*Relias: One_Sky_SCISA_2019*

Day 8	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members
10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination
1:00 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 9	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	Shadow Service Coordinator	with Manager or Service Coordinator
2:00 - 4:00*	Q & A Competencies (Review documentation workplan)	with Sheena Farmer

Day 10	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Week 3 - New Hire Orientation Schedule - Service Coordination

Day 11	Activity	Person or Source
8:30 - 9:30	*Billable Activities and Contact Notes*	*Relias: One_Sky_SCBillable_Events*
9:30 - 10:30*	Service Coordination Q & A	with Krista Sorel
10:30 - 12:00	*The Community We Serve*	*Relias: One_Sky_Community_Served*
12:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Day 12	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:30	*Disabilities Overview*	*Relias: REL-DISOV-DD-0*
2:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Day 13	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members
10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination
1:00 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 14	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	Human Rights & Risk Management	Relias: One_Sky_HRRM_2019
2:00 - 4:00*	Q & A Competencies	with Sheena Farmer

Day 15	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Week 4 - New Hire Orientation Schedule - Service Coordination

Day 16	Activity	Person or Source
8:30 - 9:30	*One Sky Intake Process*	*Relias: One_Sky_Intake_Process*
9:30 - 10:30*	Service Coordination Q & A (NH LEADS & EDS Overview)	with Krista Sorel
10:30 - 12:00	*How Services are Funded*	*Relias: One_Sky_SCFunded_2019*
1:00 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 17	Activity	Person or Source
8:30 - 10:00	*Prior Authorization Overview*	*Relias: One_Sky_Prior_Authorization_Overview*
10:00 - 11:00	Q & A on Services & Funding	with Lenore Sciuto (Director of Integrated Services)
11:00 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 18	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members
10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination
1:00 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 19	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	Shadow Service Coordinator	with Manager or Service Coordinator
2:00 - 4:00*	Q & A Competencies	with Sheena Farmer

Day 20	Activity	Person or Source
	Self-Directed Time	Self- Directed

Training and Orientation Notes

*Meeting will take place in a conference room.

Schedule weekly one-on-one meeting time with your team manager.

Do not hesitate to outreach anyone at the agency with questions.

Relias Course Assignments in Month 2

Wait List (Relias: One_Sky_Wait_List_Process)

Prior Authorization Process (Relias: One_Sky_APA2019)

SIS (Relias: CSNI_SIS_Overview & One_Sky_SIS_Planning)

Quarterly In Person Trainings

Individual Service Agreements & SMART goals

Prior Authorizations and Wait List

Introduction to START services

Annual Trainings

Active Shooter Training

Home Visit Safety Training

HIPAA & Confidentiality Training

Bloodborne Pathogen Training

Q5 What suggestions do you have for making the Relias videos more useful?	Respondent skipped this question

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (If you)	**Amy Cormier**
Team Manager (you or your supervisor)	**Sheena Farmer**
Team Director (You or your supervisor)	**Keryn Bernard**

Q7 I have been in my current position for	**6-12 months**

Q8 Comments, Questions, Suggestions or Concerns?	Respondent skipped this question

Q5 What suggestions do you have for making the Relias videos more useful? **Respondent skipped this question**

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (If you)	**Amy Cormier**
Team Manager (you or your supervisor)	**Sheena Farmer**
Team Director (You or your supervisor)	**Keryn Bernard**

Q7 I have been in my current position for **6-12 months**

Q8 Comments, Questions, Suggestions or Concerns? **Respondent skipped this question**

Tyler

#4

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 9:00:58 AM
Last Modified:	Monday, August 12, 2019 9:09:29 AM
Time Spent:	00:08:31
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Somewhat familiar- need more training**
Structure of Area Agency System	**Somewhat familiar- need more training**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Somewhat familiar- need more training**
Function of a Prior Authorization (PA)	**Somewhat familiar- need more training**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Somewhat familiar- need more training**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Competent- can do independently**
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services?	**Competent- can do independently**
Wait List function	**Somewhat familiar- need more training**
Request for Proposal (RFP) process	**Somewhat familiar- need more training**
Prior Authorization (PA) process	**Somewhat familiar- need more training**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Somewhat familiar- need more training**
Documentation that goes to Quality	**Competent- can do independently**
Function of individualized budgets	**Somewhat familiar- need more training**
Respite Overview	**Competent- can do independently**
Human Rights Committee	**Somewhat familiar- need more training**
Rep Payee relationship with SC	**Somewhat familiar- need more training**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Somewhat familiar- need more training**
SIS Planning and Scheduling	**Somewhat familiar- need more training**
Funding Sources for services	**Somewhat familiar- need more training**
Team Meeting Facilitation	**Somewhat familiar- need more training**
START Service offerings	**Somewhat familiar- need more training**
Specialty Services	**Somewhat familiar- need more training**
MMIS Function	**Somewhat familiar- need more training**
Rep Payee relationship with SC	**Somewhat familiar- need more training**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Somewhat familiar- need more training**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Competent- can do independently**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?	**Yes**

Q5 What suggestions do you have for making the Reilas videos more useful?

Make them about Service Coordination job functions. Too many of them are DSP centered which doesn't help up do our job as a SC.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Admin (If you)	**Scott Hopper**
Service Coordinator (If you)	**Tyler Patrie**
Team Manager (you or your supervisor)	**Sheena Farmer**
Team Director (You or your supervisor)	**Karen**

Q7 I have been in my current position for **1-3 months**

Q8 Comments, Questions, Suggestions or Concerns? Respondent skipped this question

#6 Karen

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 3:15:55 PM
Last Modified:	Monday, August 12, 2019 3:23:22 PM
Time Spent:	00:07:26
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Somewhat familiar- need more training**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Competent- can do independently**
Function of a Prior Authorization (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Somewhat familiar- need more training**
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services?	**Competent- can do independently**
Wait List function	**Competent- can do independently**
Request for Proposal (RFP) process	**Somewhat familiar- need more training**
Prior Authorization (PA) process	**Competent- can do independently**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality	**Competent- can do independently**
Function of individualized budgets	**Competent- can do independently**
Respite Overview	**Competent- can do independently**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Somewhat familiar- need more training**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Competent- can do independently**
SIS Planning and Scheduling	**Competent- can do independently**
Funding Sources for services	**Competent- can do independently**
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings	**Competent- can do independently**
Specialty Services	**Competent- can do independently**
MMIS Function	**Competent- can do independently**
Rep Payee relationship with SC	**Somewhat familiar- need more training**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Competent- can do independently**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Competent- can do independently**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Competent- can do independently**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?	**Yes**

Q5 What suggestions do you have for making the Rellas videos more useful?

No more than one hour long or less.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (if you) **Children's Coordinator**

Q7 I have been in my current position for **more than one year**

Q8 Comments, Questions, Suggestions or Concerns?

Some of the questions are not relevant to my position so I answered that I would need more training as there was no N/A offered.

#19

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Tuesday, August 20, 2019 9:23:55 AM
Last Modified:	Tuesday, August 20, 2019 9:55:05 AM
Time Spent:	00:31:10
IP Address:	76.118.46.100

Chadia

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for Introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Somewhat familiar- need more training**
Health Risk Screening Tool (HRST) & ratings	**Somewhat familiar- need more training**
General Services Available Through One Sky	**Somewhat familiar- need more training**
Structure of Area Agency System	**Unfamiliar- what's this?**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Somewhat familiar- need more training**
Function of a Prior Authorization (PA)	**Somewhat familiar- need more training**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Somewhat familiar- need more training**

Q5 What suggestions do you have for making the Relias videos more useful?

I do not believe Relias videos are useful because there is not availability to interact or ask questions along the way. If there was a "chat" option with someone available to respond to specific questions, it may be helpful, or have someone available after each training to answer questions. Overall, my opinion is that Relias training videos should be used rarely.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (If you)	**Chadia Gonzales**
Team Manager (you or your supervisor)	**Anthony MacConnell**
Team Director (You or your supervisor)	**Keryn Bernard-Kriegl**

Q7 I have been in my current position for **6-12 months**

Q8 Comments, Questions, Suggestions or Concerns? Respondent skipped this question

#20

Sharon B

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Wednesday, August 21, 2019 4:12:05 PM
Last Modified:	Wednesday, August 21, 2019 4:15:37 PM
Time Spent:	00:03:31
IP Address:	72.71.251.173

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Somewhat familiar- need more training**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Competent- can do independently**
Function of a Prior Authorization (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q5 What suggestions do you have for making the Relias videos more useful?

nothing comes to mind right now

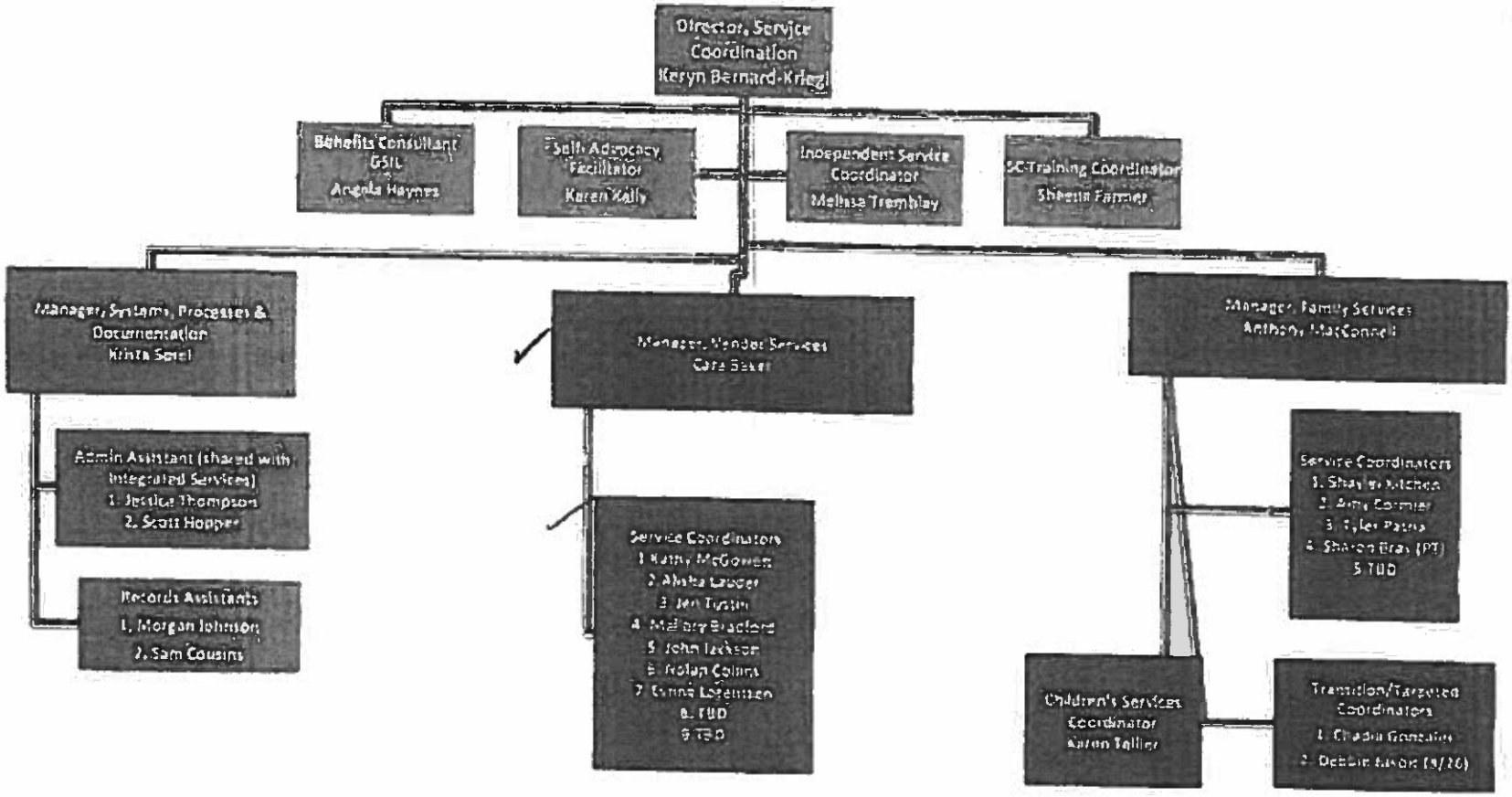
Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (If you)	**Sharon Bray**
Team Manager (you or your supervisor)	**Anthony**

Q7 : have been in my current position for **less than one month**

Q8 Comments, Questions, Suggestions or Concerns? **Respondent skipped this question**

Service Coordination



One

#12

Cara

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 15, 2019 12:41:15 PM
Last Modified:	Thursday, August 15, 2019 1:06:51 PM
Time Spent:	00:25:35
IP Address:	50.199.197.145

Survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Comment:	I do feel like I am ok to do it on my own but just need a little guidance on the correct paperwork to bring up.
Health Risk Screening Tool (HRST) & ratings	**Somewhat familiar- need more training**
Comment:	I need to have some more training regarding this.
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Somewhat familiar- need more training**
Comment:	I need more assistance in what to look for with regards to violation of rights.
Expectations and Reporting Requirements as a Mandated Reporter	**Somewhat familiar- need more training**
Comment:	I need more assistance in what to look for with regards to violation of rights.
Function of a Prior Authorization (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Somewhat familiar- need more training**
Comment:	I know the basic ones, but there are a lot of diagnoses that am unfamiliar with.
Understanding of functions for 60% of individual specific documentation.	**Somewhat familiar- need more training**
Comment:	There are still things that I am not sure what my role as a SC is

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing Comment:	**Somewhat familiar- need more training** I feel like I need help with writing and having a plan for how to execute it.
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services? Comment:	**Somewhat familiar- need more training** Would like some more guidance on this.
Wait List function Comment:	**Somewhat familiar- need more training** This is somewhat confusing for me at this time.
Request for Proposal (RFP) process	**Competent- can do independently**
Prior Authorization (PA) process Comment:	**Somewhat familiar- need more training** An easy to use guide on what is needed for each kind of pa packet.
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)? Comment:	**Somewhat familiar- need more training** I know what it is but have never sat in on any so don't really know what they are asking or how to read the forms.
Documentation that goes to Quality Comment:	**Unfamiliar- what's this?** I don't know what goes to Quality
Function of individualized budgets Comment:	**Somewhat familiar- need more training** Could use some review on how to read the budget.
Respite Overview Comment:	**Unfamiliar- what's this?** I know what respite is but am unsure about how to go about getting it for someone.
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC Comment:	**Somewhat familiar- need more training** Don't know what my role is in this.

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation. Comment:	**Somewhat familiar- need more training** Just need to make sure that I know what all the individual specific docs are
SIS Planning and Scheduling	**Competent- can do independently**
Funding Sources for services Comment:	**Somewhat familiar- need more training** Need some more guidance on this.
Team Meeting Facilitation	**Somewhat familiar- need more training**
START Service offerings	**Somewhat familiar- need more training**
Specialty Services	**Somewhat familiar- need more training**
MMIS Function	**Could mentor others**
Rep Payee relationship with SC Comment:	**Somewhat familiar- need more training** Not sure what my role is.
Crisis Payments, Advanced Authorizations, Lapse and Vacancies Comment:	**Somewhat familiar- need more training** Need a overview of this.
Risk Management Committee Comment:	**Somewhat familiar- need more training** Don't know what the process of this is.
Functions of NH LEADS and EDS	**Competent- can do independently**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Competent- can do independently**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?

Yes,
Other (please specify):
I would like the interactive ones to be videotaped but just putting voices or having someone talk through a powerpoint is not very helpful.

Q5 What suggestions do you have for making the Relias videos more useful?

Don't use them. Or do them as a group setting.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Team Manager (you or your supervisor)	**Cara Baker**
Team Director (You or your supervisor)	**Keryn Bernard-Kriegl**

Q7 I have been in my current position for

1-3 months

Q8 Comments, Questions, Suggestions or Concerns?

would like the ISA training to be sooner than Oct 2 if at all possible.

#14

Kathy

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 15, 2019 12:56:30 PM
Last Modified:	Thursday, August 15, 2019 1:20:19 PM
Time Spent:	00:23:49
IP Address:	50.199.197.145

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Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Competent- can do independently**
Function of a Prior Authorization (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Competent- can do independently**
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services?	**Competent- can do independently**
Wait List function	**Somewhat familiar- need more training**
Request for Proposal (RFP) process Comment:	**Somewhat familiar- need more training** Just new to doing RFP's
Prior Authorization (PA) process	**Competent- can do independently**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality Comment:	**Somewhat familiar- need more training** Not sure what you are asking? QSS, incident reports, monthly contact notes, ISA's, basically all documentation that is needed for an individual being served is my understading?
Function of individualized budgets	**Somewhat familiar- need more training**
Respite Overview	**Somewhat familiar- need more training**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Competent- can do independently**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Could mentor others**
SIS Planning and Scheduling	**Could mentor others**
Funding Sources for services	**Competent- can do independently**
Team Meeting Facilitation	**Could mentor others**
START Service offerings	**Somewhat familiar- need more training**
Specialty Services Comment:	**Somewhat familiar- need more training** Not sure?
MMIS Function	**Could mentor others**
Rep Payee relationship with SC	**Could mentor others**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Competent- can do independently**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Could mentor others**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?

No

Q5 What suggestions do you have for making the Relias videos more useful?

I'm okay with them for the most part. Not crazy about online trainings. I would like to do some of the more lengthy ones in a group setting.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (If you)	**Kathy McGowen**
Team Manager (you or your supervisor)	**Cara Baker**
Team Director (You or your supervisor)	**Keryn bernard Kriegl**

Q7 I have been in my current position for

more than one year

Q8 Comments, Questions, Suggestions or Concerns?

Like where this is going, training is the key to quality

Alisha

#1

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 6:02:15 AM
Last Modified:	Monday, August 12, 2019 6:13:06 AM
Time Spent:	00:10:50
IP Address:	73.16.104.231

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Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Competent- can do independently**
Function of a Prior Authorization (PA) Comment:	**Somewhat familiar- need more training** I have never been trained on budgets and what to look for.
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs: planning and writing	**Competent- can do independently**
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services?	**Competent- can do independently**
Wait List function Comment:	**Somewhat familiar- need more training** Budgets and how much money needs to me submitted beyond what a vendor has requested.
Request for Proposal (RFP) process	**Competent- can do independently**
Prior Authorization (PA) process	**Competent- can do independently**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality	**Competent- can do independently**
Function of individualized budgets Comment:	**Somewhat familiar- need more training** A training needs to be implemented
Respite Overview	**Competent- can do independently**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Competent- can do independently**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Competent- can do independently**
SIS Planning and Scheduling	**Competent- can do independently**
Funding Sources for services Comment:	**Competent- can do independently** However there are always new resources that can be learned about.
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings	**Competent- can do independently**
Specialty Services	**Competent- can do independently**
MMIS Function	**Competent- can do independently**
Rep Payee relationship with SC	**Competent- can do independently**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Somewhat familiar- need more training**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Competent- can do independently**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?	**Yes**
Q5 What suggestions do you have for making the Relias videos more useful?	**Respondent skipped this question**

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Admin (if you)	**Jess Thompson**
Service Coordinator (if you)	**Alisha Lauder**
Team Manager (you or your supervisor)	**Cara Baker**
Team Director (You or your supervisor)	**Keryn Bernard Kriegl**

Q7 I have been in my current position for	**more than one year**

Q8 Comments, Questions, Suggestions or Concerns?

SC department needs a consistent and structured training program.

Jennifer

#17

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 15, 2019 2:27:02 PM
Last Modified:	Thursday, August 15, 2019 2:34:55 PM
Time Spent:	00:07:53
IP Address:	73.123.112.170

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Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Could mentor others**
Health Risk Screening Tool (HRST) & ratings	**Could mentor others**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Somewhat familiar- need more training**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authortzation (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Could mentor others**
Understanding of functions for 60% of individual specific documentation.	**Somewhat familiar- need more training**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Could mentor others**
Quality Contact Note writing	**Could mentor others**
Who is eligible for services?	**Somewhat familiar- need more training**
Wait List function	**Somewhat familiar- need more training**
Request for Proposal (RFP) process	**Somewhat familiar- need more training**
Prior Authorization (PA) process	**Competent- can do independently**
History of Service Delivery in NH	**Somewhat familiar- need more training**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality	**Somewhat familiar- need more training**
Function of individualized budgets	**Somewhat familiar- need more training**
Respite Overview	**Somewhat familiar- need more training**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Somewhat familiar- need more training**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Competent- can do independently**
SIS Planning and Scheduling	**Competent- can do independently**
Funding Sources for services	**Somewhat familiar- need more training**
Team Meeting Facilitation	**Could mentor others**
START Service offerings	**Somewhat familiar- need more training**
Specialty Services	**Somewhat familiar- need more training**
MMIS Function	**Competent- can do independently**
Rep Payee relationship with SC	**Somewhat familiar- need more training**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Somewhat familiar- need more training**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Somewhat familiar- need more training**

Q4 Would you find having the in-services video-taped and saved on Rellas helpful for review if you missed it or to refresh your memory?	**Yes**

Q5 What suggestions do you have for making the Relias videos more useful?

Pair them with an in-person trainer.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Respondent skipped this question

Q7 I have been in my current position for

more than one year

Q8 Comments, Questions, Suggestions or Concerns?

Consistency in training for all staff, so we only have to do things with once. Additionally, general training should be mandatory for all levels of management so they have valid knowledge of our position and what our job actually entails, and so they can answer questions SCs may have and provide direction and guidance.

#2

Mallory

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 8:15:51 AM
Last Modified:	Monday, August 12, 2019 8:26:46 AM
Time Spent:	00:10:54
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Could mentor others**
Health Risk Screening Tool (HRST) & ratings Comment:	**Competent- can do independently** Should I be recording every medical event in real time in the HRST screening tool? (including minor things like missing day program due to a cold)
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA) Comment:	**Somewhat familiar- need more training** I still have a difficult time with Change PA's. I believe I've only done one right when I started.
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Could mentor others**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs: planning and writing	**Could mentor others**
Quality Contact Note writing	**Could mentor others**
Who is eligible for services? Comment:	**Competent- can do independently** Still somewhat confused on the non-medicaid individuals and their billing.
Wait List function Comment:	**Somewhat familiar- need more training** Need to go through this - still confused on some stuff
Request for Proposal (RFP) process Comment:	**Somewhat familiar- need more training** I need to do a couple more before I get the hang of it
Prior Authorization (PA) process	**Somewhat familiar- need more training**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality Comment:	**Somewhat familiar- need more training** confused as to what this means
Function of individualized budgets Comment:	**Somewhat familiar- need more training** Need more training
Respite Overview Comment:	**Somewhat familiar- need more training** Need more training
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Competent- can do independently**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation. Comment:	**Somewhat familiar- need more training** I still need assistance in completing documents.
SIS Planning and Scheduling Comment:	**Somewhat familiar- need more training** I have not done this yet
Funding Sources for services Comment:	**Somewhat familiar- need more training** Would like a light review
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings	**Competent- can do independently**
Specialty Services Comment:	**Somewhat familiar- need more training** as in? SEP?
MMIS Function	**Somewhat familiar- need more training**
Rep Payee relationship with SC	**Competent- can do independently**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Somewhat familiar- need more training**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Could mentor others**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory? **Yes**

Q5 What suggestions do you have for making the Relias videos more useful?

Interactive - or has audio so you're not just reading 96 pages

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Admin (if you)	**Scott Hopper**
Service Coordinator (if you)	**Mallory Bradford**
Team Manager (you or your supervisor)	**Cara Baker**
Team Director (You or your supervisor)	**Keryn Bernard-Kriegl**

Q7 I have been in my current position for **3-6 months**

Q8 Comments, Questions, Suggestions or Concerns? Respondent skipped this question

#15 John

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 15, 2019 1:17:45 PM
Last Modified:	Thursday, August 15, 2019 1:21:10 PM
Time Spent:	00:03:24
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Somewhat familiar- need more training**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Competent- can do independently**
Function of a Prior Authorization (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Somewhat familiar- need more training**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Competent- can do independently**
Quality Contact Note writing	**Somewhat familiar- need more training**
Who is eligible for services?	**Competent- can do independently**
Wait List function	**Somewhat familiar- need more training**
Request for Proposal (RFP) process	**Somewhat familiar- need more training**
Prior Authorization (PA) process	**Somewhat familiar- need more training**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Somewhat familiar- need more training**
Documentation that goes to Quality	**Somewhat familiar- need more training**
Function of individualized budgets	**Competent- can do independently**
Respite Overview	**Somewhat familiar- need more training**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Somewhat familiar- need more training**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Somewhat familiar- need more training**
SIS Planning and Scheduling	**Somewhat familiar- need more training**
Funding Sources for services	**Somewhat familiar- need more training**
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings	**Somewhat familiar- need more training**
Specialty Services	**Somewhat familiar- need more training**
MMIS Function	**Somewhat familiar- need more training**
Rep Payee relationship with SC	**Somewhat familiar- need more training**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Somewhat familiar- need more training**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Somewhat familiar- need more training**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?	**Yes**

Q5 What suggestions do you have for making the Relias videos more useful?	Respondent skipped this question

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (if you)	**John Jackson**
Team Manager (you or your supervisor)	**Cara Baker**
Team Director (You or your supervisor)	**Cara Baker**

Q7 I have been in my current position for	**1-3 months**

Q8 Comments, Questions, Suggestions or Concerns?	Respondent skipped this question

#11

Nolan

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 15, 2019 12:49:54 PM
Last Modified:	Thursday, August 15, 2019 12:56:32 PM
Time Spent:	00:06:37
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for Introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Competent- can do independently**
Function of a Prior Authorization (PA) Comment:	**Somewhat familiar- need more training** I have never done an e-mod PA nor a new services PA so would like some assistance with obtaining that information.
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing Comment:	**Somewhat familiar- need more training** I'd like more shadowing opportunities to know exactly what questions to ask and also what information should be obtained at a baseline ISA.
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services?	**Competent- can do independently**
Wait List function	**Competent- can do independently**
Request for Proposal (RFP) process	**Competent- can do independently**
Prior Authorization (PA) process	**Somewhat familiar- need more training**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)? Comment:	**Somewhat familiar- need more training** I've never experienced doing one of these. I know the general purpose but in terms of the significance and why they're necessary I'd like to learn more about.
Documentation that goes to Quality Comment:	**Somewhat familiar- need more training** I think it would be beneficial to have an in-service dedicated to document distribution - where to get them, who they need to go to, and what happens after.
Function of individualized budgets	**Competent- can do independently**
Respite Overview Comment:	**Somewhat familiar- need more training** The in's and out's of respite - how does someone start it, qualifications, funding, types, and how it's run.
Human Rights Committee Comment:	**Somewhat familiar- need more training** The other functions of the HRC besides behavior plans.
Rep Payee relationship with SC	**Competent- can do independently**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation. Comment:	**Somewhat familiar- need more training** Social Security forms and Functional Screens
SIS Planning and Scheduling Comment:	**Somewhat familiar- need more training** Planning
Funding Sources for services Comment:	**Somewhat familiar- need more training** All of the alternative funding sources available.
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings Comment:	**Somewhat familiar- need more training** Justin did a great job at explaining the program however I want to learn more about respite opportunity, the beds, and the process of applying / figuring out if someone is a good fit for the program.
Specialty Services	**Competent- can do independently**
MMIS Function	**Competent- can do independently**
Rep Payee relationship with SC	**Competent- can do independently**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies Comment:	**Somewhat familiar- need more training** When are crises established; how does the process work
Risk Management Committee Comment:	**Unfamiliar- what's this?** Pretty much everything about it.
Functions of NH LEADS and EDS Comment:	**Somewhat familiar- need more training** I know the general processes but I would like a little more in-depth look at both systems.
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Competent- can do independently**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?	**No**

Q5 What suggestions do you have for making the Relias videos more useful?

Have there be more voice overs, especially on presentations, so that we can obtain more information than what is just listed.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (If you)	**Nolan Collins**
Team Manager (you or your supervisor)	**Cara Baker**
Team Director (You or your supervisor)	**Keryn Bernard Kriegl**

Q7 I have been in my current position for	**1-3 months**
Q8 Comments, Questions, Suggestions or Concerns?	Respondent skipped this question

#8

Lynne

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 7:47:40 PM
Last Modified:	Monday, August 12, 2019 7:52:58 PM
Time Spent:	00:05:17
IP Address:	72.71.255.104

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Could mentor others**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Somewhat familiar- need more training**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Could mentor others**
Quality Contact Note writing	**Could mentor others**
Who is eligible for services?	**Competent- can do independently**
Wait List function	**Competent- can do independently**
Request for Proposal (RFP) process	**Somewhat familiar- need more training**
Prior Authorization (PA) process	**Somewhat familiar- need more training**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality	**Somewhat familiar- need more training**
Function of individualized budgets	**Competent- can do independently**
Respite Overview	**Competent- can do independently**
Human Rights Committee	**Somewhat familiar- need more training**
Rep Payee relationship with SC	**Somewhat familiar- need more training**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Could mentor others**
SIS Planning and Scheduling	**Somewhat familiar- need more training**
Funding Sources for services	**Somewhat familiar- need more training**
Team Meeting Facilitation	**Could mentor others**
START Service offerings	**Somewhat familiar- need more training**
Specialty Services	**Competent- can do independently**
MMIS Function	**Somewhat familiar- need more training**
Rep Payee relationship with SC	**Somewhat familiar- need more training**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Competent- can do independently**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Unfamiliar- what's this?**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Unfamiliar- what's this?**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory? **Yes**

Q5 What suggestions do you have for making the Relias videos more useful?

don't use acronyms (or if you do, explain them).

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (if you)	SC
Team Manager (you or your supervisor)	SC

Q7 I have been in my current position for

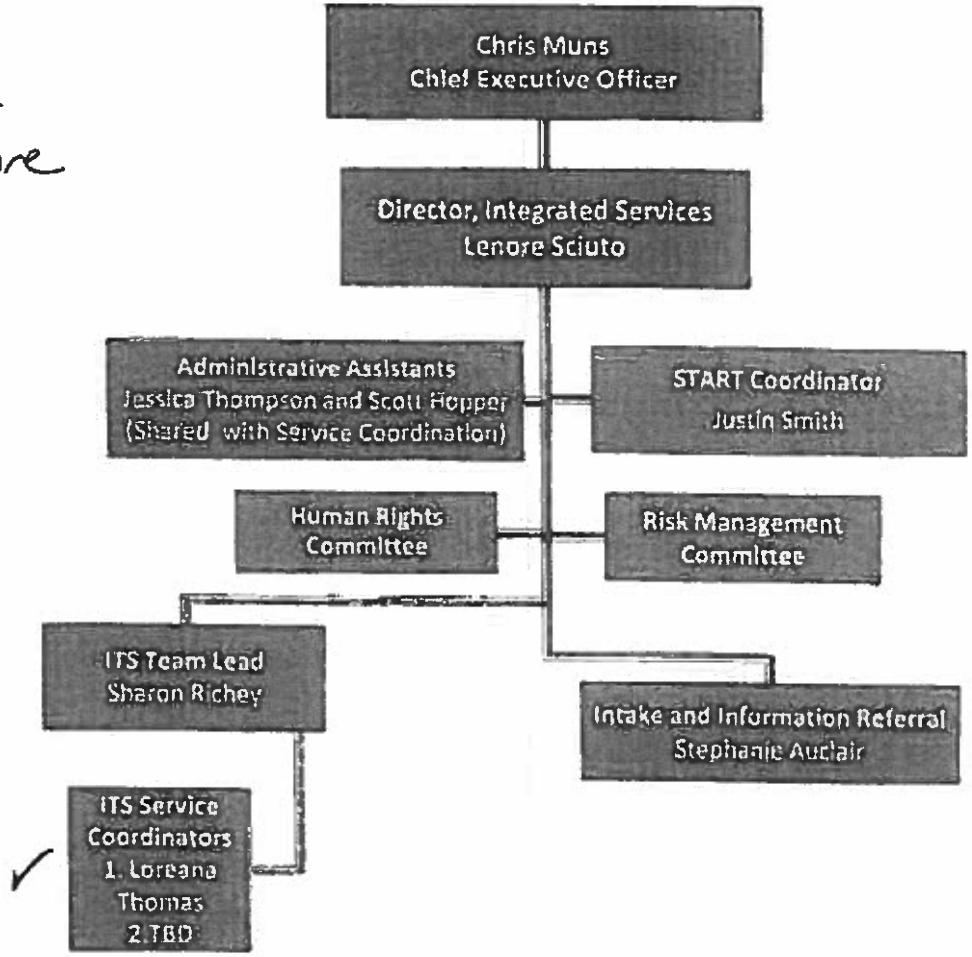
less than one month

Q8 Comments, Questions, Suggestions or Concerns?

Respondent skipped this question

Integrated Services

Need Competencies
For Sharon + Lenore



One

#22

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 22, 2019 8:49:55 AM
Last Modified:	Thursday, August 22, 2019 8:53:11 AM
Time Spent:	00:03:15
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Health Risk Screening Tool (HRST) & ratings	**Somewhat familiar- need more training**
General Services Available Through One Sky	**Could mentor others**
Structure of Area Agency System	**Could mentor others**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Could mentor others**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA)	**Could mentor others**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Could mentor others**
Understanding of functions for 60% of individual specific documentation.	**Could mentor others**

Q5 What suggestions do you have for making the Relias videos more useful?

face to face trainings

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Team Director (You or your supervisor) **Lenore Sciuto**

Q7 I have been in my current position for **more than one year**

Q8 Comments, Questions, Suggestions or Concerns? **Respondent skipped this question**

#18

Sharon R

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 15, 2019 12:22:46 PM
Last Modified:	Monday, August 19, 2019 11:58:00 AM
Time Spent:	Over a day
IP Address:	24.233.112.59

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function Comment:	**Somewhat familiar- need more training** process to document and upload and finish process; comfortable w/team process to review and ID needs
Health Risk Screening Tool (HRST) & ratings	**Somewhat familiar- need more training**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Could mentor others**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Could mentor others**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA)	**Could mentor others**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Could mentor others**
Understanding of functions for 60% of individual specific documentation.	**Could mentor others**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?

Yes,
Other (please specify):
All training should have a face-to-face component. All people have a combination of learning styles: visual, audio, and kinesthetic and training should cover all senses in order to reach all people. Face to face training also provides the opportunity for discussion and team building toward a cohesive approach to service coordination.

Q5 What suggestions do you have for making the Relias videos more useful?

Relias should not be relied on as the main training mode. It is an easy and cheap alternative to having qualified trainers provide face to face interactive training. It provides a good basis of info for SOME topics but should be paired w/discussion w/a trainer. Employees should have access to the entire list of courses and be able to access and share info w/each other rather than relying on assignment from someone who know very very little about service coordination, the history of services, or the various services provided to individuals and the issues to look for in oversight.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Respondent skipped this question

Q7 I have been in my current position for

3-6 months

Q8 Comments, Questions, Suggestions or Concerns?

Respondent skipped this question

#7

Loreana

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 3:46:19 PM
Last Modified:	Monday, August 12, 2019 3:55:26 PM
Time Spent:	00:09:07
IP Address:	24.245.124.72

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Could mentor others**
Health Risk Screening Tool (HRST) & ratings	**Could mentor others**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA)	**Could mentor others**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Could mentor others**
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services?	**Could mentor others**
Wait List function	**Competent- can do independently**
Request for Proposal (RFP) process	**Could mentor others**
Prior Authorization (PA) process	**Could mentor others**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality	**Competent- can do independently**
Function of individualized budgets	**Competent- can do independently**
Respite Overview	**Could mentor others**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Competent- can do independently**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Competent- can do independently**
SIS Planning and Scheduling	**Competent- can do independently**
Funding Sources for services	**Competent- can do independently**
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings	**Could mentor others**
Specialty Services	**Competent- can do independently**
MMIS Function	**Could mentor others**
Rep Payee relationship with SC	**Competent- can do independently**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Competent- can do independently**
Risk Management Committee	**Competent- can do independently**
Functions of NH LEADS and EDS	**Somewhat familiar- need more training**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Competent- can do independently**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?	**No**

Q5 What suggestions do you have for making the Relias videos more useful?

Adult centered training. Day to day functions relevant trainings

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (if you)	**Loreana**
Team Manager (you or your supervisor)	**Sharon**

Q7 I have been in my current position for **1-3 months**

Q8 Comments, Questions, Suggestions or Concerns?

None

Tyler

#4

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 9:00:58 AM
Last Modified:	Monday, August 12, 2019 9:09:29 AM
Time Spent:	00:08:31
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Somewhat familiar- need more training**
Structure of Area Agency System	**Somewhat familiar- need more training**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Somewhat familiar- need more training**
Function of a Prior Authorization (PA)	**Somewhat familiar- need more training**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Somewhat familiar- need more training**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Competent- can do independently**
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services?	**Competent- can do independently**
Wait List function	**Somewhat familiar- need more training**
Request for Proposal (RFP) process	**Somewhat familiar- need more training**
Prior Authorization (PA) process	**Somewhat familiar- need more training**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Somewhat familiar- need more training**
Documentation that goes to Quality	**Competent- can do independently**
Function of individualized budgets	**Somewhat familiar- need more training**
Respite Overview	**Competent- can do independently**
Human Rights Committee	**Somewhat familiar- need more training**
Rep Payee relationship with SC	**Somewhat familiar- need more training**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Somewhat familiar- need more training**
SIS Planning and Scheduling	**Somewhat familiar- need more training**
Funding Sources for services	**Somewhat familiar- need more training**
Team Meeting Facilitation	**Somewhat familiar- need more training**
START Service offerings	**Somewhat familiar- need more training**
Specialty Services	**Somewhat familiar- need more training**
MMIS Function	**Somewhat familiar- need more training**
Rep Payee relationship with SC	**Somewhat familiar- need more training**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Somewhat familiar- need more training**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Competent- can do independently**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?	**Yes**

Q5 What suggestions do you have for making the Relias videos more useful?

Make them about Service Coordination job functions. Too many of them are DSP centered which doesn't help up do our job as a SC.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Admin (If you)	**Scott Hopper**
Service Coordinator (If you)	**Tyler Patria**
Team Manager (you or your supervisor)	**Sheena Farmer**
Team Director (You or your supervisor)	**Karen**

Q7 I have been in my current position for **1-3 months**

Q8 Comments, Questions, Suggestions or Concerns? **Respondent skipped this question**

#6 Karen

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 3:15:55 PM
Last Modified:	Monday, August 12, 2019 3:23:22 PM
Time Spent:	00:07:26
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Somewhat familiar- need more training**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Competent- can do independently**
Function of a Prior Authorization (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Somewhat familiar- need more training**
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services?	**Competent- can do independently**
Wait List function	**Competent- can do independently**
Request for Proposal (RFP) process	**Somewhat familiar- need more training**
Prior Authorization (PA) process	**Competent- can do independently**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality	**Competent- can do independently**
Function of individualized budgets	**Competent- can do independently**
Respite Overview	**Competent- can do independently**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Somewhat familiar- need more training**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Competent- can do independently**
SIS Planning and Scheduling	**Competent- can do independently**
Funding Sources for services	**Competent- can do independently**
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings	**Competent- can do independently**
Specialty Services	**Competent- can do independently**
MMIS Function	**Competent- can do independently**
Rep Payee relationship with SC	**Somewhat familiar- need more training**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Competent- can do independently**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Competent- can do independently**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Competent- can do independently**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?	**Yes**

Q5 What suggestions do you have for making the Relias videos more useful?

No more than one hour long or less.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (If you) **Children's Coordinator**

Q7 I have been in my current position for **more than one year**

Q8 Comments, Questions, Suggestions or Concerns?

Some of the questions are not relevant to my position so I answered that I would need more training as there was no N/A offered.

#19

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Tuesday, August 20, 2019 9:23:55 AM
Last Modified:	Tuesday, August 20, 2019 9:55:05 AM
Time Spent:	00:31:10
IP Address:	76.118.46.100

Chadia

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Somewhat familiar- need more training**
Health Risk Screening Tool (HRST) & ratings	**Somewhat familiar- need more training**
General Services Available Through One Sky	**Somewhat familiar- need more training**
Structure of Area Agency System	**Unfamiliar- what's this?**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Somewhat familiar- need more training**
Function of a Prior Authorization (PA)	**Somewhat familiar- need more training**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Somewhat familiar- need more training**

Q5 What suggestions do you have for making the Relias videos more useful?

I do not believe Relias videos are useful because there is not availability to interact or ask questions along the way. If there was a "chat" option with someone available to respond to specific questions, it may be helpful, or have someone available after each training to answer questions. Overall, my opinion is that Relias training videos should be used rarely.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (If you)	**Chadia Gonzales**
Team Manager (you or your supervisor)	**Anthony MacConnell**
Team Director (You or your supervisor)	**Keryn Bernard-Kriegl**

Q7 I have been in my current position for **6-12 months**

Q8 Comments, Questions, Suggestions or Concerns? Respondent skipped this question

#20

Sharon B

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Wednesday, August 21, 2019 4:12:05 PM
Last Modified:	Wednesday, August 21, 2019 4:15:37 PM
Time Spent:	00:03:31
IP Address:	72.71.251.173

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Somewhat familiar- need more training**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Competent- can do independently**
Function of a Prior Authorization (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q5 What suggestions do you have for making the Relias videos more useful?

nothing comes to mind right now

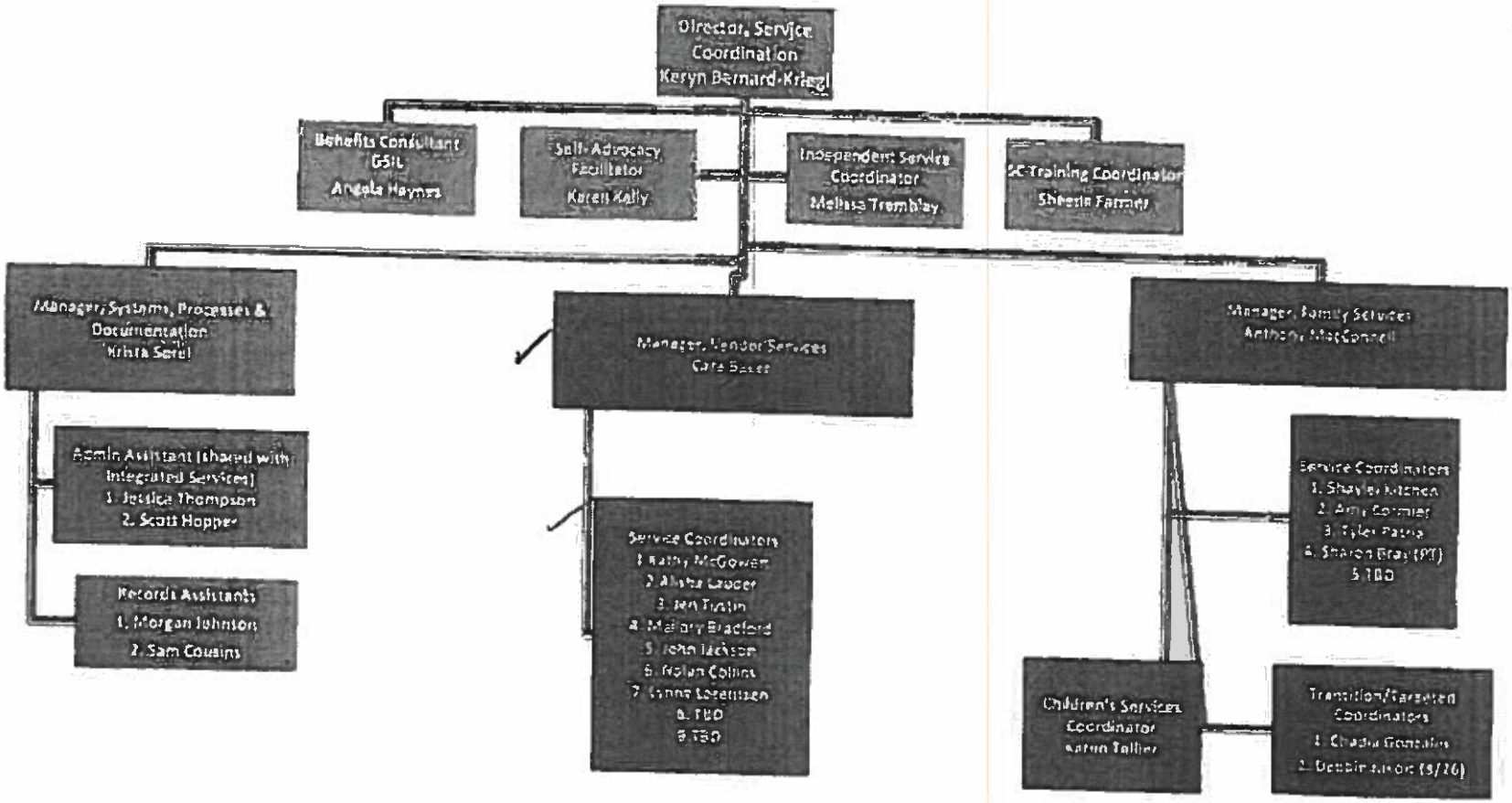
Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (If you)	**Sharon Bray**
Team Manager (you or your supervisor)	**Anthony**

Q7 : have been in my current position for	**less than one month**

Q8 Comments, Questions, Suggestions or Concerns?	**Respondent skipped this question**

Service Coordination



One

#12

Cara

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 15, 2019 12:41:15 PM
Last Modified:	Thursday, August 15, 2019 1:06:51 PM
Time Spent:	00:25:35
IP Address:	50.199.197.145

[illegible]: [illegible]rvey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function Comment:	**Competent- can do independently** I do feel like I am ok to do it on my own but just need a little guidance on the correct paperwork to bring up.
Health Risk Screening Tool (HRST) & ratings Comment:	**Somewhat familiar- need more training** I need to have some more training regarding this.
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community Comment:	**Somewhat familiar- need more training** I need more assistance in what to look for with regards to violation of rights.
Expectations and Reporting Requirements as a Mandated Reporter Comment:	**Somewhat familiar- need more training** I need more assistance in what to look for with regards to violation of rights.
Function of a Prior Authorization (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc. Comment:	**Somewhat familiar- need more training** I know the basic ones, but there are a lot of diagnoses that am unfamiliar with.
Understanding of functions for 60% of individual specific documentation. Comment:	**Somewhat familiar- need more training** There are still things that I am not sure what my role as a SC is

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs: planning and writing Comment:	**Somewhat familiar- need more training** I feel like I need help with writing and having a plan for how to execute it.
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services? Comment:	**Somewhat familiar- need more training** Would like some more guidance on this.
Wait List function Comment:	**Somewhat familiar- need more training** This is somewhat confusing for me at this time.
Request for Proposal (RFP) process	**Competent- can do independently**
Prior Authorization (PA) process Comment:	**Somewhat familiar- need more training** An easy to use guide on what is needed for each kind of pa packet.
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)? Comment:	**Somewhat familiar- need more training** I know what it is but have never sat in on any so don't really know what they are asking or how to read the forms.
Documentation that goes to Quality Comment:	**Unfamiliar- what's this?** I don't know what goes to Quality
Function of individualized budgets Comment:	**Somewhat familiar- need more training** Could use some review on how to read the budget.
Respite Overview Comment:	**Unfamiliar- what's this?** I know what respite is but am unsure about how to go about getting it for someone.
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC Comment:	**Somewhat familiar- need more training** Don't know what my role is in this.

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation. Comment:	**Somewhat familiar- need more training** Just need to make sure that I know what all the individual specific docs are
SIS Planning and Scheduling	**Competent- can do independently**
Funding Sources for services Comment:	**Somewhat familiar- need more training** Need some more guidance on this.
Team Meeting Facilitation	**Somewhat familiar- need more training**
START Service offerings	**Somewhat familiar- need more training**
Specialty Services	**Somewhat familiar- need more training**
MMIS Function	**Could mentor others**
Rep Payee relationship with SC Comment:	**Somewhat familiar- need more training** Not sure what my role is.
Crisis Payments, Advanced Authorizations, Lapse and Vacancies Comment:	**Somewhat familiar- need more training** Need a overview of this.
Risk Management Committee Comment:	**Somewhat familiar- need more training** Don't know what the process of this is.
Functions of NH LEADS and EDS	**Competent- can do independently**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Competent- can do independently**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?

Yes,
Other (please specify):
I would like the interactive ones to be videotaped but just putting voices or having someone talk through a powerpoint is not very helpful.

Q5 What suggestions do you have for making the Relias videos more useful?

Don't use them. Or do them as a group setting.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Team Manager (you or your supervisor)	**Cara Baker**
Team Director (You or your supervisor)	**Keryn Bernard-Kriegl**

Q7 I have been in my current position for

1-3 months

Q8 Comments, Questions, Suggestions or Concerns?

would like the ISA training to be sooner than Oct 2 if at all possible.

#14

Kathy

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 15, 2019 12:56:30 PM
Last Modified:	Thursday, August 15, 2019 1:20:19 PM
Time Spent:	00:23:49
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Competent- can do independently**
Function of a Prior Authorization (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Competent- can do independently**
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services?	**Competent- can do independently**
Wait List function	**Somewhat familiar- need more training**
Request for Proposal (RFP) process Comment:	**Somewhat familiar- need more training** Just new to doing RFP's
Prior Authorization (PA) process	**Competent- can do independently**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality Comment:	**Somewhat familiar- need more training** Not sure what you are asking? QSS, incident reports, monthly contact notes, ISA's, baically all documentation that is needed for an individual being served is my understading?
Function of individualized budgets	**Somewhat familiar- need more training**
Respite Overview	**Somewhat familiar- need more training**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Competent- can do independently**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Could mentor others**
SIS Planning and Scheduling	**Could mentor others**
Funding Sources for services	**Competent- can do independently**
Team Meeting Facilitation	**Could mentor others**
START Service offerings	**Somewhat familiar- need more training**
Specialty Services Comment:	**Somewhat familiar- need more training** Not sure?
MMIS Function	**Could mentor others**
Rep Payee relationship with SC	**Could mentor others**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Competent- can do independently**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Could mentor others**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory? **No**

Q5 What suggestions do you have for making the Relias videos more useful?

I'm okay with them for the most part. Not crazy about online trainings. I would like to do some of the more lengthy ones in a group setting.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (If you)	**Kathy McGowen**
Team Manager (you or your supervisor)	**Cara Baker**
Team Director (You or your supervisor)	**Keryn bernard Kriegl**

Q7 I have been in my current position for **more than one year**

Q8 Comments, Questions, Suggestions or Concerns?

Like where this is going, training is the key to quality

Alisha

#1

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 6:02:15 AM
Last Modified:	Monday, August 12, 2019 6:13:06 AM
Time Spent:	00:10:50
IP Address:	73.16.104.231

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Competent- can do independently**
Function of a Prior Authorization (PA) Comment:	**Somewhat familiar- need more training** I have never been trained on budgets and what to look for.
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Competent- can do independently**
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services?	**Competent- can do independently**
Wait List function Comment:	**Somewhat familiar- need more training** Budgets and how much money needs to me submitted beyond what a vendor has requested.
Request for Proposal (RFP) process	**Competent- can do independently**
Prior Authorization (PA) process	**Competent- can do independently**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality	**Competent- can do independently**
Function of individualized budgets Comment:	**Somewhat familiar- need more training** A training needs to be implemented
Respite Overview	**Competent- can do independently**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Competent- can do independently**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Competent- can do independently**
SIS Planning and Scheduling	**Competent- can do independently**
Funding Sources for services Comment:	**Competent- can do independently** However there are always new resources that can be learned about.
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings	**Competent- can do independently**
Specialty Services	**Competent- can do independently**
MMIS Function	**Competent- can do independently**
Rep Payee relationship with SC	**Competent- can do independently**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Somewhat familiar- need more training**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Competent- can do independently**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?	**Yes**
Q5 What suggestions do you have for making the Relias videos more useful?	**Respondent skipped this question**

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Admin (If you)	**Jess Thompson**
Service Coordinator (If you)	**Alisha Lauder**
Team Manager (you or your supervisor)	**Cara Baker**
Team Director (You or your supervisor)	**Keryn Bernard Kriegl**

Q7 I have been in my current position for	**more than one year**

Q8 Comments, Questions, Suggestions or Concerns?

SC department needs a consistent and structured training program.

Jennifer

#17

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 15, 2019 2:27:02 PM
Last Modified:	Thursday, August 15, 2019 2:34:55 PM
Time Spent:	00:07:53
IP Address:	73.123.112.170

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Could mentor others**
Health Risk Screening Tool (HRST) & ratings	**Could mentor others**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Somewhat familiar- need more training**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Could mentor others**
Understanding of functions for 60% of individual specific documentation.	**Somewhat familiar- need more training**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Could mentor others**
Quality Contact Note writing	**Could mentor others**
Who is eligible for services?	**Somewhat familiar- need more training**
Wait List function	**Somewhat familiar- need more training**
Request for Proposal (RFP) process	**Somewhat familiar- need more training**
Prior Authorization (PA) process	**Competent- can do independently**
History of Service Delivery in NH	**Somewhat familiar- need more training**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality	**Somewhat familiar- need more training**
Function of individualized budgets	**Somewhat familiar- need more training**
Respite Overview	**Somewhat familiar- need more training**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Somewhat familiar- need more training**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Competent- can do independently**
SIS Planning and Scheduling	**Competent- can do independently**
Funding Sources for services	**Somewhat familiar- need more training**
Team Meeting Facilitation	**Could mentor others**
START Service offerings	**Somewhat familiar- need more training**
Specialty Services	**Somewhat familiar- need more training**
MMIS Function	**Competent- can do independently**
Rep Payee relationship with SC	**Somewhat familiar- need more training**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Somewhat familiar- need more training**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Somewhat familiar- need more training**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?	**Yes**

Q5 What suggestions do you have for making the Relias videos more useful?

Pair them with an in-person trainer.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Respondent skipped this question

Q7 I have been in my current position for

more than one year

Q8 Comments, Questions, Suggestions or Concerns?

Consistency in training for all staff, so we only have to do things with once. Additionally, general training should be mandatory for all levels of management so they have valid knowledge of our position and what our job actually entails, and so they can answer questions SCs may have and provide direction and guidance.

#2

Mallory

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 8:15:51 AM
Last Modified:	Monday, August 12, 2019 8:26:46 AM
Time Spent:	00:10:54
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Could mentor others**
Health Risk Screening Tool (HRST) & ratings Comment:	**Competent- can do independently** Should I be recording every medical event in real time in the HRST screening tool? (including minor things like missing day program due to a cold)
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA) Comment:	**Somewhat familiar- need more training** I still have a difficult time with Change PA's. I believe I've only done one right when I started.
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Could mentor others**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Could mentor others**
Quality Contact Note writing	**Could mentor others**
Who is eligible for services? Comment:	**Competent- can do independently** Still somewhat confused on the non-medicaid individuals and their billing.
Wait List function Comment:	**Somewhat familiar- need more training** Need to go through this - still confused on some stuff
Request for Proposal (RFP) process Comment:	**Somewhat familiar- need more training** I need to do a couple more before I get the hang of it
Prior Authorization (PA) process	**Somewhat familiar- need more training**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality Comment:	**Somewhat familiar- need more training** confused as to what this means
Function of individualized budgets Comment:	**Somewhat familiar- need more training** Need more training
Respite Overview Comment:	**Somewhat familiar- need more training** Need more training
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Competent- can do independently**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation. Comment:	**Somewhat familiar- need more training** I still need assistance in completing documents.
SIS Planning and Scheduling Comment:	**Somewhat familiar- need more training** I have not done this yet
Funding Sources for services Comment:	**Somewhat familiar- need more training** Would like a light review
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings	**Competent- can do independently**
Specialty Services Comment:	**Somewhat familiar- need more training** as in? SEP?
MMIS Function	**Somewhat familiar- need more training**
Rep Payee relationship with SC	**Competent- can do independently**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Somewhat familiar- need more training**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Could mentor others**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory? **Yes**

Q5 What suggestions do you have for making the Relias videos more useful?

interactive - or has audio so you're not just reading 96 pages

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Admin (If you)	**Scott Hopper**
Service Coordinator (If you)	**Mallory Bradford**
Team Manager (you or your supervisor)	**Cara Baker**
Team Director (You or your supervisor)	**Keryn Bernard-Kriegl**

Q7 I have been in my current position for **3-6 months**

Q8 Comments, Questions, Suggestions or Concerns? Respondent skipped this question

#15 John

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 15, 2019 1:17:45 PM
Last Modified:	Thursday, August 15, 2019 1:21:10 PM
Time Spent:	00:03:24
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Somewhat familiar- need more training**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Competent- can do independently**
Function of a Prior Authorization (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Somewhat familiar- need more training**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Competent- can do independently**
Quality Contact Note writing	**Somewhat familiar- need more training**
Who is eligible for services?	**Competent- can do independently**
Wait List function	**Somewhat familiar- need more training**
Request for Proposal (RFP) process	**Somewhat familiar- need more training**
Prior Authorization (PA) process	**Somewhat familiar- need more training**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Somewhat familiar- need more training**
Documentation that goes to Quality	**Somewhat familiar- need more training**
Function of individualized budgets	**Competent- can do independently**
Respite Overview	**Somewhat familiar- need more training**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Somewhat familiar- need more training**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Somewhat familiar- need more training**
SIS Planning and Scheduling	**Somewhat familiar- need more training**
Funding Sources for services	**Somewhat familiar- need more training**
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings	**Somewhat familiar- need more training**
Specialty Services	**Somewhat familiar- need more training**
MMIS Function	**Somewhat familiar- need more training**
Rep Payee relationship with SC	**Somewhat familiar- need more training**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Somewhat familiar- need more training**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Somewhat familiar- need more training**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?	**Yes**

Q5 What suggestions do you have for making the Relias videos more useful? Respondent skipped this question

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (If you)	**John Jackson**
Team Manager (you or your supervisor)	**Cara Baker**
Team Director (You or your supervisor)	**Cara Baker**

Q7 I have been in my current position for **1-3 months**

Q8 Comments, Questions, Suggestions or Concerns? Respondent skipped this question

#11

Nolan

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 15, 2019 12:49:54 PM
Last Modified:	Thursday, August 15, 2019 12:56:32 PM
Time Spent:	00:06:37
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Competent- can do independently**
Function of a Prior Authorization (PA) Comment:	**Somewhat familiar- need more training** I have never done an e-mod PA nor a new services PA so would like some assistance with obtaining that information.
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing Comment:	**Somewhat familiar- need more training** I'd like more shadowing opportunities to know exactly what questions to ask and also what information should be obtained at a baseline ISA.
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services?	**Competent- can do independently**
Wait List function	**Competent- can do independently**
Request for Proposal (RFP) process	**Competent- can do independently**
Prior Authorization (PA) process	**Somewhat familiar- need more training**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)? Comment:	**Somewhat familiar- need more training** I've never experienced doing one of these. I know the general purpose but in terms of the significance and why they're necessary I'd like to learn more about.
Documentation that goes to Quality Comment:	**Somewhat familiar- need more training** I think it would be beneficial to have an in-service dedicated to document distribution - where to get them, who they need to go to, and what happens after.
Function of individualized budgets	**Competent- can do independently**
Respite Overview Comment:	**Somewhat familiar- need more training** The in's and out's of respite - how does someone start it, qualifications, funding, types, and how it's run.
Human Rights Committee Comment:	**Somewhat familiar- need more training** The other functions of the HRC besides behavior plans.
Rep Payee relationship with SC	**Competent- can do independently**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation. Comment:	**Somewhat familiar- need more training** Social Security forms and Functional Screens
SIS Planning and Scheduling Comment:	**Somewhat familiar- need more training** Planning
Funding Sources for services Comment:	**Somewhat familiar- need more training** All of the alternative funding sources available.
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings Comment:	**Somewhat familiar- need more training** Justin did a great job at explaining the program however I want to learn more about respite opportunity, the beds, and the process of applying / figuring out if someone is a good fit for the program.
Specialty Services	**Competent- can do independently**
MMIS Function	**Competent- can do independently**
Rep Payee relationship with SC	**Competent- can do independently**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies Comment:	**Somewhat familiar- need more training** When are crises established; how does the process work
Risk Management Committee Comment:	**Unfamiliar- what's this?** Pretty much everything about it.
Functions of NH LEADS and EDS Comment:	**Somewhat familiar- need more training** I know the general processes but I would like a little more in-depth look at both systems.
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Competent- can do independently**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?

No

Q5 What suggestions do you have for making the Relias videos more useful?

Have there be more voice overs, especially on presentations, so that we can obtain more information than what is just listed.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (If you)	**Nolan Collins**
Team Manager (you or your supervisor)	**Cara Baker**
Team Director (You or your supervisor)	**Keryn Bernard Kriegl**

Q7 I have been in my current position for	**1-3 months**
Q8 Comments, Questions, Suggestions or Concerns?	Respondent skipped this question

#8

Lynne

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 7:47:40 PM
Last Modified:	Monday, August 12, 2019 7:52:58 PM
Time Spent:	00:05:17
IP Address:	72.71.255.104

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Could mentor others**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Somewhat familiar- need more training**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Could mentor others**
Quality Contact Note writing	**Could mentor others**
Who is eligible for services?	**Competent- can do independently**
Wait List function	**Competent- can do independently**
Request for Proposal (RFP) process	**Somewhat familiar- need more training**
Prior Authorization (PA) process	**Somewhat familiar- need more training**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality	**Somewhat familiar- need more training**
Function of individualized budgets	**Competent- can do independently**
Respite Overview	**Competent- can do independently**
Human Rights Committee	**Somewhat familiar- need more training**
Rep Payee relationship with SC	**Somewhat familiar- need more training**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Could mentor others**
SIS Planning and Scheduling	**Somewhat familiar- need more training**
Funding Sources for services	**Somewhat familiar- need more training**
Team Meeting Facilitation	**Could mentor others**
START Service offerings	**Somewhat familiar- need more training**
Specialty Services	**Competent- can do independently**
MMIS Function	**Somewhat familiar- need more training**
Rep Payee relationship with SC	**Somewhat familiar- need more training**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Competent- can do independently**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Unfamiliar- what's this?**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Unfamiliar- what's this?**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory? **Yes**

Q5 What suggestions do you have for making the Relias videos more useful?

don't use acronyms (or if you do, explain them).

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (if you)	SC
Team Manager (you or your supervisor)	SC

Q7 I have been in my current position for

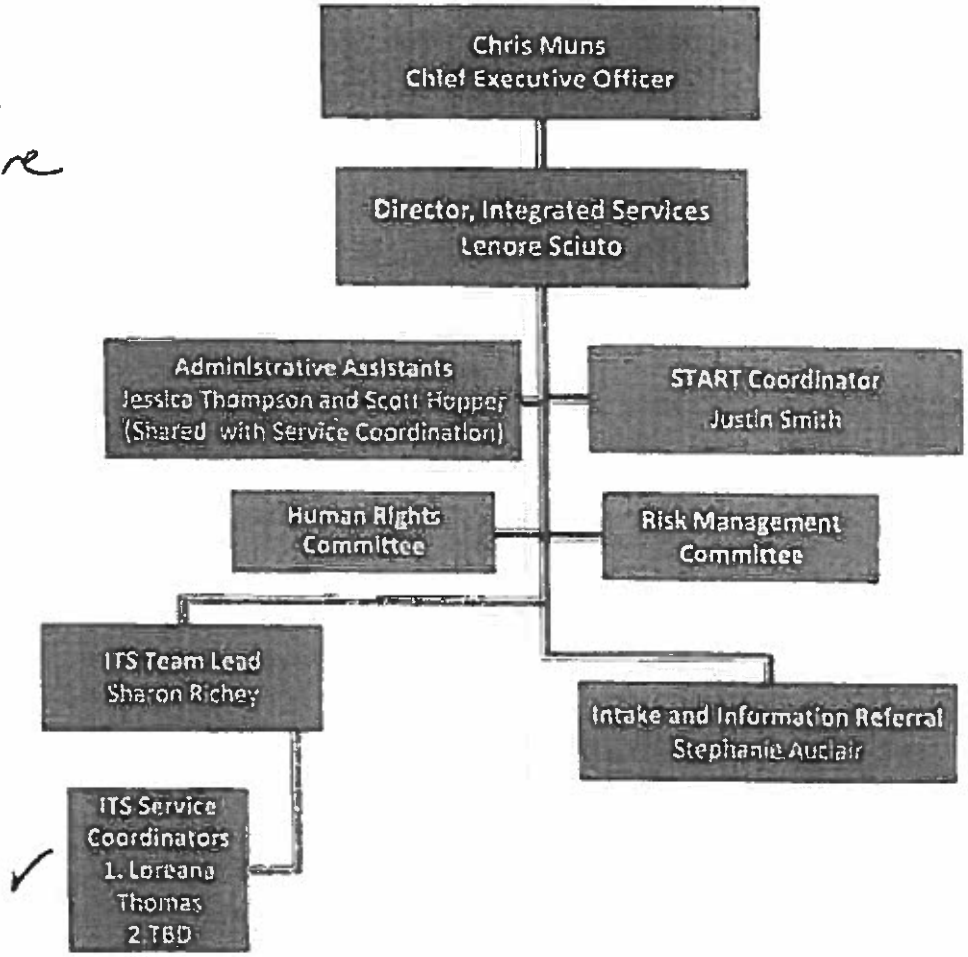
less than one month

Q8 Comments, Questions, Suggestions or Concerns?

Respondent skipped this question

Integrated Services

Need Competencies
For Sharon + Lenore



One

#22

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 22, 2019 8:49:55 AM
Last Modified:	Thursday, August 22, 2019 8:53:11 AM
Time Spent:	00:03:15
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Health Risk Screening Tool (HRST) & ratings	**Somewhat familiar- need more training**
General Services Available Through One Sky	**Could mentor others**
Structure of Area Agency System	**Could mentor others**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Could mentor others**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA)	**Could mentor others**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Could mentor others**
Understanding of functions for 60% of individual specific documentation.	**Could mentor others**

Q5 What suggestions do you have for making the Relias videos more useful?

face to face trainings

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Team Director (You or your supervisor) **Lenore Sciuto**

Q7 I have been in my current position for **more than one year**

Q8 Comments, Questions, Suggestions or Concerns? **Respondent skipped this question**

Sharon R

#18

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 15, 2019 12:22:46 PM
Last Modified:	Monday, August 19, 2019 11:58:00 AM
Time Spent:	Over a day
IP Address:	24.233.112.59

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function Comment:	**Somewhat familiar- need more training** process to document and upload and finish process; comfortable w/team process to review and ID needs
Health Risk Screening Tool (HRST) & ratings	**Somewhat familiar- need more training**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Could mentor others**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Could mentor others**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA)	**Could mentor others**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Could mentor others**
Understanding of functions for 60% of individual specific documentation.	**Could mentor others**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?

Yes,
Other (please specify):
All training should have a face-to-face component. All people have a combination of learning styles: visual, audio, and kinesthetic and training should cover all senses in order to reach all people. Face to face training also provides the opportunity for discussion and team building toward a cohesive approach to service coordination.

Q5 What suggestions do you have for making the Relias videos more useful?

Relias should not be relied on as the main training mode. It is an easy and cheap alternative to having qualified trainers provide face to face interactive training. It provides a good basis of info for SOME topics but should be paired w/discussion w/a trainer. Employees should have access to the entire list of courses and be able to access and share info w/each other rather than relying on assignment from someone who know very very little about service coordination, the history of services, or the various services provided to individuals and the issues to look for in oversight.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Respondent skipped this question

Q7 I have been in my current position for

3-6 months

Q8 Comments, Questions, Suggestions or Concerns?

Respondent skipped this question

#7

Loreana

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 3:46:19 PM
Last Modified:	Monday, August 12, 2019 3:55:26 PM
Time Spent:	00:09:07
IP Address:	24.245.124.72

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Could mentor others**
Health Risk Screening Tool (HRST) & ratings	**Could mentor others**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA)	**Could mentor others**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Could mentor others**
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services?	**Could mentor others**
Wait List function	**Competent- can do independently**
Request for Proposal (RFP) process	**Could mentor others**
Prior Authorization (PA) process	**Could mentor others**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality	**Competent- can do independently**
Function of individualized budgets	**Competent- can do independently**
Respite Overview	**Could mentor others**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Competent- can do independently**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Competent- can do independently**
SIS Planning and Scheduling	**Competent- can do independently**
Funding Sources for services	**Competent- can do independently**
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings	**Could mentor others**
Specialty Services	**Competent- can do independently**
MMIS Function	**Could mentor others**
Rep Payee relationship with SC	**Competent- can do independently**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Competent- can do independently**
Risk Management Committee	**Competent- can do independently**
Functions of NH LEADS and EDS	**Somewhat familiar- need more training**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Competent- can do independently**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory? **No**

Q5 What suggestions do you have for making the Relias videos more useful?

Adult centered training. Day to day functions relevant trainings

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (if you)	**Loreana**
Team Manager (you or your supervisor)	**Sharon**

Q7 I have been in my current position for **1-3 months**

Q8 Comments, Questions, Suggestions or Concerns?

None

One Sky

One Sky - Week 1 - New Hire Orientation - Service C

< Back to Training Plan list

- Basics
- Scheduling
- Modules
- Settings

Search Filters

Candidates

Add & Arrange Modules

+ Module(s)

≡	
Title	Welcome to Service Coord *One_Sky_SCWelcome_2019*
Credit Hours	1
Due Date Offset	0 day(s) after initial due
Delete	
≡	
Title	CSNI-DD Client Rights Onl *NHSDDClientRights*
Credit Hours	1.5
Due Date Offset	0 day(s) after initial due
Delete	
≡	
Title	HRST System Overview *2019-HRSTOV1*
Credit Hours	2
Due Date Offset	0 day(s) after initial due
Delete	
≡	
Title	Guiding Rules and Regulat *One_Sky_Rules_and_Regulati*
Credit Hours	1
Due Date Offset	0 day(s) after initial due
Delete	
Total	4
Total Credit Hours	5.5

Clone

Previous

One

One Sky -- Week 2 - New Hire Orientation - Service C

< Back to Training Plan list

- Basics
- Scheduling
- Modules
- Settings

Search Filters

Certificates

Clone

Delete

Add & Arrange Modules

+ Module(s)

Title	Individual Service Agreeme *One_Sky_SCISA_2019*
Credit Hours	4
Due Date Offset	0 day(s) after initial due
Delete	

Total	1
Total Credit Hours	4

Previous Save

***Owner:** One Sky Community Services | **Created:** Aug 7, 2019 | **Modified:** Sep 3, 2019*

One Sky

One Sky - Week 3 - New Hire Orientation - Service C

< Back to Training Plan list

- Basics
- Scheduling
- Modules
- Settings

Search Filters

Certificates

Add & Arrange Modules

+ Module(s)

Title	Billable Activities and Cont
	One_Sky_SCBillable_Events
Credit Hours	1
Due Date Offset	0 day(s) after initial du
Delete	
Title	The Community We Serve
	One_Sky_Community_Served
Credit Hours	1
Due Date Offset	0 day(s) after initial du
Delete	
Title	Disabilities Overview
	REL-DISOV-DD-0
Credit Hours	1.75
Due Date Offset	0 day(s) after initial du
Delete	
Title	Human Rights and Risk Ma
	One_Sky_HRRM_2019
Credit Hours	1
Due Date Offset	0 day(s) after initial du
Delete	
Total	4
Total Credit Hours	4.75

Close

Previous

One Sky

One Sky - Week 4 - New Hire Orientation - Service C

< Back to Training Plan list

- Basics
- Scheduling
- Modules
- Settings

Source Files

Certificates

Add & Arrange Modules

+ Module(s)

≡	
Title	One Sky Intake Process *One_Sky_Intake_Process*
Credit Hours	0.5
Due Date Offset	0 day(s) after initial du
Delete	
≡	
Title	How Services Are Funded *One_Sky_SCFunded_2019*
Credit Hours	1
Due Date Offset	0 day(s) after initial du
Delete	
≡	
Title	Prior Authorization Overvie *One_Sky_Prior_Authorization_*
Credit Hours	2
Due Date Offset	0 day(s) after initial du
Delete	
Total	3
Total Credit Hours	3.5

Clone

Delete

Previous

Save

Owner: One Sky Community Services | Created: Aug 7, 2019 | Modified: Aug 7, 2019

One

One Sky - Month 2 - New Hire Orientation - Service (

< Back to Training Plan list

- Basics
- Scheduling
- Modules
- Settings

Search Filters

Certificates

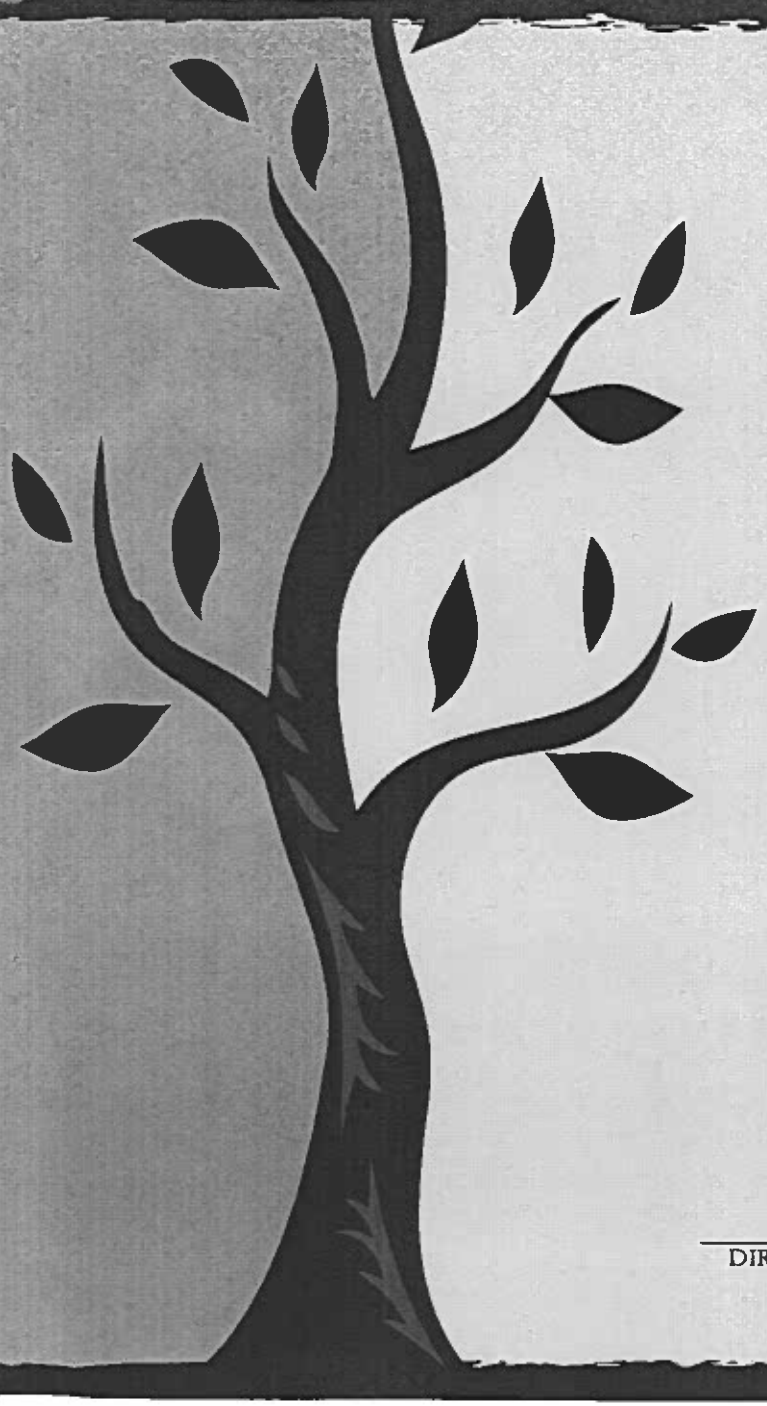
Add & Arrange Modules

+ Module(s)

Title	One Sky Wait List Registry *One_Sky_Wait_List_Process*
Credit Hours	1
Due Date Offset	0 day(s) after initial du
Delete	
Title	One Sky Automated Prior A *One_Sky_APA2019*
Credit Hours	2
Due Date Offset	0 day(s) after initial du
Delete	
Title	Understanding the Support *CSNI_SIS_Overview*
Credit Hours	2
Due Date Offset	0 day(s) after initial du
Delete	
Title	Using SIS As a Planning To *One_Sky_SIS_Planning*
Credit Hours	1
Due Date Offset	0 day(s) after initial du
Delete	
Total	4
Total Credit Hours	6

Close

Previous



One Sky Community Services

One Life, Endless Possibilities

This certifies that

SERVICE COORDINATOR

has successfully completed Service Coordination Orientation

Given this ____ day of _____, 20____

_____
DIRECTOR SERVICE COORDINATION

_____
DIRECTOR INTEGRATED SERVICES

Training Manual Packet

Contents of this packet:

- How to use the Case Management Section in the HRST Database
- How to complete an ISA in the HRST Database
- ISA HRST Profile

Full Manual Located on Common Drive (X:\Training Manual)

Contents of Full Manual

1. HRST Manual
2. All One Sky Trainings Overview PowerPoint
3. Cost of Care and Medicaid Presentation (from Granite State Independent Living)

1. HRST Manual - Sections and Subsections

1. **MESSAGES**
2. **PERSON'S SERVED**
   a. About me
      i. Notes
      ii. Intake
      iii. Insurance
      iv. Financials
      v. Key Dates
      vi. Respite
      vii. Goals
   b. My Contacts
   c. Diagnoses
      i. Diagnoses
      ii. Undiagnosed Conditions
   d. Medications
   e. Ratings
   f. Support Team
      i. My Providers
      ii. My Caseworkers
   g. Health Tracker
      i. Calendar
      ii. History
      iii. Upcoming
      iv. Recommendations
   h. Case Management
      i. Documents
      ii. Case Notes
      iii. Health Review Checklists
      iv. Service Agreements
      v. Goals Reviews
      vi. Home Visits
      vii. Quality Satisfaction Surveys
      viii. Quality Satisfaction Surveys (525)
3. **PROVIDERS**
4. **USERS**
5. **CASE MANAGEMENT**
   a. Document Repository
   b. Case Notes
   c. Health Review Checklists
   d. Service Agreements
   e. Goals Reviews
   f. Home Visits
   g. Quarterly Satisfaction Surveys
   h. Quarterly Satisfaction Surveys (525)
6. **HELP**
   a. Turn on Tutorial Mode

Training Manual Packet

b. Support Site
c. View Knowledgebase
d. Assistant

2. All One Sky Trainings Overview PPT - Contents

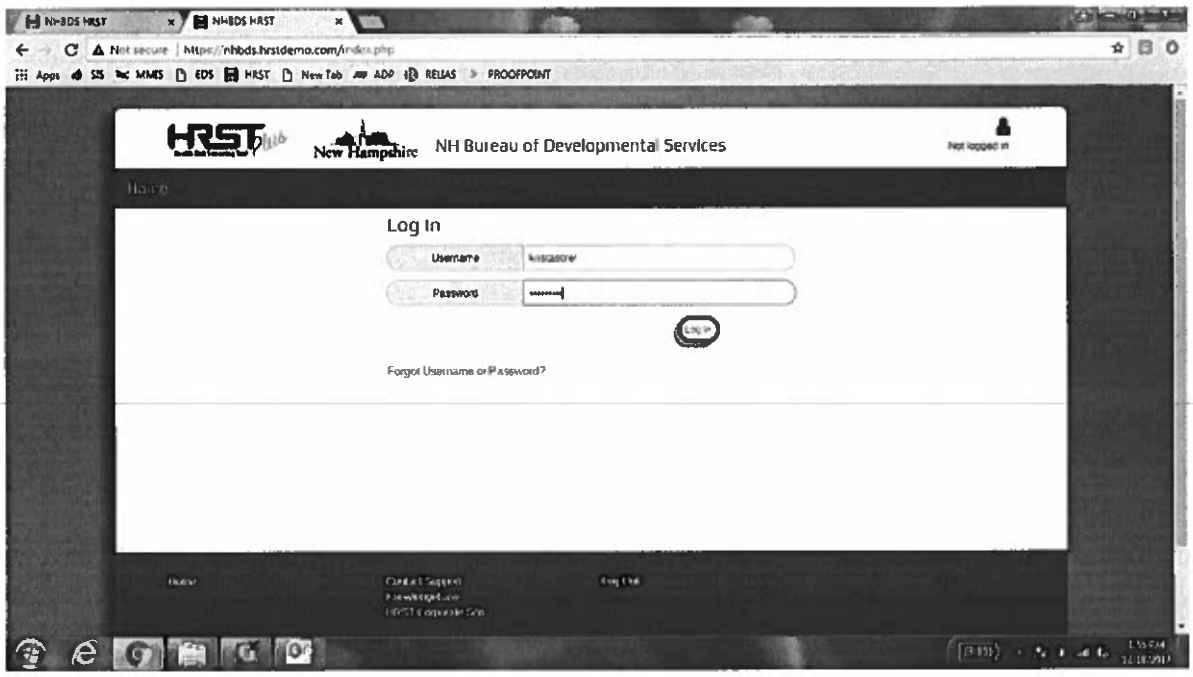
Topic	Slide #'s
Welcome	2
What We Do	3 – 9
RS 171A	10 – 13
Various Regulations	14 – 23
Eligibility	24 – 31
Services	32 – 38
Funding	39 – 64
HRST Training	71
Automated PA Process	65
Timelines	66 – 70
Intake Process	72 – 75
ISA Process	76 – 79
RFP Process	80 – 85
Wait List	86 – 95
SIS, Budgets	96 – 110
Rep-Payee, Cost of Care	111 – 116
Billable Events & Documentation	17 – 122
Respite Services	123 – 125
On-Call Process/Sentinel Events	126 – 131
Human Rights/ITS	132 – 145
Quality Innovations	146 – 161
Summary	162 – 166

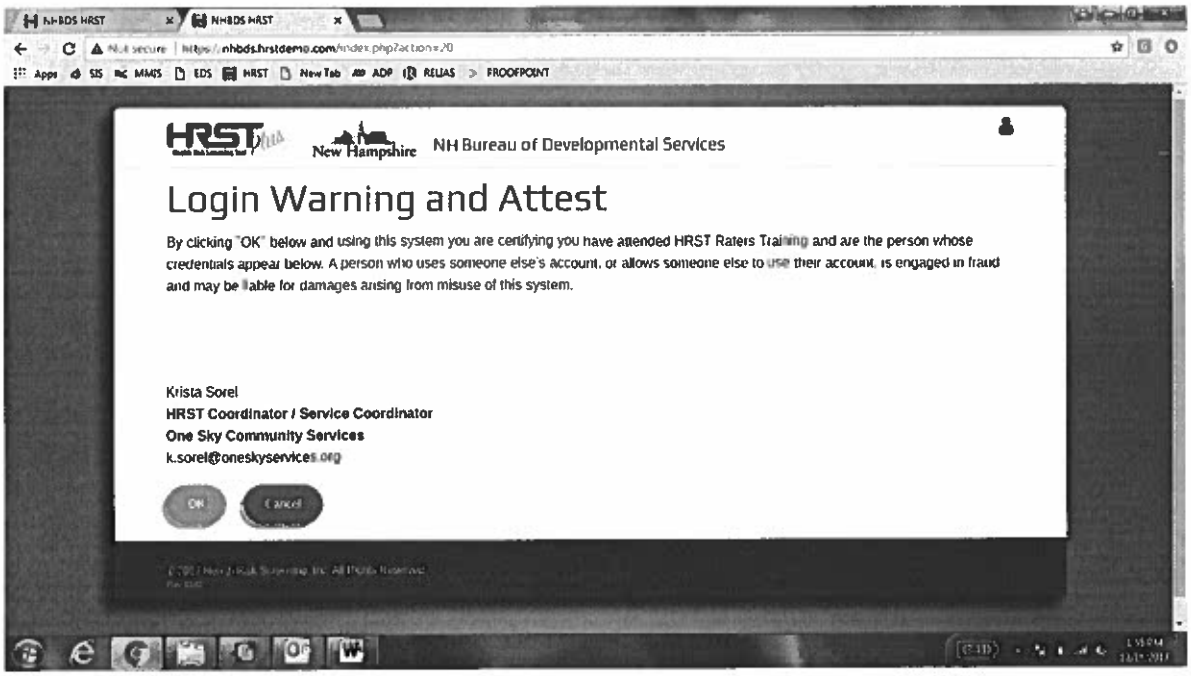
HOW TO COMPLETE AN INDIVIDUAL SERVICE AGREEMENT IN THE HRST DATABASE

BY: KRISTA SOREL

GO INTO THE HRST WEBSITE: https://nhbds.hrstapp.com/index.php

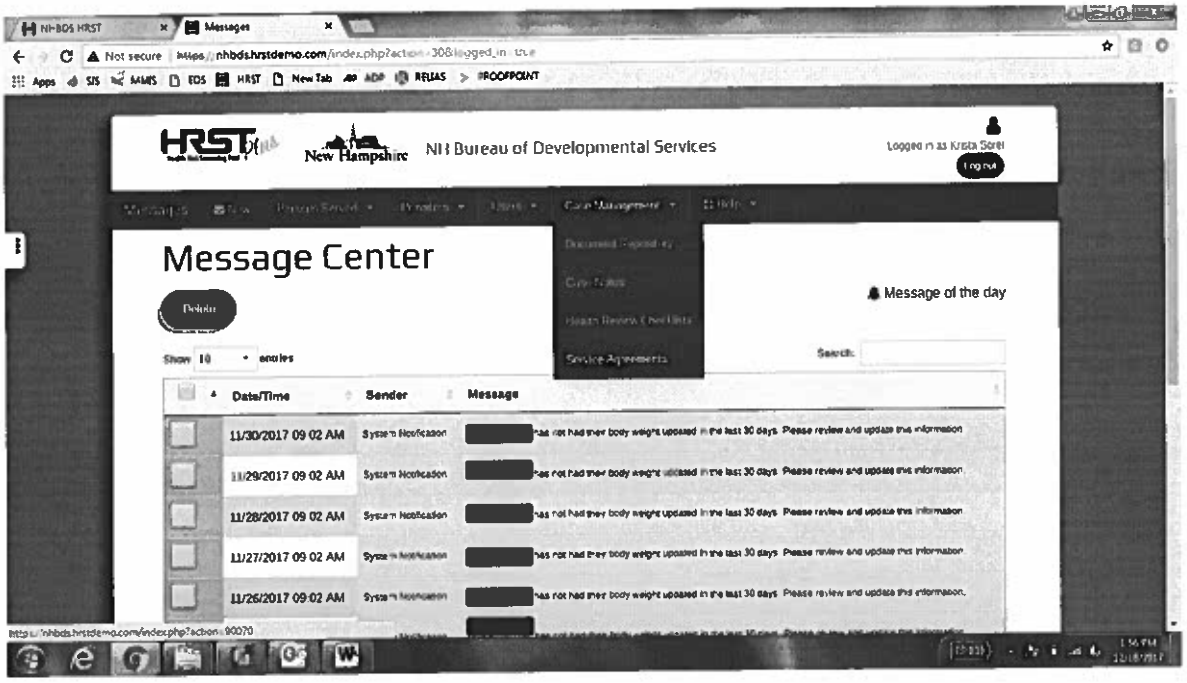
Log in, verify you are you.

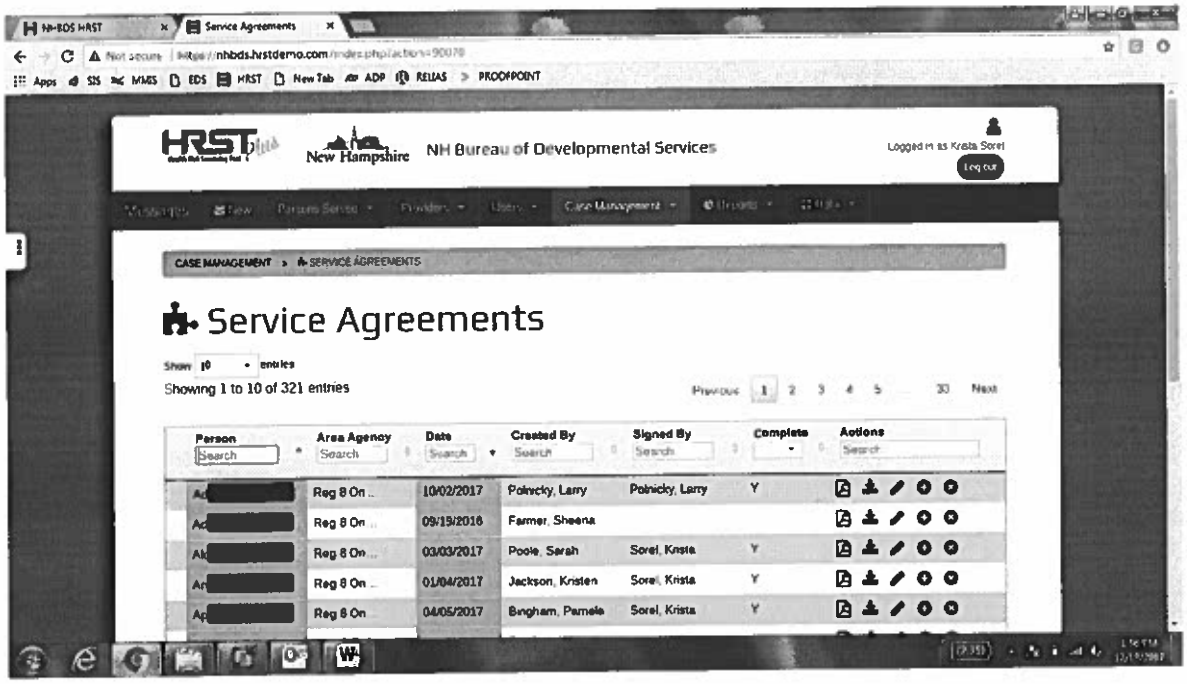




HOW TO COMPLETE AN ISA IN THE HRST DATABASE.
BY: KRISTA SOREL

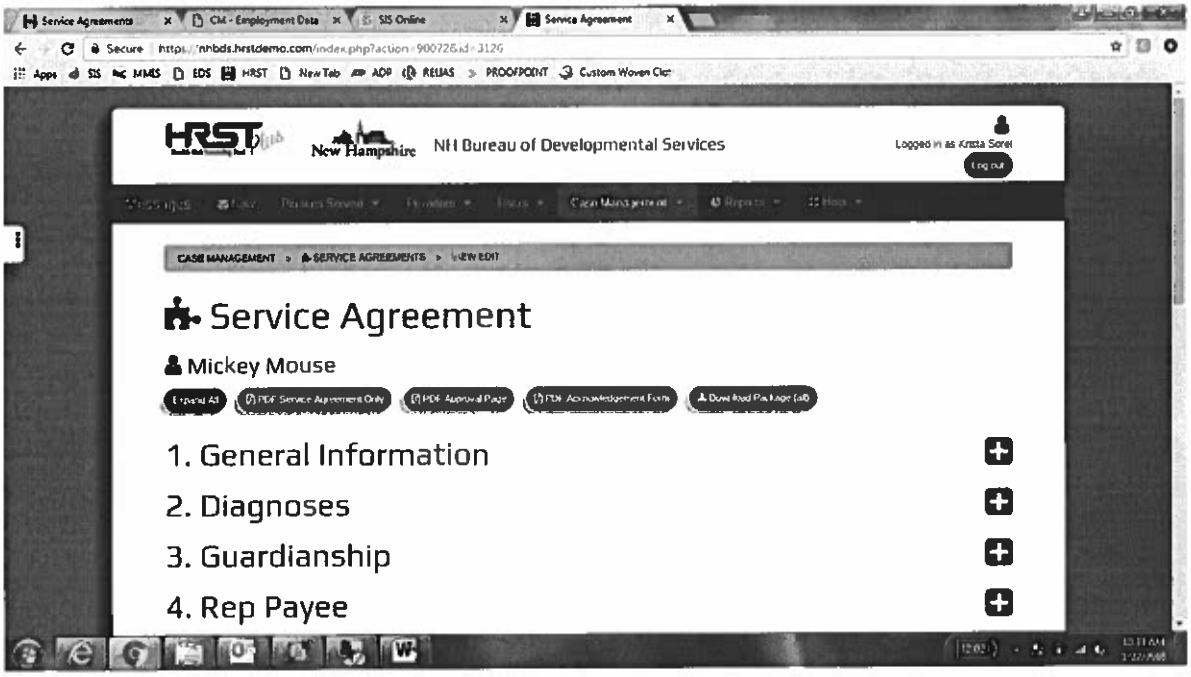
Click on CASE MANAGEMENT, scroll down to SERVICE AGREEMENTS, write individuals last name in person section, choose the client and click on the pencil icon (edit).



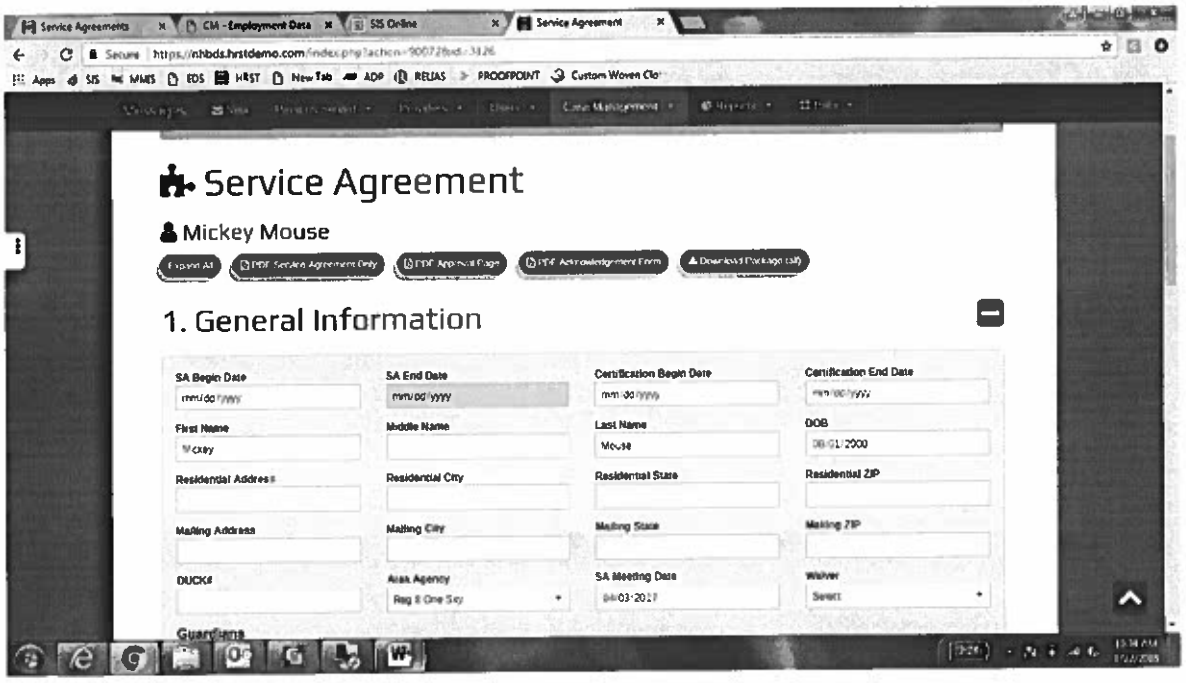


BEGINNING A SERVICE AGREEMENT:

1. GENERAL INFORMATION; Click the + (plus) icon to the right to begin.



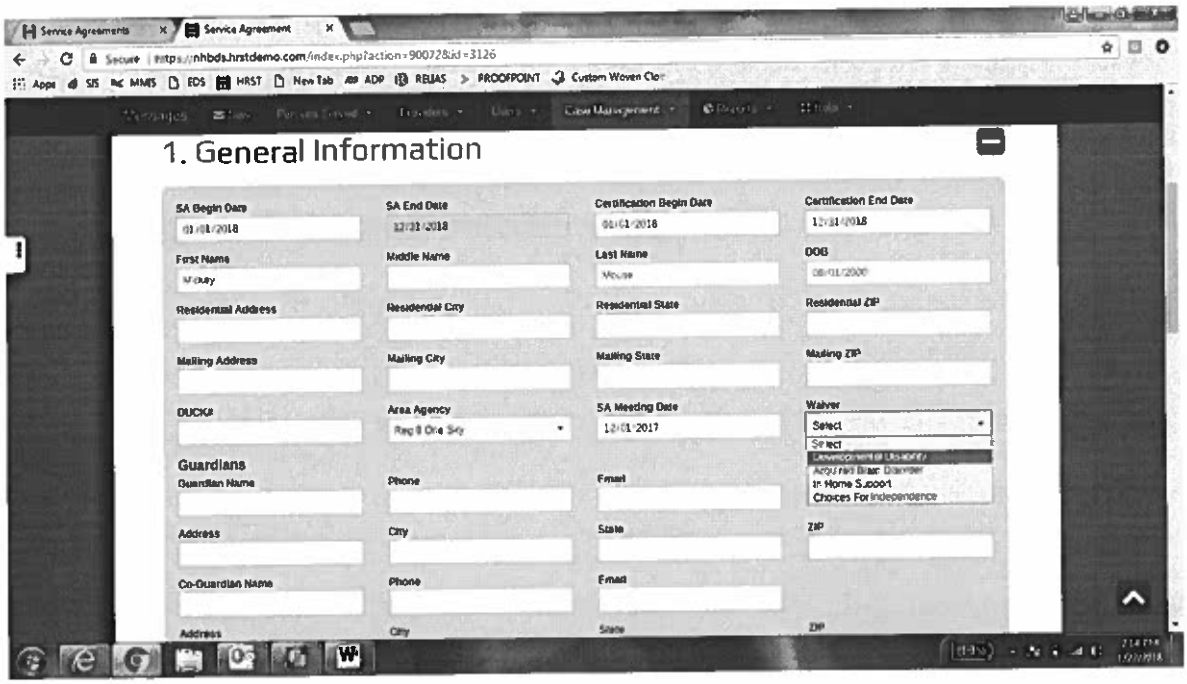
After clicking on the + (plus) icon, the general information tab will expand into several sections as shown below. Fill in all sections completely.



- *SA Begin Date* is the date in which you want the Service Agreement to become effective, i.e. not the date you held the meeting with your individuals' team.
- *SA End Date* is the date in which you want the Service Agreement to end; typically, this date should be one day before the SA Begin Date of the following year. (See below)
- *Certification Begin Date* is the date in which the individual's state certification begins. (This is only for PDMS 525 and/or 521 Programs)
- *Certification End Date* is the date in which the individual's state certification ends. (This is only for PDMS 525 and/or 521 Programs).
- *First Name* is the section in which you would indicate the individuals Legal First Name, i.e. nicknames or shortening of the first name is not acceptable.
- *Middle Name* is the section in which you would indicate the individuals Legal Middle Name, in this instance, middle initials are acceptable.
- *Last Name* is the section in which you would indicate the individuals Legal Last Name, i.e. nicknames or shortening of the last name is not acceptable.
- *DOB* section should already be filled in before you begin. PLEASE VERIFY THAT THIS INFORMATION IS ACCURATE BEFORE PROCEEDING.
- *Residential Address* is the section in which you would indicate where your individual currently lives, verify that you are spelling the address correctly in its entirety.
- *Residential City* is the section in which you would indicate what city your individual currently resides in based off of information from the post office, i.e. understanding that if your individual lives in Gonic, NH,

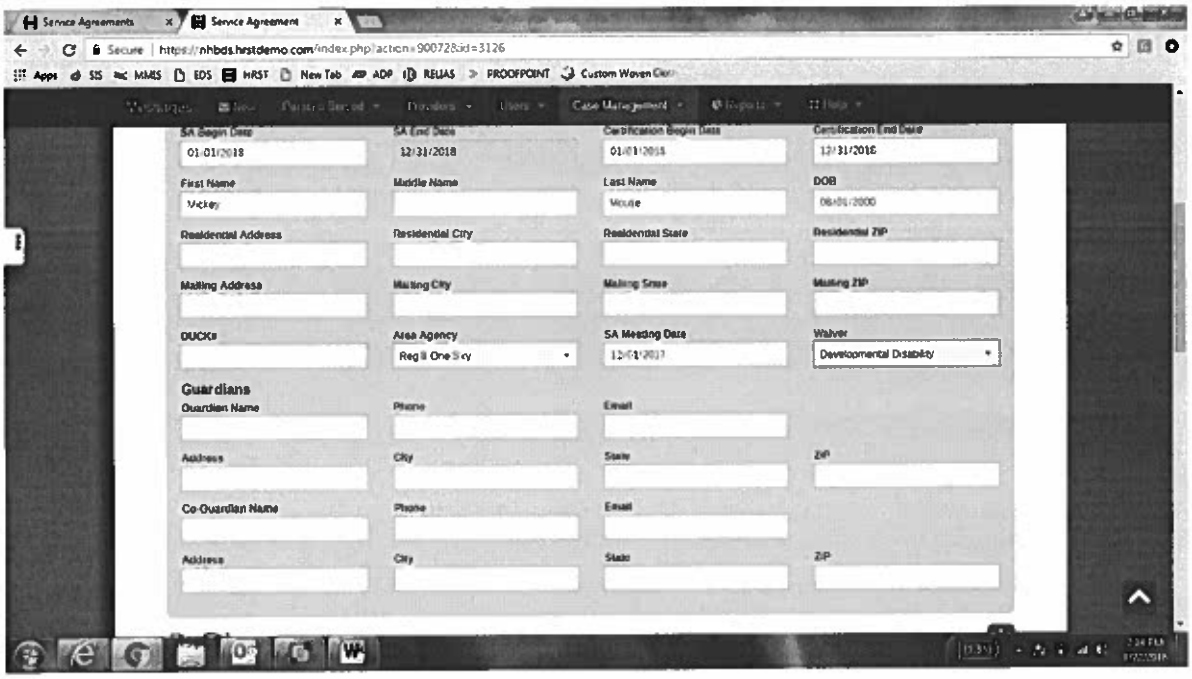
their residential address is actually Rochester, NH with a different zipcode (03867). You will be able to indicate the accurate zipcode for Gonic, NH. (03839) in the following section.

- *Residential State* is the section in which you would indicate the accurate state in which the individual lives, locations vary, but most will be in the State of NH.
- *Residential ZIP* is the section in which you indicate the accurate zipcode for the city in which your individual currently resides, i.e. understanding that if your individual lives in Gonic, NH, their residential address is actually Rochester, NH with a zipcode of 03839.
- *Mailing Address* is the section in which you indicate the current mailing address and/or PO Box for your individual. If there is no mailing address to be listed, this is where you can indicate if there is a "Care Of" for your individual's current situation (see below). Also, if your individual has a guardian and they wish for all mailed items to be sent to them instead, this is where you would indicate that information.
- *Mailing City* is the section in which you indicate the current mailing city and/or PO Box city for your individual. If there is no mailing city because there is no mailing address, please leave this blank. Also, if your individual has a guardian and they wish for all mailed items to be sent to them instead, this is where you would indicate that information.
- *Mailing State* is the section in which you indicate the current mailing state and/or PO Box state for where the information is being mailed to, locations vary, but most will be in the State of NH. If there is no mailing state because there is no mailing address, please leave this blank. Also, if your individual has a guardian and they wish for all mailed items to be sent to them instead, this is where you would indicate that information.
- *Mailing ZIP* is the current city zipcode and/or PO Box city zipcode for where the information is being mailed to i.e. understanding that if your individual lives in Gonic, NH, their residential address is actually Rochester, NH with a zipcode of 03839. If there is no mailing zipcode because there is no mailing address, please leave this blank. Also, if your individual has a guardian and they wish for all mailed items to be sent to them instead, this is where you would indicate that information.
- *DUCK#* is the number assigned to an individual when they begin receiving services through the agency. This section should already be filled in before you begin. PLEASE VERIFY THAT THIS INFORMATION IS ACCURATE BEFORE PROCEEDING.
- *Area Agency* is the section to indicate which area agency is providing services for the individual. This section should already be filled in before you begin. It should be labeled "Region 8 One Sky".
- *Service Agreement Meeting Date* is the section in which you indicate when you held the meeting for the Service Agreement. This should not be confused with the SA Begin Date. According to State Regulations, the Service Agreement Meeting should occur 45 days prior to the renewal date, i.e. the SA Begin Date is 9/1/2017 so the Service Agreement Meeting should be on or before 7/18/17.
- *Waiver* is the section in which you would indicate which waiver your individual is currently covered under. There are 4 options; Developmental Disability, Acquired Brain Disorder, In Home Support and Choices for Independence. This section should already be filled in before you begin. IF IT'S NOT; you can find this information within the Persons Served tab. (see Persons Served instructions)



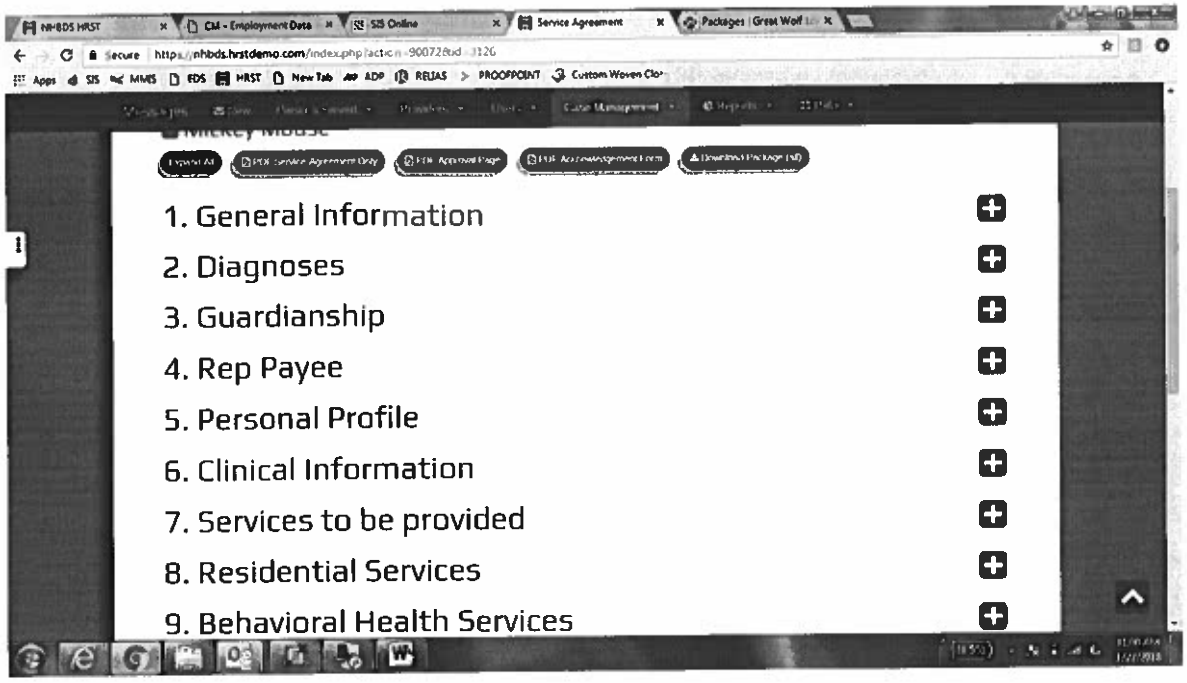
- *Guardians Section;* Guardian Name is the full legal name given to the agency for the guardian. First and Last are required, middle name and/or initial is not required. If there is no appointed guardian, please leave this section blank.
- *Phone* is the section to indicate the best possible phone number for the individual's guardian. If there is no appointed guardian, please leave this section blank.
- *Email* is the section to indicate an email address for the guardian. Should the guardian choose to have documents encrypted and emailed to them, this would be the best email address to use. If there is no appointed guardian, please leave this section blank.
- *Address* is the section in which you would indicate where the guardian currently lives, verify that you are spelling the address correctly in its entirety. If there is no appointed guardian, please leave this section blank.
- *City* is the section in which you would indicate what city the guardian currently resides in based off of information from the post office, i.e. understanding that if the guardian lives in Gonic, NH, their residential address is actually Rochester, NH with a different zipcode (03867). You will be able to indicate the accurate zipcode for Gonic, NH. (03839) in the following section. If there is no appointed guardian, please leave this section blank.
- *State* is the section in which you would indicate the accurate state in which the guardian lives, locations will vary. If there is no appointed guardian, please leave this section blank.
- *ZIP* is the section in which you indicate the accurate zipcode for the city in which the guardian currently resides, i.e. understanding that if the guardian lives in Gonic, NH, their residential address is actually Rochester, NH with a zipcode of 03839. If there is no appointed guardian, please leave this section blank.

- *Co-Guardians Name* section is the full legal name given to the agency for the co-guardian. First and Last are required, middle name and/or initial is not required. If there is no appointed co-guardian, please leave this section blank.
- *Phone* is the section to indicate the best possible phone number for the individual's co-guardian. If there is no appointed co-guardian, please leave this section blank.
- *Email* is the section to indicate an email address for the co-guardian. Should the co-guardian choose to have documents encrypted and emailed to them, this would be the best email address to use. If there is no appointed co-guardian, please leave this section blank.
- *Address* is the section in which you would indicate where the co-guardian currently lives, verify that you are spelling the address correctly in its entirety. If there is no appointed co-guardian, please leave this section blank.
- *City* is the section in which you would indicate what city the co-guardian currently resides in based off of information from the post office, i.e. understanding that if the co-guardian lives in Gonic, NH. their residential address is actually Rochester, NH with a different zipcode (03867). You will be able to indicate the accurate zipcode for Gonic, NH. (03839) in the following section. If there is no appointed co-guardian, please leave this section blank.
- *State* is the section in which you would indicate the accurate state in which the co-guardian lives, locations will vary. If there is no appointed co-guardian, please leave this section blank.
- *ZIP* is the section in which you indicate the accurate zipcode for the city in which the co-guardian currently resides, i.e. understanding that if the co-guardian lives in Gonic, NH. their residential address is actually Rochester, NH with a zipcode of 03839. If there is no appointed co-guardian, please leave this section blank.

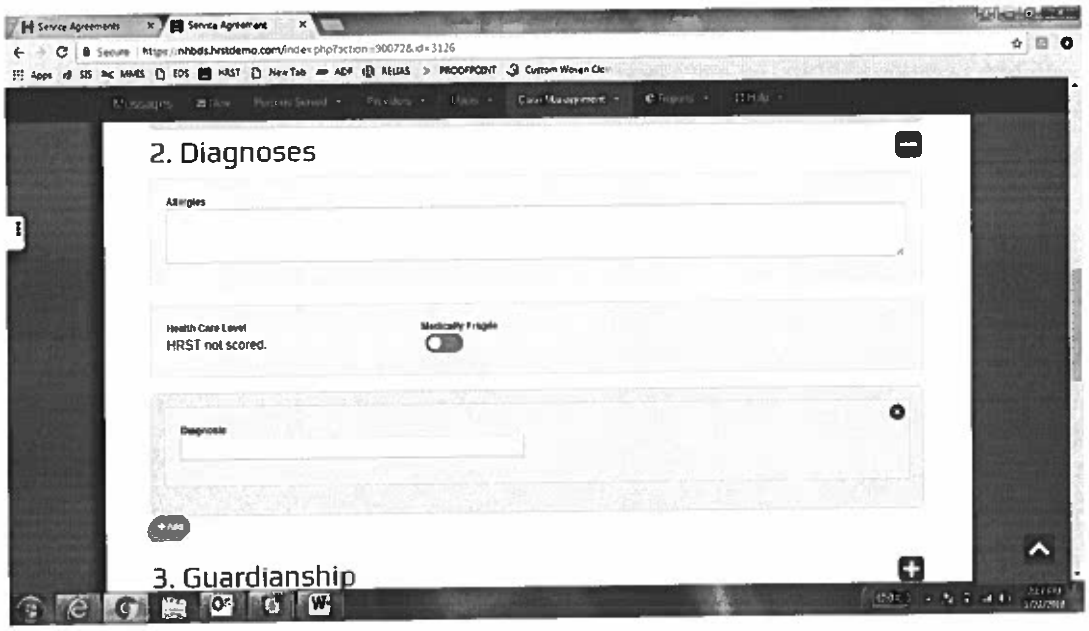


2. DIAGNOSES; Click the + (plus) icon to the right to begin.

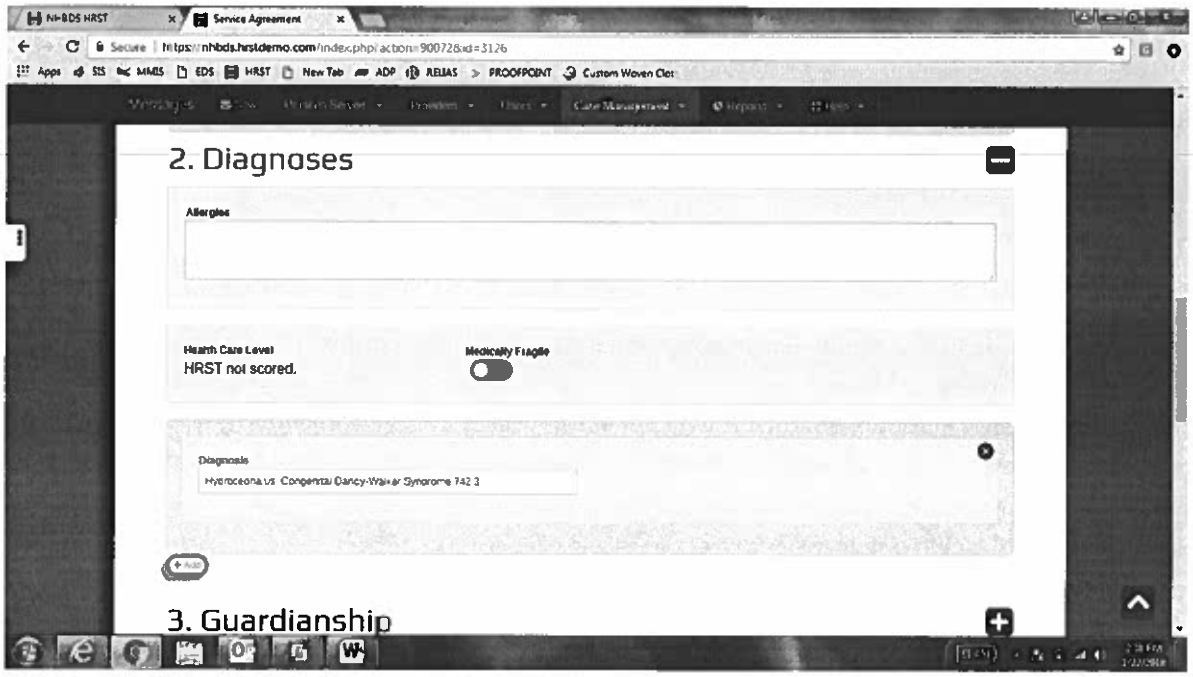
After clicking on the + (plus) icon, the Diagnoses tab will expand into several sections as shown below. Fill in all sections completely.



- *Allergies* is the section in which you indicate the individual's allergies. This includes; environmental allergies and medication allergies. If the individual has allergies that are noted in the Person's Served Tab under About Me, then these will transfer. If they do not, but have allergies, you will need to input those while creating the Service Agreement. (see below).



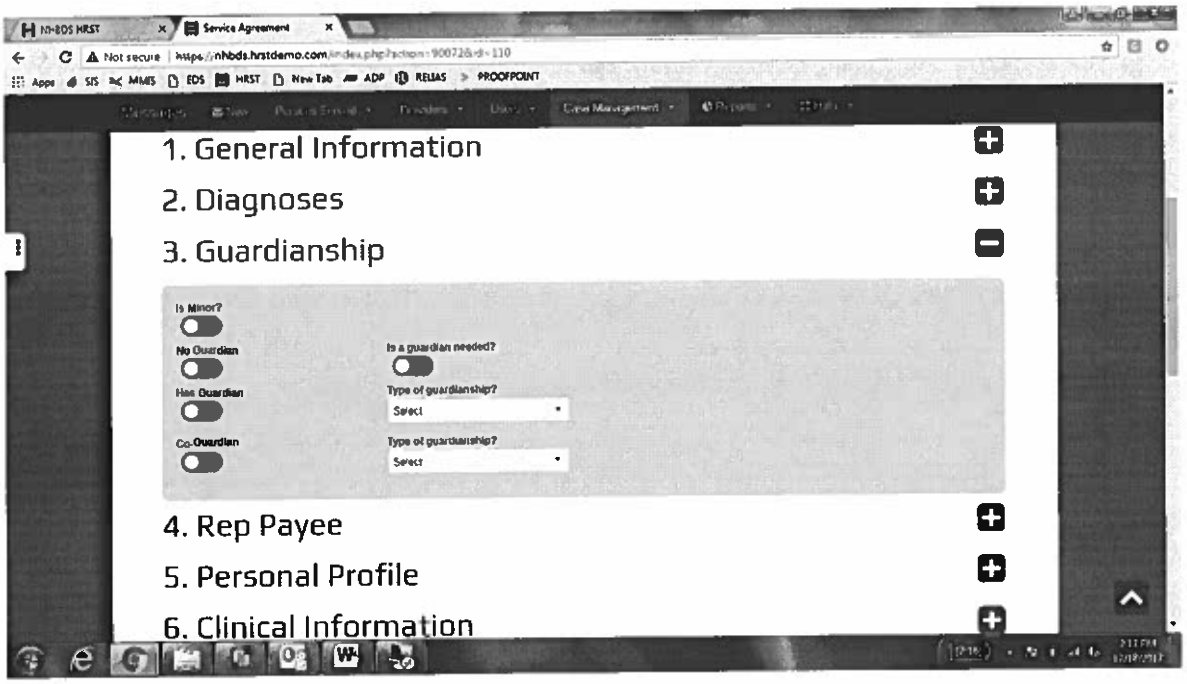
- *Health Care Level* is the section in which the individual is assessed on a number scale from 1-6, 1 being medically sufficient and 6 being medically frail/fragile. This level will already be indicated before you begin as it is linked to the HRST Tool that you completed on your individual with their team before completing the ISA. If this section is not filled in, you will need to go back and completed a HRST on your individual before continuing on. (see above)
- *Medically Fragile* toggle indicates if your individual has reached a health care level in which they are considered medically frail/fragile. This toggle will be activated (if it applies) before you begin as it is linked to the HRST Tool that you completed on your individual with their team before completing the ISA.



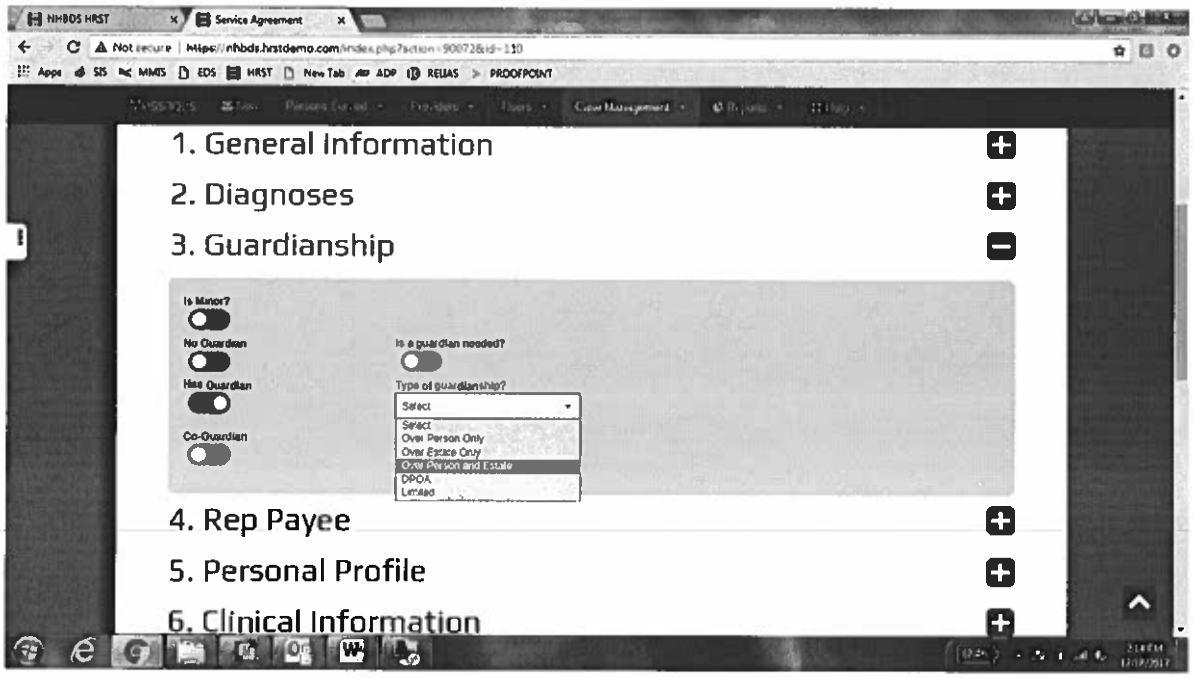
- *Diagnosis* section is the section in which you indicate the individual's current diagnoses. NOTE: The diagnoses listed should be associated with an evaluation on file for your individual. There needs to be documentary proof of diagnosis before it can be added. If the individual has diagnoses that are noted in the Person's Served Tab under My Diagnoses, then these will transfer. If they do not and/or do not have all listed and have additional diagnoses, you will need to input those while creating the Service Agreement. (see below).
    - *To add a diagnosis box; click on the green oval +Add button.*

3. GUARDIANSHIP; Click the + (plus) icon to the right to begin.

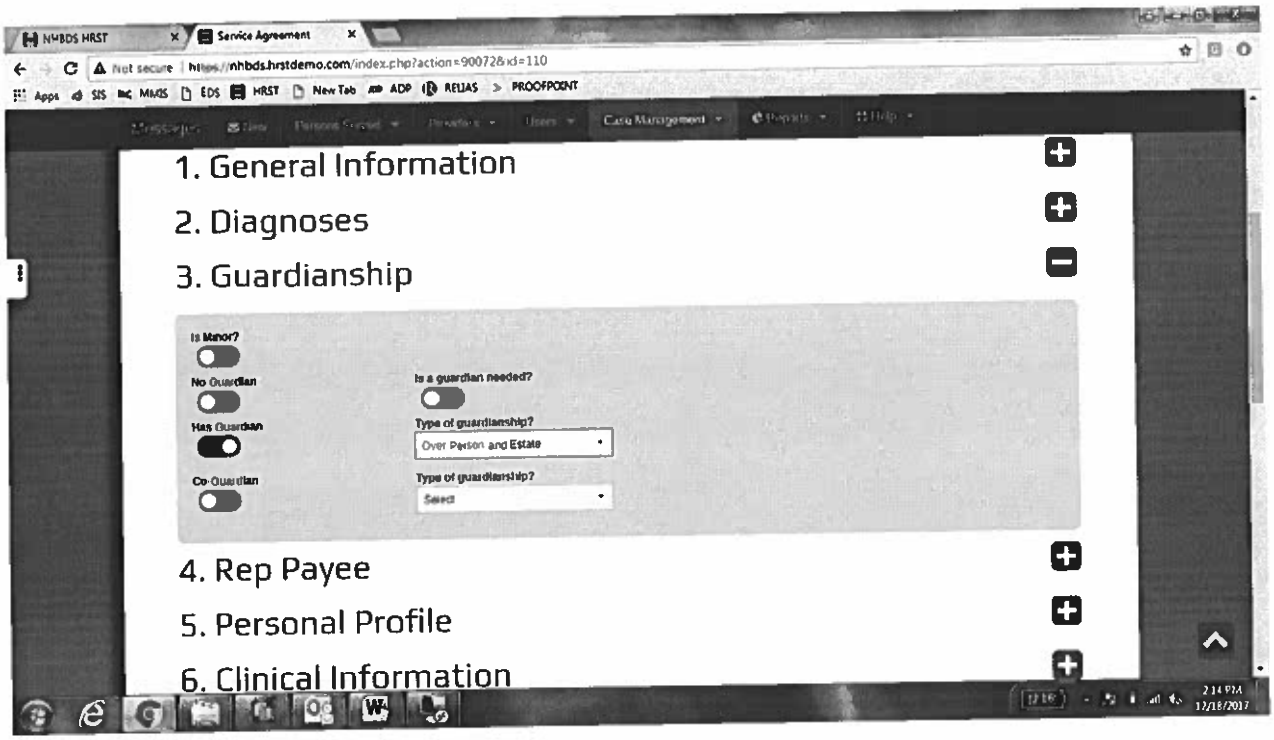
After clicking on the + (plus) icon, the Guardianship tab will expand into several sections as shown below. Fill in all sections completely.



- *Is Minor?* toggle indicates if your individual is considered a legal minor or not, i.e. is your individual under 21 years of age.
- *No Guardian* toggle indicates whether or not your individual has a legally appointed guardian.
- *Is a guardian needed?* toggle indicates whether or not your individual is in need of a guardian. This toggle applies when the "No Guardian" toggle is activated. i.e. your individual does not have a legally appointed guardian but is in need of one.
- *Has Guardian* toggle indicates whether or not your individual has a legally appointed guardian.
- *Type of Guardianship?* toggle indicates the specific type of guardianship that is held for the individual. There are five options; Over Person Only, Over Estate Only, Over Person and Estate, DPOA (durable power of attorney) and Limited. (see below) Choose the appropriate guardianship. NOTE: There needs to be documentary proof of guardianship before it can be added. Also-the guardianship listed should be associated with the legal document on file for your individual.

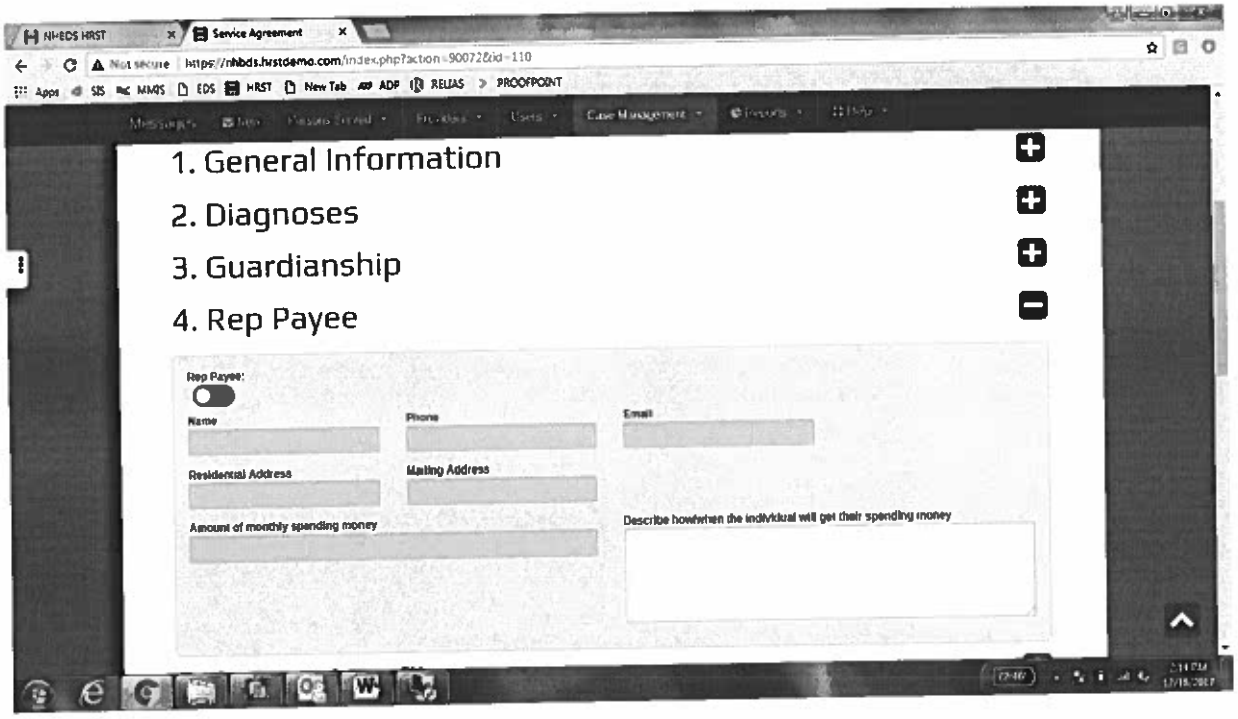


- *Co-Guardian* toggle indicates whether or not your individual has a legally appointed co-guardian.
- *Type of Guardianship?* toggle indicates the specific type of co-guardianship that is held for the individual. There are five options; Over Person Only, Over Estate Only, Over Person and Estate, DPOA (durable power of attorney) and Limited. (see below) Choose the appropriate co-guardianship. NOTE: There needs to be documentary proof of co-guardianship before it can be added. Also-the co-guardianship listed should be associated with the legal document on file for your individual.

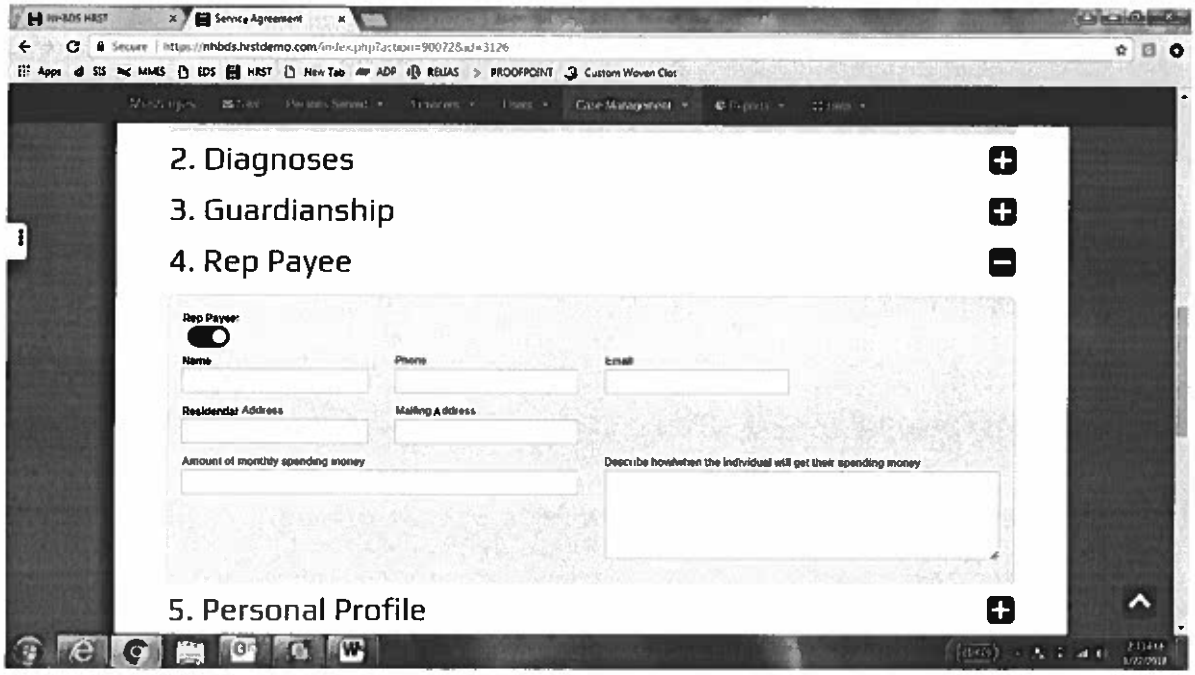


4. REP-PAYEE; Click the + (plus) icon to the right to begin.

After clicking on the + (plus) icon, the Rep-Payee tab will expand into several sections as shown below. Fill in all sections completely.

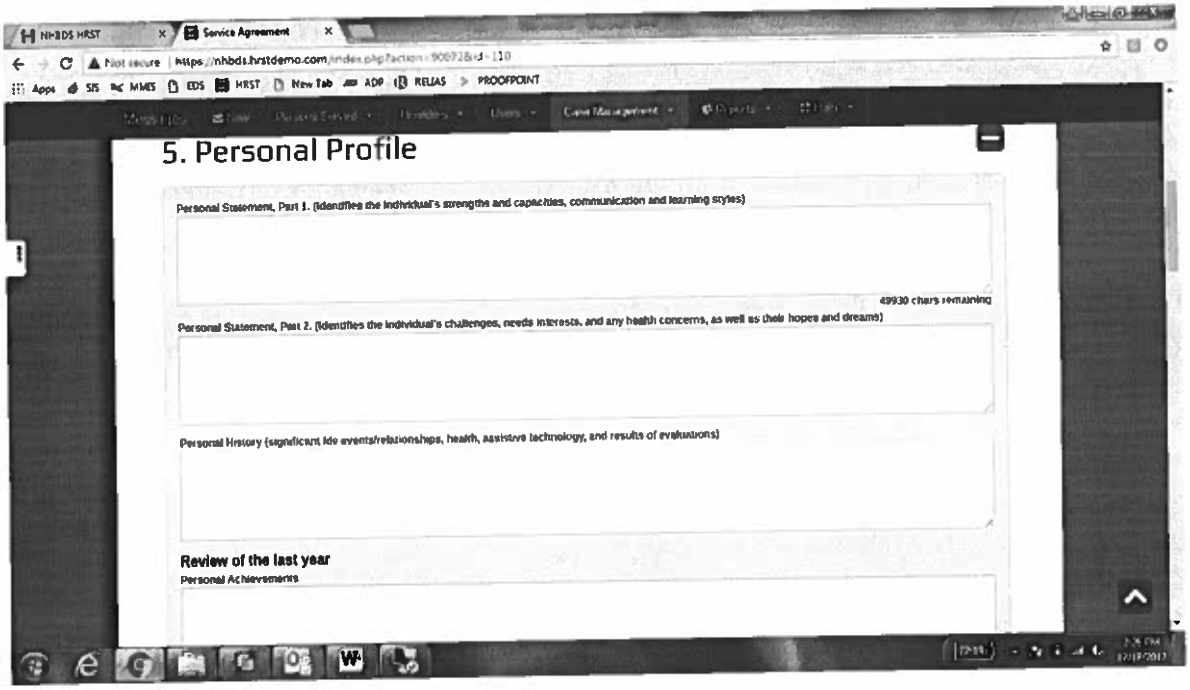


- *Rep Payee* toggle indicates whether or not the individual has a Rep-Payee (A representative payee is a person or Agency who acts as the receiver of SSD (Social Security Disability) or SSI (Supplemental Security Income) for a person who is not fully capable of managing their own benefits).
- *Name* is the section in which the person and/or agency that is providing rep-payee services to your individual should be listed, i.e. EXAMPLE: Kristine Katanixos OR One Sky Community Services. (see below) If there is no appointed Rep-Payee, please leave this section blank.
- *Phone* is the section to indicate the best possible phone number for the individual's Rep-Payee. If there is no appointed Rep-Payee, please leave this section blank.
- *Email* is the section to indicate the best possible email address for the individual's Rep-Payee. If the Rep-Payee doesn't want their email on file and/or there is no appointed Rep-Payee, please leave this section blank.
- *Residential Address* is the section in which you would indicate where the Rep-Payee currently lives, verify that you are spelling the address, city, state and zipcode correctly in its entirety. If there is no appointed Rep-Payee, please leave this section blank.
- *Mailing Address* is the section in which you would indicate where the Rep-Payee currently receives their mail, verify that you are spelling the address, city, state and zipcode correctly in its entirety. If there is no appointed Rep-Payee, please leave this section blank.
- *Amount of Monthly Spending Money* section is still currently unclarified.
- *Describe how/when the individual will get their spending money section* is still currently unclarified.

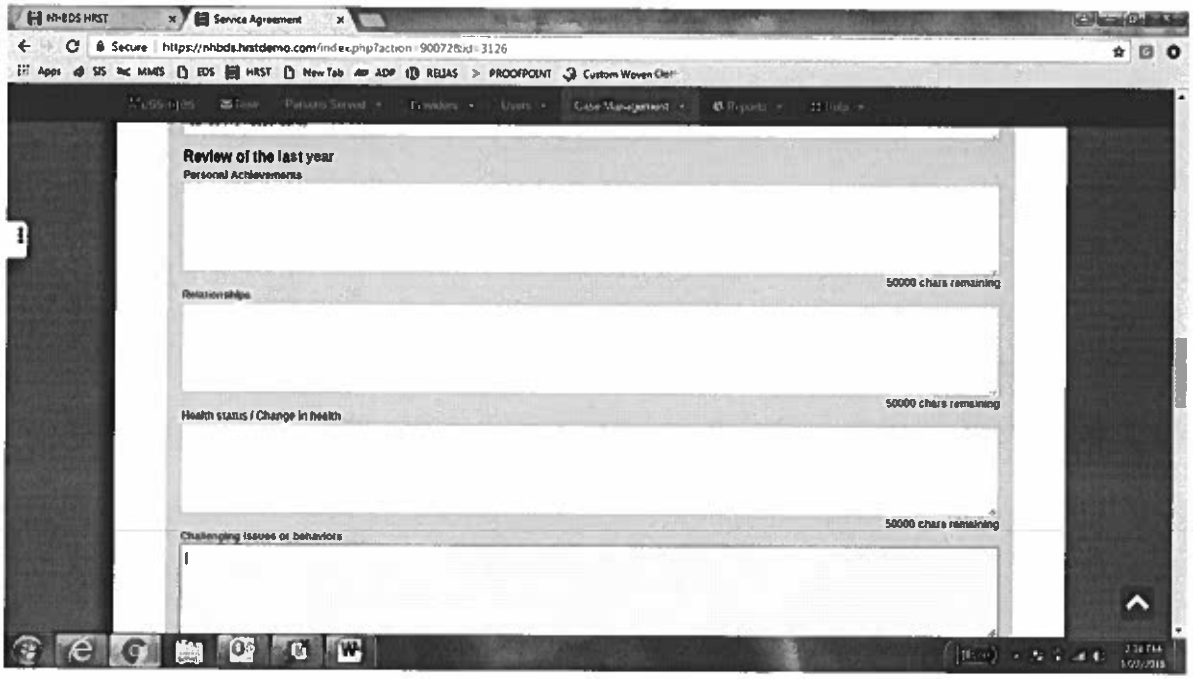


5. PERSONAL PROFILE; Click the + (plus) icon to the right to begin.

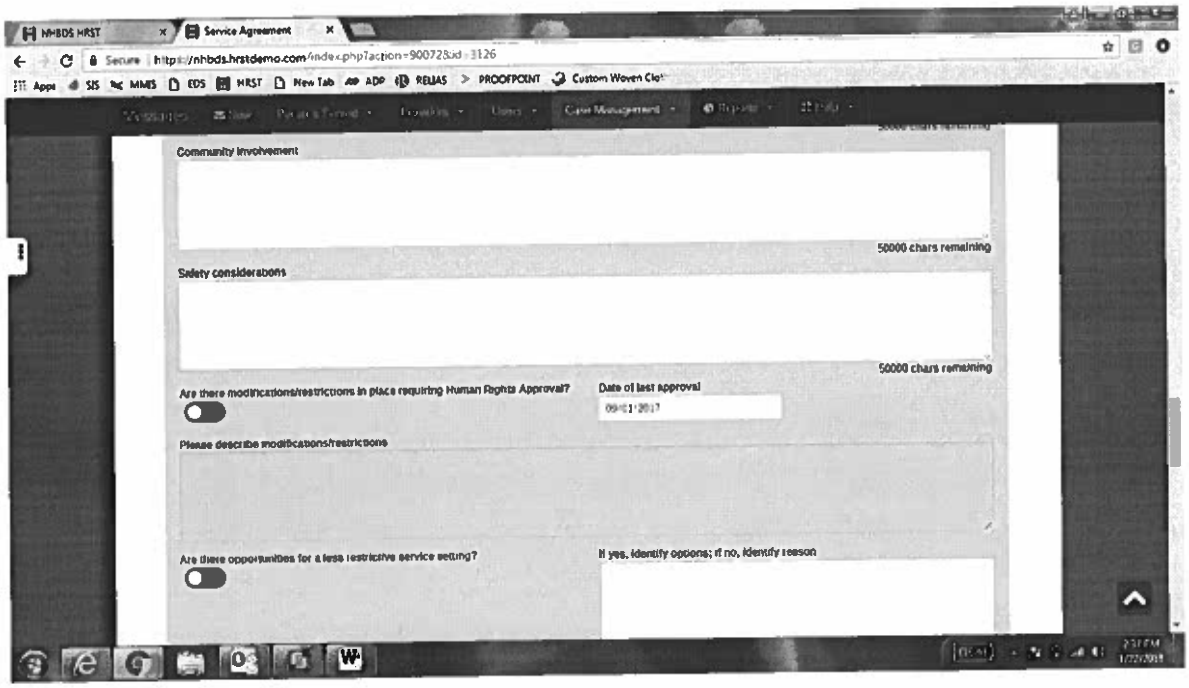
After clicking on the + (plus) icon, the Personal Profile tab will expand into several sections as shown below. Fill in all sections completely.



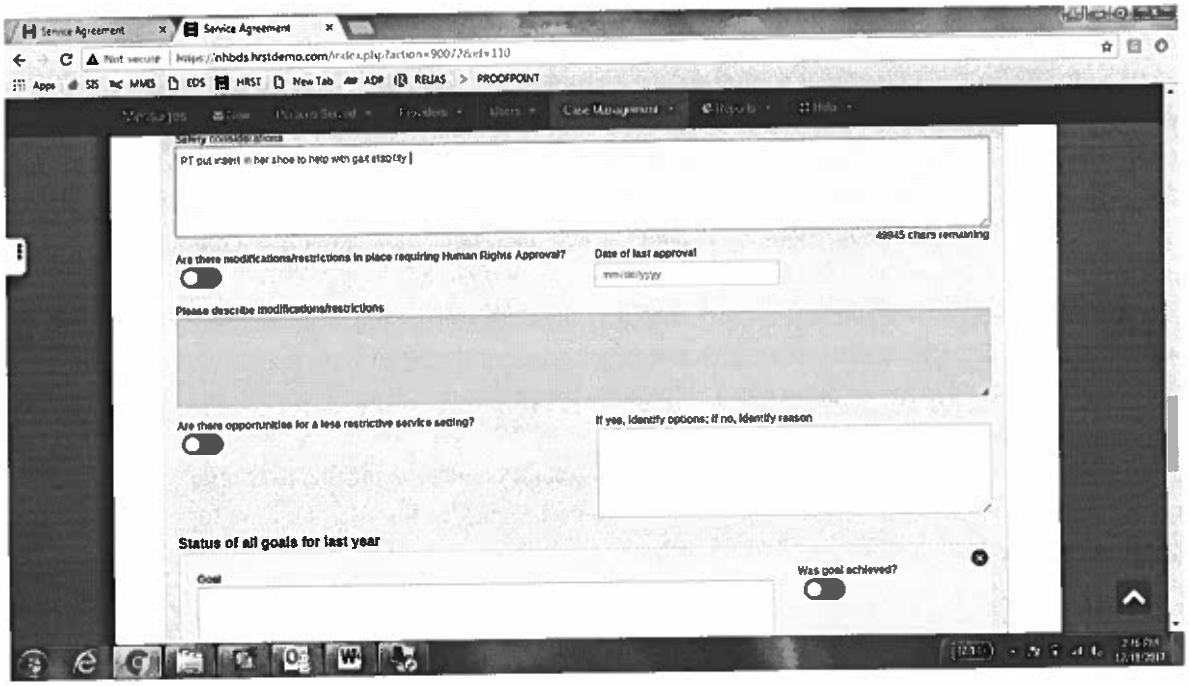
- *Personal Statement, Part 1* is the section that identifies the individual's strengths and capacities, including their communication skills/preferences and learning styles. Information and detail are important to providing your individual with the best possible services they can receive. (see below) NOTE: ATECH Evaluation information can be noted here to explain communication.
- *Personal Statement, Part 2* is the section that identifies the individual's challenges, needs, interests, any health concerns as well as their hopes and dreams for the future. Information and detail are important to providing your individual with the best possible services they can receive. (see below)
- *Personal History* is the section that identifies significant life events, relationships, the individual's health, any assistive technology and results of evaluations. Information and detail are important to providing your individual with the best possible services they can receive. (see above) NOTE: ATECH Evaluation information can be noted here to explain assistive technology used daily.



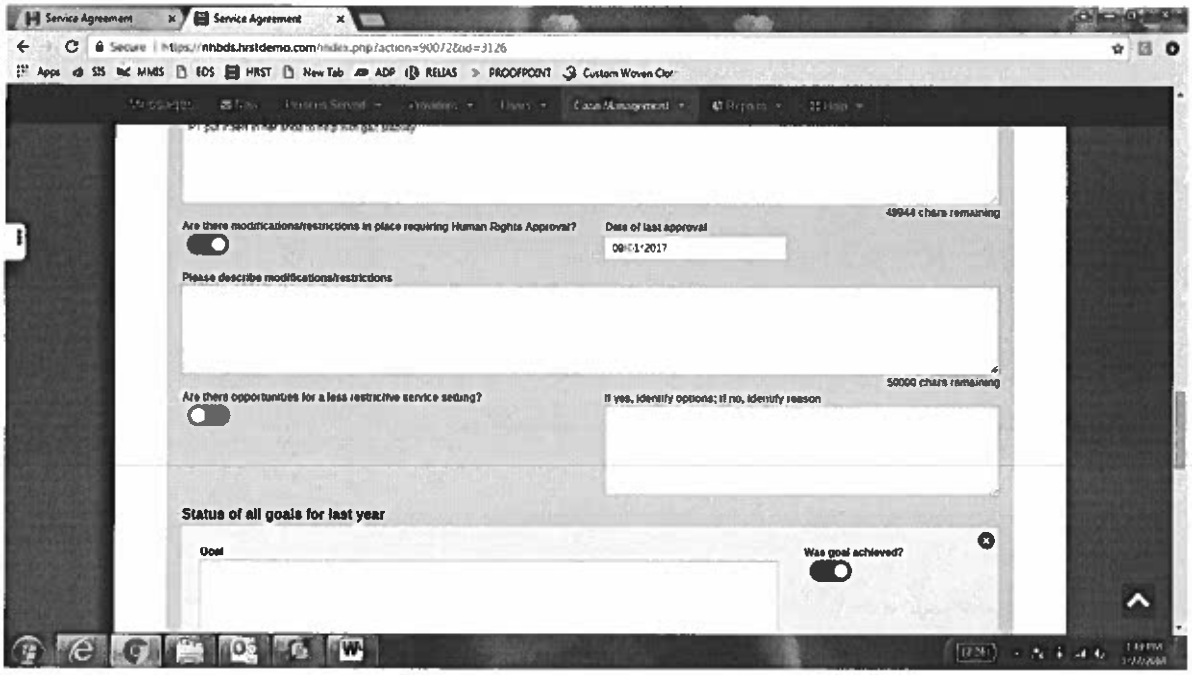
- *REVIEW OF LAST YEAR; Personal Achievements* is the section that identifies significant achievements for the individual over the year, i.e. lost weight, received an award, gained/maintained volunteer and paid employment, completed a goal early, etc.
- *Relationships* is the section that identifies the significant relationships in the individuals life and how often those relationships are explored and/or maintained. This section can also identify specific activities that the individual participates in with those relationships.
- *Health Status/Change in Health* is the section to indicate the current health status of the individual, i.e. indicating general health over the year, maintenance doctor appointments, any injuries and follow-ups. (see above)
- *Challenging Issues or Behaviors* is the section that identifies the concerns of the team regarding the individual. NOTE: The approved behavioral plan (should one apply) can be mentioned here when discussing troubling behaviors in the home and/or in the community.
- *Community Involvement* is the section that identifies the daily community activities for the individual while they're in program and while they're at home (including weekends). The information should include; where the activity is taking place, what time the activity is taking place and who the individual is completing the activities with. (see below)
- *Safety Considerations* is the section that identifies any safety concerns for the individual which includes; medical as well as environmental concerns, i.e. shoe inserts and/or the use of a cane for gait concerns, slippery surfaces during certain months. (see below)



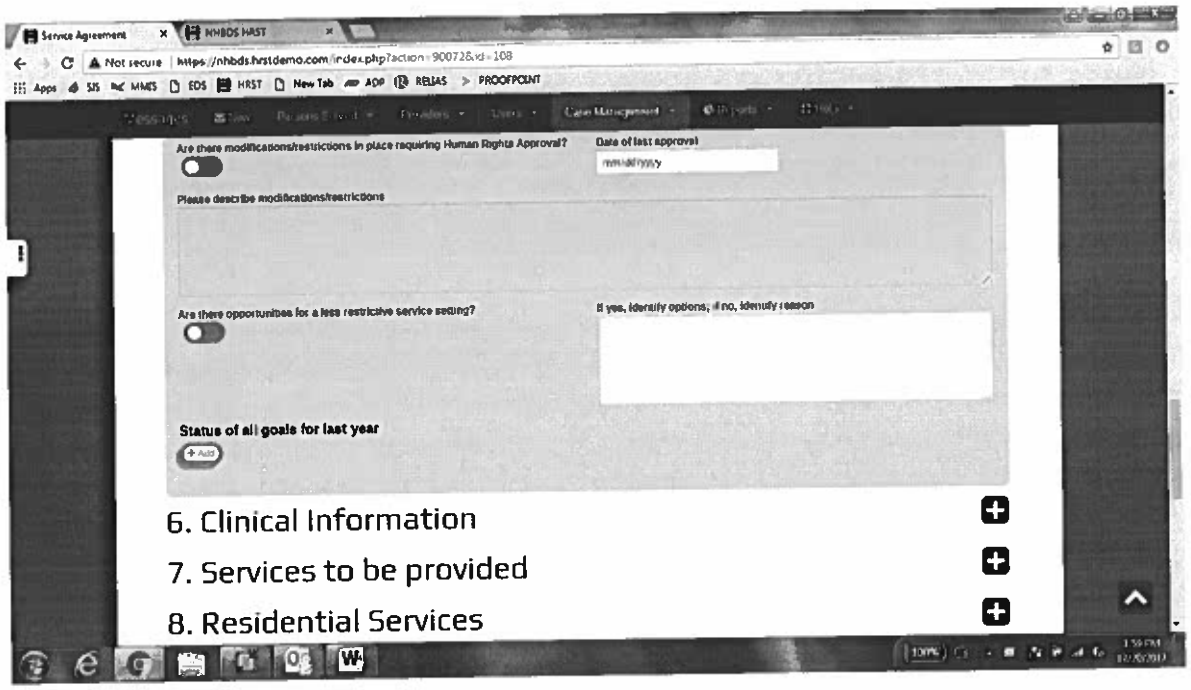
- *Are there modifications/restrictions in place requiring Human Rights Approval?* toggle indicates whether or not the individual has any modifications to their daily living that would require a Behavioral Plan/Human Rights Approval. (see above)
    - *If the answer is no, continue scrolling down and leave the section blank.(see below)*



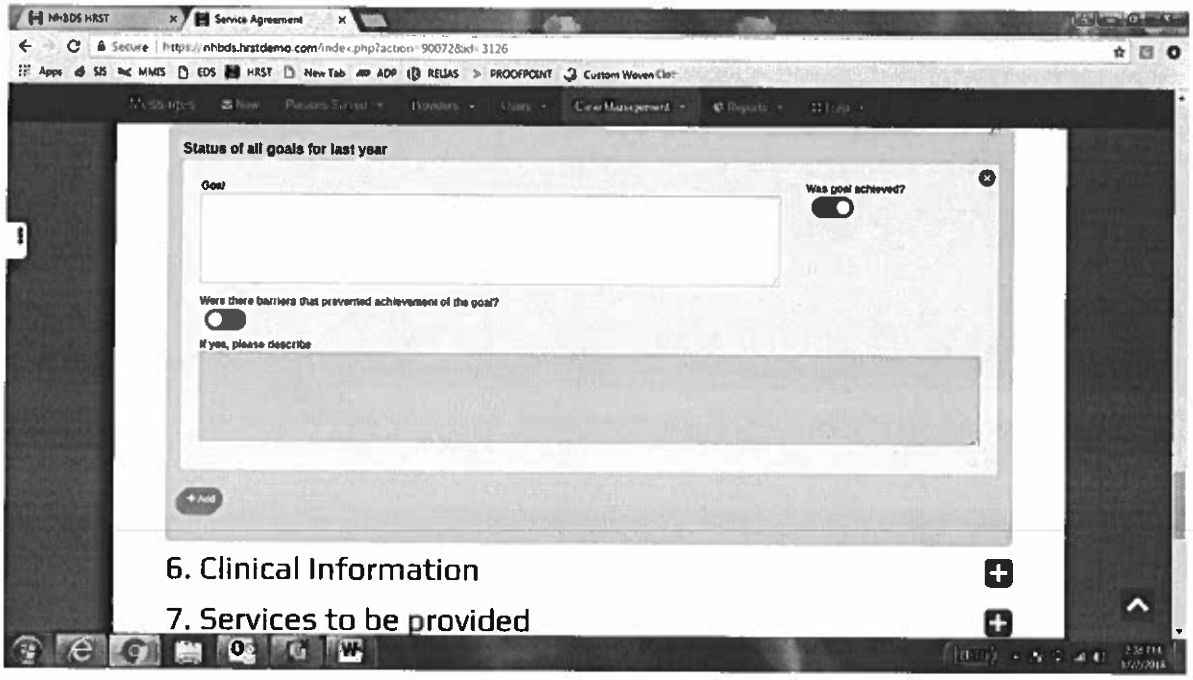
    - *If the answer is yes, click the toggle and other areas will become available. (see below)*



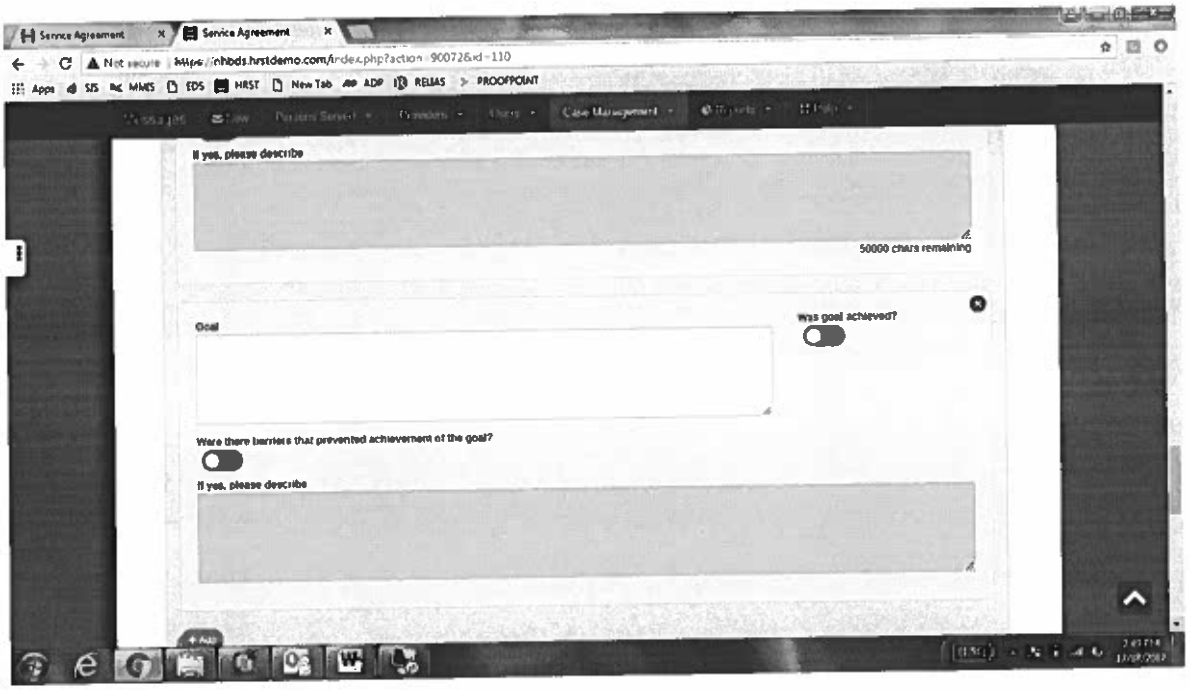
- *Date of last approval* indicates the physical date of the Behavior Plan signed by the committee, i.e. the day they approved the plan for the individual. NOTE: This date can be found on the behavior plan cover page.
- *Please describe modifications/restrictions* is the section where the behavior plan points should be discussed, i.e. what the behavior plan was developed for and what specific modifications have been made to the individuals daily living to require a behavior plan. (see above)
- *Are there opportunities for a less restrictive service setting?* toggle indicates whether or not the individual's current living situation could be changed in order to not need a behavior plan, i.e. EXAMPLE, the individual is aggressive towards children and requires a behavior plan, a potential solution to that could be that the individual is not placed in a residential setting where children are present.
    - *If yes, identify options; if no, identify reason* is the section where you would provide information regarding the situation whether or not there are opportunities for a less restrictive service setting. (see example above)



- *Status of all goals for last year* is the section where you discuss previous Service Agreement goals and if they were accomplished or not throughout the previous year. NOTE: if this is the <u>first service agreement</u> created for the individual then this section will appear blank (see above). NOTE: If this is the <u>second service agreement</u> created for the individual and the previous years' goals did not transfer over, you will need to follow the steps below and add them into the system. (see below)
    - *To add a goal box; click on the green oval +Add button.*
    - After clicking on the *+Add button*, the Status of all goals for the last year section will expand into several sections as shown below. Fill in all sections completely. *continue following the same steps until you've added all of the goals that were included in the previous years' service agreement.



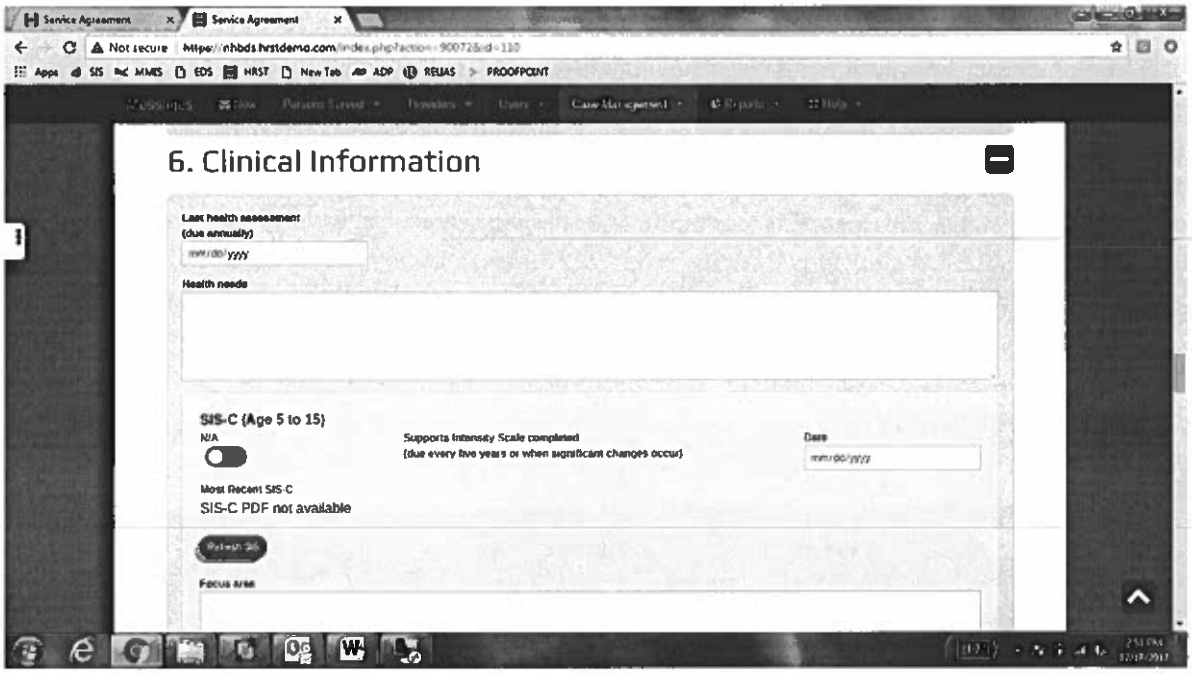
- *Goal* is the section where you'd indicate the goal for the previous year. Only one goal should be noted per goal box.
- *Was goal achieved?* toggle indicates whether or not the individual was able to complete the goal in its entirety over the past year.
- *Were there barriers that prevented achievement of the goal?* toggle indicates whether or not the individual and/or team experienced any barriers throughout the year that either prevented the individual from achieving the goal or added extra difficulty in the individual working towards the goal.
    - *If you toggle yes,* please describe in detail the barriers that either the team or individual faced while working towards completing this goal, i.e. no transportation.



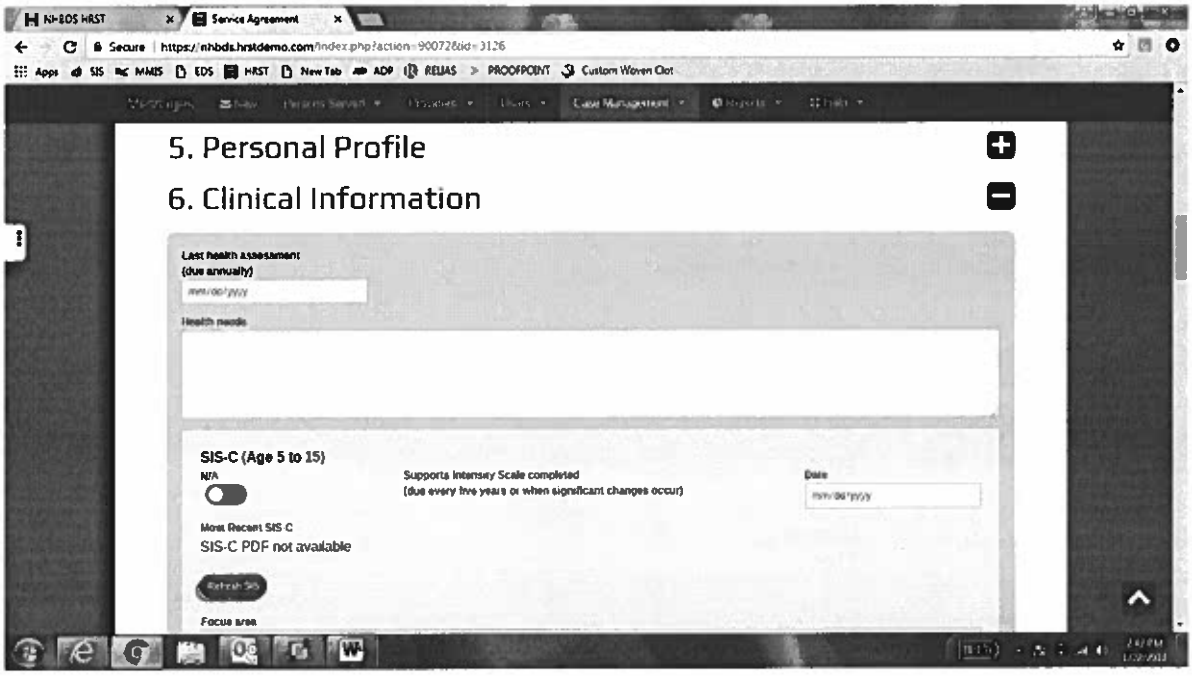
- *Status of all goals for last year* is the section where you discuss previous Service Agreement goals and if they were accomplished or not throughout the previous year. NOTE: If this is the <u>second service agreement</u> created for the individual, then the previously noted goals for last years' service agreement will appear. (see below)

6. CLINICAL INFORMATION; Click the + (plus) icon to the right to begin.

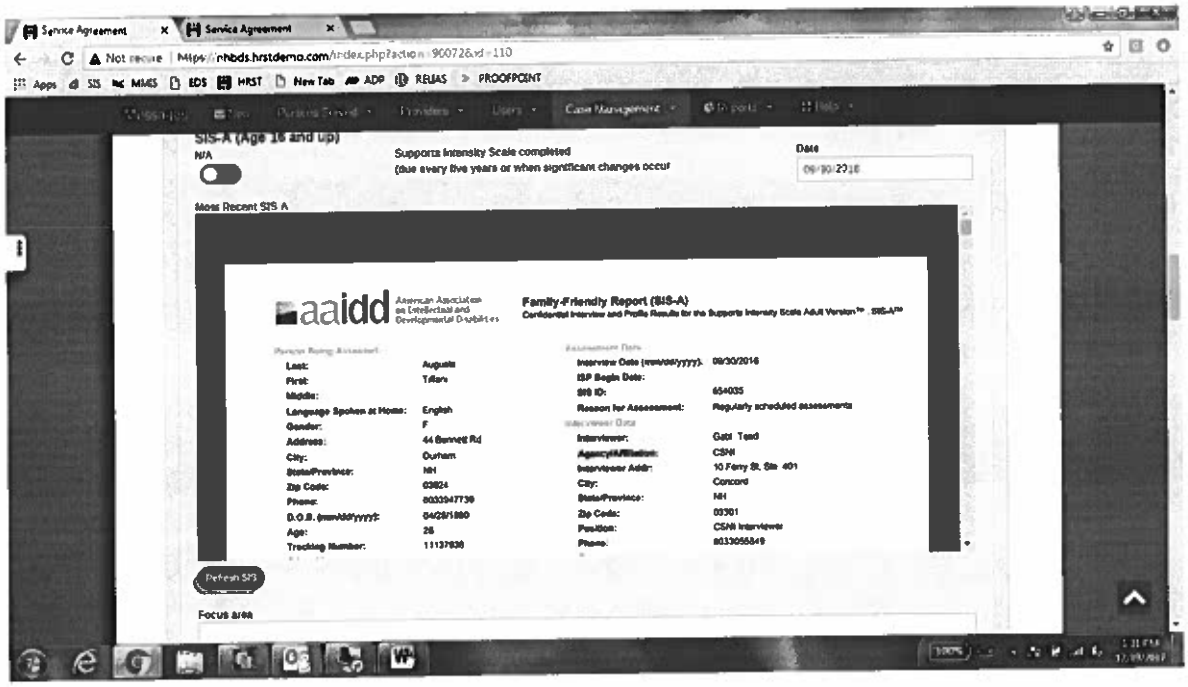
After clicking on the + (plus) icon, the Clinical Information tab will expand into several sections as shown below. Fill in all sections completely.



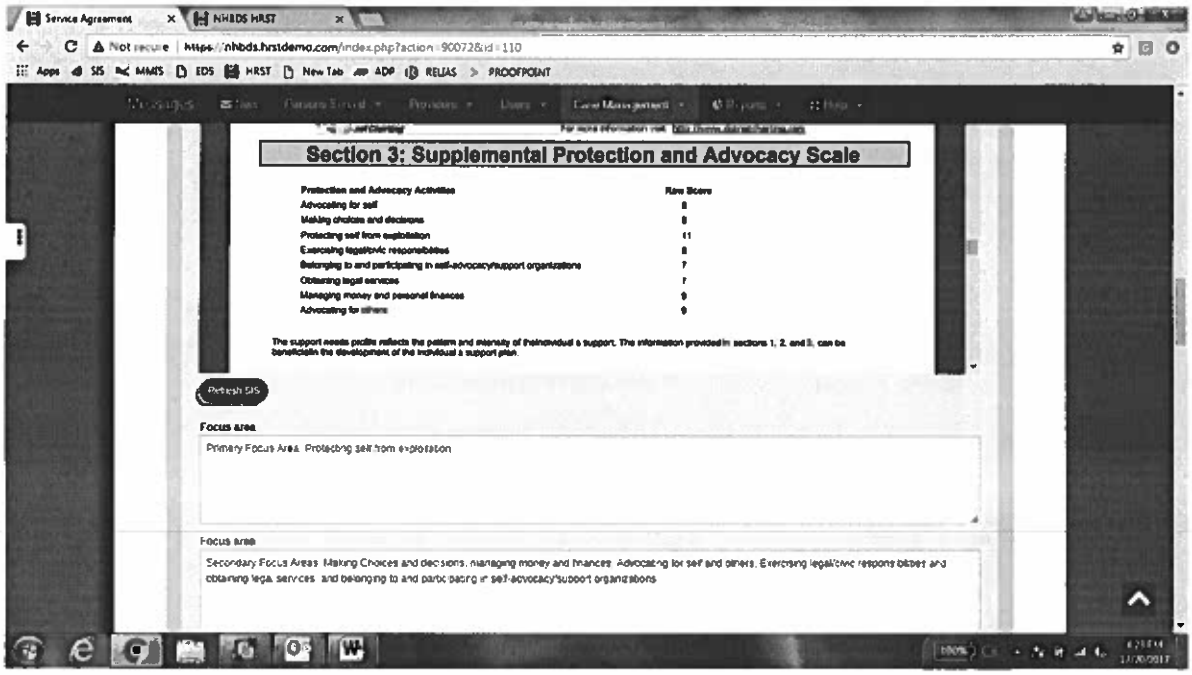
- *Last health assessment (due annually)* is the section in which you indicate the date of the last physical exam that the individual had. NOTE: There needs to be documentary proof of the physical exam, i.e. the Physical Exam document on file for the date provided.
- *Health needs* is the section in which you indicate any information about the individual with specific focus on their health and on the problem areas that were noted by the medical professional. (see below)



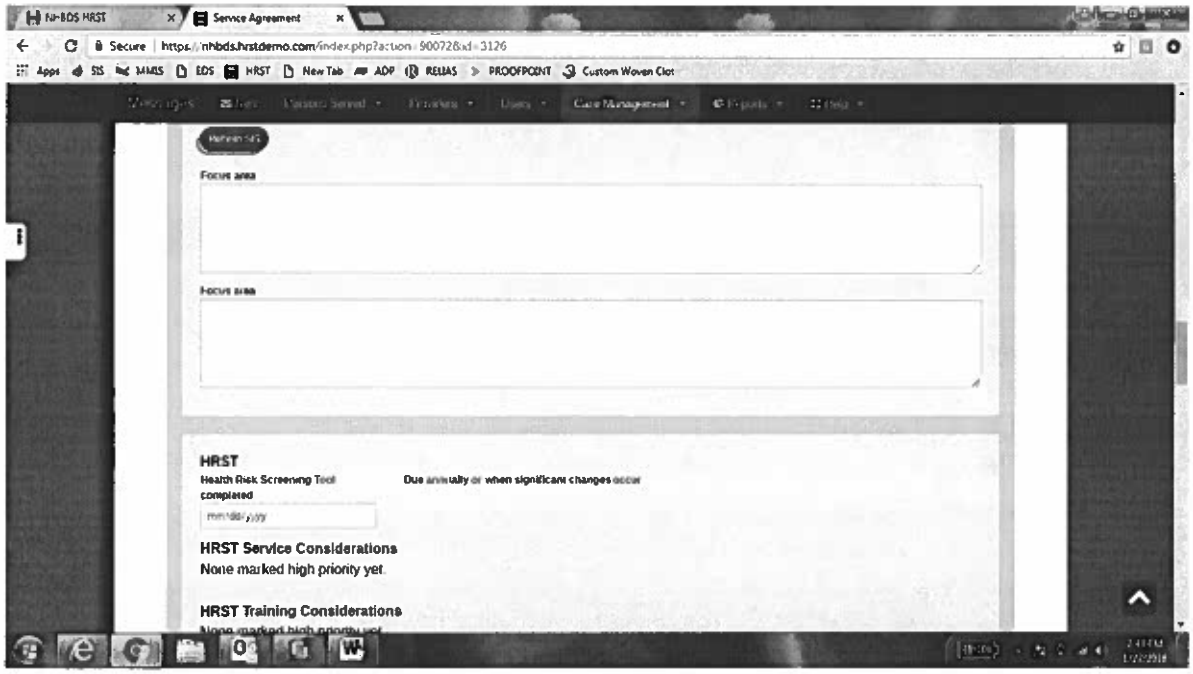
- *SIS-C (Age 5 to 15)* section is specifically designed for individuals between the ages of 5 and 15 years old. It will automatically be grayed out if you are completing a service agreement for someone who is not in between those age ranges. (see above)
- *SIS-A (Age 16 and up)* section is specifically designed for individuals over the age of 16 years old. All individuals receiving services through the area agency and have Medicaid should have an SIS (Supports Intensity Scale) on file. This assessment will automatically be entered into your service agreement and show up as below.
- *Supports Intensity Scale completed* is the section in which you indicate the date of the most recent supports intensity scale evaluation that the individual had. The assessment date will automatically be entered into your service agreement and show up as below. This date will correlate with the date shown on the PDF. (see below)



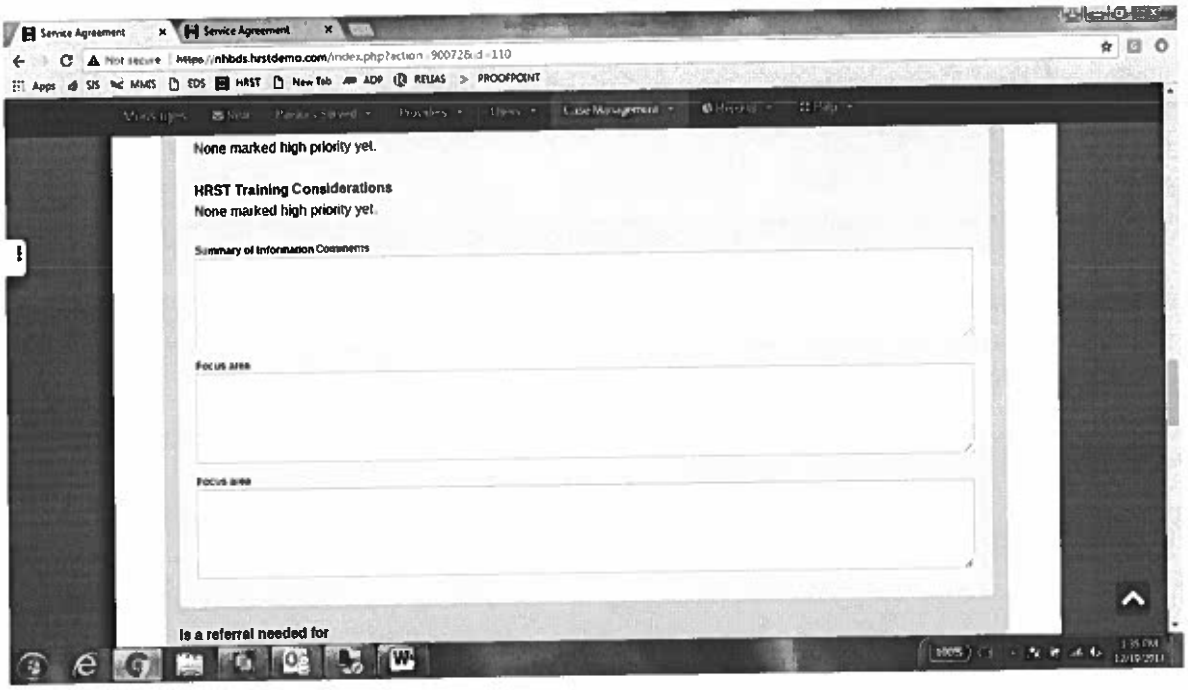
- *Focus Area; box 1* is the section is specifically designed to target the primary needs of the individual based off of the Supports Intensity Scale evaluation. NOTE: This information can be found in SECTION 3; SUPPLEMENTAL PROTECTION AND ADVOCACY SCALE of the Supports Intensity Scale evaluation by viewing the raw score. (see below)
- *Focus Area; box 2* is the section is specifically designed to target the secondary needs of the individual based off of the Supports Intensity Scale evaluation. NOTE: This information can be found in SECTION 3; SUPPLEMENTAL PROTECTION AND ADVOCACY SCALE of the Supports Intensity Scale evaluation by viewing the raw score. (see below)



- *HRST Health Risk Screening Tool completed* is the section in which you indicate the date of the most recent HRST evaluation that the individual had. The assessment date will automatically be entered into your service agreement and show up as below.

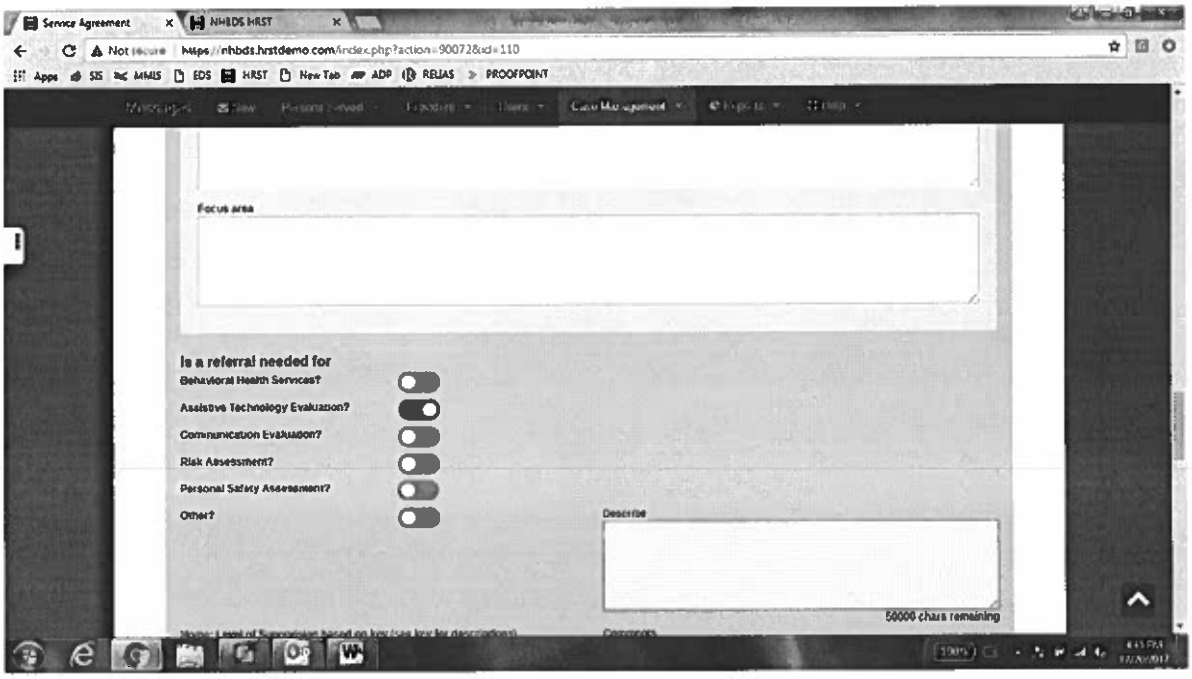


- *HRST Service Considerations will be automatically generated and pulled from the Ratings Section if there are sections that are marked "high priority". If there aren't any, they'll show the message "None marked high priority yet."*
- *HRST Training Considerations will be automatically generated and pulled from the Ratings Section if there are sections that are marked "high priority". If there aren't any, they'll show the message "None marked high priority yet."*
- *Summary of Information Comments* section is specifically for commenting/adding more detail about the HRST ratings that were marked as "high priority" in the tool itself. If there are no service/training considerations then indicate that information in this box. NOTE: If you or the team have concerns that should be monitored, this is where you should provide that information.

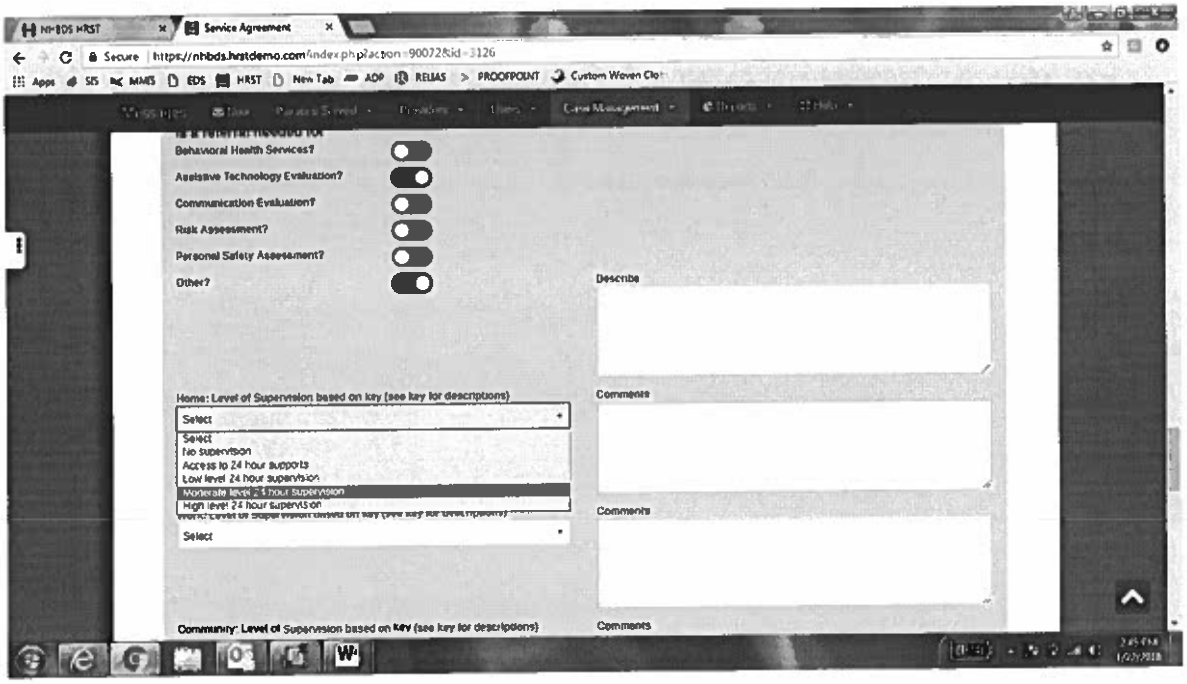


- *Is a referral needed for Behavioral Health Services* toggle is specifically to indicate whether or not the individual is in need of behavioral health services.
- *Is a referral needed for Assistive Technology Evaluation* toggle is specifically to indicate whether or not the individual is in need of an ATECH (Assistive Technology) Evaluation.
- *Is a referral needed for Communication Evaluation* toggle is specifically to indicate whether or not the individual is in need of a Communication Evaluation.
- *Is a referral needed for Risk Assessment* toggle is specifically to indicate whether or not the individual is in need of a Risk Assessment.
- *Is a referral needed for Personal Safety Assessment* toggle is specifically to indicate whether or not the individual is in need of a Personal Safety Assessment.
- *Is a referral needed for Other* toggle is specifically to indicate whether or not the individual is in need of any service that is outside the scope of what was listed above. EXAMPLE: Vocational Rehabilitation.
    - *If yes, describe* section is specifically asking what other services the individual is in need of.

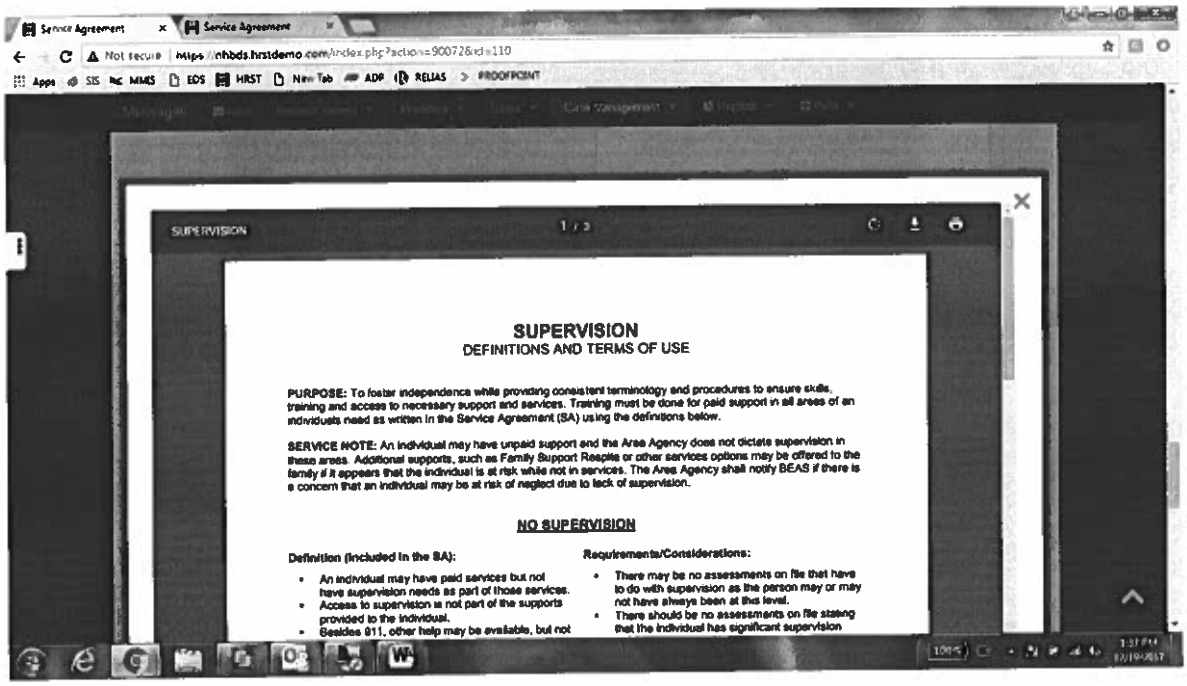
- *If no,* leave this section blank.



- *Home: Level of Supervision based on key (see key for descriptions)*section has multiple options to choose from; No Supervision, Access to 24 Hour Supports, Low Level 24 Hour Supervision, Moderate Level 24 Hour Supervision or High Level 24 Hour Supervision. This section is specifically targeting what type of supervision the individual requires while in the home. NOTE: To accurately choose the type of supervision, click on the *see key for descriptions* icon and review the different options.
- *Comments* section is to give an example of the supervision level in the home and why the supervision level is listed the way it is. EXAMPLE: Cannot be left alone due to xyz.



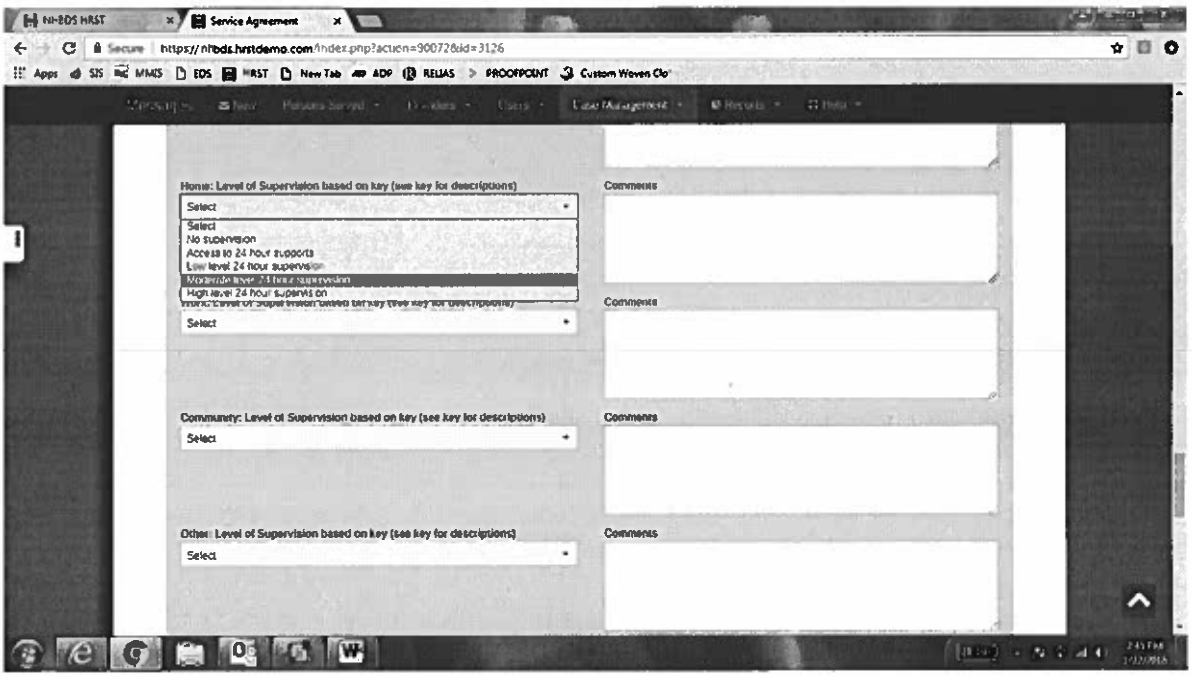
- NOTE: To accurately choose the type of supervision, click on the *see key for descriptions* icon and review the different options. (see below)

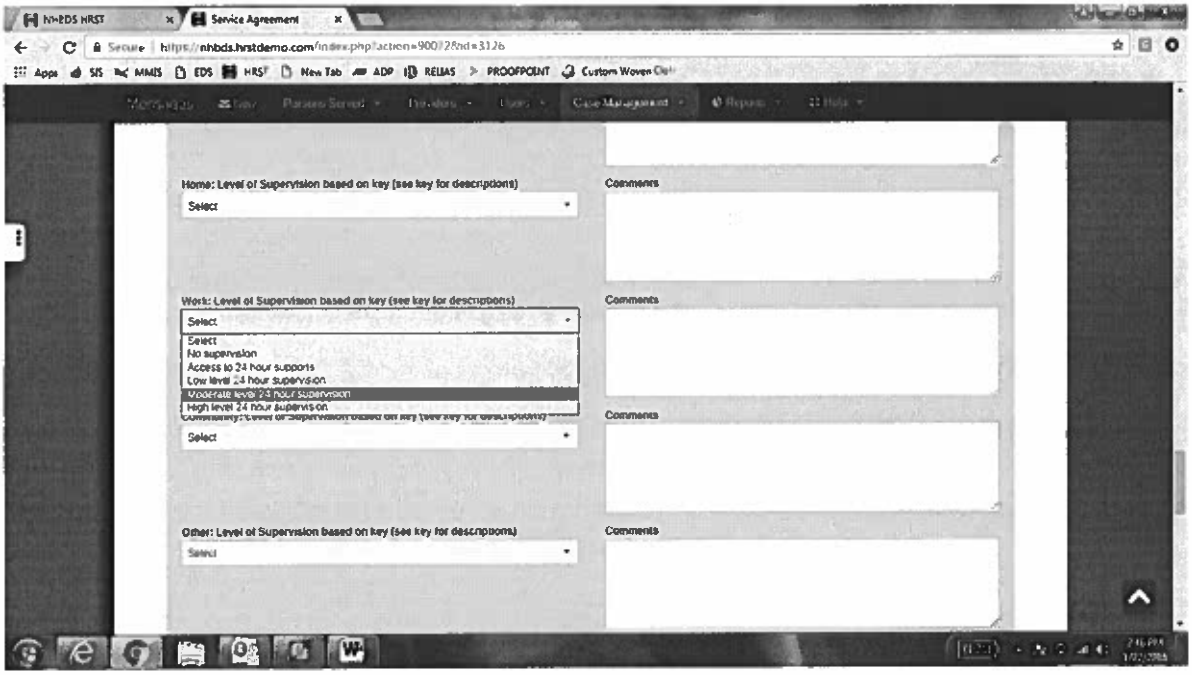


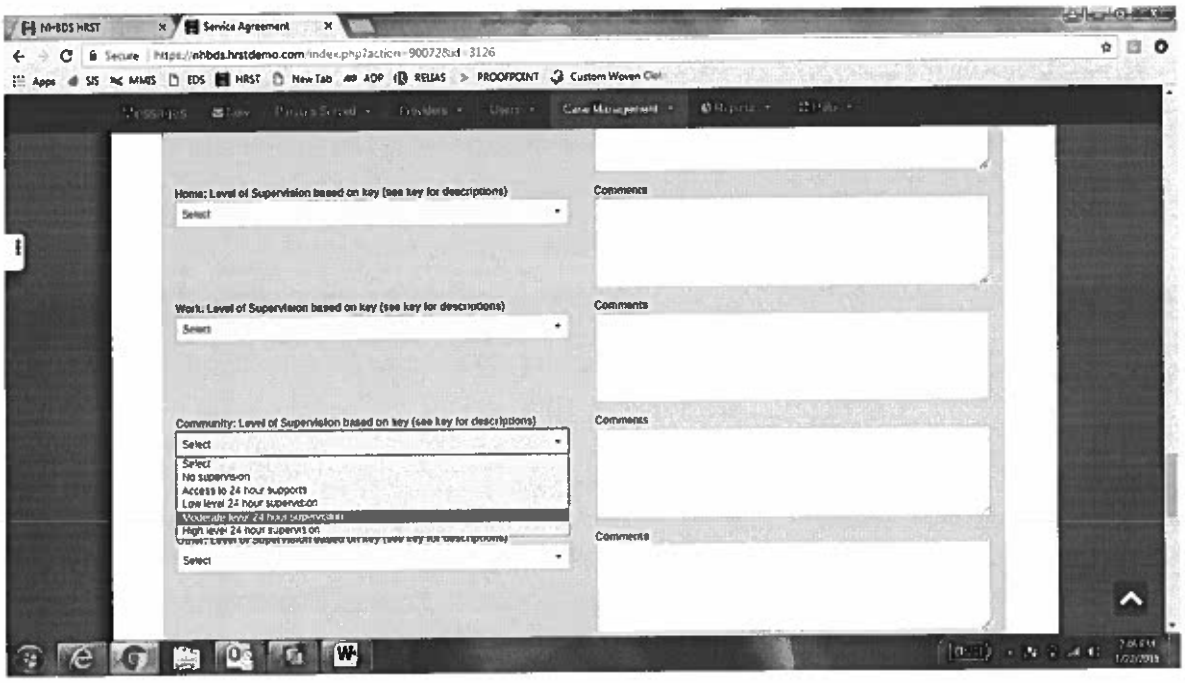
- *Work: Level of Supervision based on key (see key for descriptions)*section has multiple options to choose from; No Supervision, Access to 24 Hour Supports, Low Level 24 Hour Supervision, Moderate Level 24 Hour Supervision or High Level 24 Hour Supervision. This section is specifically targeting what type of

supervision the individual requires while in a work environment. NOTE: To accurately choose the type of supervision, click on the *see key for descriptions* icon and review the different options.

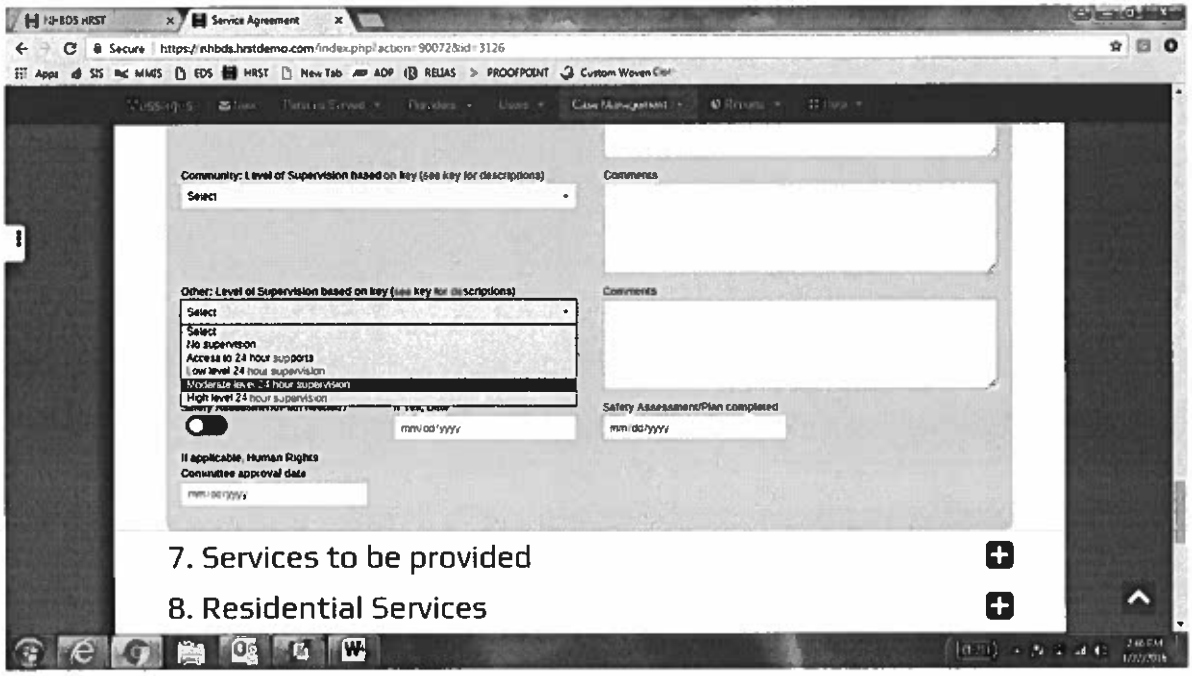
- *Comments* section is to give an example of the supervision level in a work setting and why the supervision level is listed the way it is. EXAMPLE: Needs assistance with staying on task.





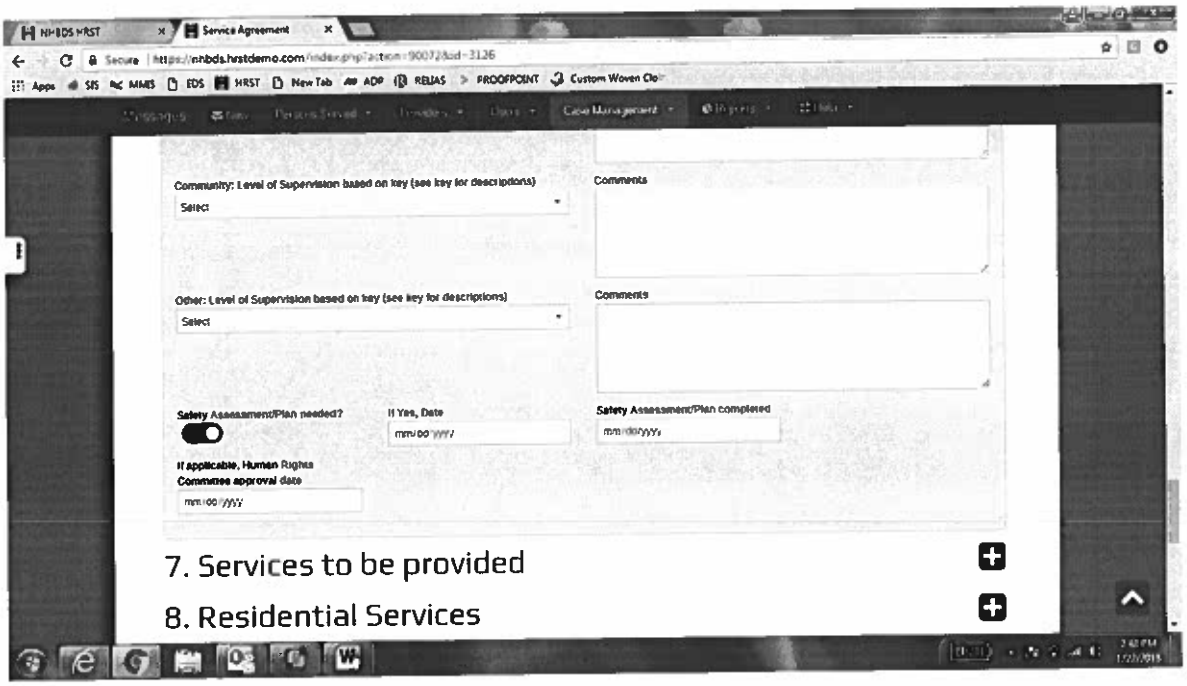


- *Community: Level of Supervision based on key (see key for descriptions)*section has multiple options to choose from; No Supervision, Access to 24 Hour Supports, Low Level 24 Hour Supervision, Moderate Level 24 Hour Supervision or High Level 24 Hour Supervision. This section is specifically targeting what type of supervision the individual requires while in a community setting. NOTE: To accurately choose the type of supervision, click on the *see key for descriptions* icon and review the different options.
- *Comments* section is to give an example of the supervision level in a community setting and why the supervision level is listed the way it is. EXAMPLE: At risk for running.
- *Other: Level of Supervision based on key (see key for descriptions)*section has multiple options to choose from; No Supervision, Access to 24 Hour Supports, Low Level 24 Hour Supervision, Moderate Level 24 Hour Supervision or High Level 24 Hour Supervision. This section is specifically targeting what type of supervision the individual requires in a setting other than home/work/community. NOTE: To accurately choose the type of supervision, click on the *see key for descriptions* icon and review the different options. Also, if there isn't any other setting to list, leave the key on "select" to indicate none.
- *Comments* section is to give an example of the supervision level in a setting other than home/work/community and why the supervision level is listed the way it is. NOTE: If there isn't any other setting to list mark the box N/A.
- *Safety Assessment/Plan needed?* toggle is to indicate whether or not the individual already has or is in need of a Safety Assessment/Plan.
    - *If the answer is NO, leave it unmarked and continue on to Section 7.*



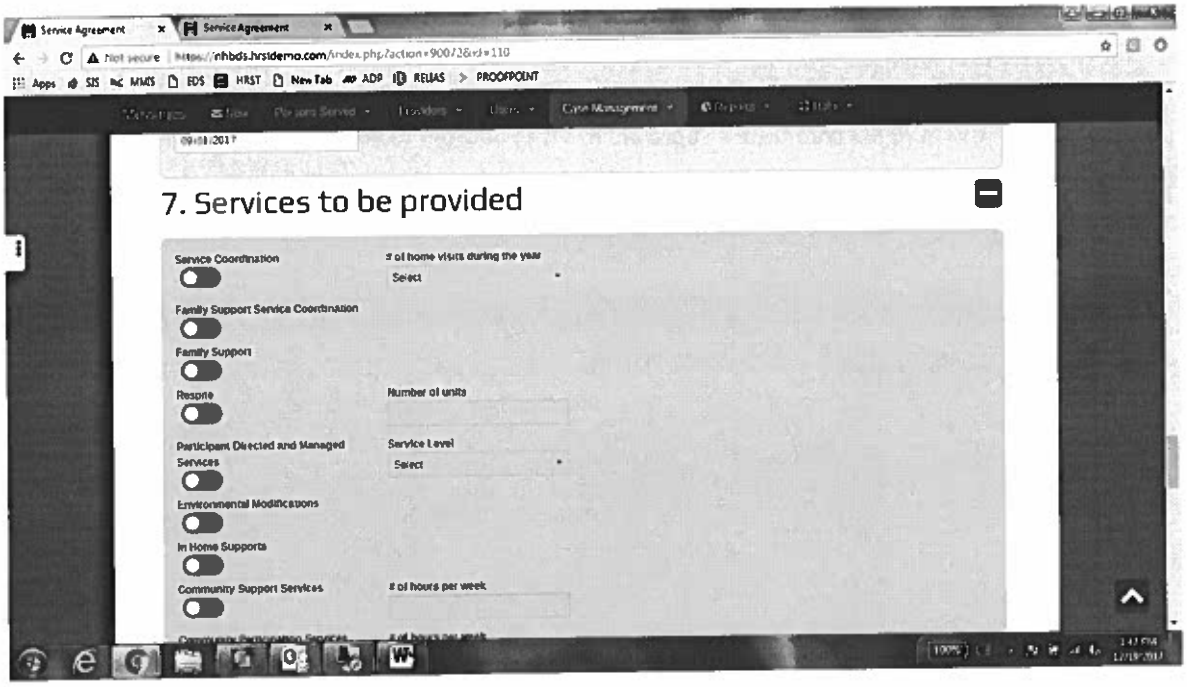
- If the answer is YES, include the assessment date in the *If Yes, Date* box provided. NOTE: There needs to be documentary proof of the Safety Assessment/Plan, i.e. the Plan on file for the date provided.

- *Safety Assessment/Plan completed* section is where you would indicate the date of the safety assessment. NOTE: There needs to be documentary proof of the Safety Assessment/Plan, i.e. the Plan on file for the date provided.
- *If applicable, Human Rights Committee approval date* section is the section where you would indicate the date of the human rights committee approval. If it is applicable to your individual, the date can be found on the first page of the plan, including signatures of the members. (see below)



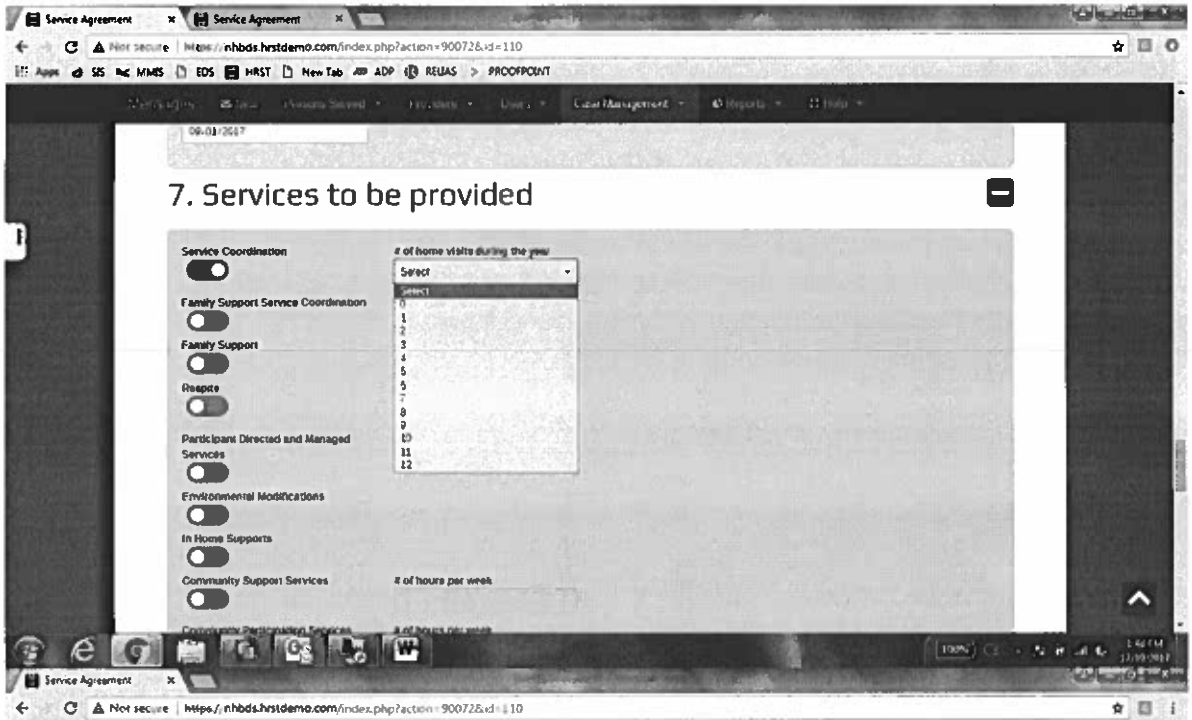
7. SERVICES TO BE PROVIDED; Click the + (plus) icon to the right to begin.

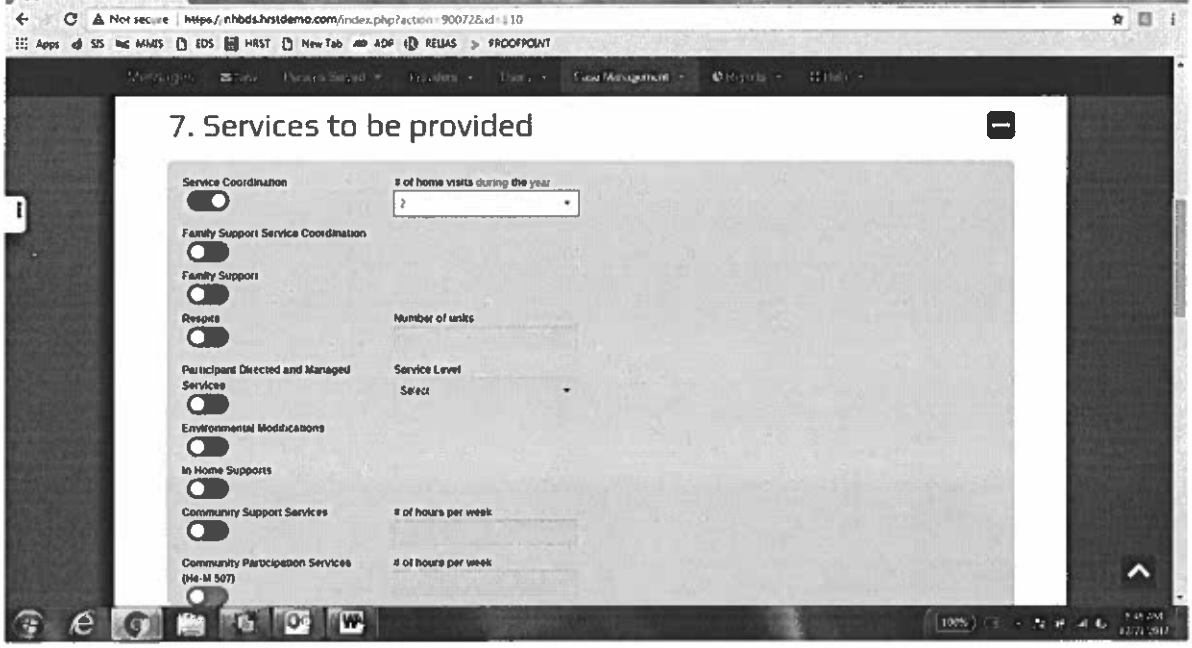
After clicking on the + (plus) icon, the Services to be provided tab will expand into several sections as shown below. Fill in all sections completely.



- *Service Coordination* toggle is specifically to indicate whether or not the individual is receiving Service Coordination services. In all instances, this toggle should be turned on.

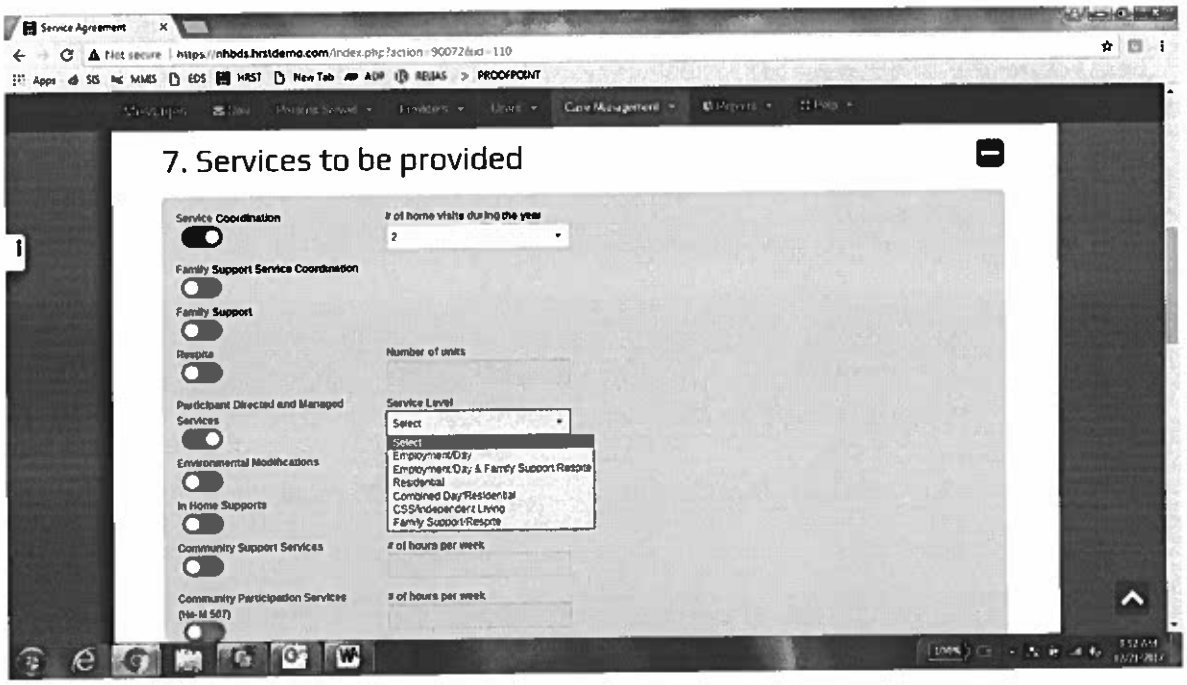
- *Number of home visits during the year* drop down menu is specifically asking you how many home visits per year are required. It is ideal for the Service Coordinator to complete quarterly home visits for each individual they serve (i.e. 4 per year) however, only twice yearly is required by the State. (see below)



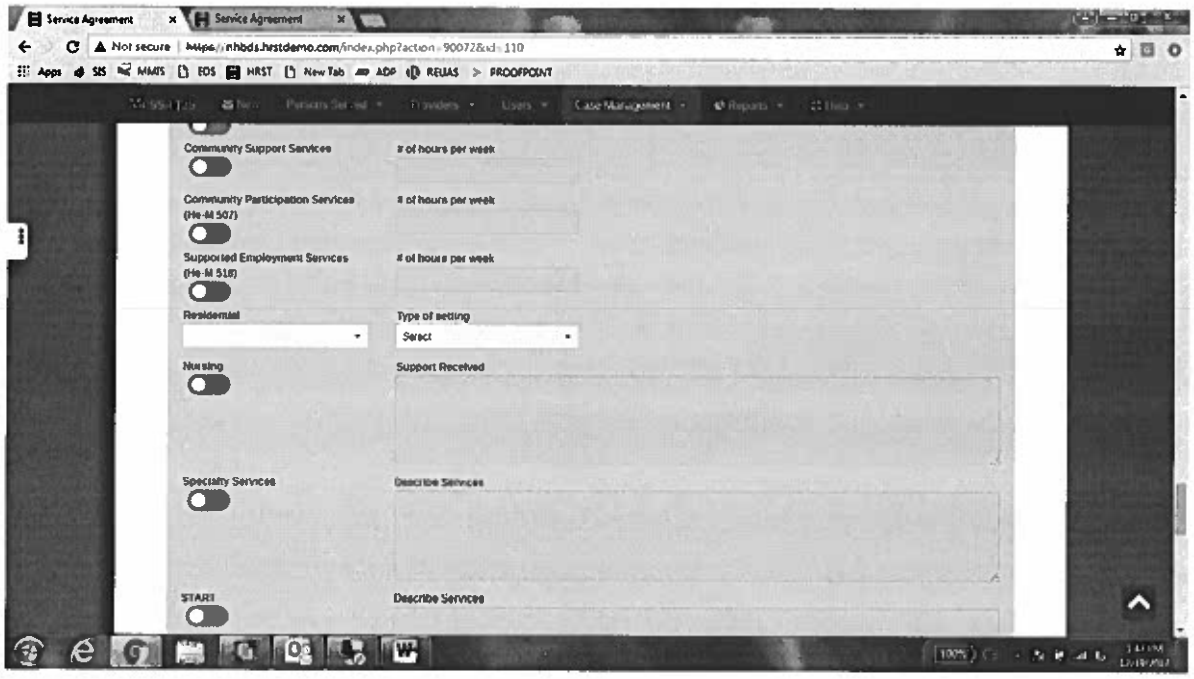


- *Family Support* toggle is specifically to indicate whether or not the individual is receiving Family Support Services.

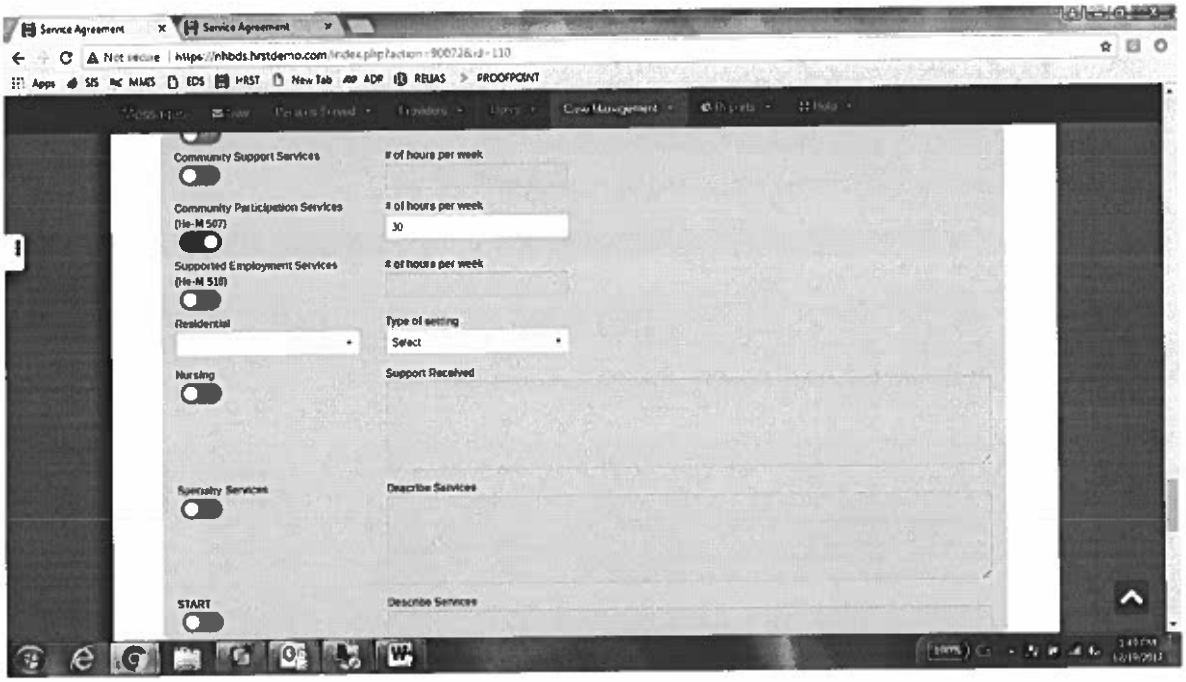
- *Respite* toggle is specifically to indicate whether or not the individual is receiving respite services on a consistent basis.
    - *Number of Units* box is to indicate how many hours/units the individual has throughout the year for respite hours.
- *Participant Directed and Managed Services* toggle is specifically to indicate whether or not the individual is receiving PDMS (Participant Directed and Managed Services) He-M 525 Services.
    - *If yes, Service Level* drop down menu is specifically asking you what type of service your individual is receiving. The options include; Employment/Day, Employment/Day & Family Support Respite, Residential, Combined Day/Residential, CSS/Independent Living and Family Support/Respite.
        - Employment/Day are day program services are
        - Employment/Day & Family Support Respite services are
        - Residential services are
        - Combined Day/Residential services are
        - CSS/Independent Living services are
        - Family Support/Respite services are
- *Environmental Modifications* toggle is specifically to indicate whether or not the individual has any environmental modifications, i.e. bathroom modifications for easier use for an individual with a wheelchair.
- *In Home Supports* toggle is specifically to indicate whether or not the individual is currently receiving any in-home support services. EXAMPLE: If they are associated with Family Support, then this toggle should be switched to YES.

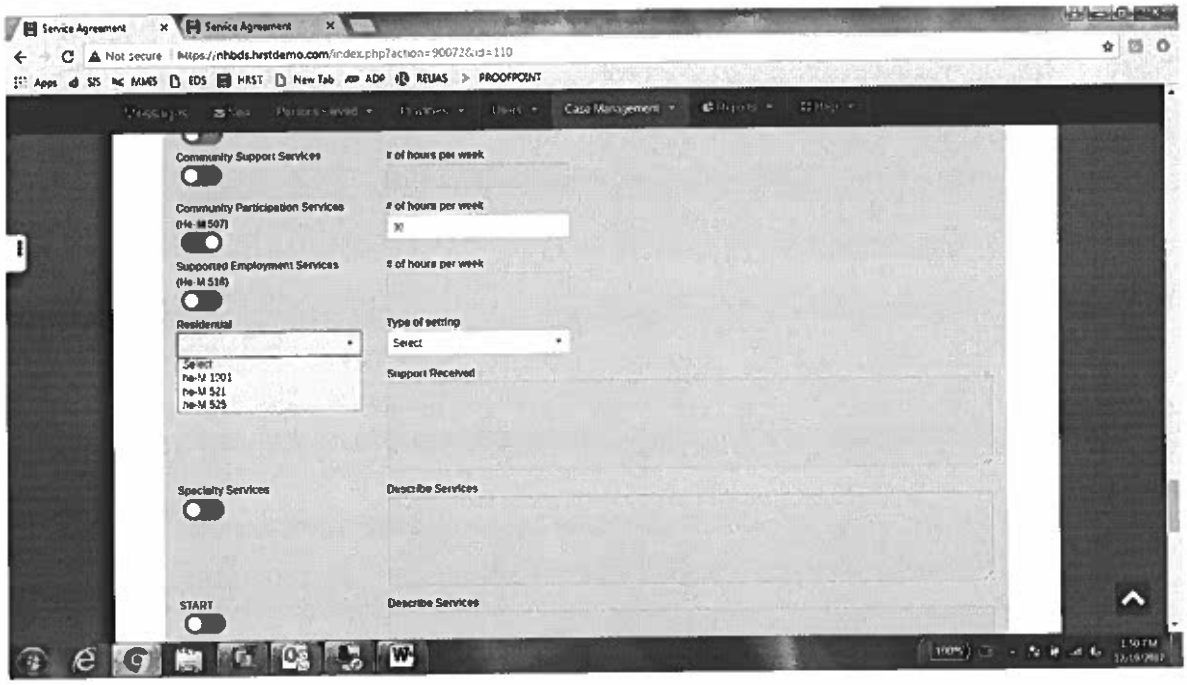


- *Community Support Services* toggle is specifically to indicate whether or not the individual is currently receiving any CSS (Community Support Services) services. EXAMPLE: The individual lives on his/her own but requires assistance with money management, cleaning, transportation etc.
    - *Number of hours per week* box is to indicate how many hours per week, each week, the individual is receiving services, i.e. 30 hours per week.



- *Community Participation Services* toggle is specifically to indicate whether or not the individual is currently receiving CPS (Community Participation Services) He-M 507 services. EXAMPLE: a day program.
    - *Number of hours per week* box is to indicate how many hours per week, each week; the individual is receiving services, i.e. 30 hours per week.
- *Supported Employment Services* toggle is specifically to indicate whether or not the individual is currently receiving SEP (Supported Employment Services) He-M 518 services. EXAMPLE: someone who works a large number of hours and requires help on the job site.
    - *Number of hours per week* box is to indicate how many hours per week, each week; the individual is receiving services, i.e. 30 hours per week.

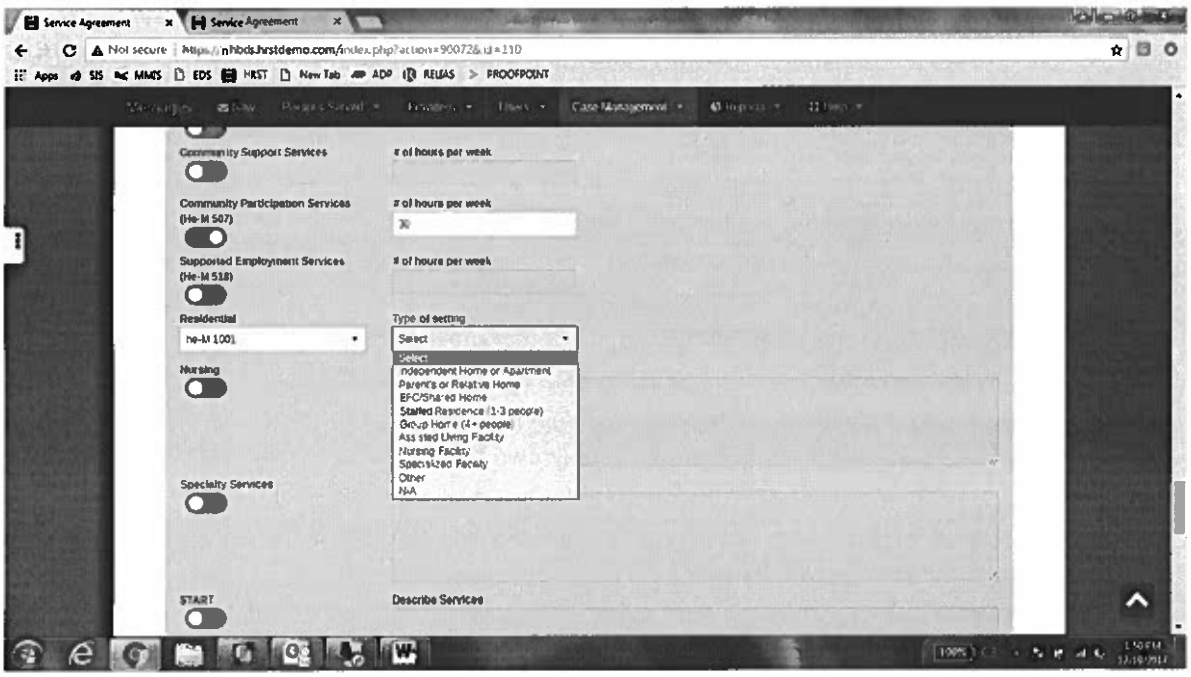




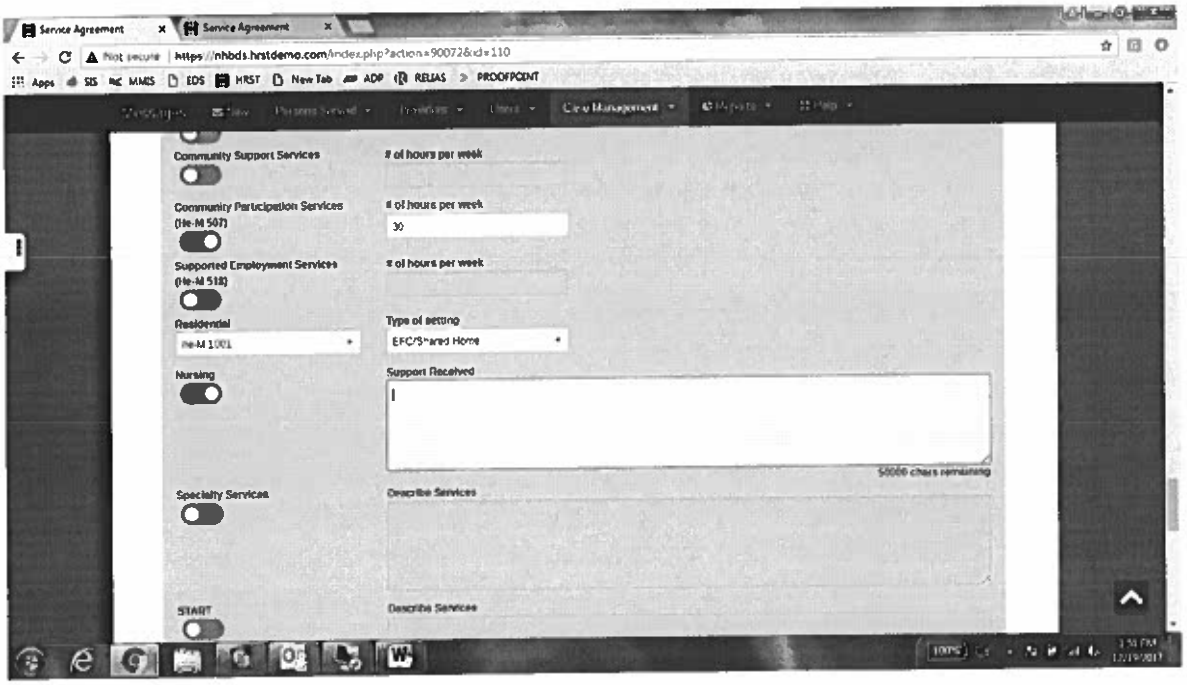
- *Residential* toggle is specifically to indicate whether or not the individual is currently receiving residential services. The residential drop down menu is specifically asking you what type of residential service the individual is receiving, options include; He-M 1001, He-M 521 and He-M 525.
    - He-M 1001 services are considered a community residence and are defined as an agency residence or family residence that provides residential supports.

- He-M 521 Residential services are PCS (Personal Care Services) which provide minimum standards for residential services or combined day and residential services for individuals with developmental disabilities or acquired brain disorders who reside in their family's homes.
- He-M 525 Residential services are services that enable individuals who have a developmental disability or acquired brain disorder to direct their services and to experience, to the greatest extent possible, independence, community inclusion, employment, and a fulfilling home life, while promoting personal growth, responsibility, health, and safety.

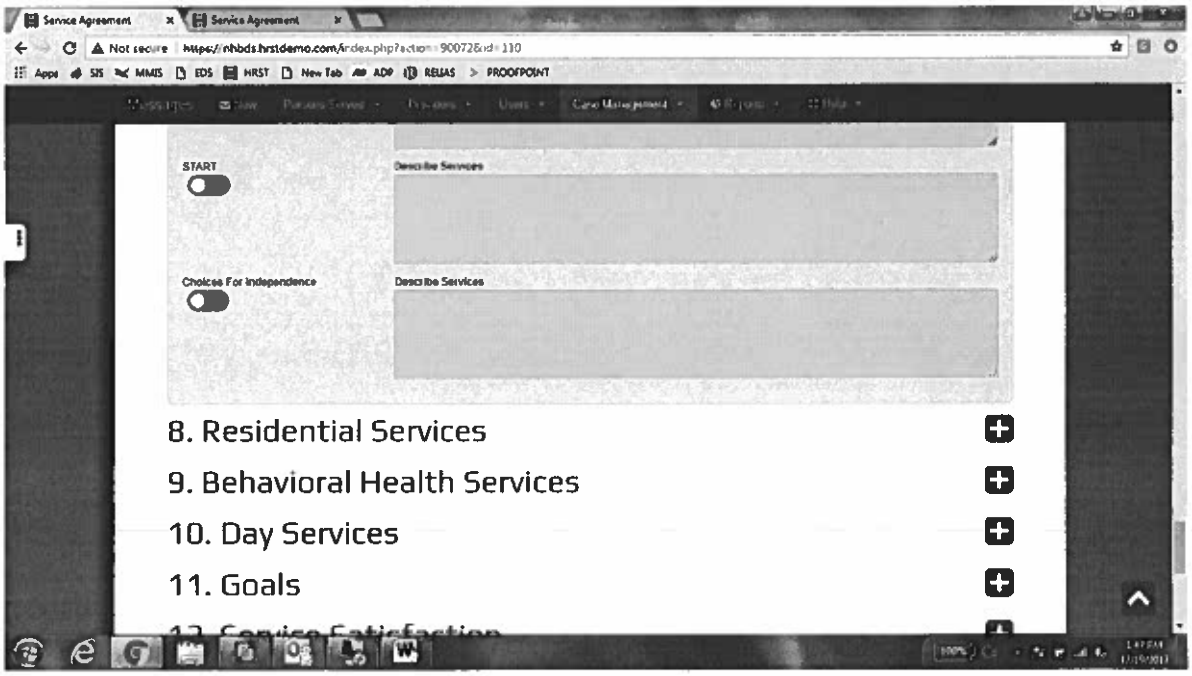
- *If the individual is receiving residential services, Type of Setting* drop down menu is available and is specifically asking you what type of service your individual is receiving. The options include; Independent Home or Apartment, Parent's or Relative Home, EFC/Shared Home, Staffed Residence (1-3 people), Group Home (4+ people), Assisted Living Facility, Nursing Facility, Specialized Facility, Other and N/A. (see below)
  - Independent Home or Apartment examples are
  - Parent's or Relative Home examples are
  - EFC/Shared Home examples are
  - Staffed Residence (1-3 people) examples are
  - Group Home (4+ people) examples are
  - Assisted Living Facility examples are
  - Nursing Facility examples are
  - Specialized Facility examples are
  - Other examples are
  - N/A – why is this even an option?**



- *Nursing* toggle is specifically to indicate whether or not the individual is currently receiving nursing supports. NOTE: If they are currently receiving residential services through a vendor and/or facility, then the individual is receiving nursing supports.
    - *If the individual is receiving nursing services, Support Received* box becomes available. This section is to indicate the specific nursing supports that the individual is receiving, i.e. EXAMPLE: Vendor nurse available as needed. (see below)



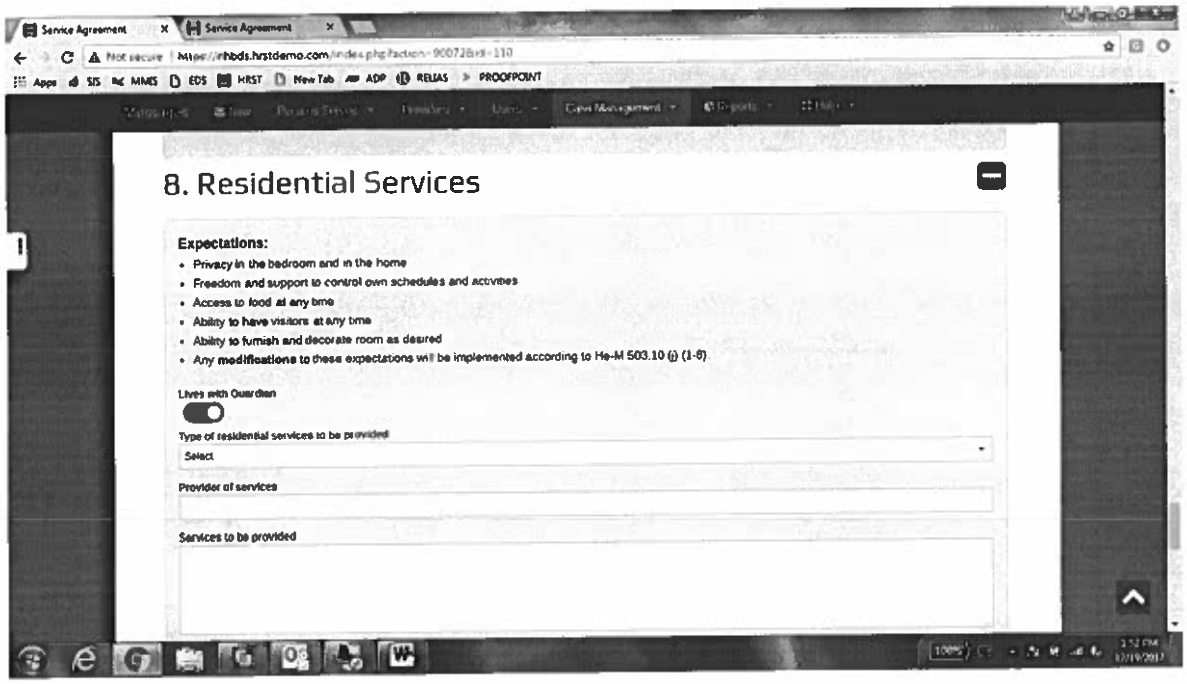
- *Specialty Services* toggle is specifically to indicate whether or not the individual is currently receiving any specialty services supports. NOTE: This includes SSL dollars for behavioral interventions etc.
    - *If the individual is receiving specialty services supports, Describe Services* box becomes available. This section is to indicate the specific Specialty Services supports that the individual is receiving.
- *START* toggle is specifically to indicate whether or not the individual is currently receiving any START (Systemic, Therapeutic, Assessment, Resource, and Treatment) supports.
    - *If the individual is receiving START supports, Describe Services* box becomes available. This section is to indicate the specific START supports that the individual is receiving.
- *Choices for Independence toggle* is specifically to indicate whether or not the individual is currently receiving any Choices for Independence (a Medicaid-funded program that provides a wide range of service choices that enable eligible adults to stay in their own homes and communities) supports.
    - *If the individual is receiving CFI (Choices for Independence) supports, Describe Services* box becomes available. This section is to indicate the specific CFI supports that the individual is receiving.

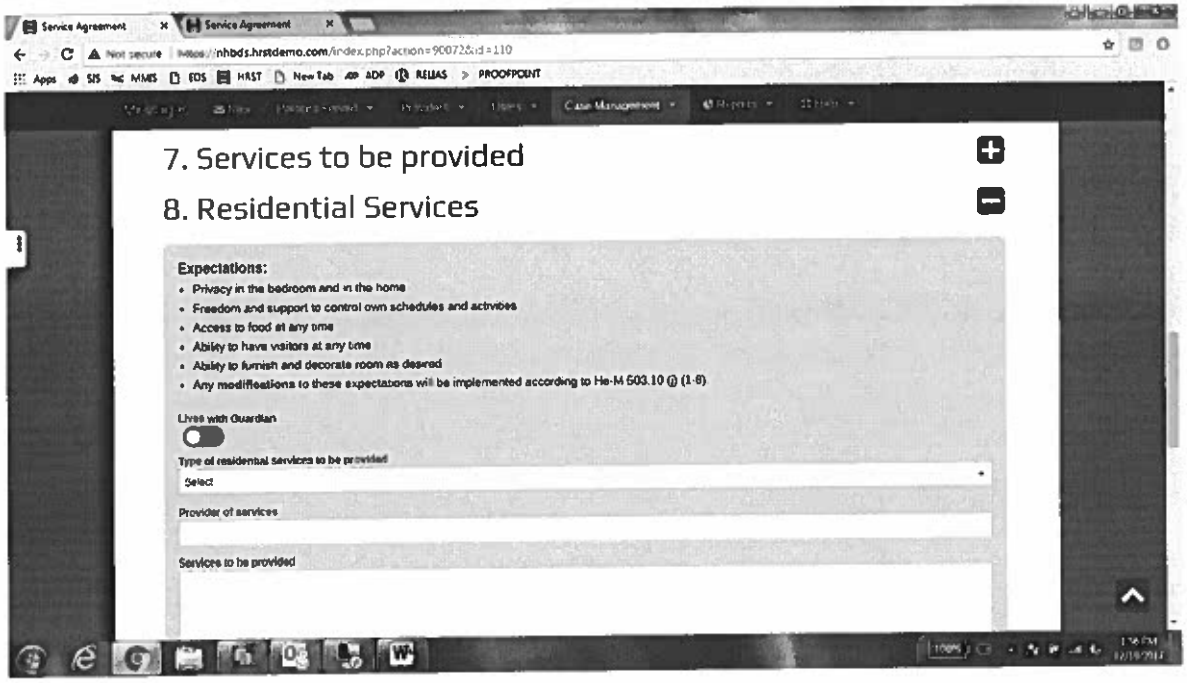


8. RESIDENTIAL SERVICES; Click the + (plus) icon to the right to begin.

After clicking on the + (plus) icon, the Residential Services tab will expand into several sections as shown below. Fill in all sections completely.

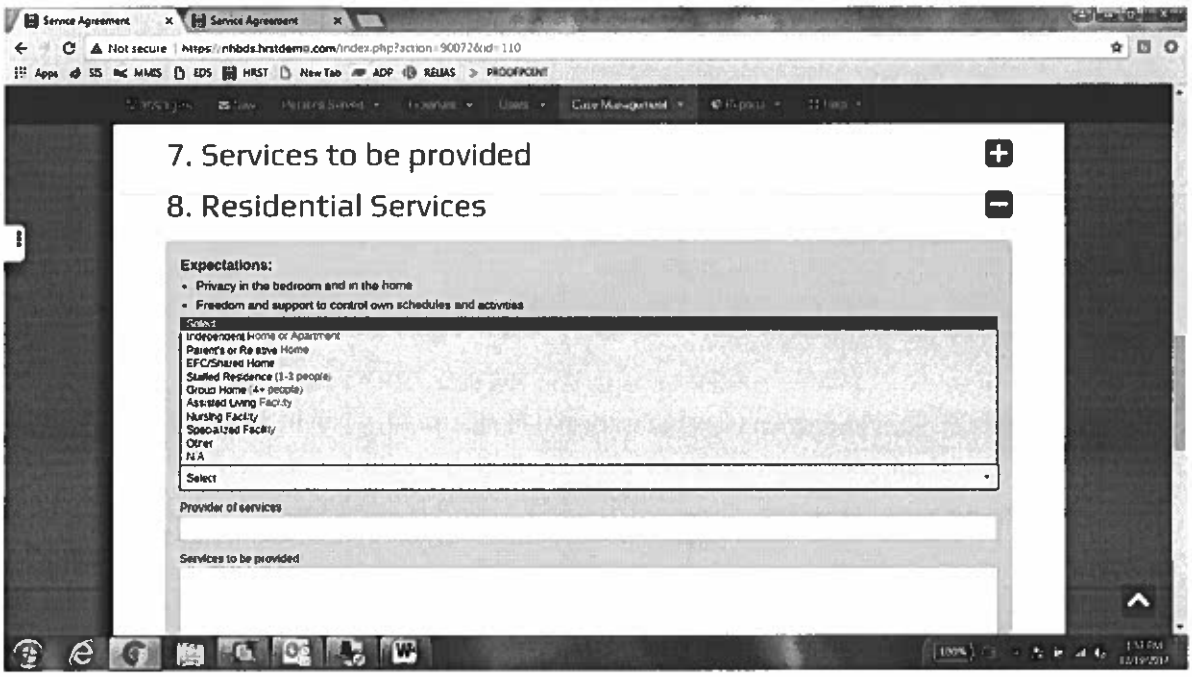
- *Lives with Guardian* toggle is specifically to indicate whether or not the individual is currently living with their guardian. NOTE: Be sure to double check where your individual lives. In this instance, "Lives with Guardian" was toggled, but that's inaccurate. Switch toggle to grey (indicating that the individual does not live with the guardian). (see below)



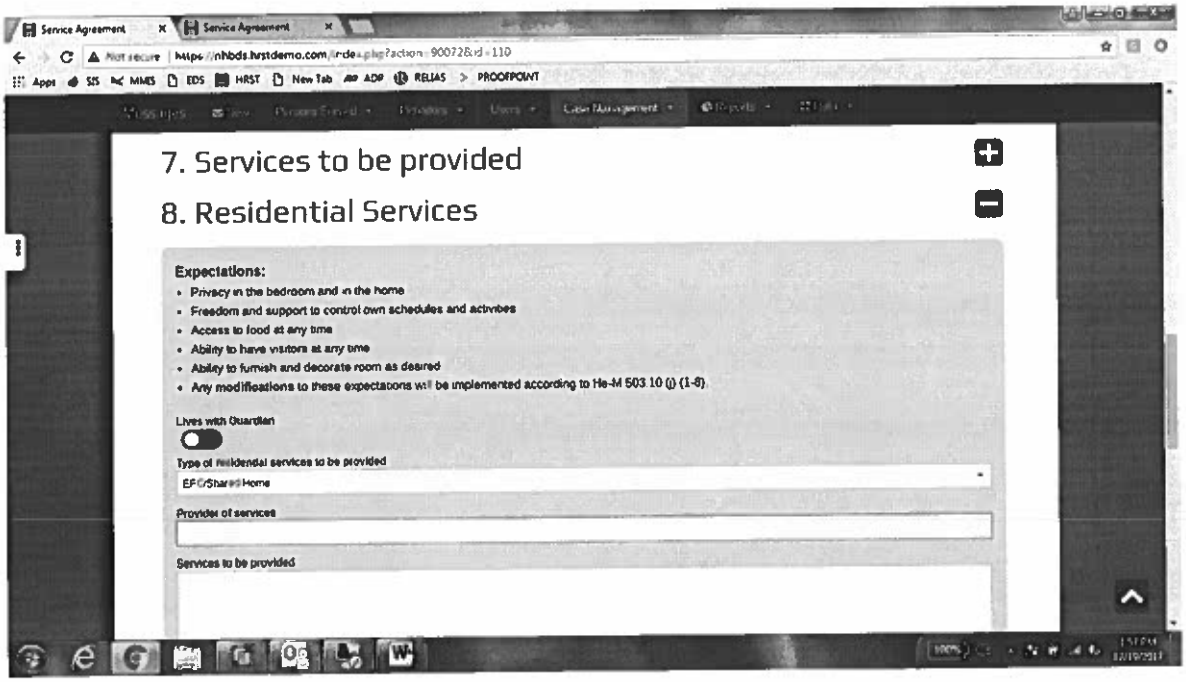


- *Type of Residential Services to be Provided* drop down menu is specifically asking you what type of residential service the individual is receiving, the options include; Independent Home or Apartment, Parent's or Relative Home, EFC/Shared Home, Staffed Residence (1-3 people), Group Home (4+ people), Assisted Living Facility, Nursing Facility, Specialized Facility, Other and N/A. (see below)
    - Independent Home or Apartment examples are
    - Parent's or Relative Home examples are

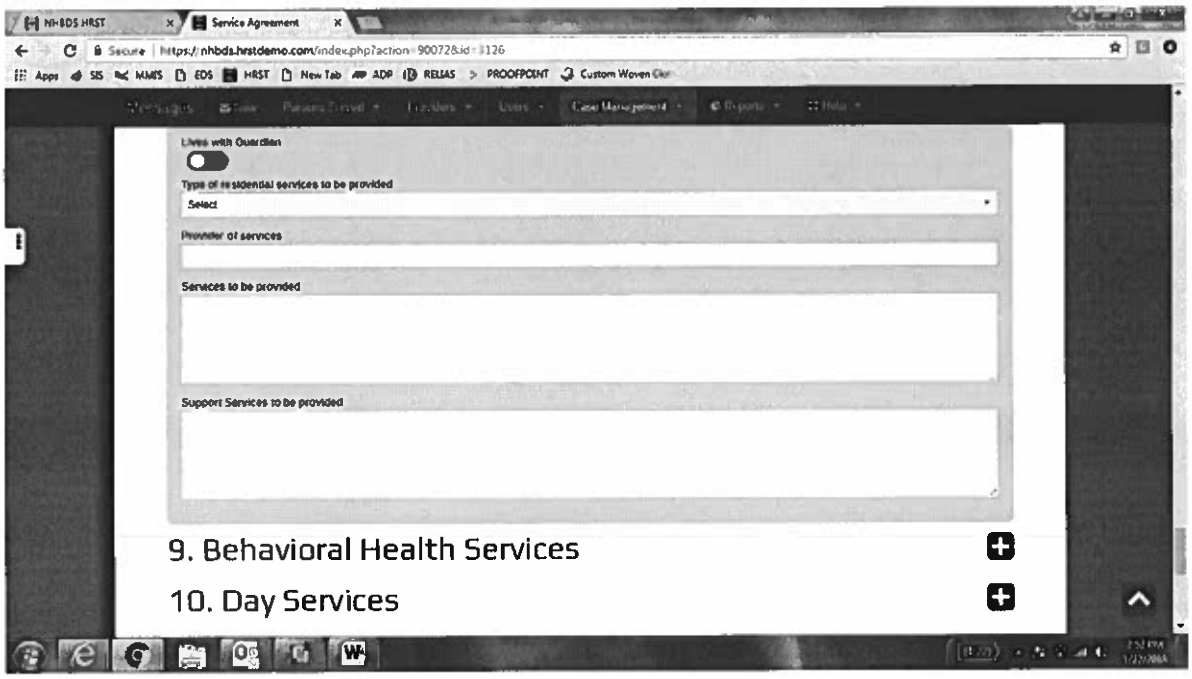
- EFC/Shared Home examples are
- Staffed Residence (1-3 people) examples are
- Group Home (4+ people) examples are
- Assisted Living Facility examples are
- Nursing Facility examples are
- Specialized Facility examples are
- Other examples are
- N/A – again why is this even an option?**



- *Provider of Services* section is specifically for indicating which vendor is providing the residential services, i.e. in this instance, it's Institute of Professional Practice.

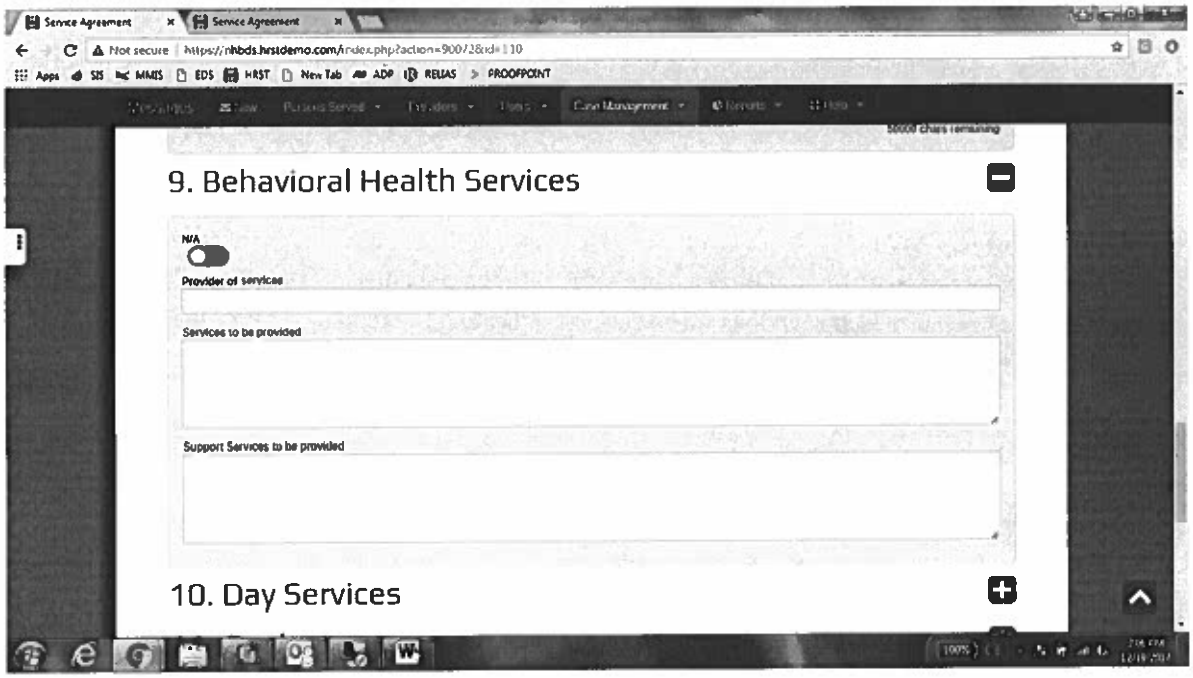


- *Services to be provided* section is specifically for indicating the description of services. NOTE: This can either be copy/pasted into the section from the state provided form OR it can be attached to the service agreement as a PDF document.
    - *If you are attaching the Description of Services to the Service Agreement as a PDF, indicate that in this section. NOTE: EXAMPLE; "Refer to He-M 1001 Description Attached" (see below)*
    - *If you are copy/pasting the Description of Services the Services to be provided section, then label correctly and organize into a thoughtful pattern. (see below)*
- *Support Services to be provided* section is specifically for indicating the type of support the individual is going to receive. EXAMPLE: Support with daily living skills. (see below)

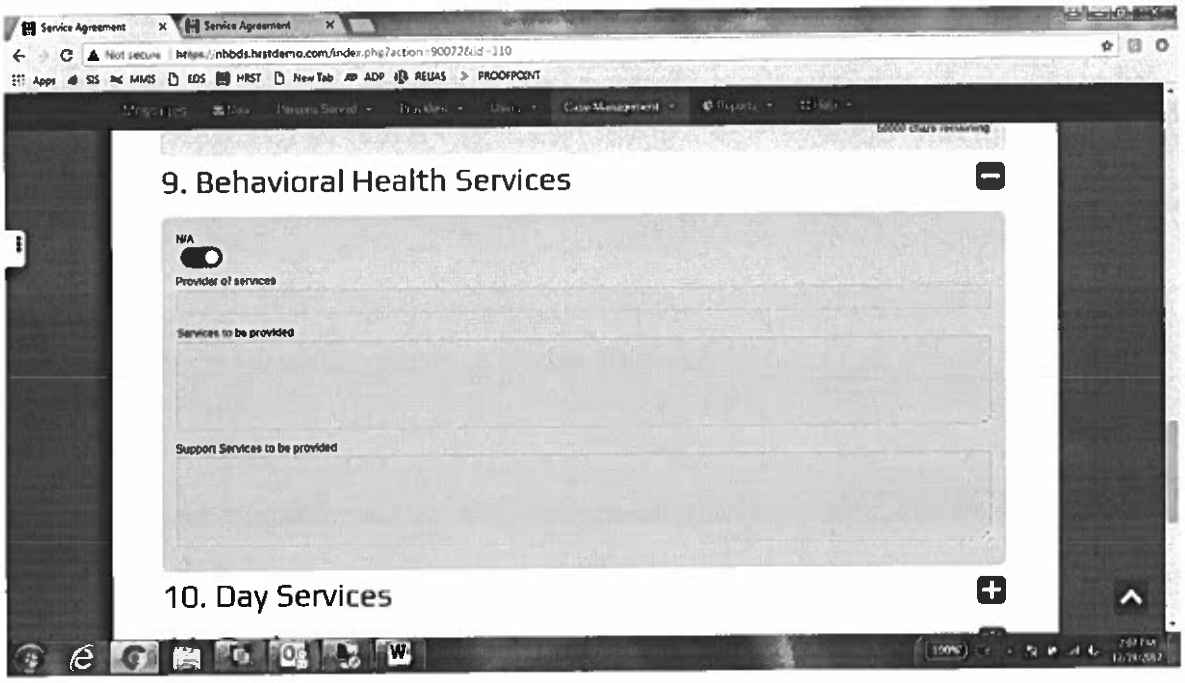


9. BEHAVIORAL HEALTH SERVICES; Click the + (plus) icon to the right to begin.

After clicking on the + (plus) icon, the Behavioral Health Services tab will expand into several sections as shown below. Fill in all sections completely.



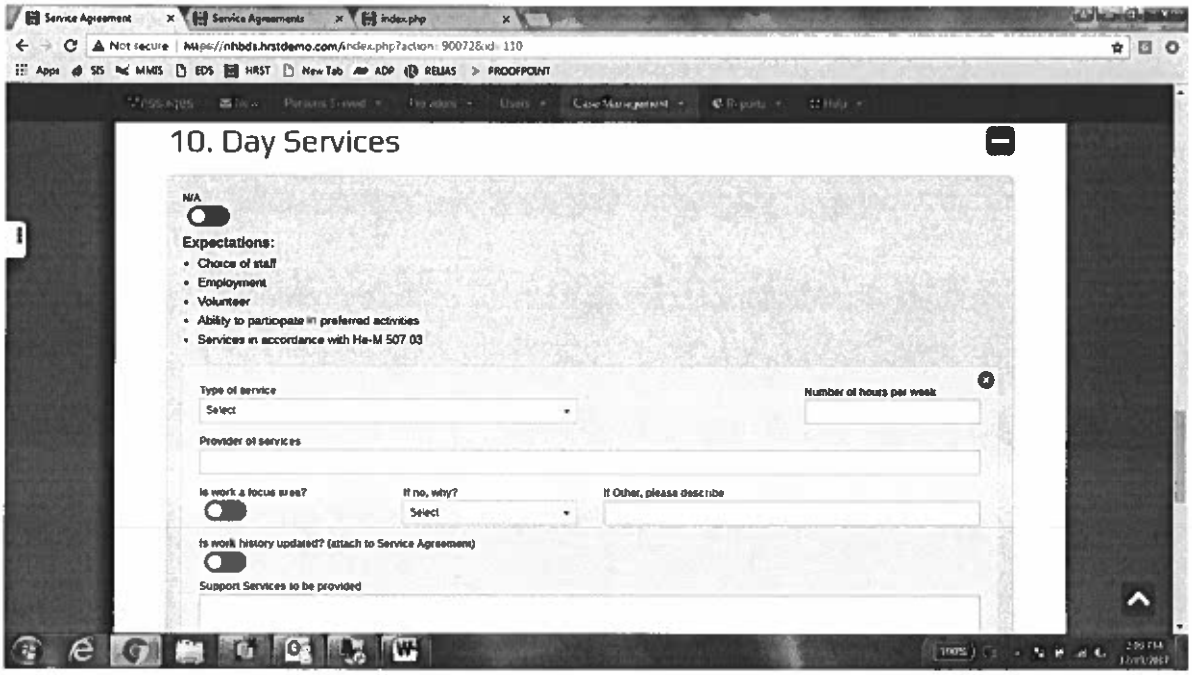
- *N/A* toggle specifically indicates whether or not the individual is receiving behavioral health services or not. NOTE: If the individual is not receiving behavioral health services then the entire area will be greyed out.



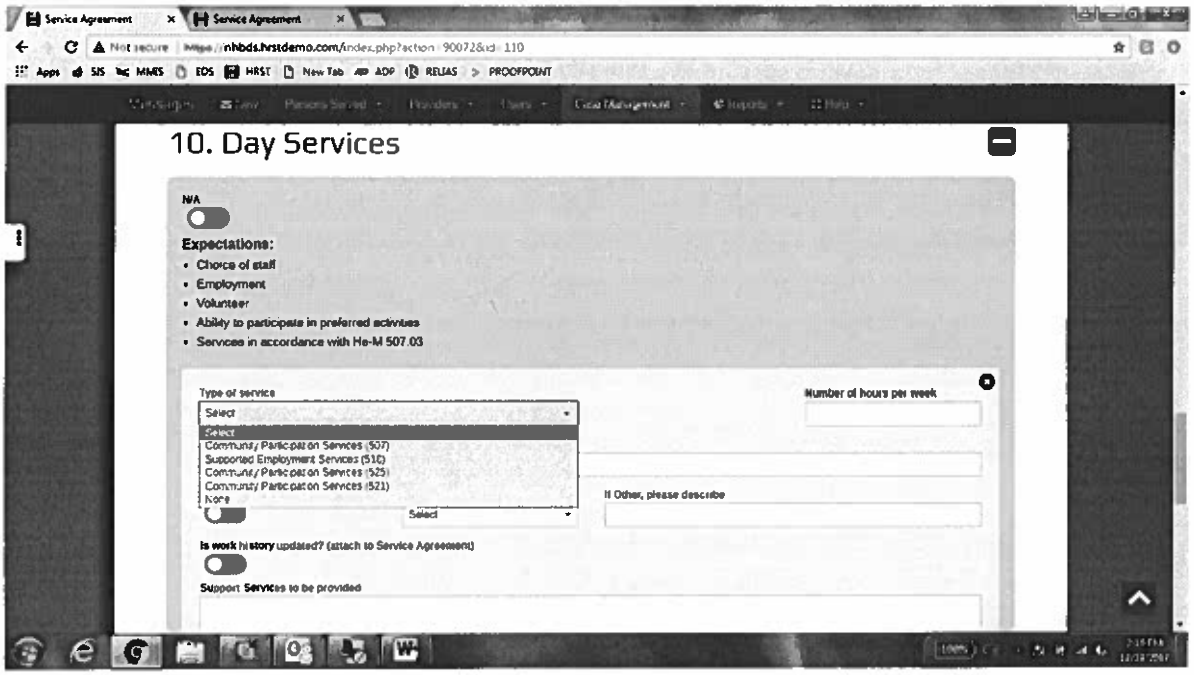
- *N/A* toggle specifically indicates whether or not the individual is receiving behavioral health services or not. NOTE: If the individual is receiving behavioral health services then the behavioral health services section will expand into several boxes as shown above. Fill in all sections completely.
- *Provider of Services* section is specifically for indicating who is providing the behavioral health services, i.e. which mental health agency. EXAMPLE: Seacoast Mental Health.
- *Services to be provided* section is specifically for indicating the type of behavioral health services that the individual is receiving. EXAMPLE: Dr.Linstrom for Psychiatry and Brian Jackson for therapy. Both individuals work for Seacoast Mental Health (correlates with the previous question).
- *Support Services to be provided* section is specifically for indicating the type of support the individual is going to need/require. EXAMPLE: Transportation to and from psychiatry/therapy appointments. (see below)

10. DAY SERVICES; Click the + (plus) icon to the right to begin.

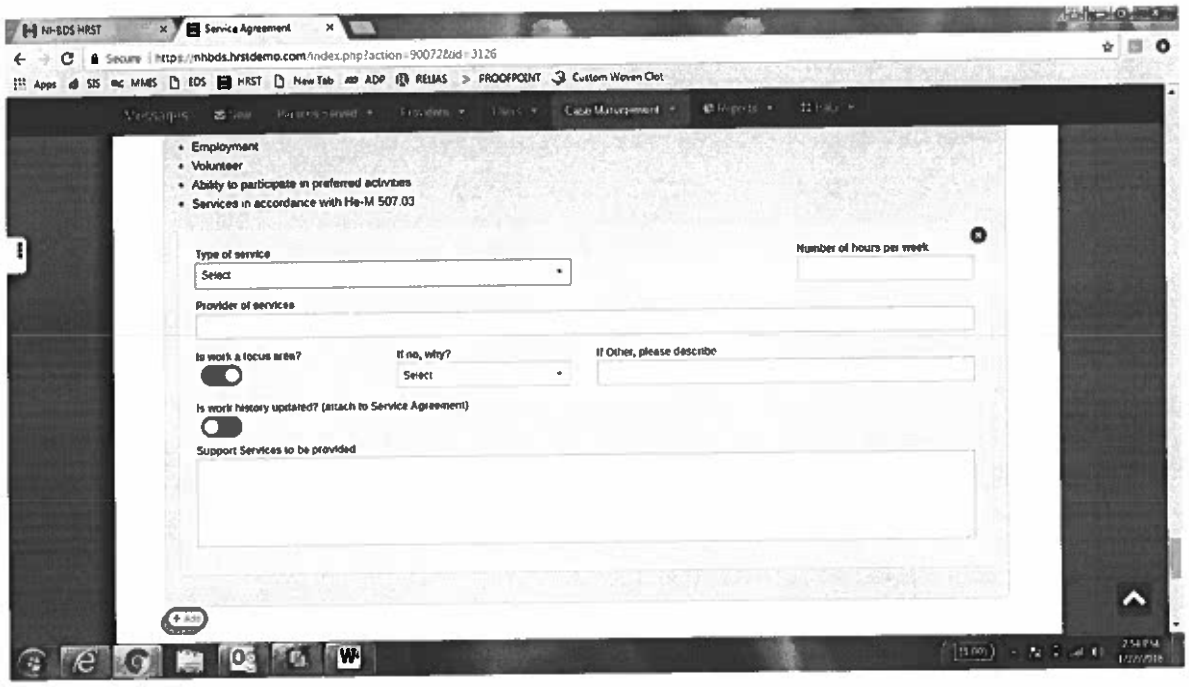
After clicking on the + (plus) icon, the Day Services tab will expand into several sections as shown below. Fill in all sections completely.



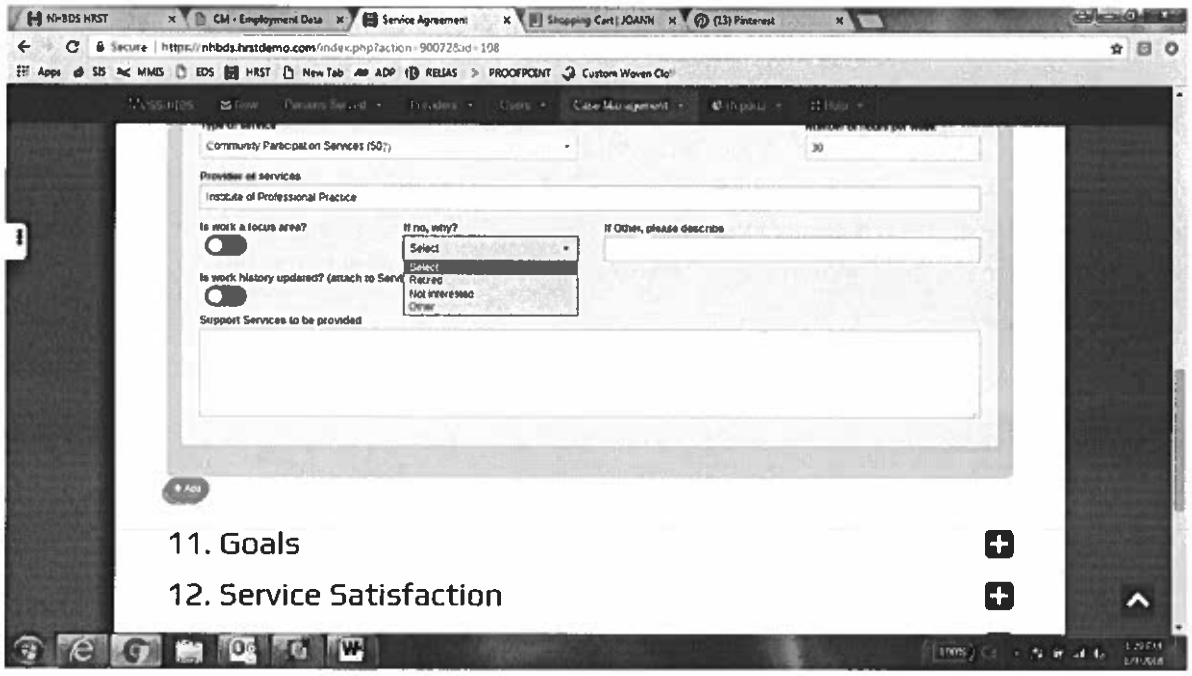
- *N/A* toggle specifically indicates whether or not the individual is receiving day services or not. NOTE: If the individual is not receiving day services then the entire area will be greyed out.
- *Type of Service* drop down menu is specifically asking you what type of day service the individual is receiving, the options include; Community Participation Services (507), Supported Employment Services (518), Community Participation Services (525), Community Participation Services (521) or None. (see below)

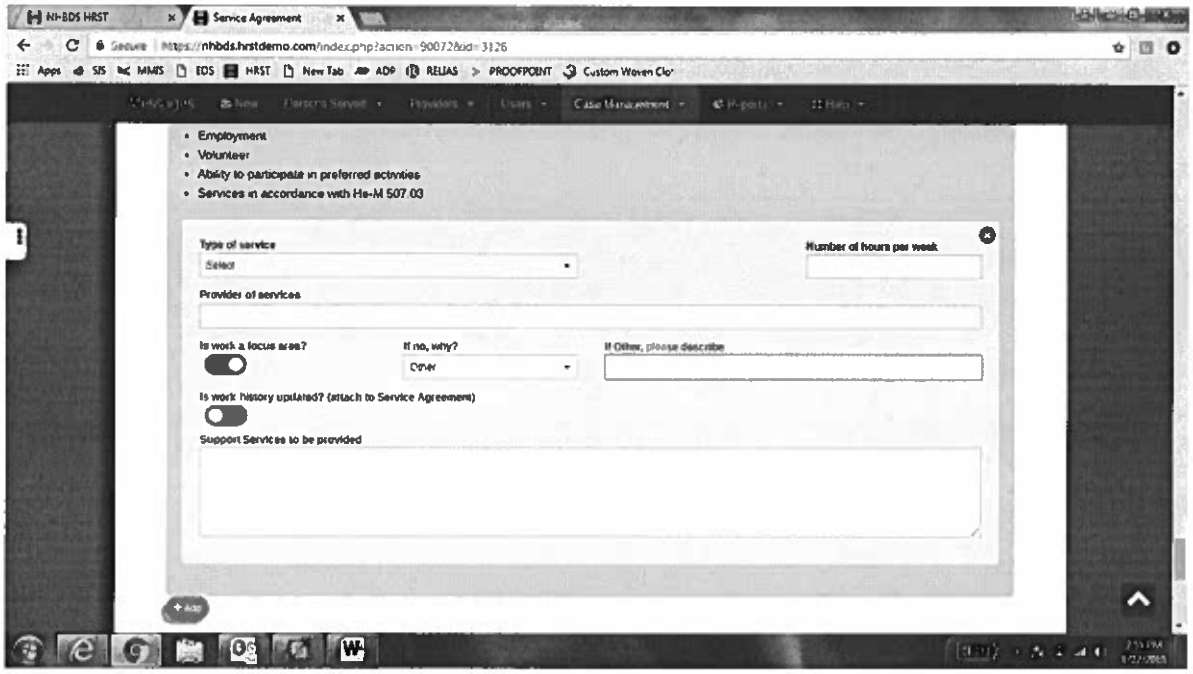


- *Provider of Services* section is specifically for indicating which vendor is providing the residential services, i.e. in this instance, it's Institute of Professional Practice. (see below)
- *Is Work a Focus Area* toggle specifically indicates whether or not the individual has volunteer/paid employment and/or it's something they're working towards.



- *IF YES,* switch toggle to the right (shows green instead of gray) and leave the next two questions blank (If no, why? and If Other, please describe). Move immediately to the toggle titled; Is work history updated?
- *IF NO, WHY?* drop-down is specifically asking you why the individual is not working on employment as a focus for their services, the options include; Retired, Not interested or Other. (see below) EXAMPLE: No (leave toggle gray) due to "other" circumstances. Description of "other" circumstances being, "medically frail".

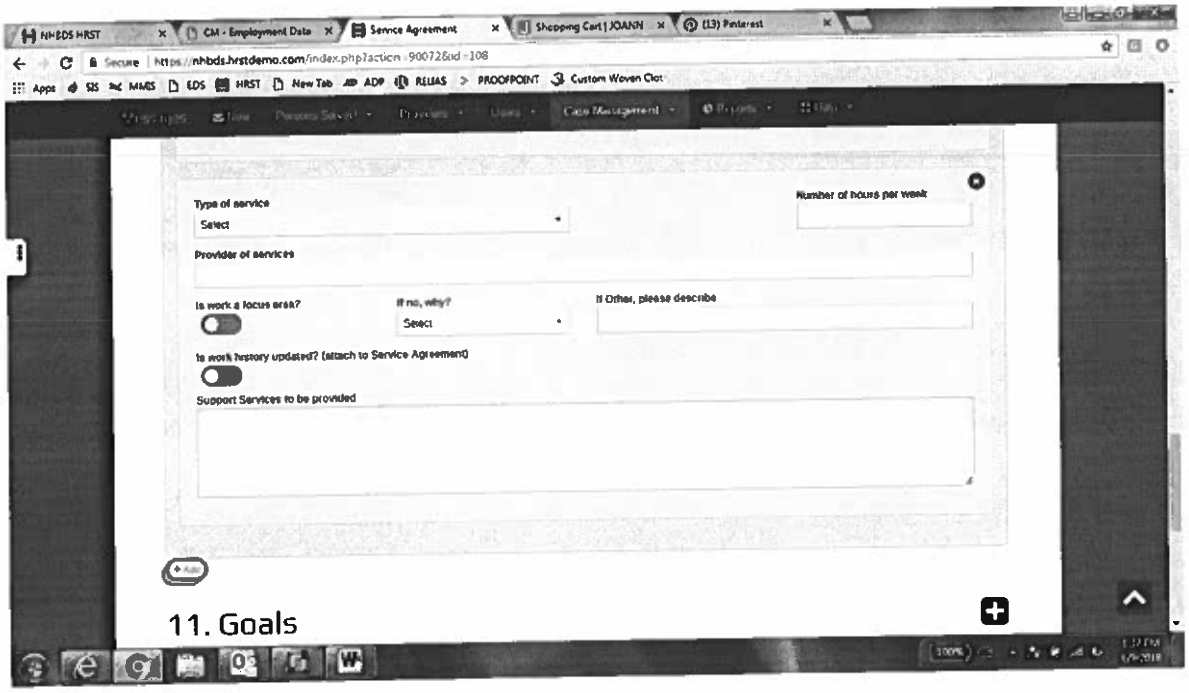




- *Is work history updated* toggle specifically indicates whether or not the individual has an updated history of volunteer/paid employment, i.e. a resume. NOTE: Every client served should have an updated resume attached to their Service Agreement.
- *Support Services to be Provided* section is specifically for indicating the description of services. NOTE: This can either be copy/pasted into the section from the state provided form OR it can be attached to the service agreement as a PDF document.

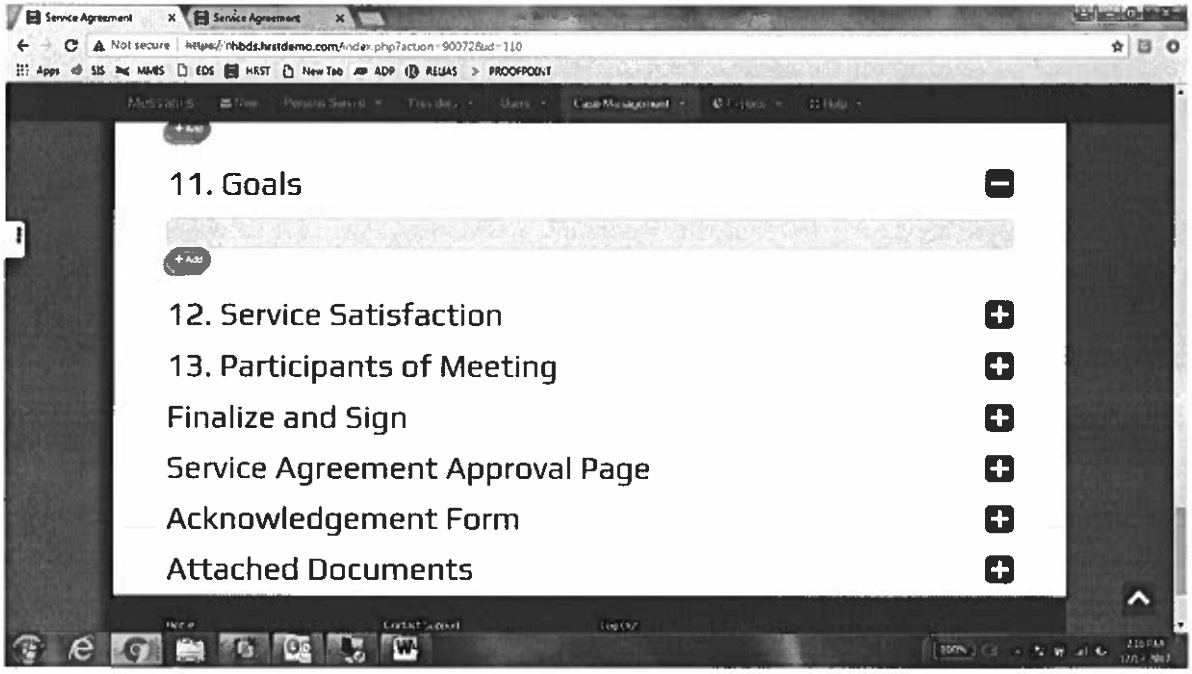
- *If you are attaching the Description of Services to the Service Agreement as a PDF, indicate that in this section. NOTE: EXAMPLE; "Refer to He-M 507 Description Attached" (see below)*
- *If you are copy/pasting the Description of Services the Services to be provided section, then label correctly and organize into a thoughtful pattern. (see below)*

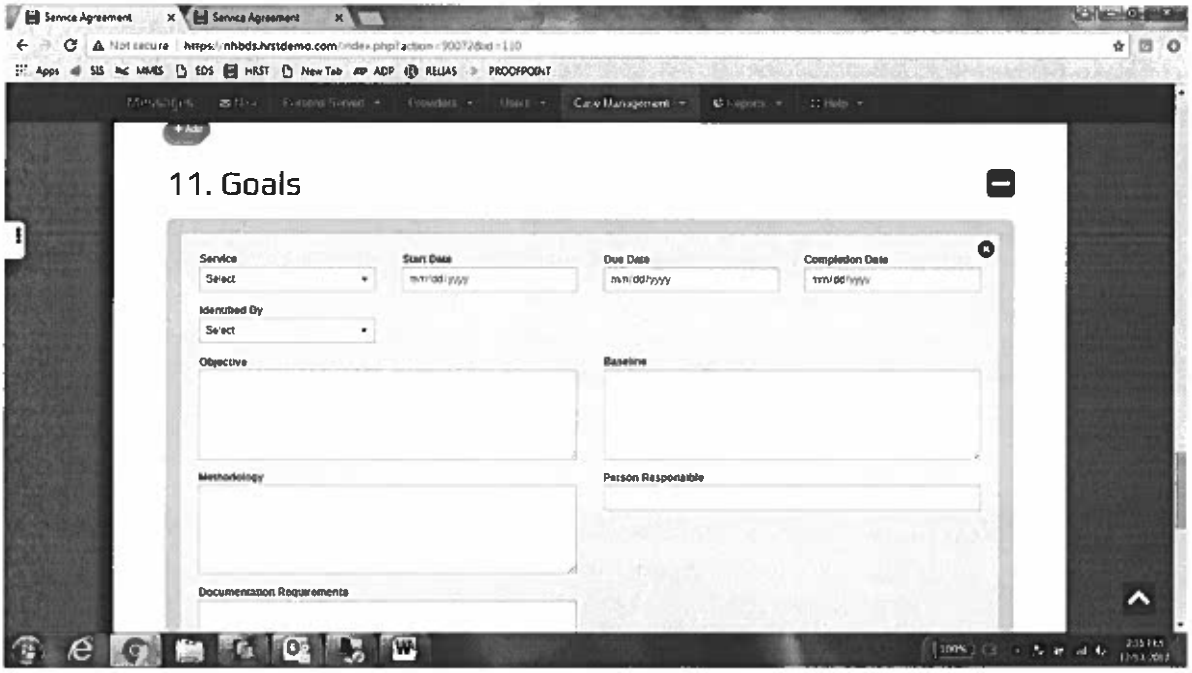
- *Add* button- if the individual is receiving more than one day service program, i.e. Supportive Employment Services (518) & Community Participation Services (507) then you would click on the green "add button". (see below) Follow the above steps to fill out all sections appropriately.

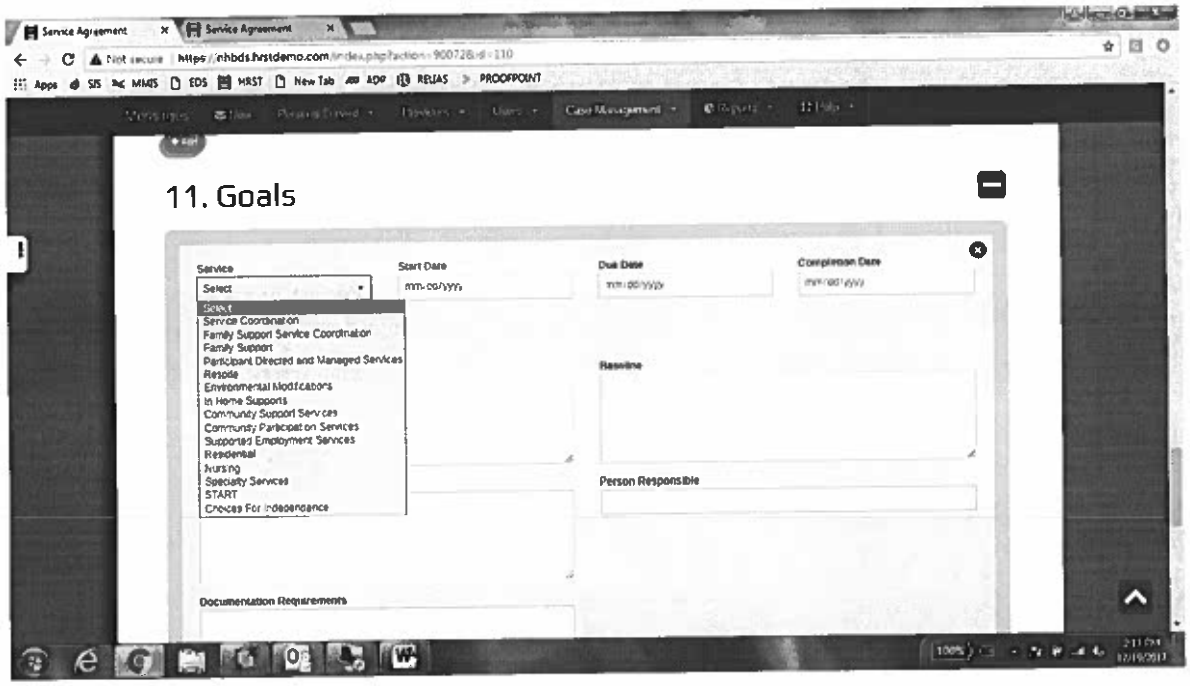


11. GOALS; Click the + (plus) icon to the right to begin.

After clicking on the + (plus) icon, the Goals tab will expand as shown below. Click the +Add button to begin. Start with Residential Goals and then continue on with Employment/Day Goals. Follow the same process for each.


Service Agreement
Service Agreement
Not secure
11. Goals
12. Service Satisfaction
13. Participants of Meeting
Finalize and Sign
Service Agreement Approval Page
Acknowledgement Form
Attached Documents

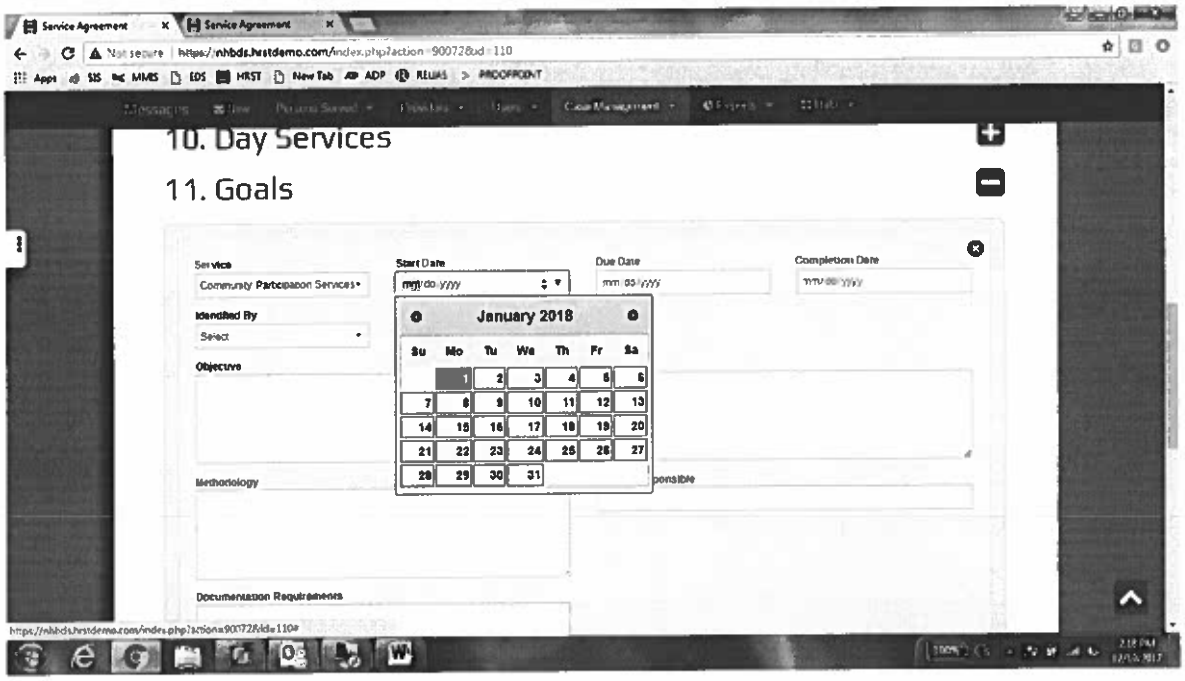

Service Agreement
Service Agreement
Not secure
11. Goals
Service
Start Date
Due Date
Completion Date
Select
Identified By
Select
Objective
Baseline
Methodology
Person Responsible
Documentation Requirements

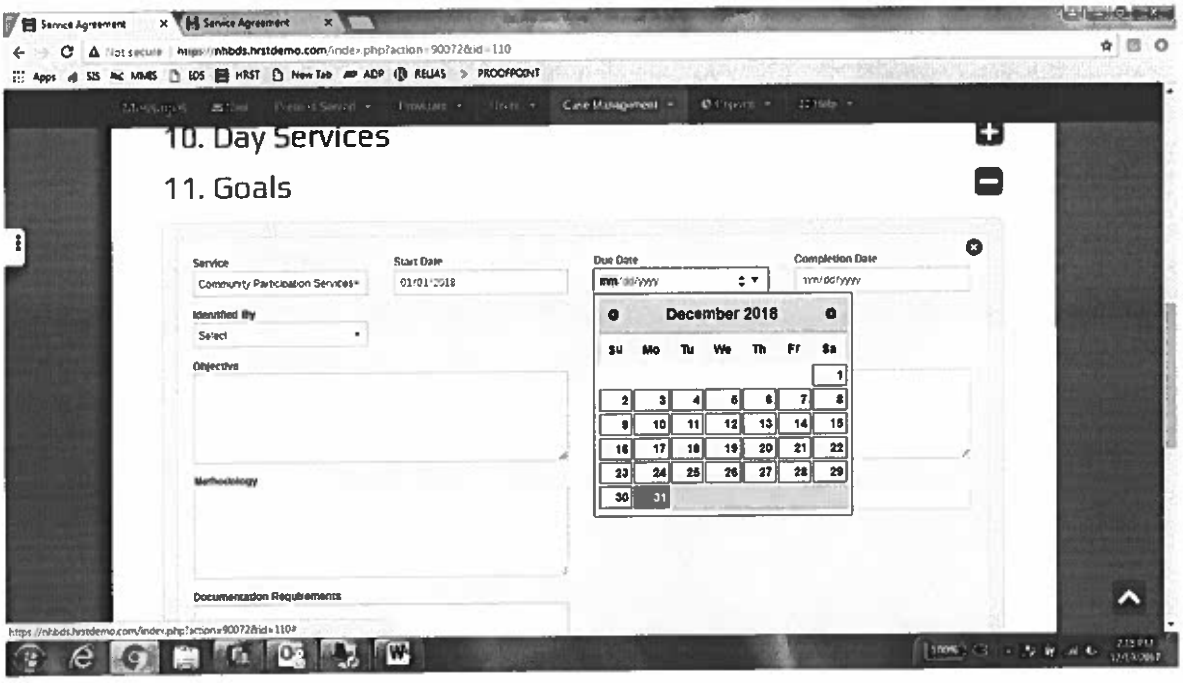


- *Service* drop down menu is specifically asking you what type of service the individual is receiving, in correlation to the goal- the options include; Service Coordination, Family Support Service Coordination, Family Support, Participant Directed and Managed Services, Respite, Environmental Modifications, In-Home Supports, Community Support Services, Community Participation Services, Supported Employment Services, Residential, Nursing, Specialty Services, START and Choices for Independence. (see above)
    - *Service Coordination* is defined as an active, ongoing process that assists and enables families to access services and assures their rights and procedural safeguards.
    - *Family Support Service Coordination* is where you would indicate the name of the Family Support Service Coordinator that the individual/family is working with.
    - *Family Support Services are services that are* designed to improve quality of life for the individual and family and to maintain each family's right to identify its needs and direct how supports are provided.
    - *Participant Directed and Managed Services* are services that enable individuals who have a developmental disability or acquired brain disorder to direct their services and to experience, to the greatest extent possible, independence, community inclusion, employment, and a fulfilling home life, while promoting personal growth, responsibility, health, and safety.
    - *Respite* is care that provides families with short-term relief from the responsibilities of caring for a child living at home. Care may be provided in the home of the family or caregiver, or in the community.
    - *Environmental Modifications* are modifications to an individual's environment or surroundings due to impairment, i.e. bathroom modifications for easier use for an individual with a wheelchair.

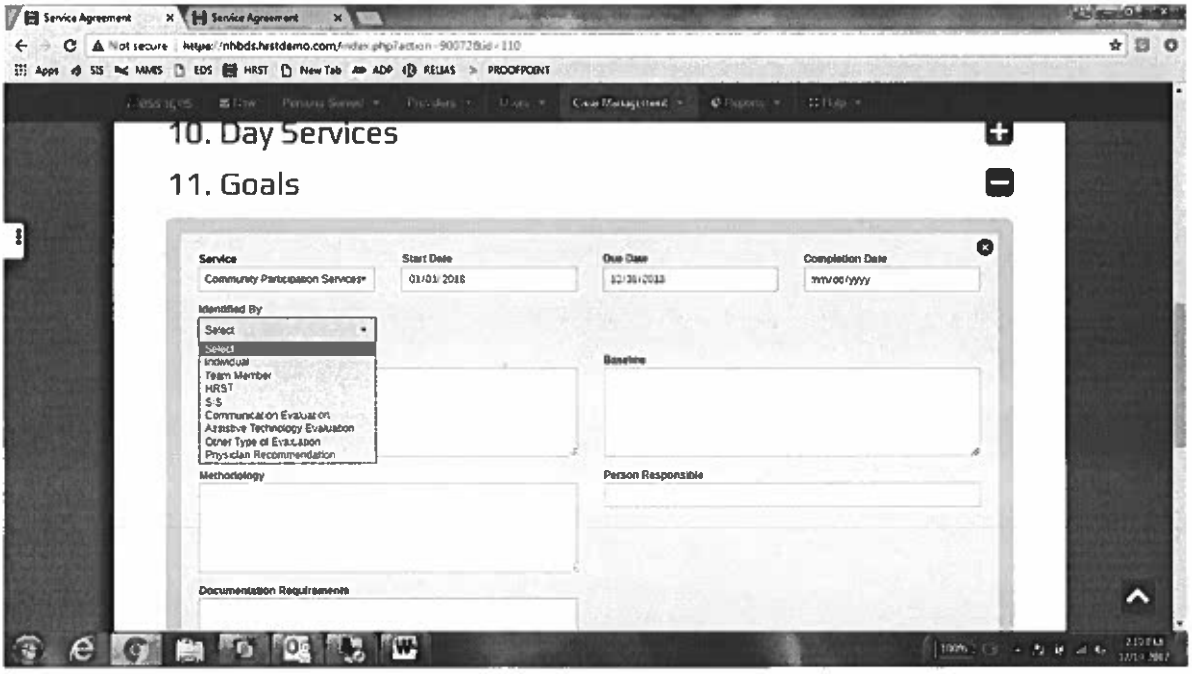
- *In Home Supports* are a consumer-directed service; this intensive home-based program helps children with developmental disabilities that have complex medical and behavioral needs.
- *Community Support Services* refer to services that are provided to an individual when they live independently but require some assistance with ADL's, money management, etc.
- *Community Participation Services* refers to service that involves participation in integrated community settings, in activities that involve persons without disabilities who are not paid or unpaid caregivers.
- *Supported Employment Services* refers to service provisions wherein individuals are assisted with obtaining and maintaining employment through job coach or person-centered approaches.
- *Residential* care refers to care given to adults who stay in a residential setting rather than in their own home or family home. There are various residential care options available, depending on the needs of the individual.
- *Nursing* refers to nursing supports i.e. medication management. NOTE: If they are currently receiving residential services through a vendor and/or facility, then the individual is receiving nursing supports.
- *Specialty Services* are intended for individuals whose needs in the areas of medical, behavioral, therapeutic, health and personal wellbeing require services, which are specialized pertaining to unique conditions and aspects of developmental disabilities and acquired brain disorders.
- *START* is Systemic, Therapeutic, Assessment, Resource, and Treatment supports.
- *Choices for Independence* is a Medicaid-funded program that provides a wide range of service choices that enable eligible adults to stay in their own homes and communities.

- *Start Date* is the date in which you want the goals to become effective.
- *Due Date* is the date in which you want the goal to end; typically, this date should be one day before the Goal Start Date of the following year. (See below)
- *Completion Date* is different than above, the completion date is specifically targeting whether or not the individual reached their goal and completed it, i.e. find gainful employment.





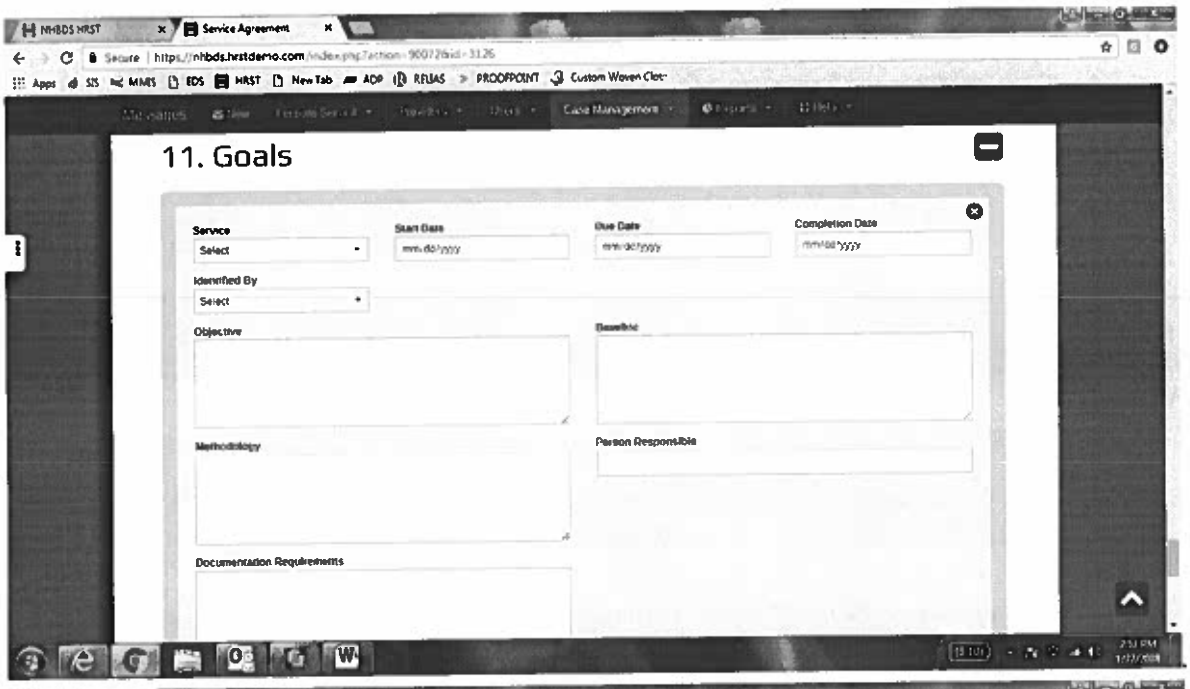
- *Identified by* drop down menu is specifically asking you who the proposed goal was identified by- the options include; Individual, Team Member, HRST, SIS, Communication Evaluation, Assistive Technology Evaluation, Other Type of Evaluation or Physician Recommendation.(see below)

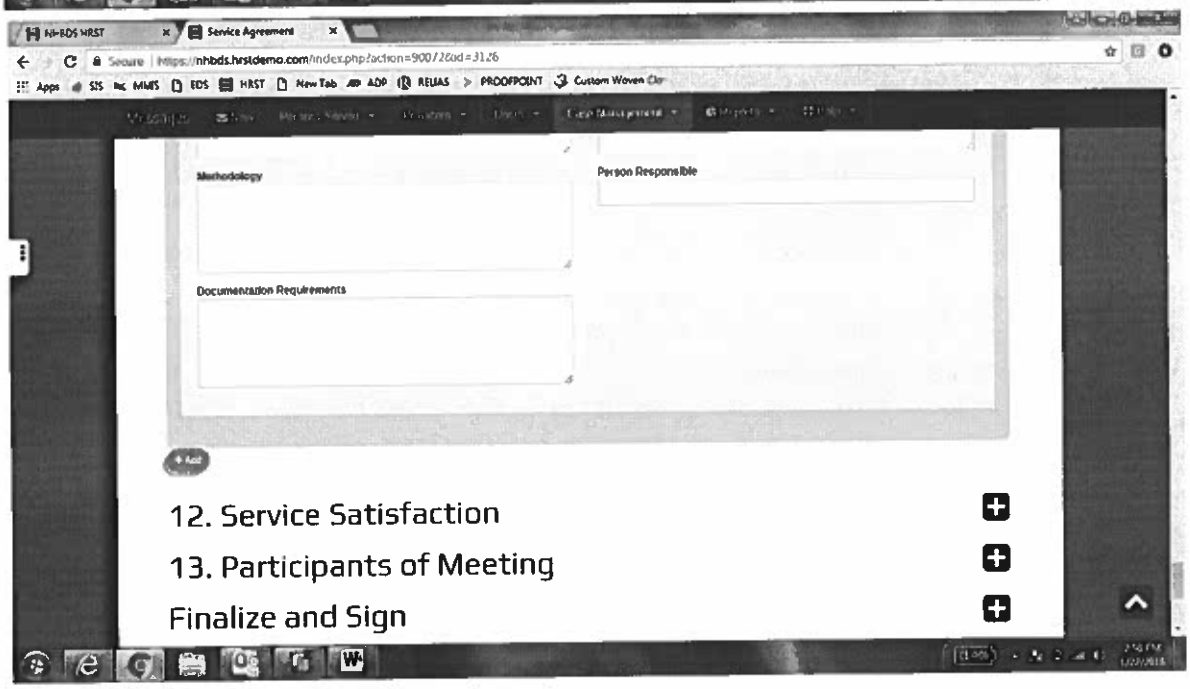


- *Individual* is defined as the client that is receiving services through the Area Agency.
- *Team Member* is defined as one of the participants to the individual receiving services, i.e. family members, service coordination, program managers etc.
- *HRST* is defined as the Health Risk Screening Tool. Once a HRST is completed on the individual, suggestions for goals generate based off of their medical need.
- *SIS* is defined as Supports Intensity Scale. Once a SIS is completed on the individual, needs or focus areas are generated based off of their whole life setting i.e. environmental needs, educational needs, employment needs, medical needs, etc.
- *Communication Evaluation* is defined as an evaluation completed by ATECH and/or a Speech and Language Pathologist that correlates with the individual's everyday living, i.e. communication device.
- *Assistive Technology Evaluation (ATECH)* is defined as an evaluation completed by ATECH that correlates with the individual's everyday living, i.e. adaptive equipment.
- *Other type of Evaluation* is defined as any professional evaluation on file for the individual that pertains to their overall health.
- *Physician Recommendation* is defined as *a correspondence with the individual's physicians regarding their overall health, i.e. health and fitness goal due to obesity.*

- *Objective* section is specifically for noting the goal that will be worked on over the next year.
- *Baseline* section is specifically for noting the baseline of the goal, i.e. where the individual was previously, where the individual is currently at and what their capacity can be for the future.
- *Methodology* is specifically for noting the steps in which the individual will take in order to work towards the goal; i.e. Tiffani will continue volunteering etc.

- *Person Responsible* is specifically for indicating who is responsible for completing AND overseeing the goal. NOTE: In almost all situations, the individual will be responsible for completing his/her own goals with help from support staff. (see below)
- *Documentation Requirements* is specifically for indicating what documentation is required to document this goal. NOTE: In all situations; monthly notes, daily notes and attendance is required.

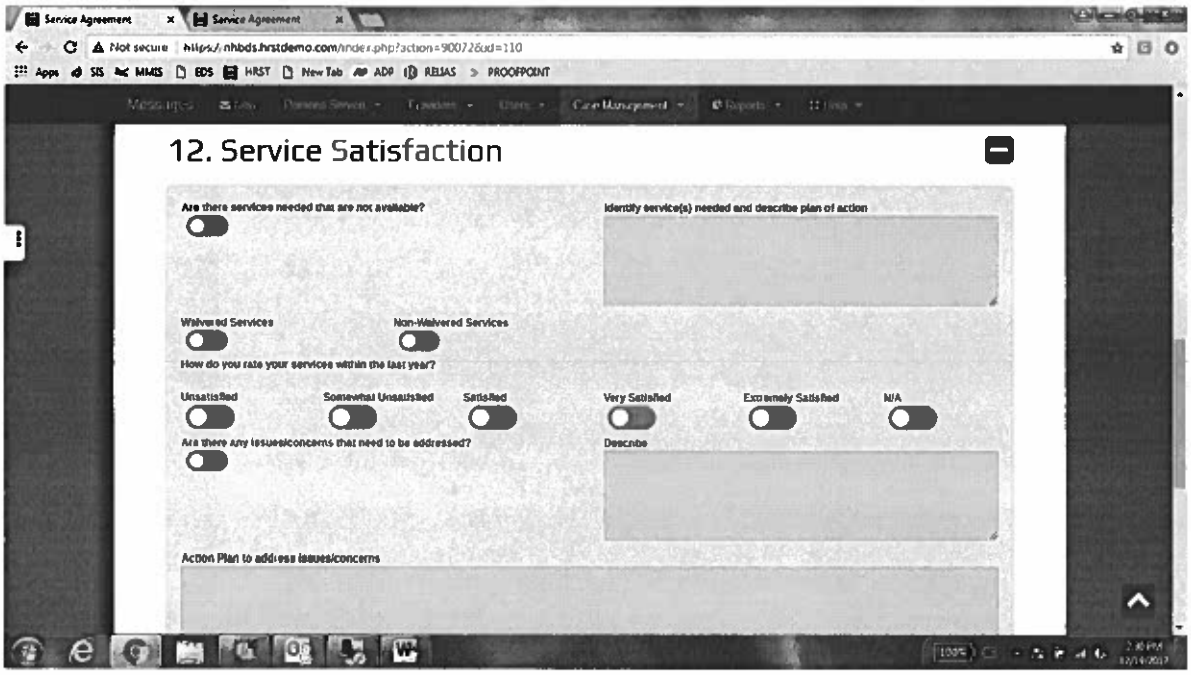




- Click the +Add button to create additional goals. Follow the same process as above for each.

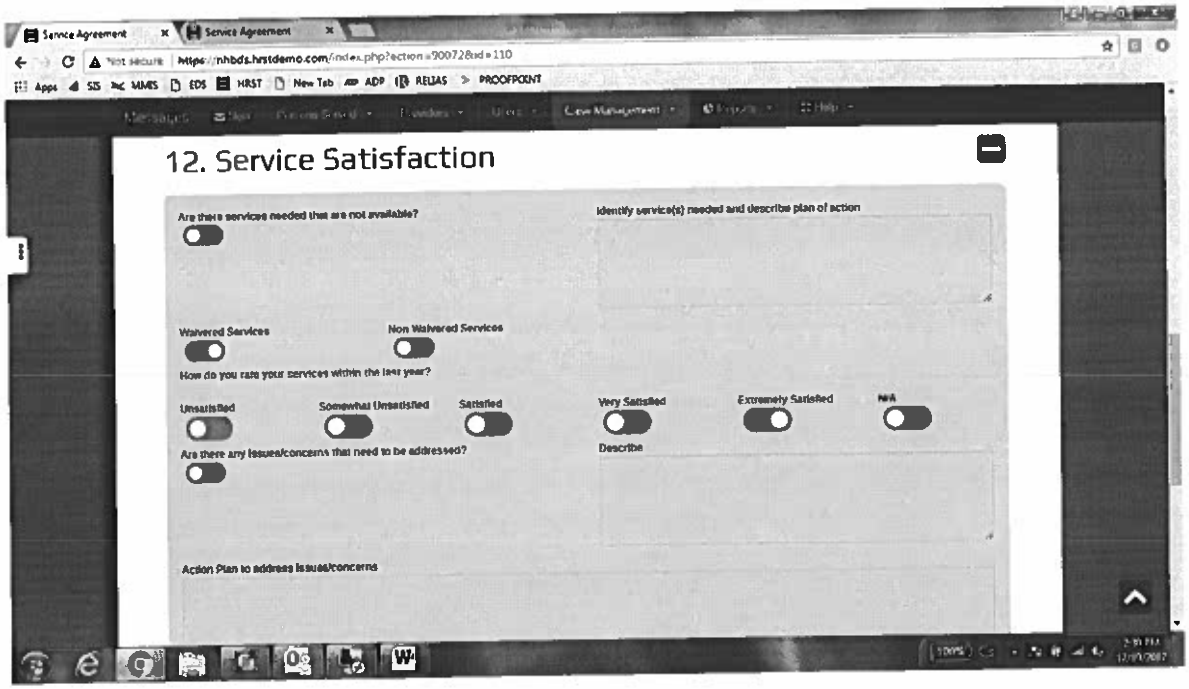
12. SERVICE SATISFACTION; Click the + (plus) icon to the right to begin.

After clicking on the + (plus) icon, the Service Satisfaction tab will expand into several sections as shown below. Fill in all sections completely.



- *Are there services needed that are not available* toggle is specifically to indicate whether or not the individual is still in need of particular services that they aren't currently receiving.
    - *IF YES; Identify service(s) needed and describe plan of action* section is specifically asking for you to identify what services are needed; i.e. Community Support Services, Residential Services, etc.
- *Waivered Services* toggle is specifically to indicate whether or not the individual has waivered services.
- *Non-Waivered Services* toggle is specifically to indicate whether or not the individual has non-waivered services.
- *How do you rate your services within the last year* section has multiple toggles and are specifically to indicate the individuals and/or guardians thoughts on services provided. Toggles include; Unsatisfied, Somewhat Unsatisfied, Satisfied, Very Satisfied, Extremely Satisfied and N/A.
    - *Unsatisfied Toggle* is defined as dissatisfied, feeling that the provided services are not enough or not good enough.
    - *Somewhat Unsatisfied Toggle* is defined as mostly satisfied with services with the exception of one or two issues/concerns.
    - *Satisfied Toggle* is defined as meeting the basic service needs.
    - *Very Satisfied Toggle* is defined as meeting the basic service needs with additional extras.
    - *Extremely Satisfied Toggle* is defined as overly satisfied with services that are being provided including there being no changes or updates wanted.
    - *N/A Toggle* is defined as Not Applicable.

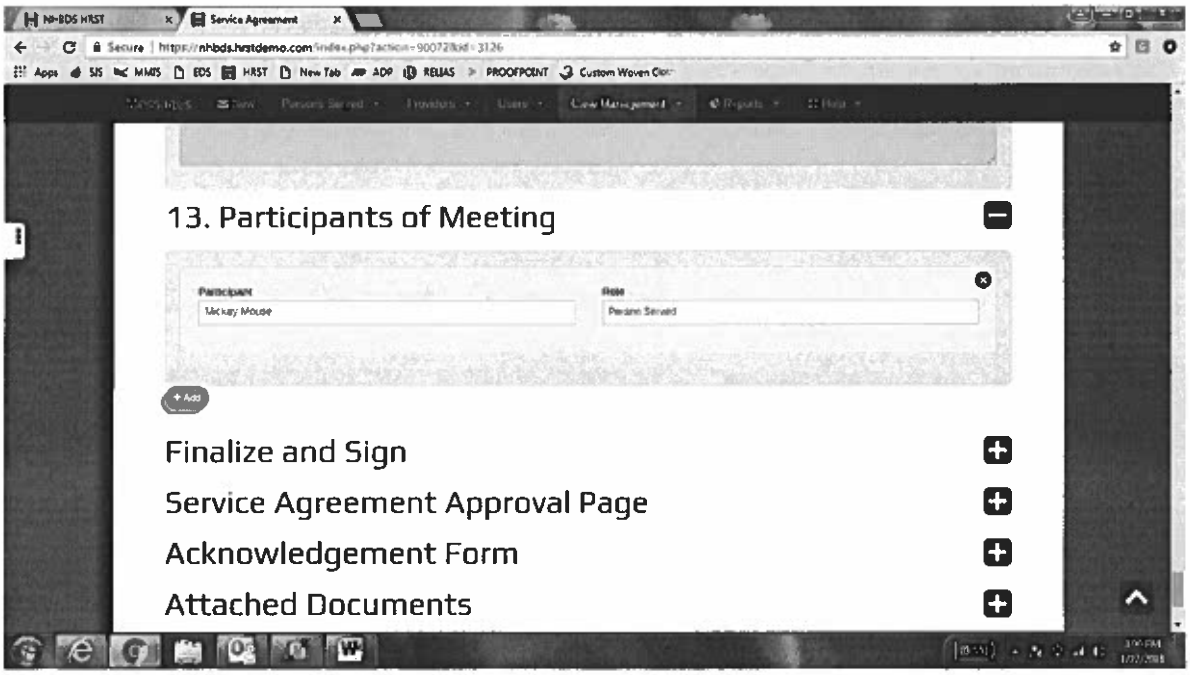
- *Are there any issues/concerns that need to be addressed* toggle are specifically to indicate whether or not the individual/guardian feels that are issues/concerns that needs to be addressed.
    - *IF NO; Leave the toggle at no (grayed out) and continue to the next section.(see below)*

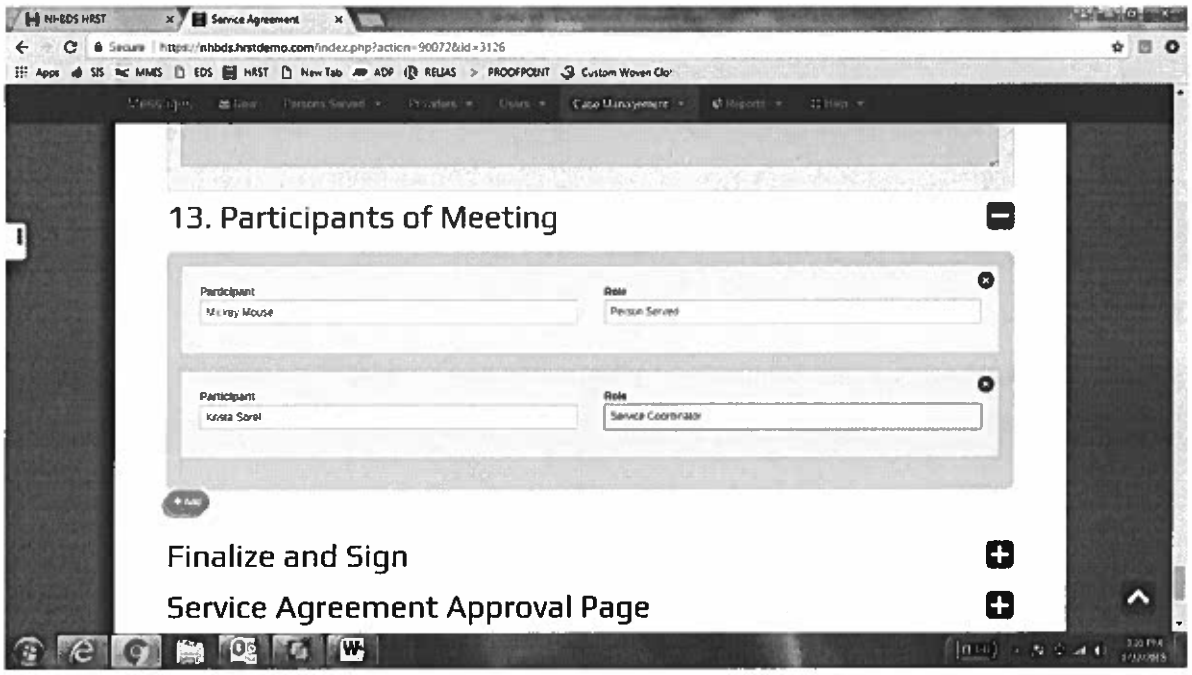


- *IF YES; Describe* is specifically asking for you to identify what the issue/concern is in detail. EXAMPLE: transportation to and from her gainful employment continues to be a concern for Tiffani. (see below)
- *Action plan to address issues/concerns* is specifically asking for you to identify how the issue/concern is going to be examined and the steps that are needed to complete the identified concern. EXAMPLE: Submit referral to Vocational Rehabilitation to discuss employment transportation concern.

13. PARTICIPANTS OF MEETING; Click the + (plus) icon to the right to begin.

After clicking on the + (plus) icon, the Participants of Meeting tab will expand into one section as shown below. Fill in all sections completely.



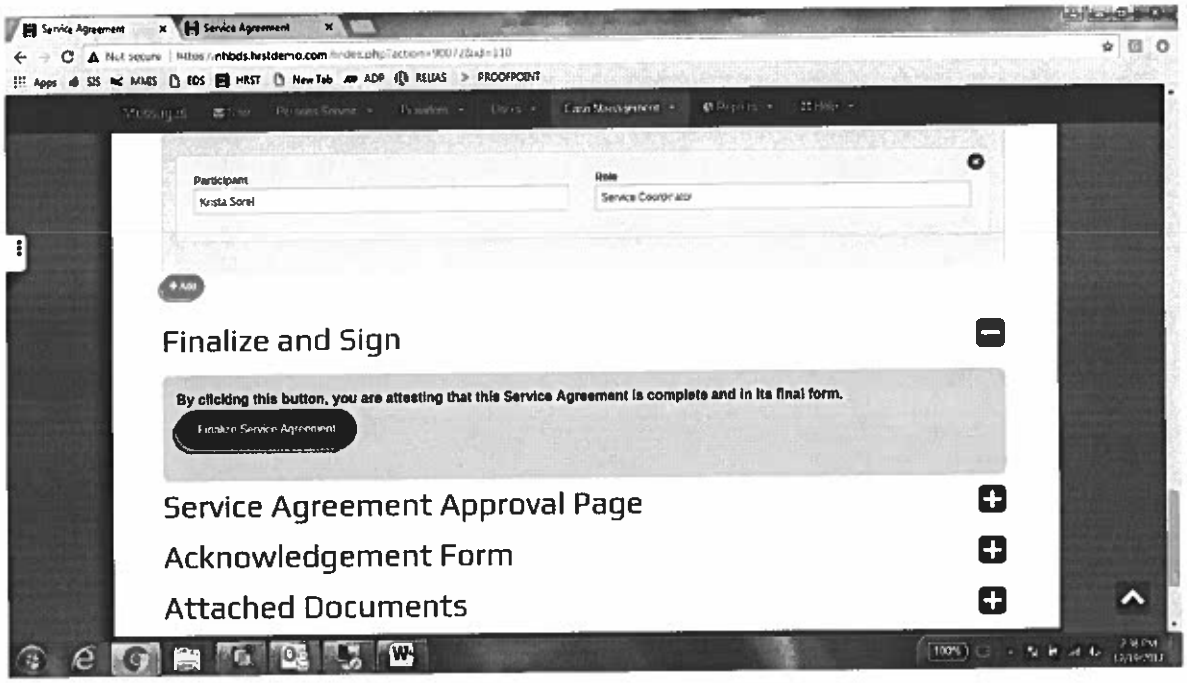


- *Participant* section is specifically for noting who was present at the meeting; best practice is First and Last Name. NOTE: The first participant should always be the individual if he/she was present.
- *Role* is the section where you indicate what role that person provides, i.e. individual, guardian, program manager, nurse, Service Coordinator etc.
- Click the +Add button to create a participant.

- Follow the same process as above for each new participant. NOTE: should you run into a situation where too many boxes were created, simply click on the X in the upper right hand corner of the section to remove.

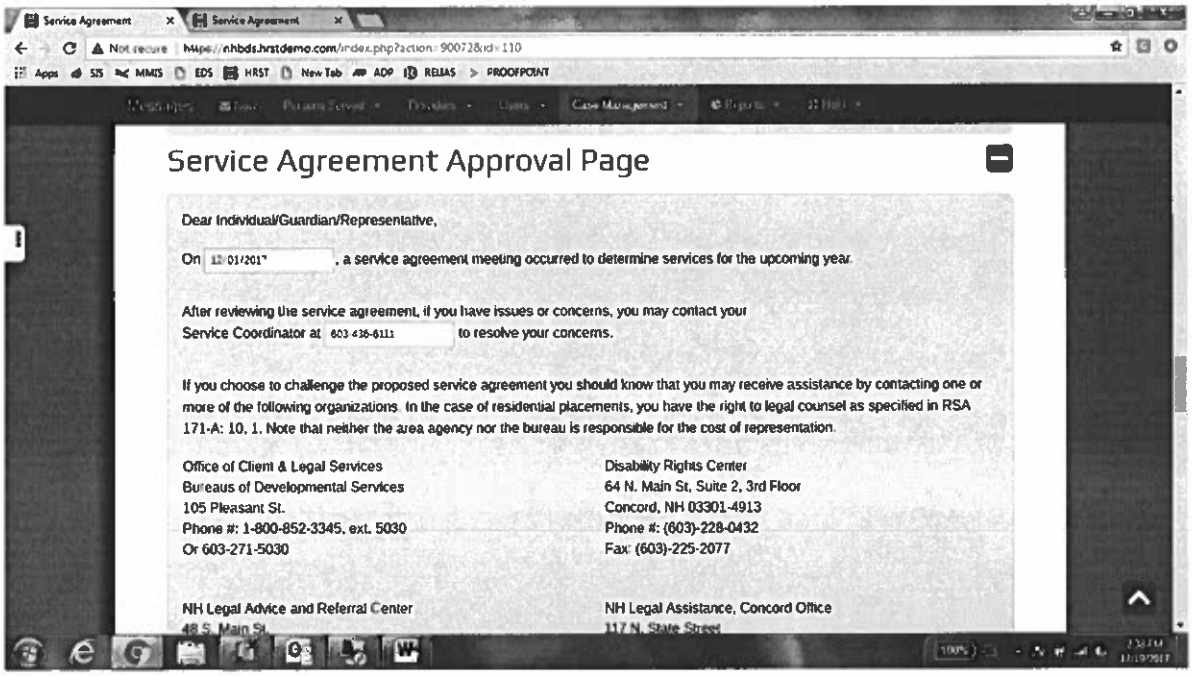
14. FINALIZE AND SIGN; **ONLY FOR SUPERVISORS.**

After clicking on the + (plus) icon, the Finalize and Sign tab will expand into one section as shown below.



15. SERVICE AGREEMENT APPROVAL PAGE; Click the + (plus) icon to the right to begin.

After clicking on the + (plus) icon, the Service Agreement Approval Page tab will expand into one section as shown below. Fill in all sections completely.



Service Agreement Approval Page

Dear Individual/Guardian/Representative,

On 12/01/2017, a service agreement meeting occurred to determine services for the upcoming year.

After reviewing the service agreement, if you have issues or concerns, you may contact your Service Coordinator at 603-436-6111 to resolve your concerns.

If you choose to challenge the proposed service agreement you should know that you may receive assistance by contacting one or more of the following organizations. In the case of residential placements, you have the right to legal counsel as specified in RSA 171-A: 10, 1. Note that neither the area agency nor the bureau is responsible for the cost of representation.

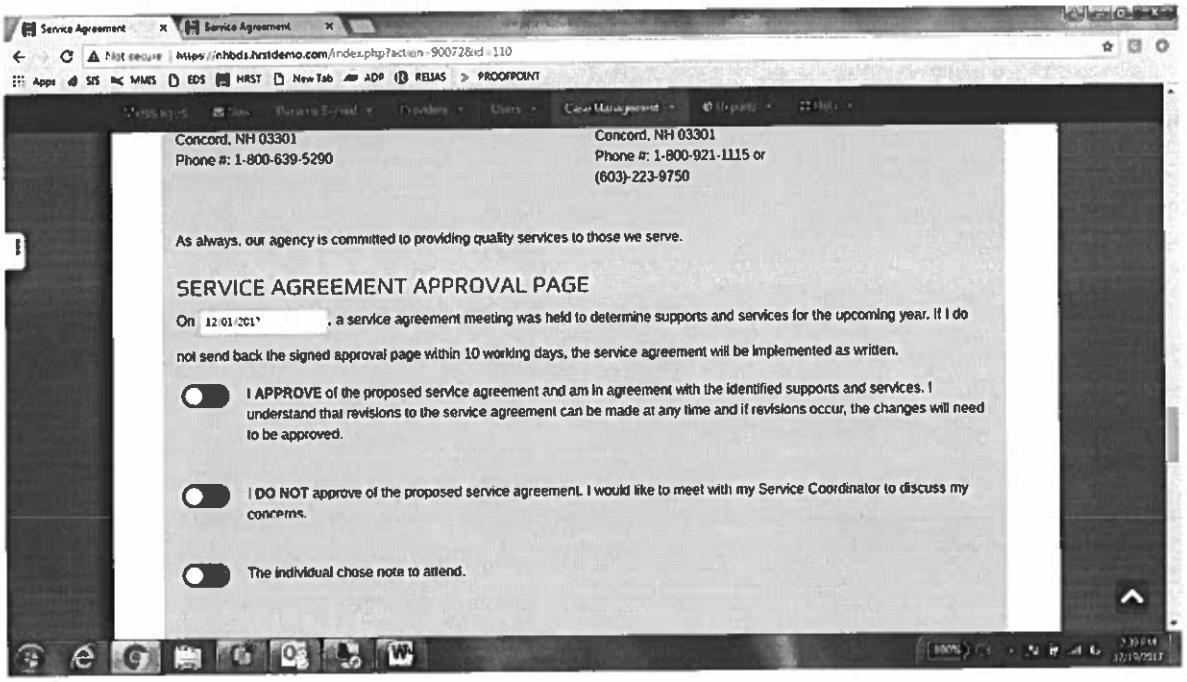
Office of Client & Legal Services
Bureaus of Developmental Services
105 Pleasant St.
Phone #: 1-800-852-3345, ext. 5030
Or 603-271-5030

Disability Rights Center
64 N. Main St, Suite 2, 3rd Floor
Concord, NH 03301-4913
Phone #: (603)-228-0432
Fax: (603)-225-2077

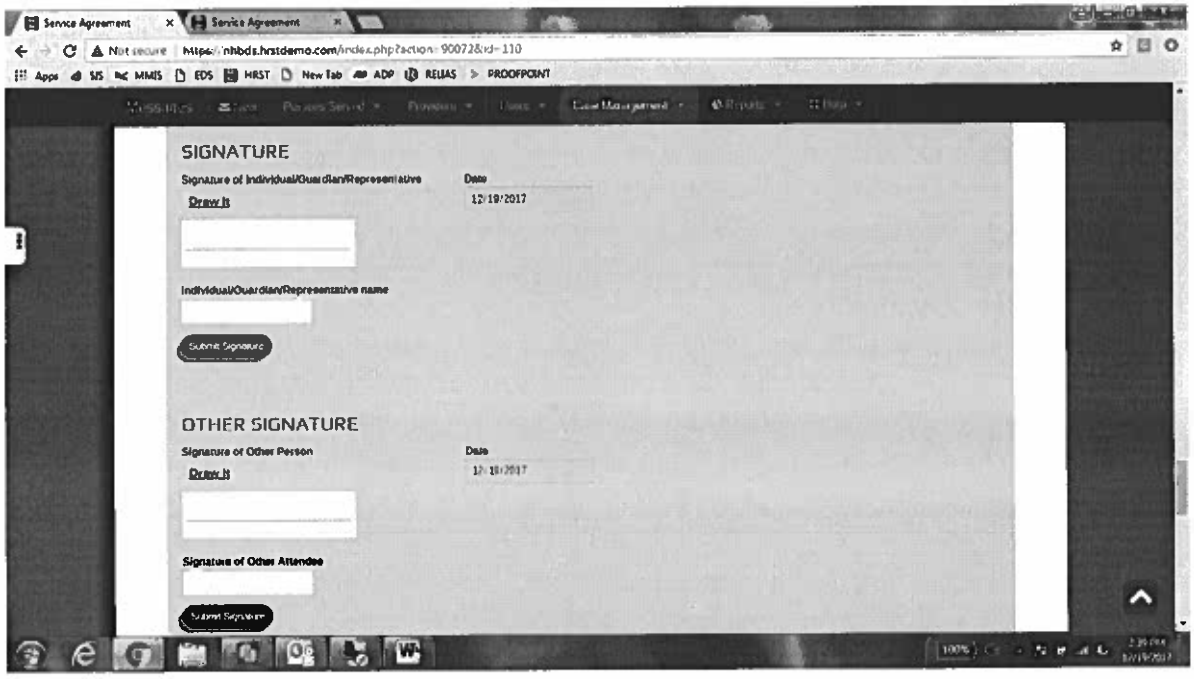
NH Legal Advice and Referral Center
48 S. Main St.

NH Legal Assistance, Concord Office
117 N. State Street

- *Date Box* will automatically be filled in based off of the date that you input in section 1. NOTE: This date will be the date that you held the Service Agreement meeting, NOT the day that the Service Agreement starts.
- *Agency Phone Number* will automatically be filled in. NOTE: If it's not, the phone number is: 6034366111
- *Service Agreement Approval Page Date Box* will automatically be filled in based off of the date that you input in section 1. NOTE: This date will be the date that you held the Service Agreement meeting, NOT the day that he Service Agreement starts.



- *I Approve* toggle is specifically to indicate whether or not the individual/guardian approves the Service Agreement. If they do approve the Service Agreement, switch the toggle right (green). If they do not approve the Service Agreement, leave the toggle left (gray).
- *I Do Not Approve* toggle is specifically to indicate whether or not the individual/guardian approves the Service Agreement. If they do not approve the Service Agreement, switch the toggle right (green). If they do approve the Service Agreement, leave the toggle left (gray).
- *The Individual Chose Not to Attend* toggle is specifically to indicate whether or not the individual attended the Service Agreement meeting. If the individual did attend, leave the toggle left (gray) and if the individual did not attend, switch toggle right (green).

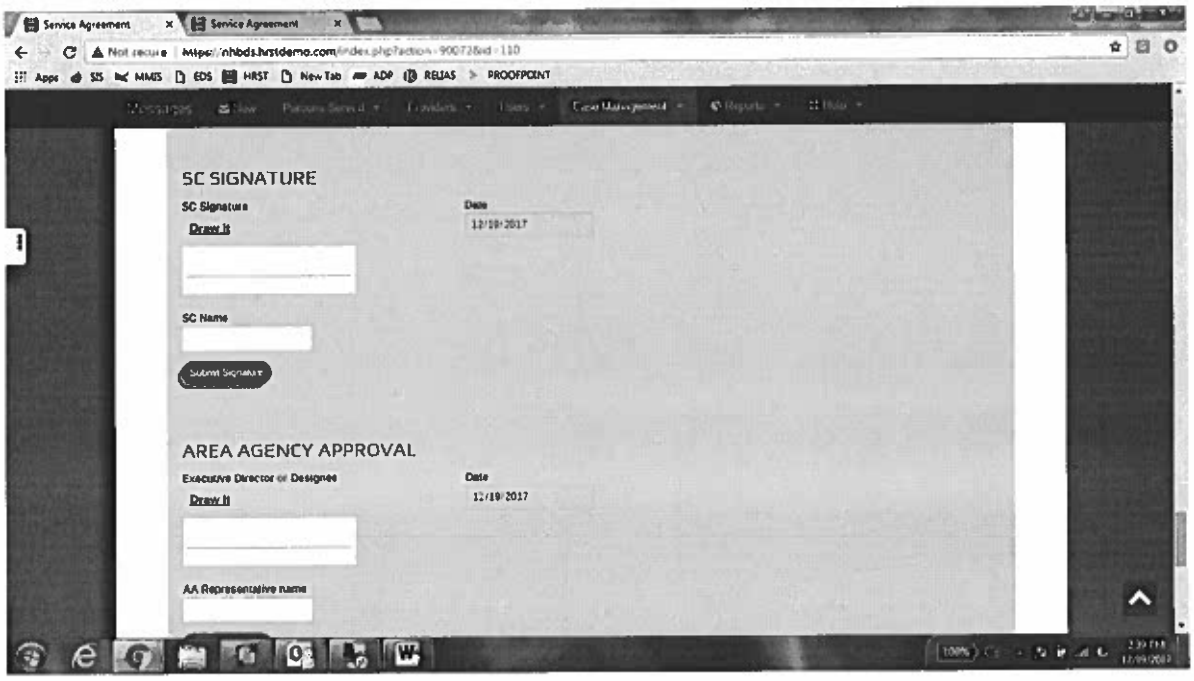


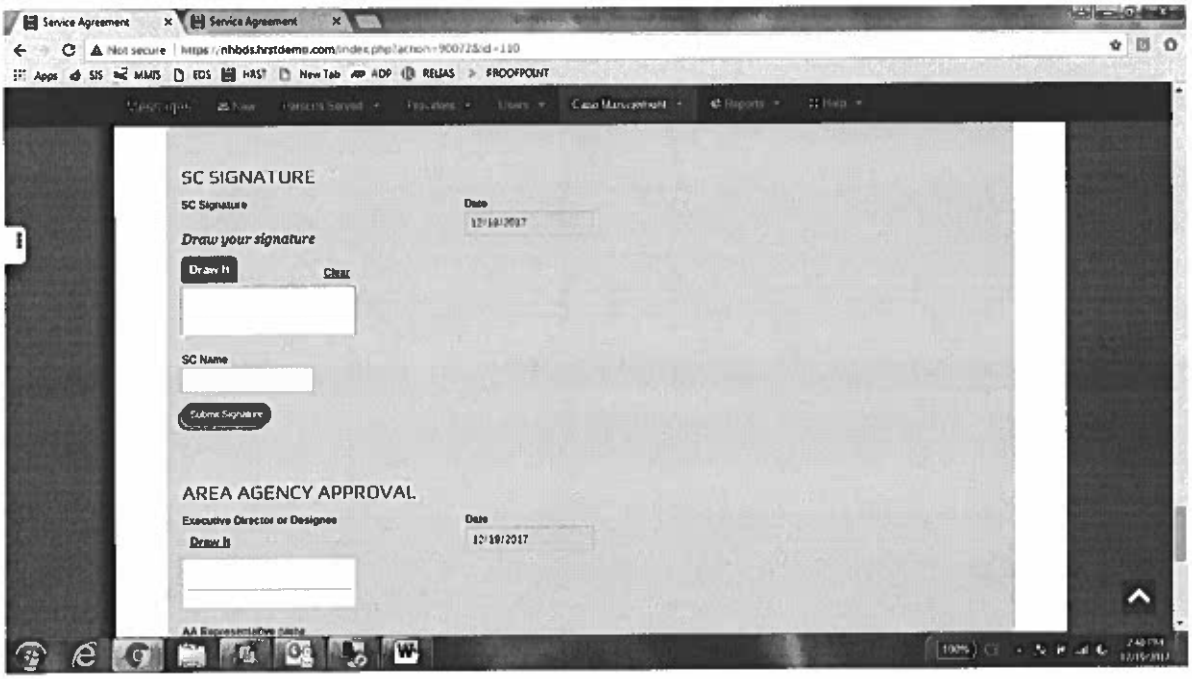
SIGNATURE SECTION-

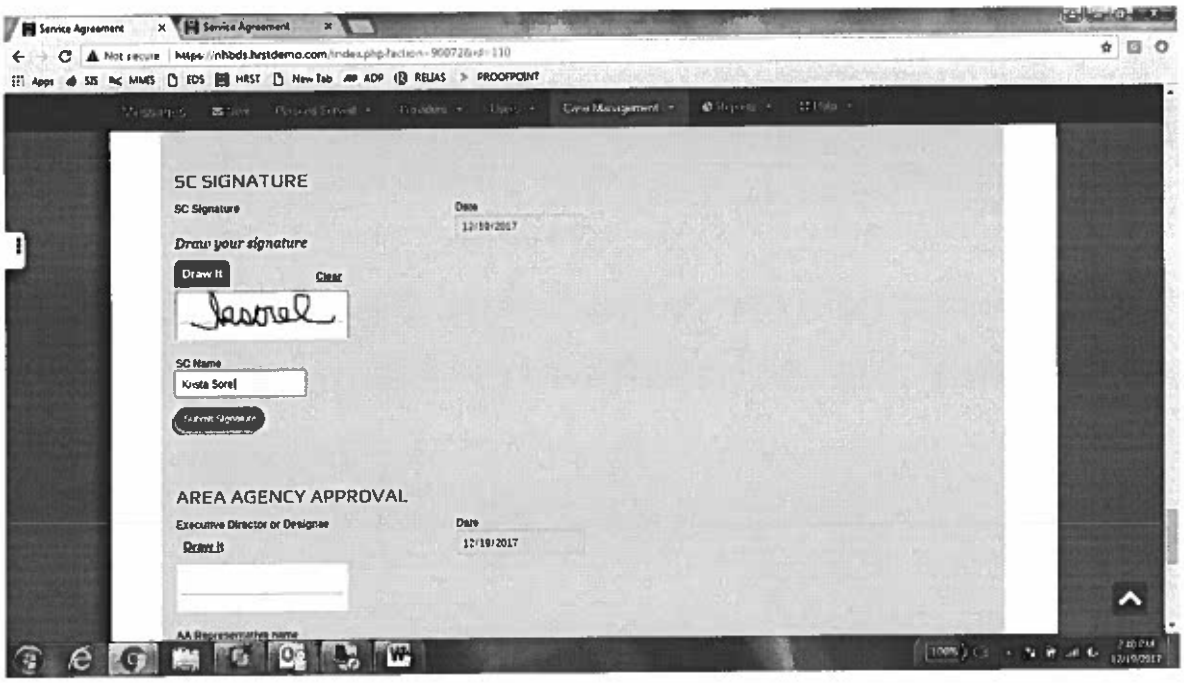
- *Individual/Guardian/Representative* can be completed in 1 of 4 ways including; Drawing their Signature, Typing in their Names, Drawing their Signature and Typing in their Names or Signing on a separate page and uploading after as PDF.
    - *Draw It;* Click on the "Draw It" button and either use your mouse and/or finger for touch screen devices to create a signature. Hit SUBMIT SIGNATURE.
    - *Typing in their Names;* Click on the Individual/Guardian/Representative name box and input the name of the individual and/or whoever will be signing the document.
    - *Draw It & Type It;* Click on the "Draw It" button and either use your mouse and/or finger for touch screen devices to create a signature then click on the Individual/Guardian/Representative name box and input the name of the individual and/or whoever will be signing the document.
    - *PDF;* If you are choosing this method, leave the sections blank and print. Have team members sign the printed page and then attach the PDF document. NOTE: SEE ATTACHED DOCUMENTS SECTION FOR INSTRUCTIONS.
    - *Date:* the date box will automatically be filled in based off of the date that you input in section 1. NOTE: This date will be the date that you held the Service Agreement meeting and/or the date that the signatures are completed, NOT the day that the Service Agreement starts.
- *Signature of Other Person* can be completed in 1 of 4 ways including; Drawing their Signature, Typing in their Names, Drawing their Signature and Typing in their Names or Signing on a separate page and uploading after as PDF.
    - *Draw It;* Click on the "Draw It" button and either use your mouse and/or finger for touch screen devices to create a signature. Hit SUBMIT SIGNATURE.

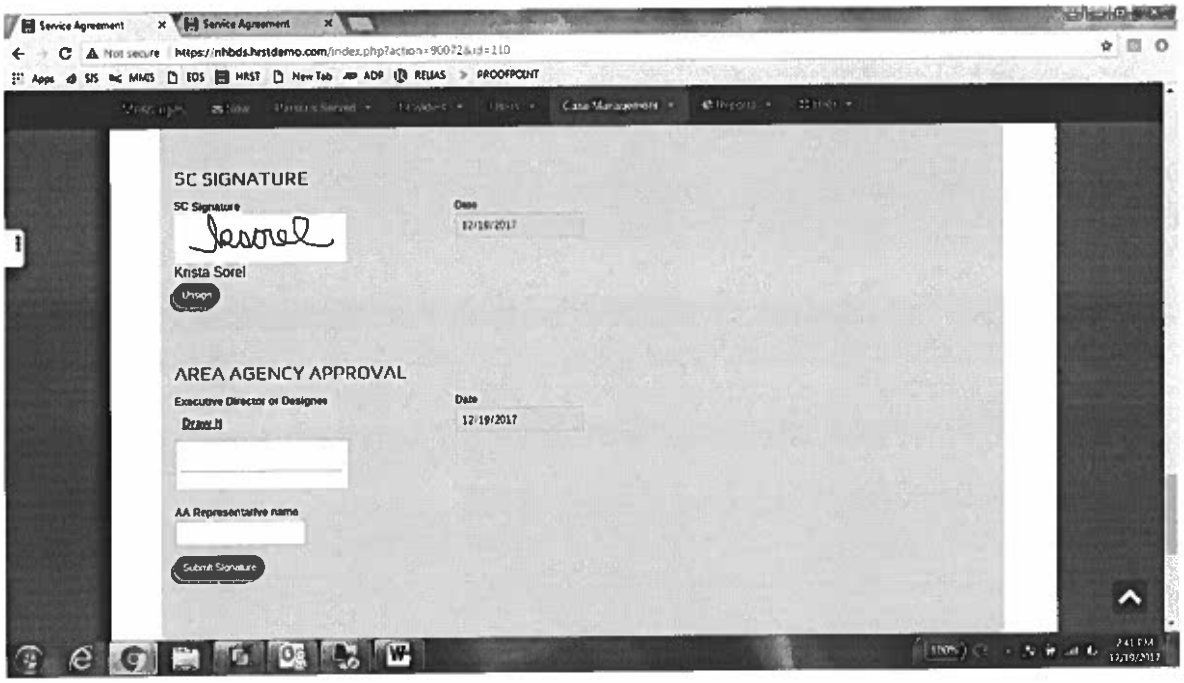
- *Typing in their Names;* Click on the Individual/Guardian/Representative name box and input the name of the individual and/or whoever will be signing the document.
- *Draw It & Type It;* Click on the "Draw It" button and either use your mouse and/or finger for touch screen devices to create a signature then click on the Individual/Guardian/Representative name box and input the name of the individual and/or whoever will be signing the document.
- *PDF;* If you are choosing this method, leave the sections blank and print. Have team members sign the printed page and then attach the PDF document. NOTE: SEE ATTACHED DOCUMENTS SECTION FOR INSTRUCTIONS.
- *Date:* the date box will automatically be filled in based off of the date that you input in section 1. NOTE: This date will be the date that you held the Service Agreement meeting and/or the date that the signatures are completed, NOT the day that the Service Agreement starts.

- *SC Signature* can be completed in 1 of 4 ways including; Drawing your Signature, Typing in your Name, Drawing your Signature and Typing in your Name or Signing on a separate page and uploading after as PDF. (see below)
  - *Draw It;* Click on the "Draw It" button and either use your mouse and/or finger for touch screen devices to create a signature. Hit SUBMIT SIGNATURE.
  - *Typing in your Name;* Click on the SC name box and input the name of the individual and/or whoever will be signing the document.
  - *Draw It & Type It;* Click on the "Draw It" button and either use your mouse and/or finger for touch screen devices to create a signature then click on the SC name box and input your name.
  - *PDF;* If you are choosing this method, leave the sections blank and print. Have team members sign the printed page and then attach the PDF document. NOTE: SEE ATTACHED DOCUMENTS SECTION FOR INSTRUCTIONS.
  - *Date:* the date box will automatically be filled in based off of the date that you input in section 1. NOTE: This date will be the date that you held the Service Agreement meeting and/or the date that the signatures are completed, NOT the day that the Service Agreement starts.


Service Agreement
Service Agreement
Not secure
https://nhbds.hrstdemo.com/index.php?action=900728id=110
Apps
SIS
MMIS
EDS
HRST
New Tab
ADP
RELIAS
PROOFPOINT
SC SIGNATURE
SC Signature
Date
12/19/2017
Draw It
SC Name
Submit Signature
AREA AGENCY APPROVAL
Executive Director or Designee
Date
12/19/2017
Draw It
AA Representative name


Service Agreement
Service Agreement
Not secure
https://nhbds.hrstdemo.com/index.php?action=900728id=110
Apps
SIS
MMIS
EDS
HRST
New Tab
ADP
RELIAS
PROOFPOINT
SC SIGNATURE
SC Signature
Date
12/19/2017
Draw your signature
Draw It
Clear
SC Name
Submit Signature
AREA AGENCY APPROVAL
Executive Director or Designee
Date
12/19/2017
Draw It

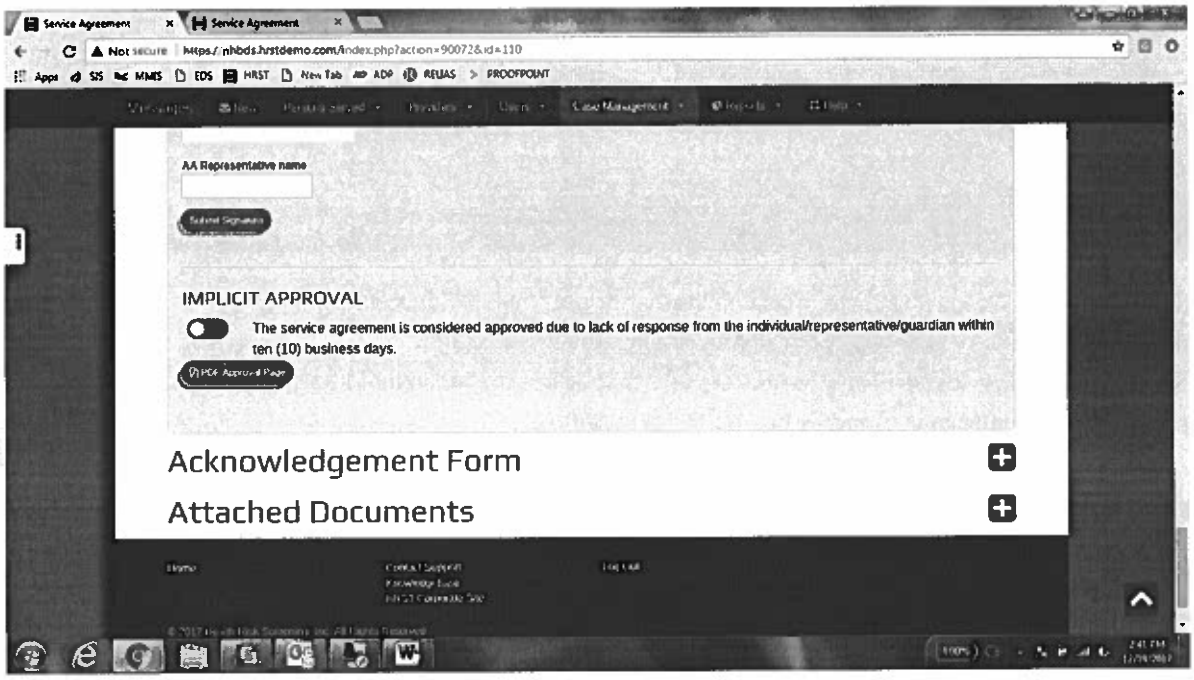




- *AREA AGENCY APPROVAL* **(ONLY FOR SUPERVISORS)** can be completed in 1 of 4 ways including; Drawing your Signature, Typing in your Name, Drawing your Signature and Typing in your Name or Signing on a separate page and uploading after as PDF.
    - *Draw It;* Click on the "Draw It" button and either use your mouse and/or finger for touch screen devices to create a signature.

- *Typing in your Name;* Click on the SC name box and input the name of the individual and/or whoever will be signing the document.
- *Draw It & Type It;* Click on the "Draw It" button and either use your mouse and/or finger for touch screen devices to create a signature then click on the SC name box and input your name.
- *PDF;* If you are choosing this method, leave the sections blank and print. Have team members sign the printed page and then attach the PDF document. NOTE: SEE ATTACHED DOCUMENTS SECTION FOR INSTRUCTIONS.

- *Implicit Approval Toggle* is specifically to indicate if the Service Agreement is considered approved due to lack of response from the individual/representative/guardian within ten (10) business days. ISN'T THIS SUPPOSED TO BE 14 DAYS?

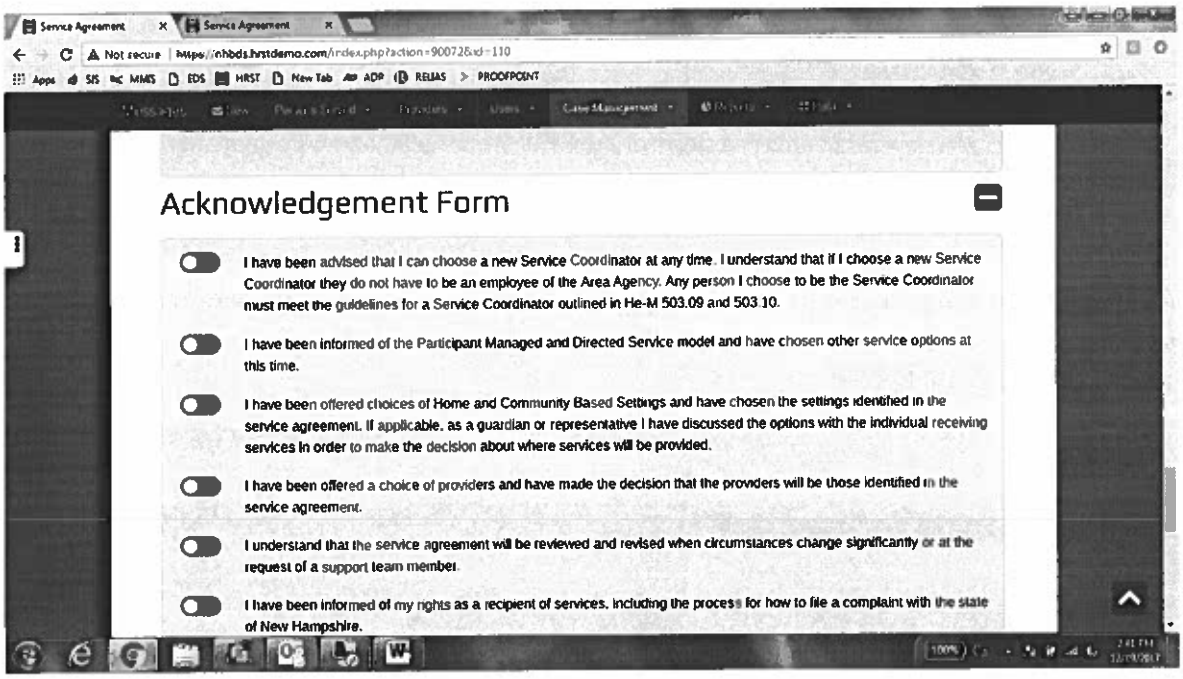


16. ACKNOWLEDGEMENT FORM; Click the + (plus) icon to the right to begin.

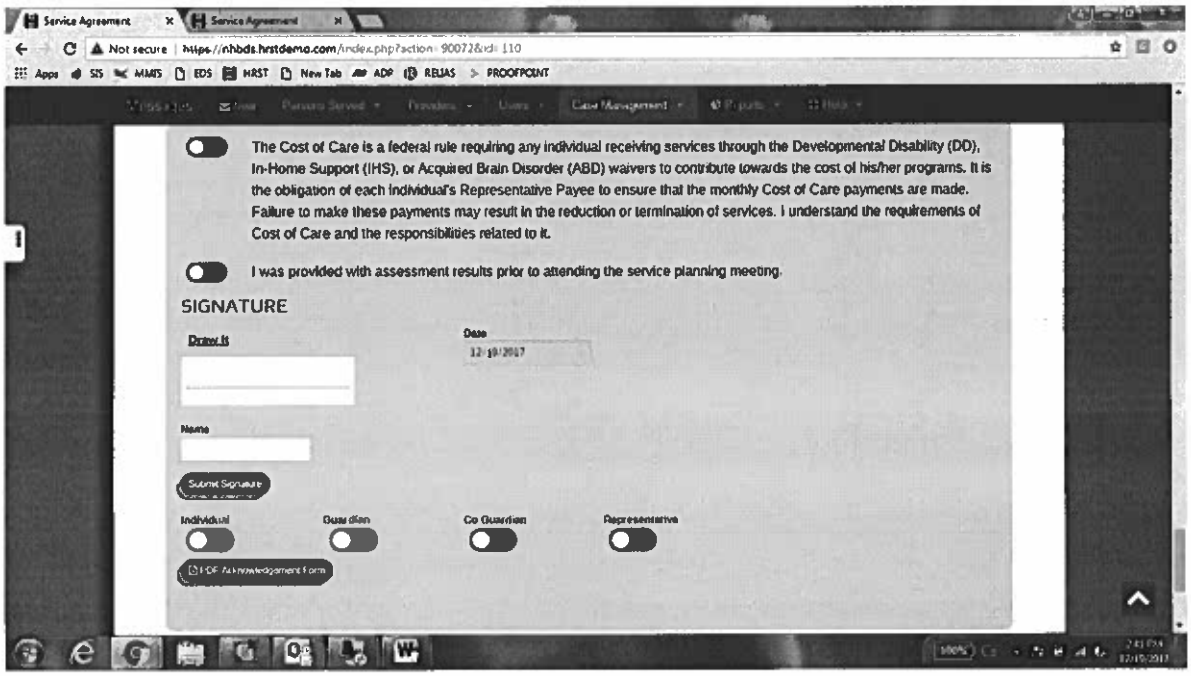
- *There are two ways to complete this acknowledgement form; online through the HRST program or PDF printing and uploading afterwards. Instructions for each are below.*

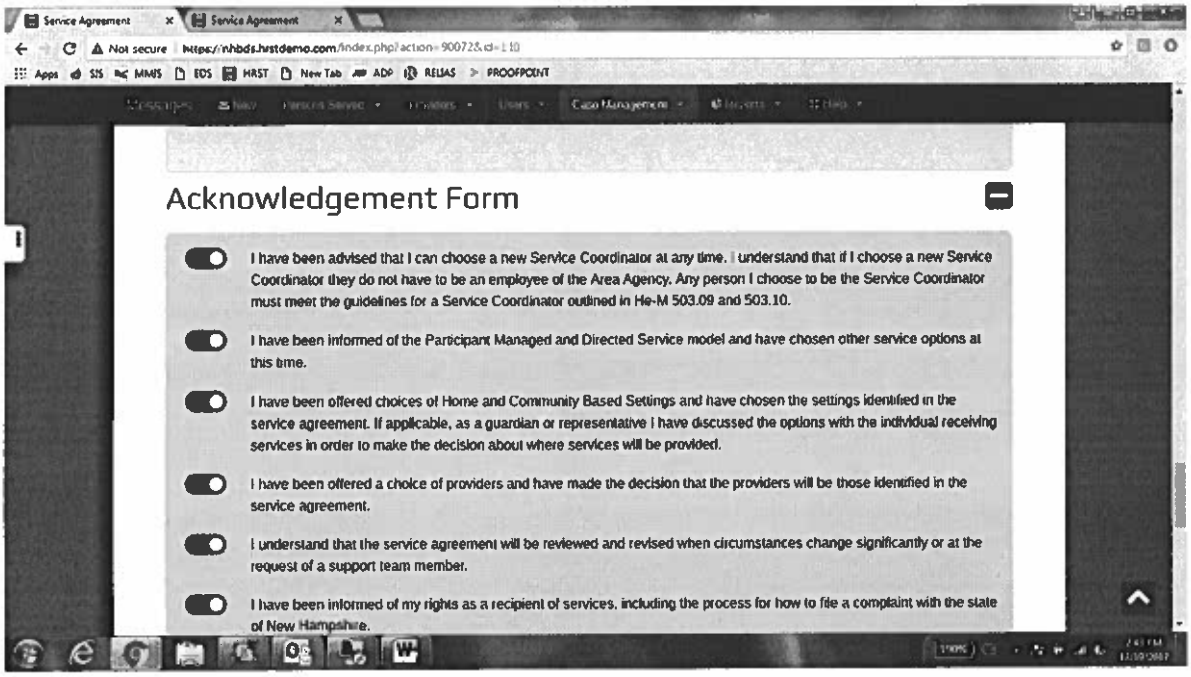
HRST Program Completion-

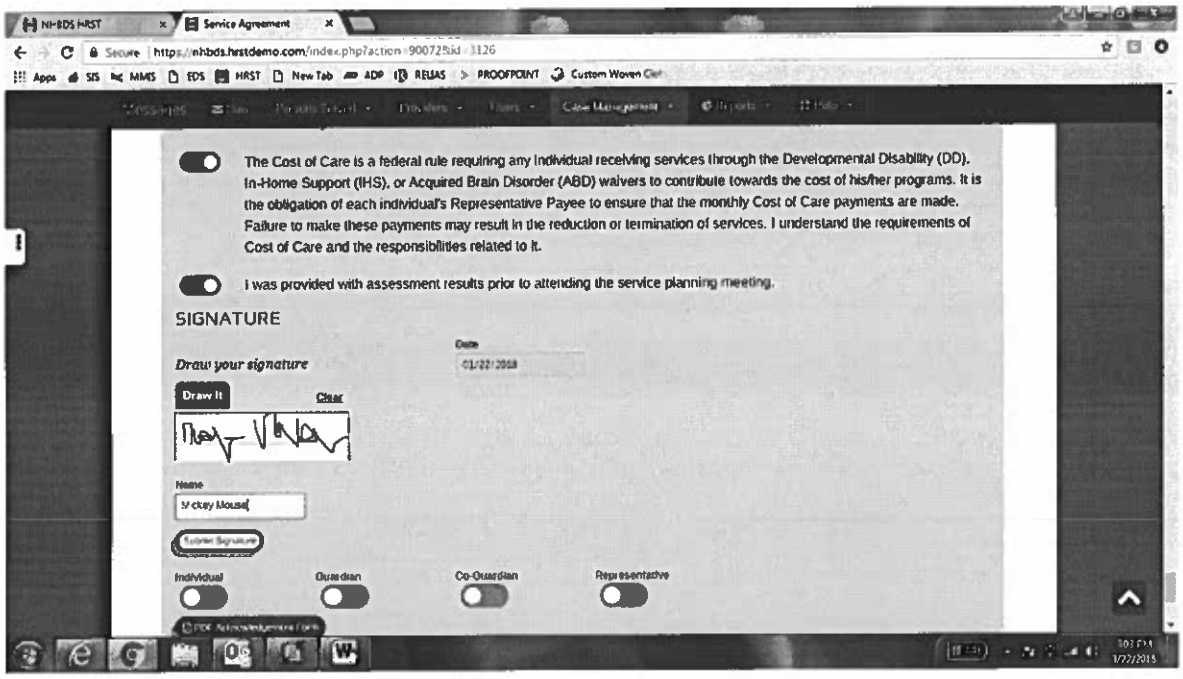
After clicking on the + (plus) icon, the ACKNOWLEDGEMENT FORM tab will expand into one large section with multiple toggles as shown below. Fill in all sections completely.

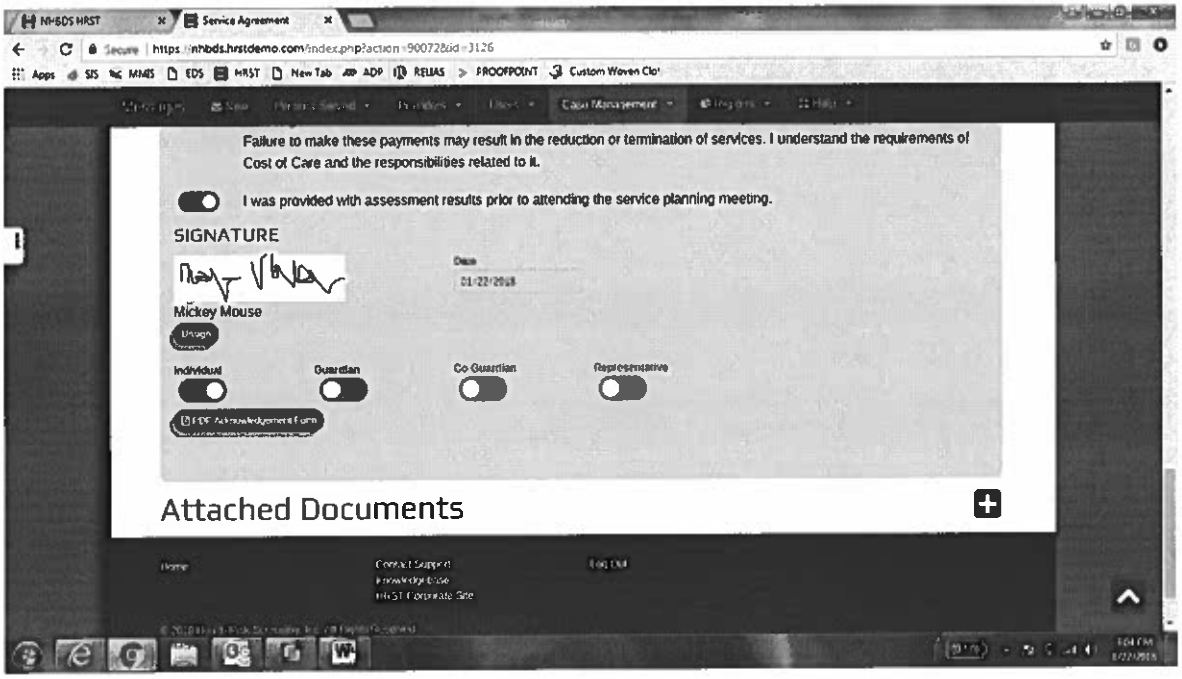


- *The First Toggle* is specifically to indicate whether or not the individual/guardian has been advised that they can choose a new Service Coordinator at any time.
- *The Second Toggle* is specifically to indicate whether or not the individual/guardian has been informed of the Participant Manages and Directed Service model.
- *The Third Toggle* is specifically to indicate whether or not the individual/guardian has been offered choices of Home and Community Based Settings.
- *The Fourth Toggle* is specifically to indicate whether or not the individual/guardian has been offered a choice of providers.
- *The Fifth Toggle* is specifically to indicate whether or not the individual/guardian understands that the Service Agreement will be reviewed and revised when circumstances change significantly or at the request of a support team member.
- *The Sixth Toggle* is specifically to indicate whether or not the individual/guardian has been informed of their rights.
- *The Seventh Toggle* is specifically to indicate whether or not the individual/guardian understands the requirements for Cost of Care and the responsibilities related to it.
- *The Eighth Toggle* is specifically to indicate whether or not the individual/guardian was provided with assessment results prior to attending the service planning meeting.


Service Agreement
Service Agreement
Not secure | https://nhbds.hrstdemo.com/index.php?action=90072&id=110
Apps SIS MMIS EDS HRST New Tab ADP RELIAS PROOFPOINT
Case Management
The Cost of Care is a federal rule requiring any individual receiving services through the Developmental Disability (DD), In-Home Support (IHS), or Acquired Brain Disorder (ABD) waivers to contribute towards the cost of his/her programs. It is the obligation of each Individual's Representative Payee to ensure that the monthly Cost of Care payments are made. Failure to make these payments may result in the reduction or termination of services. I understand the requirements of Cost of Care and the responsibilities related to it.
I was provided with assessment results prior to attending the service planning meeting.
SIGNATURE
Draw It
Date
12/19/2017
Name
Submit Signature
Individual
Guardian
Co Guardian
Representative
PDF Acknowledgement Form


Service Agreement
Service Agreement
Not secure | https://nhbds.hrstdemo.com/index.php?action=90072&id=110
Apps SIS MMIS EDS HRST New Tab ADP RELIAS PROOFPOINT
Case Management
Acknowledgement Form
I have been advised that I can choose a new Service Coordinator at any time. I understand that if I choose a new Service Coordinator they do not have to be an employee of the Area Agency. Any person I choose to be the Service Coordinator must meet the guidelines for a Service Coordinator outlined in He-M 503.09 and 503.10.
I have been informed of the Participant Managed and Directed Service model and have chosen other service options at this time.
I have been offered choices of Home and Community Based Settings and have chosen the settings identified in the service agreement. If applicable, as a guardian or representative I have discussed the options with the individual receiving services in order to make the decision about where services will be provided.
I have been offered a choice of providers and have made the decision that the providers will be those identified in the service agreement.
I understand that the service agreement will be reviewed and revised when circumstances change significantly or at the request of a support team member.
I have been informed of my rights as a recipient of services, including the process for how to file a complaint with the state of New Hampshire.



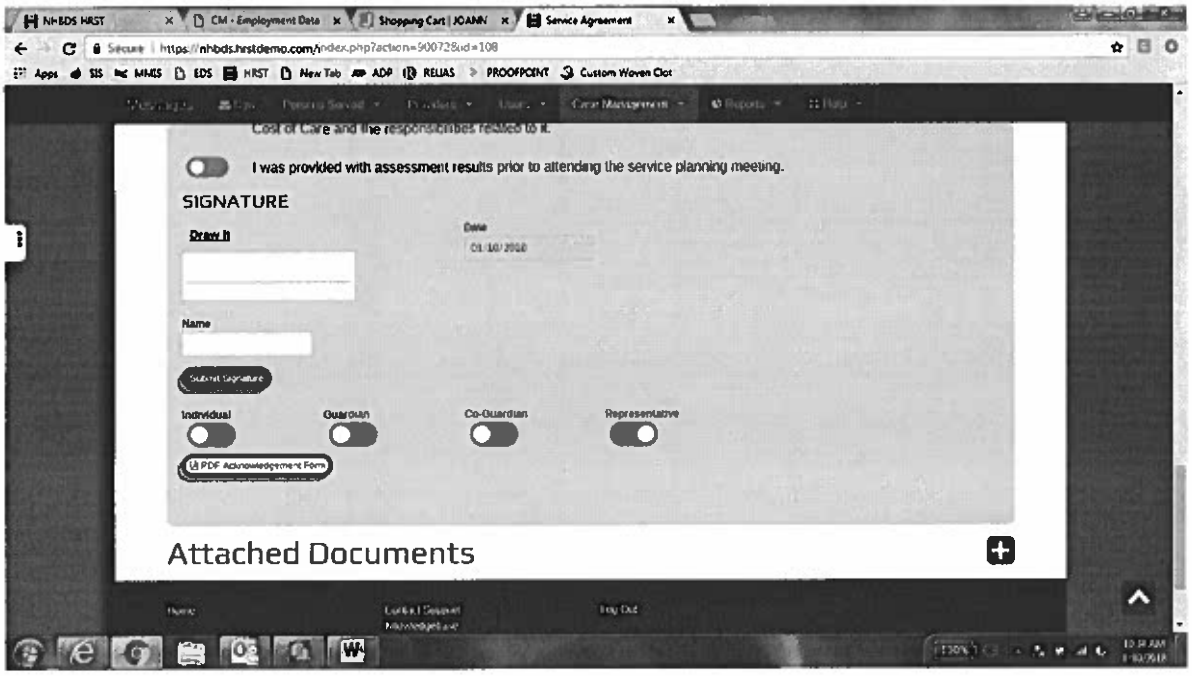


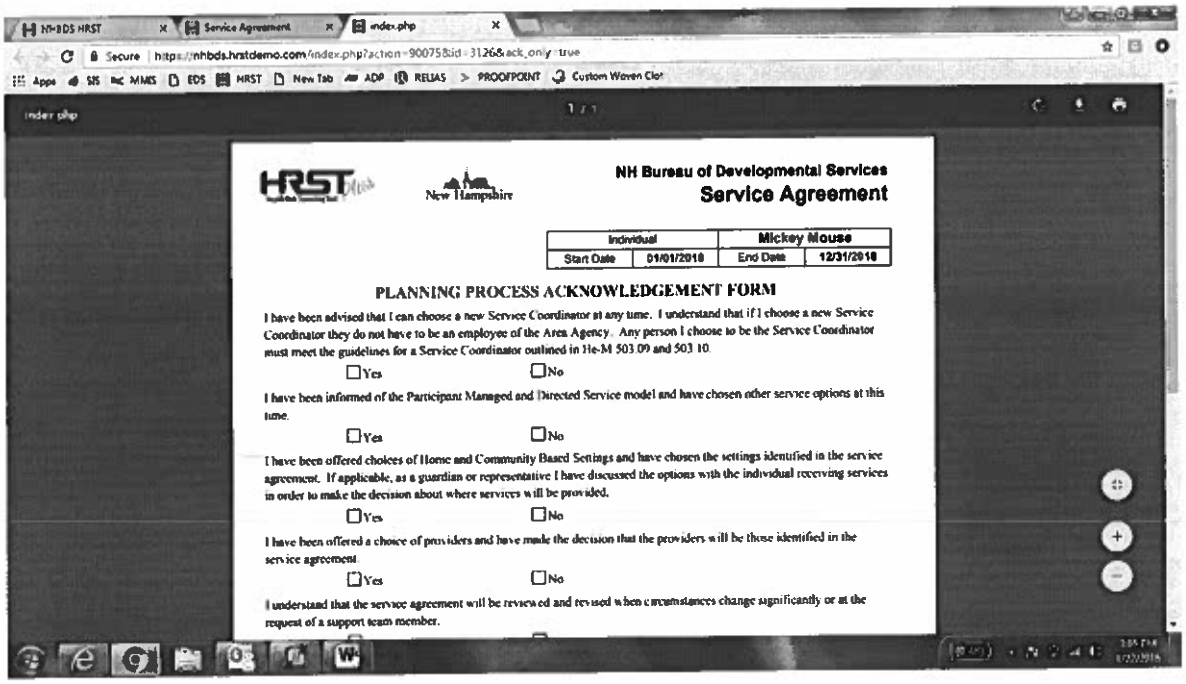
- *SIGNATURE- Individual/Guardian/Representative* can be completed in 1 of 4 ways including; Drawing their Signature, Typing in their Names, Drawing their Signature and Typing in their Names or Signing on a separate page and uploading after as PDF.
    - *Draw It;* Click on the "Draw It" button and either use your mouse and/or finger for touch screen devices to create a signature. Hit SUBMIT SIGNATURE.

- *Typing in their Names;* Click on the Individual/Guardian/Representative name box and input the name of the individual and/or whoever will be signing the document.
- *Draw It & Type It;* Click on the "Draw It" button and either use your mouse and/or finger for touch screen devices to create a signature then click on the Individual/Guardian/Representative name box and input the name of the individual and/or whoever will be signing the document.
- *PDF;* If you are choosing this method, leave the sections blank and print. Have team members sign the printed page and then attach the PDF document. NOTE: SEE ATTACHED DOCUMENTS SECTION FOR INSTRUCTIONS.
- *Date:* the date box will automatically be filled in based off of the date that you input in section 1. NOTE: This date will be the date that you held the Service Agreement meeting and/or the date that the signatures are completed, NOT the day that the Service Agreement starts.
- *Toggles;* there are 4 toggle options that need to be switched regarding who is signing the form, options include; Individual, Guardian, Co-Guardian and/or Representative.

PDF Completion-

Click on PDF Acknowledgment Form. Print your document. Obtain required signatures and upload as an attachment (see below for instructions on how to upload the PDF Acknowledgment Form).





NH Bureau of Developmental Services
Service Agreement

Individual		Mickey Mouse	
Start Date	01/01/2018	End Date	12/31/2018

PLANNING PROCESS ACKNOWLEDGEMENT FORM

I have been advised that I can choose a new Service Coordinator at any time. I understand that if I choose a new Service Coordinator they do not have to be an employee of the Area Agency. Any person I choose to be the Service Coordinator must meet the guidelines for a Service Coordinator outlined in He-M 503.09 and 503.10.

☐Yes ☐No

I have been informed of the Participant Managed and Directed Service model and have chosen other service options at this time.

☐Yes ☐No

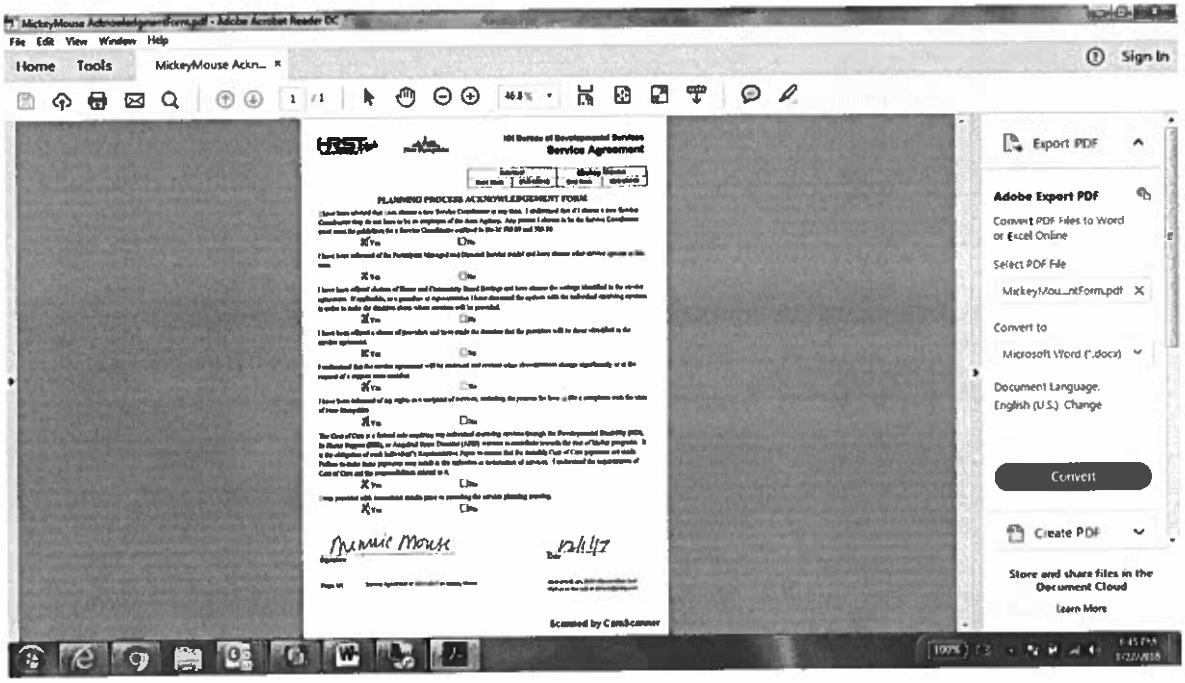
I have been offered choices of Home and Community Based Settings and have chosen the settings identified in the service agreement. If applicable, as a guardian or representative I have discussed the options with the individual receiving services in order to make the decision about where services will be provided.

☐Yes ☐No

I have been offered a choice of providers and have made the decision that the providers will be those identified in the service agreement.

☐Yes ☐No

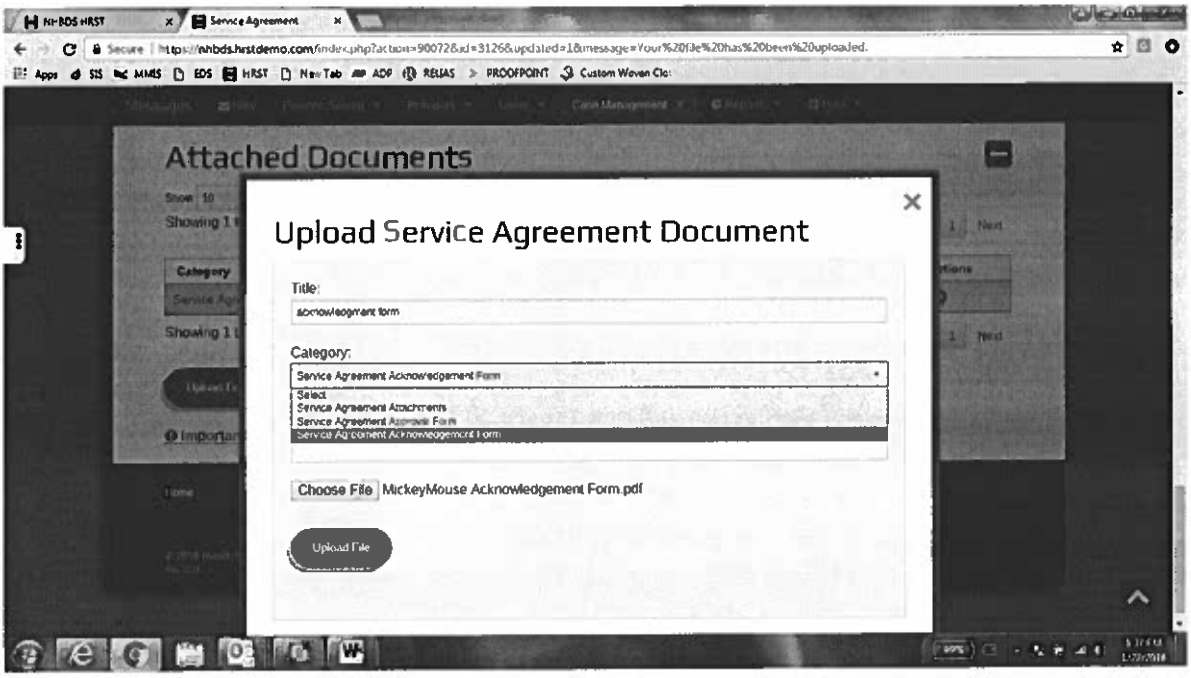
I understand that the service agreement will be reviewed and revised when circumstances change significantly or at the request of a support team member.



- *Upload Document;* Hit the GREEN upload document button to begin. This will give you a pop-up box with three sections; Title, Category and Comments.
  - *Title:* should specifically note what the document that you are attaching is, i.e. He-M 1001 Residential Description of Services.

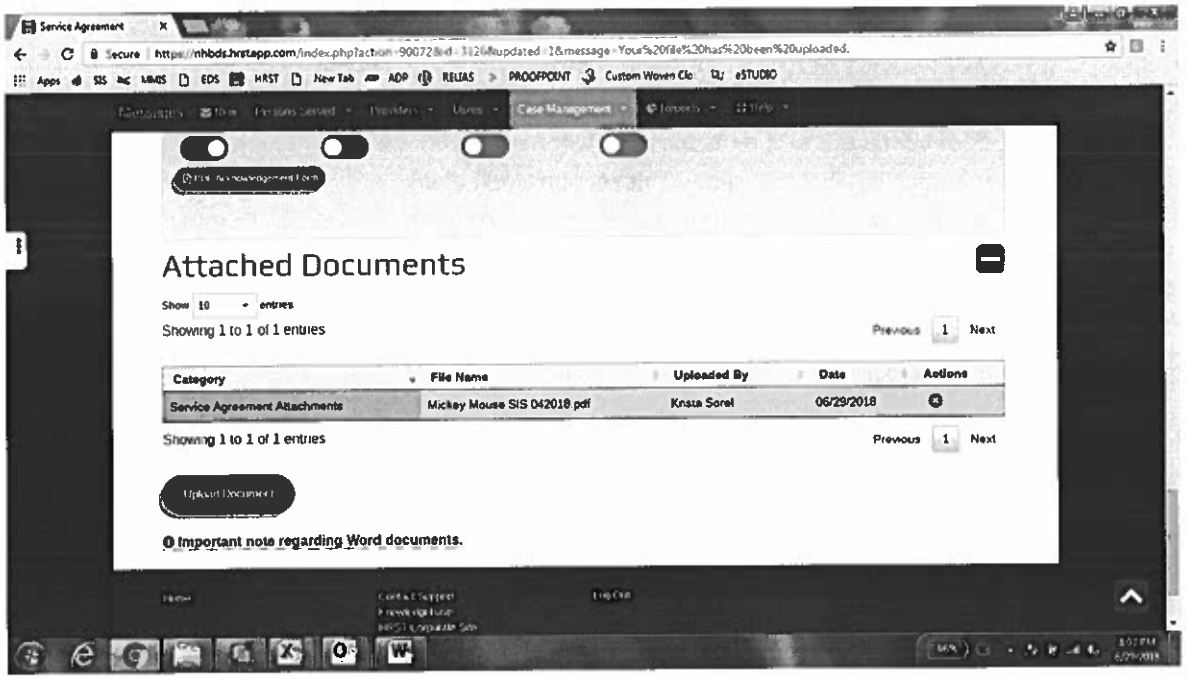
- *Category:* this section is a drop down menu with three options; Service Agreement Attachments, Service Agreement Approval Form and Service Agreement Acknowledgment Form.
- *Comments:* this section is specifically for any additional information you'd like to provide. NOTE: Most times, this section is left blank.
- **NOTE: YOU CAN ONLY UPLOAD PDF FILES; NOT DOING SO WILL DISTORT YOUR DOCUMENTS- SEE ERROR MESSAGE BELOW.**

- *Choose File* button is self-explanatory. Click on choose file and this will give you a pop-up box. Choose the appropriate area where you keep your files, in this instance, it's the Desktop. Choose the file you wish to upload and click OPEN.
- *Upload File* button is self-explanatory. Click on upload file and you will be taken back to the beginning of the service agreement with a gray message box explaining that "your file has been uploaded". Continue this process until all of your documentation is uploaded to the service agreement.

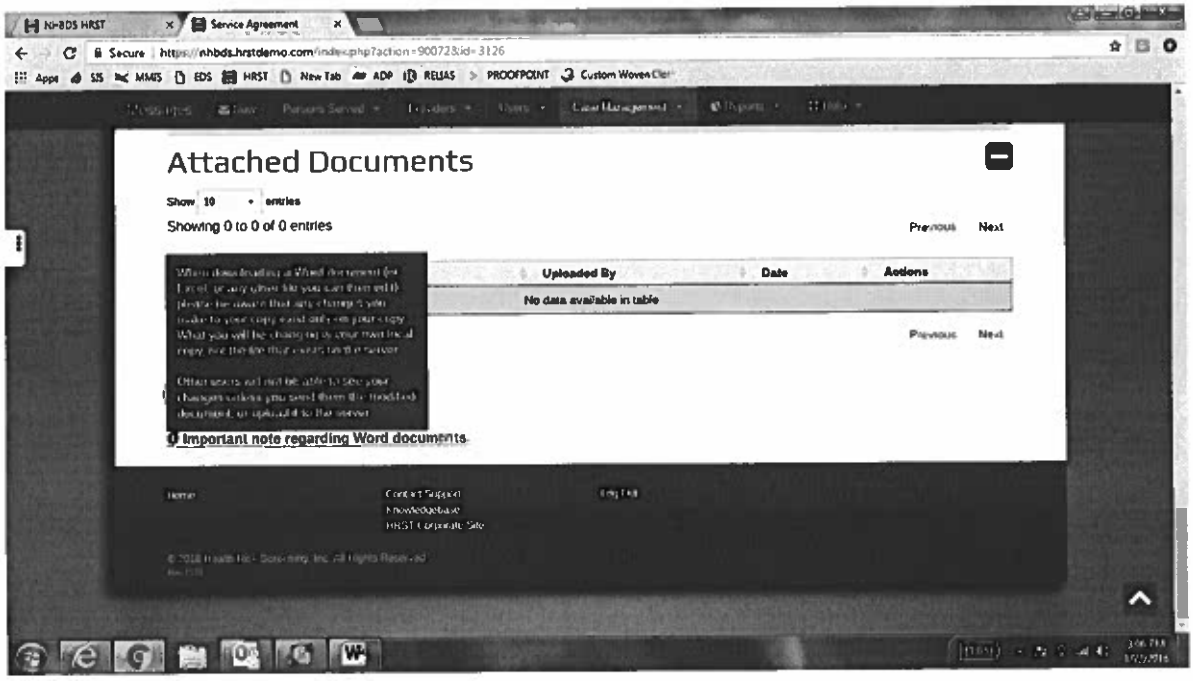


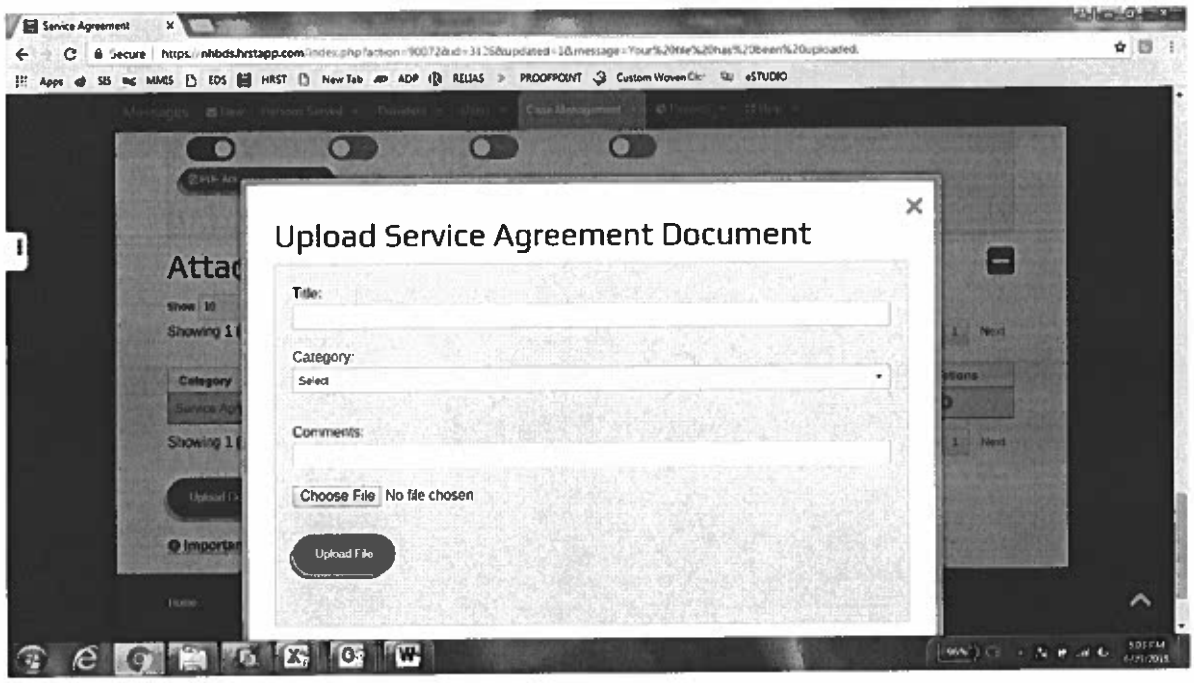
17. ATTACHED DOCUMENTS; Click the + (plus) icon to the right to begin.

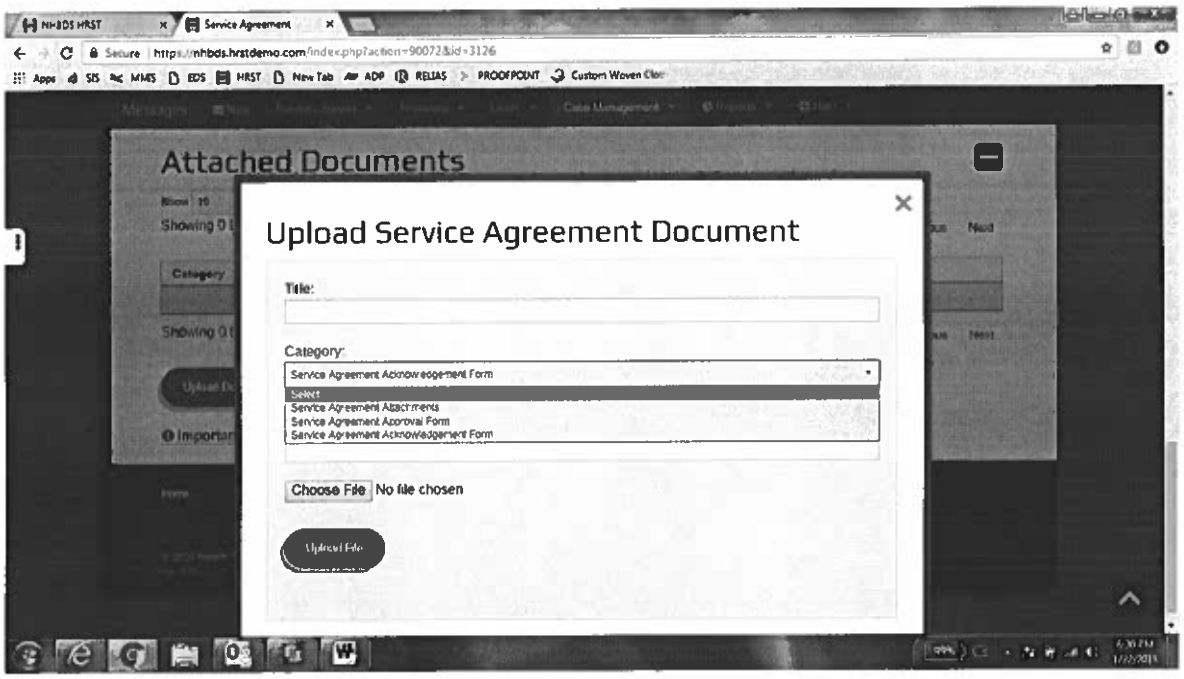
After clicking on the + (plus) icon, the Attached Documents tab will expand into one section as shown below. Fill in all sections completely. *NOTE: THE SIS SHOULD ALREADY BE ATTACHED TO THE SERVICE AGREEMENT.* (see below)



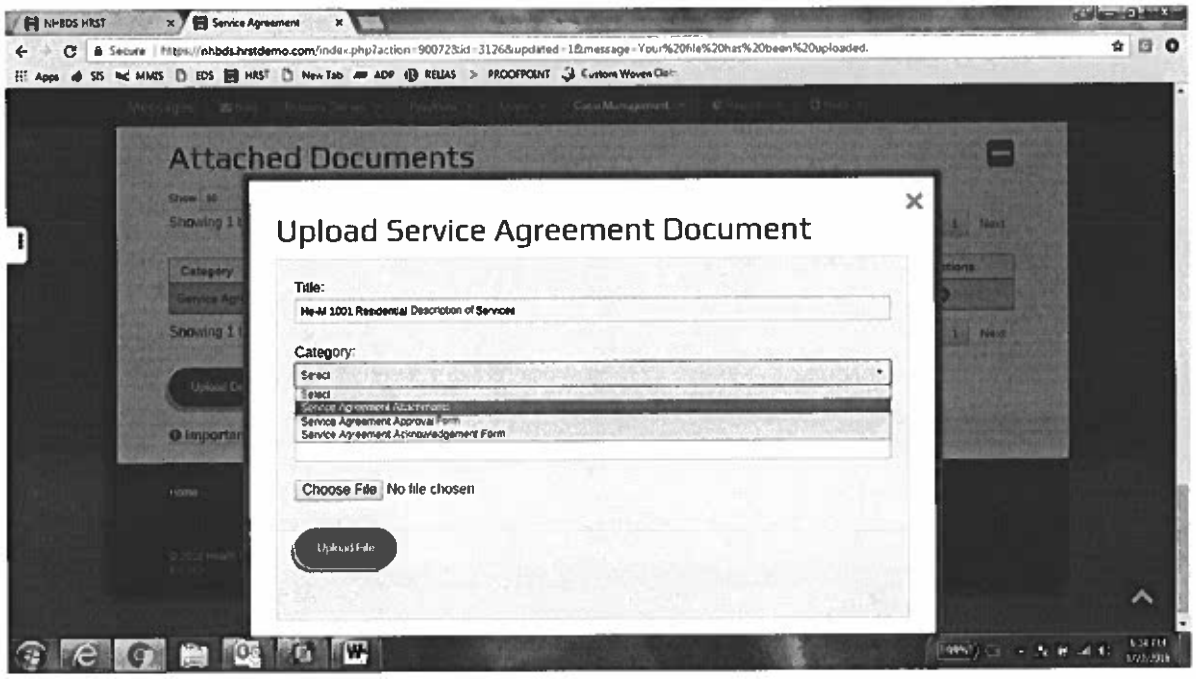
- *Upload Document;* Hit the GREEN upload document button to begin. This will give you a pop-up box with three sections; Title, Category and Comments.
  - *Title:* should specifically note what the document that you are attaching is, i.e. He-M 1001 Residential Description of Services.
  - *Category:* this section is a drop down menu with three options; Service Agreement Attachments, Service Agreement Approval Form and Service Agreement Acknowledgment Form.
  - *Comments:* this section is specifically for any additional information you'd like to provide. NOTE: Most times, this section is left blank.
  - **NOTE: YOU CAN ONLY UPLOAD PDF FILES; NOT DOING SO WILL DISTORT YOUR DOCUMENTS- SEE ERROR MESSAGE BELOW.**

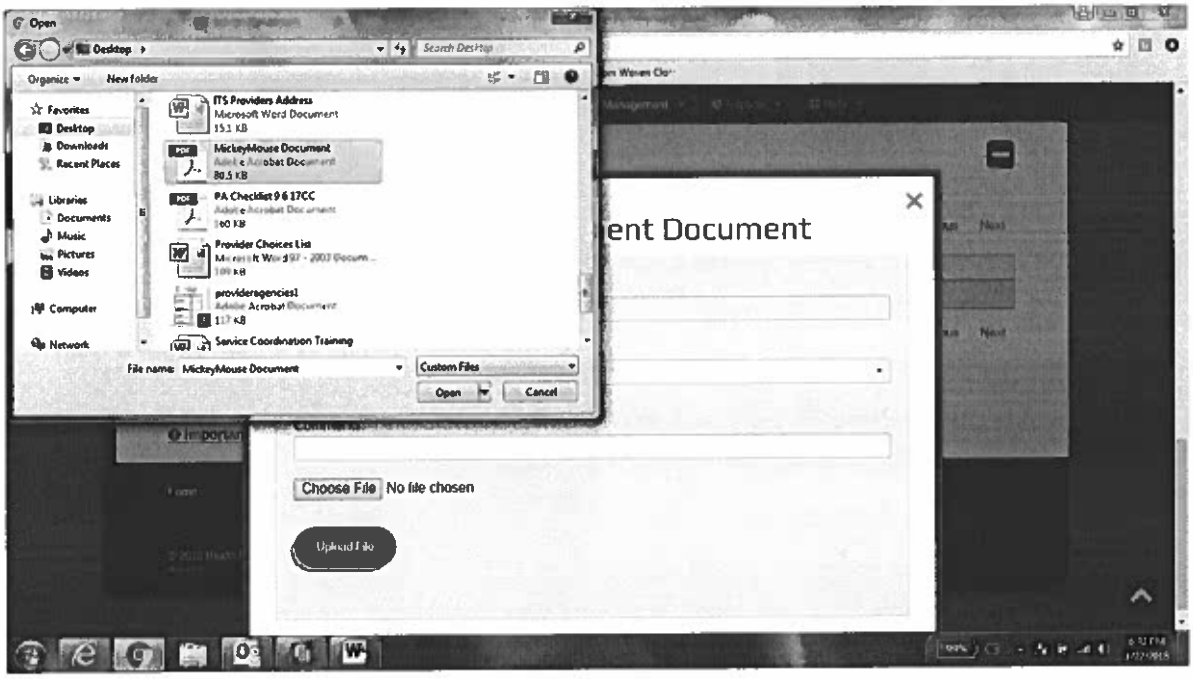

Service Agreement
Attached Documents
Show 10 entries
Showing 0 to 0 of 0 entries
Previous
Next
Uploaded By
Date
Actions
No data available in table
Important note regarding Word documents.

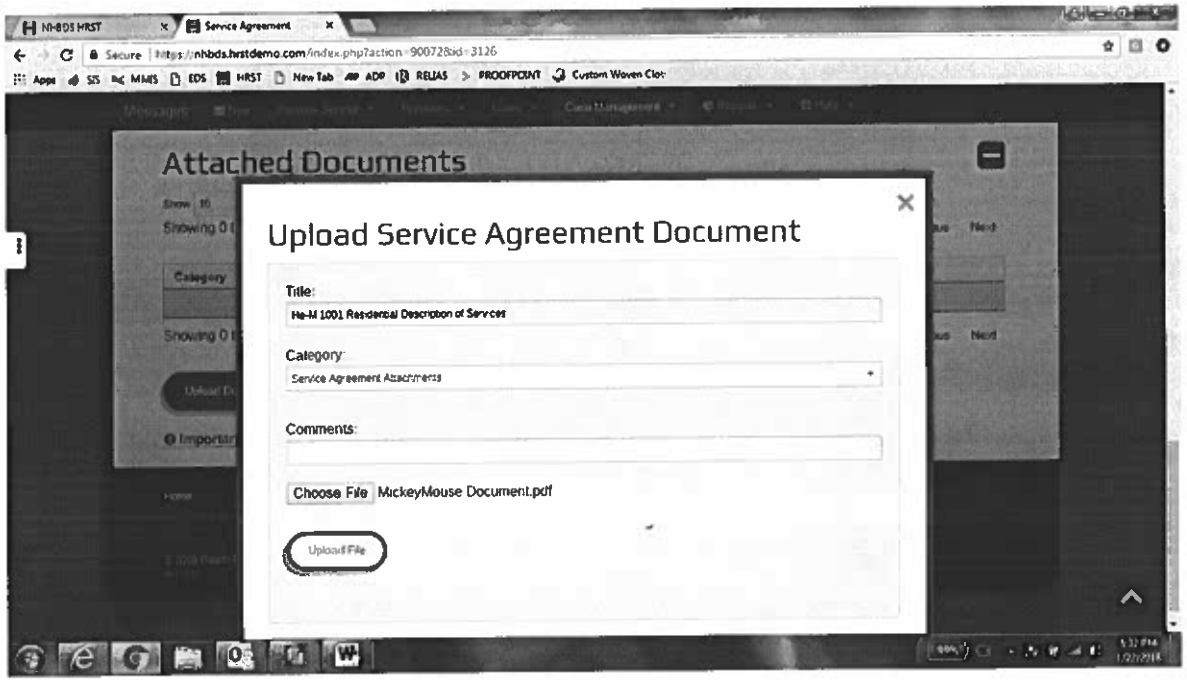

Service Agreement
Upload Service Agreement Document
Title:
Category:
Select
Comments:
Choose File
No file chosen
Upload File

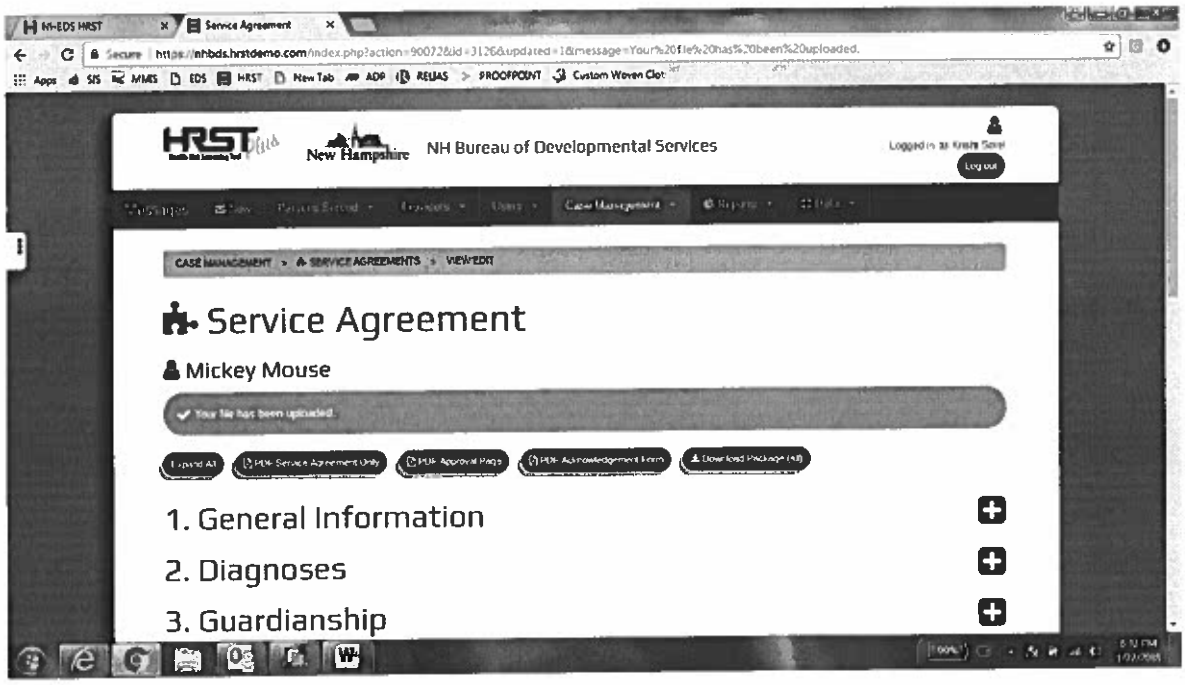


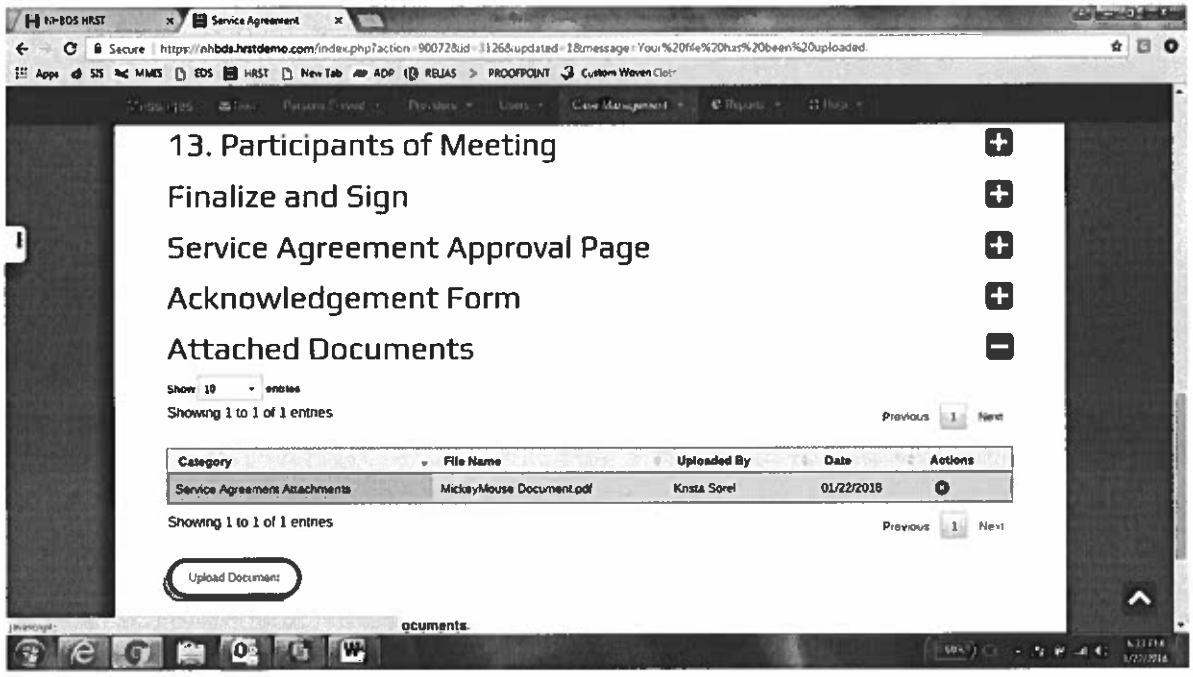
- *Choose File* button is self-explanatory. Click on choose file and this will give you a pop-up box. Choose the appropriate area where you keep your files, in this instance, it's the Desktop. Choose the file you wish to upload and click OPEN.
- *Upload File* button is self-explanatory. Click on upload file and you will be taken back to the beginning of the service agreement with a gray message box explaining that "your file has been uploaded". Continue this process until all of your documentation is uploaded to the service agreement.

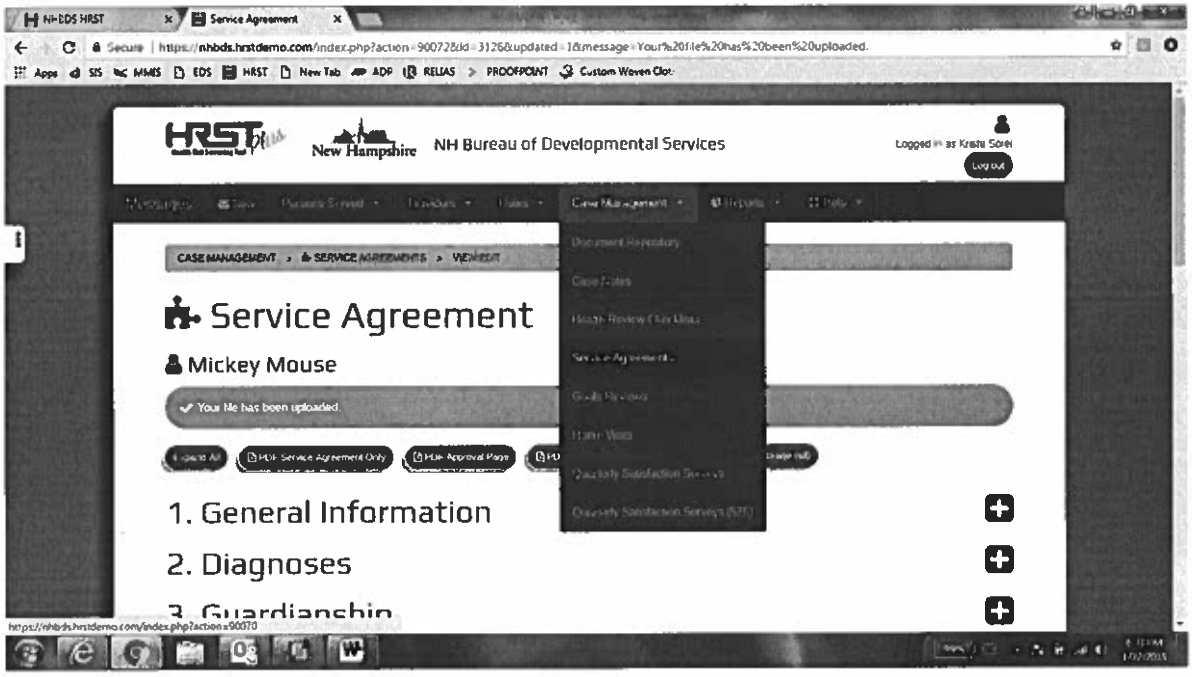

Attached Documents
Upload Service Agreement Document
Title:
Category:
Service Agreement Approval Form
Service Agreement Acknowledgement Form
Choose File
No file chosen
Upload File


Open
Desktop
Organize
New folder
Favorites
Desktop
Downloads
Recent Places
Libraries
Documents
Music
Pictures
Videos
Computer
Network
ITS Providers Address
Microsoft Word Document
MickeyMouse Document
PA Checklist 9 6 17CC
Provider Choices List
provideragencies1
Service Coordination Training
File name: MickeyMouse Document
Custom Files
Open
Cancel
Choose File
No file chosen
Upload File


NHBDS HRST
Service Agreement
Attached Documents
Upload Service Agreement Document
Title:
He-M 1001 Residential Description of Services
Category:
Service Agreement Attachments
Comments:
Choose File
MickeyMouse Document.pdf
Upload File


NH-BDS HRST
Service Agreement
NH Bureau of Developmental Services
Logout
CASE MANAGEMENT > SERVICE AGREEMENTS > VIEW/EDIT
Service Agreement
Mickey Mouse
1. General Information
2. Diagnoses
3. Guardianship


13. Participants of Meeting
Finalize and Sign
Service Agreement Approval Page
Acknowledgement Form
Attached Documents
Showing 1 to 1 of 1 entries
Previous 1 Next
Category
File Name
Uploaded By
Date
Actions
Service Agreement Attachments
MickeyMouse Document.pdf
Krista Sorel
01/22/2018
Showing 1 to 1 of 1 entries
Previous 1 Next
Upload Document


NH Bureau of Developmental Services
Logged in as Krista Sorel
Logout
Service Agreement
Mickey Mouse
Your file has been uploaded.
1. General Information
2. Diagnoses

DONE

Exhibit QQQ

Congratulations!
100%
CLUB
Completed 100% Billable Contact Notes this month!
OneSky
Community Services
One Life
Endless
Possibilities

Exhibit QQQ

100% CLUB

Completed 100% Billable Contact Notes this month!

OneSky Community Services
One Life Endless Possibilities

One Sky Community Services
One Life, Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Emily Adams, attended New Hire Orientation on 3/29/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Emily Adams Date 3/29/2019

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Nariah Arey, attended New Hire Orientation on 5/7/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Nariah Arey Date: 5/7/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific:
First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Stephanie Auclair attended New Hire Orientation on 01-02-2019

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Stephanie Auclair Date 9-4-19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
One Life, Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Alexandra Cousins, attended New Hire Orientation on 2/28/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 2/28/2019

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jaelyn Atterson, attended New Hire Orientation on 07/30/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Jaelyn Atterson Date: 07/30/18.

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky
Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Cara Baker, attended New Hire Orientation on 06-18-19

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Cara Baker Date 9/4/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Abigail Barker, attended New Hire Orientation on 6/6/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Abigail Barker Date: 6/6/18.

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific:
First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, McKenzie Barrett, attended New Hire Orientation on 05/24/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature McKenzie Barrett Date 05/24/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
One Life. Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I Lucille P Benson, attended New Hire Orientation on 02-04-19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature L P Benson Date 02-04-19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
One Life, Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, KEVIN BERNARD KREGG attended New Hire Orientation on 3/18/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature [signature] Date 3/18/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Ciara Blanchette, attended New Hire Orientation on 3/20/2018.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Ciara Blanchette

Date: 3/20/2018

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
One Life, Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, EvaMarie Blanfan, attended New Hire Orientation on 12-11-18.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature EvaMarie Blanfan Date 12-11-18

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jessica Blom, attended New Hire Orientation on 6/20/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Jessa Blom Date 6/20/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
One Life, Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jessica Bobyeck, attended New Hire Orientation on 10/26/18.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 10/26/18

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Kaylan Ford, attended New Hire Orientation on 7/30/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: [signature] Date: 7/30/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Laura Gagne, attended New Hire Orientation on 05/02/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Laura Gagne Date 05/02/2019

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Brian Guptill Sr, attended New Hire Orientation on May 6th 2019

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 5/6/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Shannon Hafey, attended New Hire Orientation on 06/12/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Shannon Hafey Date 06/12/2019

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Mary Holmes, attended New Hire Orientation on 5/7/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Mary Holmes Date: 5/7/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current, EXEMPT
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: -
First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services — One Life, Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jennifer Howard, attended New Hire Orientation on 1/2/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 1/2/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Sophia Hughes, attended New Hire Orientation on 7/27/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Sophia Hughes Date: 7/27/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, John C. Jallison, attended New Hire Orientation on 6/10/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 6/10/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
One Life, Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Sarah Jewell, attended New Hire Orientation on 1/25/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 1/25/2019

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
One Life, Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Elizabeth Kapke, attended New Hire Orientation on 4/1/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Elizabeth Kapke Date 4/1/2019

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I Carol A. Keech, attended New Hire Orientation on 7/30/18

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Carol A. Keech Date: July 30, 18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Carson Kennedy, attended New Hire Orientation on 8-15-19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 8-15-19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
One Life, Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Shaylei Kitchen, attended New Hire Orientation on 03/05/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Shaylei A. Kitchen Date 03/06/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
One Life, Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Mariah Lamie, attended New Hire Orientation on 3/20/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Mariah Lamie Date 3/22/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Pamela M Grasman, attended New Hire Orientation on 5/9/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Pamela M Grasman Date 5/9/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Lynne Lorentsen, attended New Hire Orientation on 7/8/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 7/8/19.

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
One Life. Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Erin Lynch, attended New Hire Orientation on April 15, 2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Erin Lynch Date 04.15.19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Anthony MacConnell, attended New Hire Orientation on 7/1/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 7/1/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Tess MacKenzie, attended New Hire Orientation on 5/21/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: [illegible] Date: 5/21/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
One Life. Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jacqueline A MacRae, attended New Hire Orientation on 1/25/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Jacqueline A MacRae Date 1/25/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Dianne Marino, attended New Hire Orientation on 6/19/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/Hs-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Dianne R Marino

Date: 6/19/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific:
First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Heather Mcertell, attended New Hire Orientation on 4/9/2018

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

✓ The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Heather Mcertell

Date: 4/9/2018

HR Checklist
✓ One Sky Application of Employment
✓ W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Shelby Minor, attended New Hire Orientation on _____.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Date:

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
One Life, Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Meghan Moran, attended New Hire Orientation on 1/25/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature [signature] Date 1/25/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jordan Morrissey, attended New Hire Orientation on 1/30/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: [signature] Date: 1/30/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Olivia Mucha, attended New Hire Orientation on 05/31/2018.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Olivia Mucha

Date: 05/31/2018

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
One Life, Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jennifer Norris, attended New Hire Orientation on 4/22/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature [signature] Date 4/22/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Anna Page, attended New Hire Orientation on 06/14/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Anna Page Date 06/14/2019

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
One Life, Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jean M. Petrie, attended New Hire Orientation on 3/4/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Jean M. Petrie Date 3/4/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Donovan Phanor, attended New Hire Orientation on 5/30/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 5/30/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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One Sky Community Services
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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Janice Pitts, attended New Hire Orientation on 4/22/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Janice Pitts Date 4/22/2019

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Coleen F. Pudlo, attended New Hire Orientation on 08/02/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Coleen F. Pudlo Date 08/02/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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One Sky Community Services
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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Victoria Putnam, attended New Hire Orientation on 11/26/18.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature [signature] Date 11/26/18

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
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One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Sadie Reynolds, attended New Hire Orientation on 05-06-19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Sadie Reynolds Date 05-06-19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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One Sky Community Services
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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Shannon K Richey, attended New Hire Orientation on 3-18-19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 3-18-19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Misty Riley, attended New Hire Orientation on 10/16/17.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: M. Riley Date: 10/16/17

HR Checklist	
One Sky Application of Employment	✓
W-4 & I-9 w/ Copy of License, with SS or Passport	✓
Current Auto Insurance & Agreement to keep driver's license & auto insurance current	✓
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)	✓
Emergency Information Sheet	✓
Client Rights Handout	✓
Manager/Location specific:	
First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address	✓

One Sky Community Services
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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Rachel Saltman, attended New Hire Orientation on 01/25/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Rachel Saltman Date 01/25/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
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Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Mary Sheehy, attended New Hire Orientation on 2/4/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 2/4/2019

HR Checklist	
One Sky Application of Employment	✓
W-4	✓
I-9 w/ Copy of License and Social Security Card or Passport	✓
Current Auto Insurance & Agreement to keep driver's license & auto insurance current	✓
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)	
Emergency Contact Information Sheet	
EEO-1 Voluntary Self-Identification Form	
Statement of Hepatitis B Training and Declination	
Employee/Volunteer Statement of Confidentiality	
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address	

One Sky Community Services
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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Kimberly Soucie, attended New Hire Orientation on _____.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Kmcie Date 11/26/18

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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One Sky Community Services
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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Allyson Stillman attended New Hire Orientation on 12/11/18.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Allyson Stillman Date 12/11/18

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
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One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Nettie Stinman, attended New Hire Orientation on 6/14/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature [signature] Date 6/14/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Ashley Taylor, attended New Hire Orientation on 3/31/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Date: 3/31/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific:
First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Loreana Thomas, attended New Hire Orientation on 5/31/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Date: 5/31/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific:
First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jessica Thompson, attended New Hire Orientation on 06-17-19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 04 SEPT 2019

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Geraldine E Tilley, attended New Hire Orientation on 2/20/2018.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Geraldine E Tilley Date: 2/20/2018

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Lucyana M.T. Chapman, attended New Hire Orientation on 06/29/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: LM. Chapman Date: 06/29/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Cassandra Travers, attended New Hire Orientation on 11/26/2018.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature [signature] Date 11/26/2018

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jennifer Austin, attended New Hire Orientation on 7/9/15.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Date: 7/9/15.

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

XXV. Staff Training & Development Policy #3.9

A. NEW EMPLOYEE ORIENTATION WITH HR – copy to supervisor and personnel folder

TABLE 1

Name: ERIN Thveson Date of hire:

Employee Signature: Job Title: family DSP

Human Resources Office Signature:

ITEM	HR mark w/ check or N/A
Signed Application	✓
Letter of Hire	
issue Job Description	✓
W – 4 Tax Withholding Form	✓
I – 9 Employee Eligibility Verification	✓
Employee Handbook including Mission Statement and Commitment to Quality (Employee and Agency sign Acknowledgments)	✓
Driver Record Check (if applicable) - **must be completed prior to employment**	✓
Proof of Auto Insurance - **copy of Declaration Page from Auto insurance policy** Copy of Drivers' License	✓
Criminal Record Check – **must be completed prior to employment**	✓
BEAS abuse registry check – **must be completed prior to employment**	✓
Office Key	
Building security code and instructions	
Phone code and 911	
Medical Insurance Forms	
Dental Insurance	
Life Insurance, AD & D	
Short Term Disability	
Long Term Disability	
Flexible Spending Account Medical Dependant	
Emergency Information sheet	
Aflac	
Pre-paid Legal	
TB test or proof of negative results done within the last 12 months. **Completed within 30 days of employment**	
Hepatitis B statement	
First Aid Kit location	
Fire Drill – Extinguisher location - Exits	
Travel Expense reimbursement form	✓
Video – Preventing Disease Transmission	
Video – Avoiding Sexual Harassment in the Workplace	
Video – HIPAA (14 minutes) (need FERPA video for school services)	
DVD - Drug free Workplace	
Book - Enhancing the Lives Of Adults with Disabilities	✓
Worker Compensation Overview	✓
Track HIPAA trainings in Personnel folder for 6 yrs	—
Cobra notice at hire (if applicable)	—
Policy 3.9 Orientation and Training Requirements for first six months of employment	—
One Week review – new hires meet with HR to review Handbook/Policies (Wkpl Violence, etc.) and initial checklist	—
Cell phone reimbursement – I.H.S/PDMS NOT eligible	N/A

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Sophia Wheeler, attended New Hire Orientation on 01/30/2018.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Date:

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Rose M Wilson, attended New Hire Orientation on 4/22/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Rose M Wilson Date 4/22/2019

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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One Sky Community Services
One Life, Endless Possibilities

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Sydney Wilson, attended New Hire Orientation on 12/27/18.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Sydney Wilson Date 12/27/18

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, William Wilson, attended New Hire Orientation on 7/20/19.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: [signature] Date: 7/20/19

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific:
First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

please sign on dotted line _____

XXXII. Handbook Acknowledgment Form

**** Agency Copy ****

By signing this form, I acknowledge that I have received a copy of the Agency's Employee Handbook. I understand that it contains important information about Agency's policies and procedures, that I am expected to read the Handbook and familiarize myself with its contents and that the policies/procedures in the Handbook apply to me. I understand that nothing in the Handbook constitutes a contract or promise of continued employment and that the Agency may change the policies at any time.

By signing this form, I acknowledge that my employment is at will. I understand that I have the right to end the employment relationship at any time and for any reason, with or without notice, with or without cause, and that the Agency has the same right. I acknowledge that neither the Agency nor I have entered into an employment agreement for a specified period of time.

Employee Signature _____ Date 8/26/2019

Witness _____ Date 8/26/2019

(This acknowledgment will become a part of your personnel file.)

PLEASE SIGN AND RETURN THIS BOTTOM HALF TO HUMAN RESOURCES OFFICE
4/14

EXHIBIT SS

XXXII. Handbook Acknowledgment Form

**** Agency Copy ****

By signing this form, I acknowledge that I have received a copy of the Agency's Employee Handbook. I understand that it contains important information about Agency's policies and procedures, that I am expected to read the Handbook and familiarize myself with its contents and that the policies/procedures in the Handbook apply to me. I understand that nothing in the Handbook constitutes a contract or promise of continued employment and that the Agency may change the policies at any time.

By signing this form, I acknowledge that my employment is at will. I understand that I have the right to end the employment relationship at any time and for any reason, with or without notice, with or without cause, and that the Agency has the same right. I acknowledge that neither the Agency nor I have entered into an employment agreement for a specified period of time.

Employee Signature Deb Jackson Date 9-5-19

Witness Shuna R Date 9/5/19

(This acknowledgment will become a part of your personnel file.)

PLEASE SIGN AND RETURN THIS BOTTOM HALF TO HUMAN RESOURCES OFFICE
4/14

XXXII. Handbook Acknowledgment Form

**** Agency Copy ****

By signing this form, I acknowledge that I have received a copy of the Agency's Employee Handbook. I understand that it contains important information about Agency's policies and procedures, that I am expected to read the Handbook and familiarize myself with its contents and that the policies/procedures in the Handbook apply to me. I understand that nothing in the Handbook constitutes a contract or promise of continued employment and that the Agency may change the policies at any time.

By signing this form, I acknowledge that my employment is at will. I understand that I have the right to end the employment relationship at any time and for any reason, with or without notice, with or without cause, and that the Agency has the same right. I acknowledge that neither the Agency nor I have entered into an employment agreement for a specified period of time.

Employee Signature _____ Date 10/17/2019

Witness _____ Date 10/17/19

(This acknowledgment will become a part of your personnel file.)

PLEASE SIGN AND RETURN THIS BOTTOM HALF TO HUMAN RESOURCES OFFICE
4/14

XXXII. Handbook Acknowledgment Form

**** Agency Copy ****

By signing this form, I acknowledge that I have received a copy of the Agency's Employee Handbook. I understand that it contains important information about Agency's policies and procedures, that I am expected to read the Handbook and familiarize myself with its contents and that the policies/procedures in the Handbook apply to me. I understand that nothing in the Handbook constitutes a contract or promise of continued employment and that the Agency may change the policies at any time.

By signing this form, I acknowledge that my employment is at will. I understand that I have the right to end the employment relationship at any time and for any reason, with or without notice, with or without cause, and that the Agency has the same right. I acknowledge that neither the Agency nor I have entered into an employment agreement for a specified period of time.

Employee Signature Delaney Cline Date 9/23/19

Witness Jena A. Holmes Date 9/23/19

(This acknowledgment will become a part of your personnel file.)

PLEASE SIGN AND RETURN THIS BOTTOM HALF TO HUMAN RESOURCES OFFICE

4/14

XXXII. Handbook Acknowledgment Form

**** Agency Copy ****

By signing this form, I acknowledge that I have received a copy of the Agency's Employee Handbook. I understand that it contains important information about Agency's policies and procedures, that I am expected to read the Handbook and familiarize myself with its contents and that the policies/procedures in the Handbook apply to me. I understand that nothing in the Handbook constitutes a contract or promise of continued employment and that the Agency may change the policies at any time.

By signing this form, I acknowledge that my employment is at will. I understand that I have the right to end the employment relationship at any time and for any reason, with or without notice, with or without cause, and that the Agency has the same right. I acknowledge that neither the Agency nor I have entered into an employment agreement for a specified period of time.

Employee Signature Erin Rumphret Date 10/15/19

Witness Linda A. Holmes Date 10/15/19

(This acknowledgment will become a part of your personnel file.)

PLEASE SIGN AND RETURN THIS BOTTOM HALF TO HUMAN RESOURCES OFFICE

4/14

XXXII. Handbook Acknowledgment Form

**** Agency Copy ****

By signing this form, I acknowledge that I have received a copy of the Agency's Employee Handbook. I understand that it contains important information about Agency's policies and procedures, that I am expected to read the Handbook and familiarize myself with its contents and that the policies/procedures in the Handbook apply to me. I understand that nothing in the Handbook constitutes a contract or promise of continued employment and that the Agency may change the policies at any time.

By signing this form, I acknowledge that my employment is at will. I understand that I have the right to end the employment relationship at any time and for any reason, with or without notice, with or without cause, and that the Agency has the same right. I acknowledge that neither the Agency nor I have entered into an employment agreement for a specified period of time.

Employee Signature _____ Date 10/15/19

Witness _____ Date 10/15/19

(This acknowledgment will become a part of your personnel file.)

PLEASE SIGN AND RETURN THIS BOTTOM HALF TO HUMAN RESOURCES OFFICE

4/14

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Employee Signature Susan E. McCullen-Barry Date 9/9/19

Witness Lina A. Holmes Date 9/09/19

(This acknowledgment will become a part of your personnel file.)

PLEASE SIGN AND RETURN THIS BOTTOM HALF TO HUMAN RESOURCES OFFICE
4/14

Remediation Action #14

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH REMEDIATION RESULTING FROM STAKEHOLDER ENGAGEMENT - SERVICE COORDINATION AND FAMILY SUPPORT

STANDARD

Regulatory	He-M 505.08 (f) Redesignation (see Appendix A, Exhibit 6)
Contractual	None Referenced

FINDING

One Sky needs to increase communication, transparency, proactive planning, and responsiveness to individuals and families. Many of the problematic situations that require BDS intervention are due to the lack of communication, planning, responding, and transparency by the organization. The turnover, lack of training and lack of leadership in Service Coordination and Family Support is directly tied to these areas of concern.

REQUIRED REMEDIATION

14. Provide ongoing training and professional development for these staff.

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

One Sky is committed to ongoing professional development for all staff. Employment should be a fulfilling and rewarding experience. Working in a mission driven organization can provide employees with the opportunity for meaningful work. One Sky understands the importance on providing staff with opportunities to learn new skills and take on new responsibilities. As Richard Branson has said, "Train people well enough so they can leave. Treat them well enough so they don't want to."

There are several training and professional development tracks available to staff. Training opportunities, in addition to the core required for orientation, are made available in Relias. One Sky routinely creates, revises and adds new courses on the platform. We have purchased video and audio equipment and plan to record some face to face and Zoom trainings and make them available to staff. See Exhibit N for summary of Basic Information for Service Coordination Professionals and Service Coordination Development Training Activities on-line training opportunities.

One Sky has also purchased the Leadership Journey (see Exhibit O for program overview). Leadership Journey – Level 1 and Level 2 are currently being offered to agency Directors and Managers (supervisors) in a group setting to facilitate shared understanding, collaboration and cooperation across departments. One Sky plans to make the Leadership Journey modules available to all employees in Spring 2020.

One Sky has requested a proposal from Great Bay Community College to conduct professional development training in three Tracks 1) Director 2) Supervisor and 3) Staff (see Exhibit SSS). One Sky plans to offer ongoing supports for each level of staffing.

Employees are encouraged to attend professional development workshops, conferences and trainings in the community. One Sky offers a tuition assistance program and assists employees with accessing tuition assistance from the State and others. In 2019 we had two staff that accessed the State and Agency funds.

One Sky is committed to continuous quality improvement and solicits feedback from team members to improve training and professional development efforts. For example, following an all-day ISA training, an evaluation through Survey Monkey was distributed (see Exhibit TTT). The results of the evaluation will assist One Sky with improving the ISA training and developing additional trainings.

The Service Coordination New Hire Competencies and Orientation Schedule is reviewed on a quarterly basis and revised based on feedback from the Service Coordination community. The first review was completed in October and a revised orientation schedule (see Exhibit IIA) was distributed to Human Resources, Service Coordination Team Managers and Directors, and the Service Coordination Training Coordinator to implement immediately.

After the six-month orientation period, staff meet formally with their Team Manager to review their competencies and performance. Together the Team Manager and employee create a six-month professional development plan that incorporates organizational goals that fall into the purview of the employee, and individual goals that support their professional growth. 100% of staff who have been employed in their current role for six months or longer have a performance evaluation and professional development plan completed. Those due in November will be completed by the 22. (see Exhibit PPPP)

In addition to learning opportunities, One Sky is providing leadership opportunities. Staff may serve on a task force or committee, share their expertise, lead a project or take on additional responsibilities. For example, one Service Coordinator created growth signs for everyone in the department using stages of plant development as a metaphor. Staff may be a seedling, sapling or mature. Another staff facilitated team meeting when the Team Manager was out, and another gave an in-service on community resources. This process also occurs at their annual anniversary and includes a review of the previous period's goals. The employee's annual professional development plan runs for a period of 12 months.

Week 1 - New Hire Orientation Schedule - Service Coordination

Day 1	Activity	Person or Source
8:30 AM	Orientation	with Sadie Reynolds (HR/Training Assistant)
End of Day	Set Up Work Station (computer & email login, desk/mobile phone)	with Jennifer Howard (Office Manager)

Day 2	Activity	Person or Source
8:30 - 9:00	Set Up Work Station (voicemail, email signature, OneDrive)	with Jennifer Howard (Office Manager)
9:00 - 10:00	Job Description and Agency Review	with Team Manager
10:00 - 10:30	Intro to Relias Training & SC Resource Guide	with Victoria Putnam (Director of Quality Improvement)
10:30 - 12:00	*Welcome to Service Coordination*	*Relias: One_Sky_SCWelcome_2019*
12:30 - 2:00	*Client's Rights*	*Relias: NHSDDClientRights*
2:00 - 4:00	*HRST System Overview*	*Relias: 2019-HRSTOV1*

Day 3	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members
10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination
1:00 - 1:30*	Meet Service Coordination Admin Team (and get HRST Certification)	with Krista Sorel (Manager of Systems, Processes, & Documentation)
1:30 - 4:30	*Start HRST Rating Training*	*HRST Link in Email; Online (non-consecutive)*

Day 4	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	*HRST Rating Training Continuted*	*HRST Link in Email; Online (non-consecutive)*
2:00 - 4:00*	Q & A Competencies	with Sheena Farmer (SC/Training Coordinator)

Day 5	Activity	Person or Source
8:30 - 10:00	*Finish HRST Rating Training*	*Notify Krista Sorel when complete*
10:00 - 12:00	Meet your Caseload in HRST	with Team Manager
12:30 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Week 3 - New Hire Orientation Schedule - Service Coordination

Day 11	Activity	Person or Source
8:30 - 9:30	*Billable Activities and Contact Notes*	*Relias: One_Sky_SCBillable_Events*
9:30 - 10:30*	Service Coordination Q & A	with Krista Sorel
10:30 - 12:00	*The Community We Serve*	*Relias: One_Sky_Community_Served*
12:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Day 12	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:30	*Disabilities Overview*	*Relias: REL-DISOV-DD-0*
2:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Day 13	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members
10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination
1:00 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 14	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	Human Rights & Risk Management	Relias: One_Sky_HRRM_2019
2:00 - 4:00*	Q & A Competencies	with Sheena Farmer

Day 15	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Training and Orientation Notes

*Meeting will take place in a conference room.

Schedule weekly one-on-one meeting time with your team manager.

Do not hesitate to outreach anyone at the agency with questions.

Relias Course Assignments in Month 2

Wait List (Relias: One_Sky_Wait_List_Process)

Prior Authorization Process (Relias: One_Sky_APA2019)

SIS (Relias: CSNI_SIS_Overview & One_Sky_SIS_Planning)

Quarterly In Person Trainings

Individual Service Agreements & SMART goals

Prior Authorizations and Wait List

Introduction to START services

Annual Trainings

Active Shooter Training

Home Visit Safety Training

HIPAA & Confidentiality Training

Bloodborne Pathogen Training

One

Service Coordination Development Training Activitie

Back to Training Planner

- Basics
- Scheduling
- Modules
- Settings

Search Filters

Certificates

Add & Arrange Modules

+ Module(s)

Title	Abuse and Neglect of Indiv *REL-IDD-0-ABIDD*
Credit Hours	2.5
Due Date Offset	0 day(s) after initial due

Delete

Title	Augmentative and Alternati *REL-IDD-0-ACS*
Credit Hours	1
Due Date Offset	0 day(s) after initial due

Delete

Title	Autism Overview *REL-IDD-0-AO*
Credit Hours	1.75
Due Date Offset	0 day(s) after initial due

Delete

Title	Basic Communication and *REL-IDD-0-BCCMS*
Credit Hours	1.75
Due Date Offset	0 day(s) after initial due

Delete

Title	Choice Making for People v Developmental Disabilities *REL-IDD-0-CMPIDD*

The Leadership Journey™ Support Materials

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Module 1

First Things First: Building Key Leadership Skills

What is the essence of effective leadership? In this module you will learn:

- The significant difference between an individual and a leadership role.
- Why having high expectations of your employees is a vital leadership skill.
- The importance of being prepared to make decisions and take action.
- How calculated risks drive organizational performance.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 2

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 5

Key Listening Strategies for Leaders

Good leaders develop good listening habits that support empowerment, change, and initiative among team members. In this module you will learn:

- What it takes to listen well.
- How to use powerful words that will unlock your listening potential.
- To use open-ended questions and positive comments to encourage dialogue.
- How a leader's careful listening can foster innovative thinking.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 6

How to Handle Troubled Employees: Identify Them and Prevent Trouble Before It Starts

All leaders find they must deal with troubled employees now and then - responsible leaders prepare for the inevitable situation by learning when to be concerned and how to intervene. In this module you will learn:

- How to recognize the common signs of a troubled employee.
- Three ways to respond to and help troubled employees.
- How to encourage open communication.
- Five tips to prevent troubling situations.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 7

Effective Interpersonal Communication Skills for Leaders

A leader's success depends on their ability to develop strong interpersonal relationships and to influence others. In this module you will learn:

Module 10

How to Give Feedback Without Causing Defensiveness

Leaders are expected to provide feedback to employees and coworkers in a way that it is clearly understood, preserves healthy working relationships, and sets the stage for future positive interactions. In this module you will learn:

- What prevents people from listening to criticism and how you can help.
- A five-step approach to giving constructive feedback that results in positive behavior change.
- An easy language tool that helps your tone be empathetic and respectful, yet direct and assertive.
- To use specific words that cause openness instead of defensiveness.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 11

Build Accountability and Trust with Positive Confrontations

Every leader should be able to shift a potentially negative confrontation into a future-focused problem solving dialogue. In this module you will learn:

- Eight steps to turn confrontations into receptive conversations.
- Four essential messages in positively-scripted feedback.
- Follow-up strategies that ensure accountability and improve trust.
- How to tell if you are the problem.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 12

Twenty-One Career Accelerators

You reveal a lot about your character and abilities to coworkers and superiors by the way you conduct yourself throughout the day. In this module you will learn:

- How to communicate more effectively and with authority.
- The "magic" that results from doing more than is expected.
- How to increase the likelihood that you will appear on the short list of candidates considered for future opportunities.
- How to develop productive habits that will improve your effectiveness.

The Leadership Journey™ Support Materials - Level 2

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Module 1

How to Unleash the Power Within You!

Successful leaders know how to tap into the limitless resources they possess to be innovative, responsive, and results-oriented. In this module you will learn:

- To leverage hidden opportunities out of challenges.
- How to differentiate yourself from the crowd.
- To think like an owner and act like an entrepreneur.
- To identify and remove the restraining forces at work within you.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 5

How to Give Bad News with Clarity and Grace

A leader that is committed to improving a team's performance will have difficult conversations with employees. In this module you will learn:

- Important tips for having respectful and direct conversations with employees.
- The two most common reasons leaders avoid difficult conversations.
- Three steps to follow when giving bad news.
- One thing you must always do when having a difficult conversation.

Click the link below to open a guide.

Follow-up Guide

Participant Guide

Follow-up Guide

Module 6

Leading the Younger Generation

Younger employees may be relatively inexperienced, and they often project an image that is smart, self-confident and savvy. This situation presents an interesting leadership challenge. In this module you will learn:

- The unique factors that have shaped this new generation of employees.
- The remarkable benefits they bring to the workplace.
- Six specific strategies to motivate them and leverage their unique skills.
- Ways to increase their loyalty and commitment to your organization.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 7

How to Lead More Experienced Employees

Effective leaders must learn to capitalize on the experience and potential long-term employees bring to the workplace. In this module you will learn:

Module 10

Essential Skills for Rebuilding Difficult Relationships

The key to working well with others is to do what is within your power to reach out and transform difficult and distant relationships into positive ones. In this module you will learn:

- Three principles that contribute to sustaining difficult relationships.
- Six specific steps to turn around difficult relationships.
- How to build positive bridges with all people.
- How to create positive encounters with difficult people.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 11

The Confidence Zone

A leader's ability to improve and project confidence will help them be more persuasive, respected, and successful. In this module you will learn:

- How increased confidence improves results.
- Seven key benefits of being confident.
- How to build your level of confidence.
- Five ways to appear confident when you're not.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 12

Performance Coaching

Effective leaders are skilled performance coaches, helping followers identify areas for improvement and adopt new behaviors that will lead to greater performance. In this module you will learn:

- A practical definition of coaching.
- An easy-to-apply tool for coaching discussions.
- The most important goal for achieving sustainable improvement in followers.
- How to overcome resistance, denial, and defensiveness when coaching.

Click the link below to open a guide.

Exhibit PPPP

Professional Development Plans

November 2019

Employee	Supervisor	Six-month/Annual	Status
AC	Anthony	November	Will be completed by 11/22
CG	Anthony	November	Will be completed by 11/22
SK	Anthony	November	Will be completed by 11/22
KT	Anthony	November	Will be completed by 11/22
KS	Keryn	November	Complete
AL	Cara	November	Complete. Write up will be submitted by 11/22
KM	Cara	November	Complete. Write up will be submitted by 11/22

Exhibit RRR

COMPLETED IN-SERVICES

DATE: 6 November 2019
TOPIC: **Easter Seals**
BRIEF DESCRIPTION: Renee Fisher talking about Easter Seals programs
ATTENDANCE: Deb, Chadia, Loreana, Keryn, Nolan, Tyler, Scott, Jess, Lynne, John, Charles, Stephanie, Mallory, Erin

DATE: 4 November 2019
TOPIC: **Share point**
BRIEF DESCRIPTION: Cara Baker went over the PA tracker, how it's created and what to look for when building a PA.
ATTENDANCE: Cara, Deb, Scott, Delaney, Charles, Tyler, Nolan, John, Jess, Mallory. Shaylei, Charles, and Tyler left part way through, Kathy came in late.

DATE: 30 October 2019
TOPIC: **Financial Benefits and GSIL**
BRIEF DESCRIPTION: Financial Benefits with Angela Haynes & Denise Larson
ATTENDANCE: Denise, Keryn, Amy, Shaylei, Deb, Scott, Lynne, Sharon, Mallory, Jess, Charles, Erin, Kathy, Jean, Jenny, Nolan, Lynn, Loreana, Tyler, Delaney, and Anthony

DATE: 28 Oct 2019
TOPIC: **Q & A with Krista Sorel**
BRIEF DESCRIPTION: EDS, NH LEADS, The WL Registry (WL/Crisis Form, how to submit, what's required etc.) and MMIS.
ATTENDANCE: Cara, Charles, Mallory, Scott, Nolan, Tyler, John, Kathy, Lynn, Lynne, Jess, Erin, & Delaney.

DATE: 23 October 2019
TOPIC: **Becket Family of Services with Sandy Webber and Chad Alden**
BRIEF DESCRIPTION: Overview of Becket services
ATTENDANCE: Loreana, Jess, Stephanie, Scott, Karen, Cara, Lynn, Deniese, Sharon, Jean, Jenny, Mallory, Lynne, Tyler, Karen, Charles, Keryn, Erin, Delaney, Tyler, Chadia, Deb.

DATE: 16 October 2019
TOPIC: **SIS Training with Kathy Carafalo and John from CSNI**
BRIEF DESCRIPTION: Overview of who CSNI is and what the SIS is
ATTENDANCE: Deb, Kathy, Shaylei, Amy, Tyler, Nolan, Loreana, Lynn, Lenore, John, Lynne, Charles, Anthony, Erin, Keryn, Mallory, Jess, Stephanie, Scott, Delaney, Karen, Chadia.

DATE: 09 October 2019
TOPIC: **INGU – Jim Kane**

Exhibit RRR

ATTENDANCE: Tyler, Shaylei, Jennifer Howard, Jess, Scott, Loreana, Deb, Karen, Keryn, Anthony, Cara, Lynne.

DATE: 4 September 2019
TOPIC: **Wait List**
BRIEF DESCRIPTION: Krista doing an overview of Waitlist in NH LEADS.
ATTENDANCE: Keryn, Amy, Shaylei, Karen, Scott, John, Lynne, Cara, Loreana, Karen, Alisha, Jess, Deb, Chadia.

DATE: 30 August 2019
TOPIC: **PA Tracker**
BRIEF DESCRIPTION:
ATTENDANCE: Scott, Kathy, Cara, Sharon R, Deb

DATE: 30 August 2019
TOPIC: **PA Overview**
BRIEF DESCRIPTION:
ATTENDANCE: Deb, Scott

DATE: 28 August 2019
TOPIC: **ISA Overview Presenters: Team managers and Directors**
BRIEF DESCRIPTION:
ATTENDANCE: Keryn, Jess, Shaylei, Tyler, Scott, Lynn, John, Sharon, Alisha, Cara, Kathy, Jennifer, Mallory, Nolan, Karen, Deb, Lenore, Sheena, Chadia.

DATE: 28 August 2019
TOPIC: **Intake Presenters: Lenore**
BRIEF DESCRIPTION: Overview of Developmentally services and who is eligible
ATTENDANCE: Keryn, Jess, Shaylei, Tyler, Scott, Lynn, John, Sharon, Alisha, Cara, Kathy, Jennifer, Mallory, Nolan, Karen, Deb, Lenore, Sheena, Chadia, and Krista.

DATE: 28 August 2019
TOPIC: **How Services are Funded Presenters: Lenore**
BRIEF DESCRIPTION: Talking about Medicaid, Medicare, and Medicaid expansion.
ATTENDANCE: Keryn, Jess, Shaylei, Tyler, Scott, Lynn, John, Sharon, Alisha, Cara, Kathy, Mallory, Nolan, Karen, Deb, Lenore, Sheena, Chadia, and Krista

DATE: 28 August 2019
TOPIC: **Family Support Council Presenters: Sheena**
BRIEF DESCRIPTION: Approves budgets for people to attend meetings, trainings, camping.
ATTENDANCE: Keryn, Jess, Shaylei, Tyler, Scott, Lynn, John, Sharon, Alisha, Cara, Kathy, Jennifer, Mallory, Nolan, Karen, Deb, Lenore, Sheena, Chadia.

DATE: 21 August 2019

Exhibit RRR

BRIEF DESCRITPION: Purpose of PA, Types of PA, Annual Renewals, how to change PA, Amendments, Termination, the Blurb, Budgets.
ATTENDANCE: Jess, Shaylei, Kathy, John, Cara, Eliz, Mallory, Lynne, Nolan, Tyler, Karen, Chadia, Anthony, Keryn, Scott, Sharon, Loreana, and Lenore.
On the Phone: Krista, Jennifer

DATE: 17 July 2019
TOPIC: **Budget**
BRIEF DESCRITPION: Angela Hayes came and discussed funding, explaining Medicaid, APTD, ANB, OAA, spend downs and budgets.
ATTENDANCE: Jess, Amy, Karen, Eliz, Sharon, Cara, John, Lynne, Alisha, Kathy, Tyler, Nolan, Sheena, Chadia, Anthony, Lenore, Chris Muns.
On the phone: Jennifer, and Krista.

DATE: 17 July 2019
TOPIC: **Update on NH State Budget**
BRIEF DESCRITPION: Chris Muns talked about
ATTENDANCE: Jess, Amy, Karen, Eliz, Sharon, Cara, John, Lynne, Alisha, Kathy, Tyler, Nolan, Sheena, Chadia, Anthony, Lenore, Chris Muns.
On the phone: Jennifer, Krista, and Keryn.

DATE: 10 July 2019
TOPIC: **Relias Training on Boundaries**
BRIEF DESCRITPION: Group training via Relias on physical, emotional, and verbal boundaries.
ATTENDANCE: Jess, Mallory, Nolan, Kathy, Jennifer, Victoria, Sharon, Loreana, John, Lynne, Cara, Alisha, Eliz, Karen, Shaylei, Tyler, Chadia, Sheena, Keryn, Anthony, Lenore.
On the Phone: Krista

DATE: 10 July 2019
TOPIC: **PA Packet**
BRIEF DESCRITPION: How to build PA packets, wording on how to discuss funding once getting off waitlist. New processes being created for waitlist/crisis list.
ATTENDANCE: Jess, Mallory, Nolan, Kathy, Jennifer, Victoria, Sharon, Loreana, John, Lynne, Cara, Alisha, Eliz, Karen, Shaylei, Tyler, Chadia, Sheena, Keryn, Anthony, Lenore.
On the Phone: Krista

DATE: 26 June 2019
TOPIC: **START with Justin Smith**
BRIEF DESCRITPION: Overview of the START program.
ATTENDANCE: Jess, Mallory, Eliz, Kathy, Sharon, John, Shaylei, Tyler, Karen, Nolan, Alisha, Jennifer, Loreana, Chadia, Sheena, Amy, Keryn, Cara, Lenore.
On the phone: Krista.

DATE: 19 June 2019
TOPIC: **Waitlist Forms, Crisis vs SSL Funding, Medicaid**
BRIEF DESCRITPION: Clarifying 1:2, 1:3, versus of 3:1, 2:1.

Exhibit RRR

DATE: 22 May 2019
TOPIC: **Tim Donovan from Robin Hill Farm**
BRIEF DESCRITPION: Overview of Robin Hill services, what they're looking for.
ATTENDANCE: Jess, Cara, Mallory, Eliz, Shaylei, Kathy, Karen, Alisha, Jennifer T, Loreana, Sheena, Lenore, Keryn. Maggie on the phone.
Out of office: Chadia, Amy

DATE: 15 May 2019
TOPIC: **One Drive**
BRIEF DESCRITPION: different from Share folder, and the differences between the OneDrive on your computer and OneDrive 365 in the browser
ATTENDANCE: Jess, Cara, Victoria, Kathy, Eliz, Shaylei, Amy, Karen T, Sharon, Denise, Chadia, Jen T, Sheena, Lenore, Morgan, and Caitlyn.
Krista on the Phone.

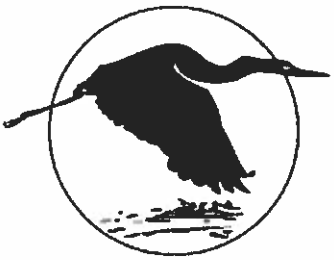
DATE: 15 May 2019
TOPIC: **Medicaid**
BRIEF DESCRITPION: Chadia talked about insurance, that our Individuals can be on the family's insurance past age 26, including dental, and Medicaid prefers it.
ATTENDANCE: Jess, Cara, Victoria, Kathy, Eliz, Shaylei, Amy, Karen T, Sharon, Denise, Chadia, Jen T, Sheena, Lenore, Morgan, and Caitlyn.
Krista on the Phone.
DATE: 1 May 2019
TOPIC: **Functional Screen Overview**
BRIEF DESCRITPION: Reviewed the Functional Screen, what needs to be filled out, discussion of potential changes to the form.
ATTENDANCE: Jess, Cara, Keryn, Mallory, Shaylei, Elizabeth, Kathy, Diego, Amy, Karen, Jennifer T, Alisha, Chadia, Loreana, Sheena, Morgan, and Caitlyn.
Krista on Phone.

DATE: 1 May 2019
TOPIC: **Amendment Overview**
BRIEF DESCRITPION: Reviewed how to do an amendment.
ATTENDANCE: Jess, Cara, Keryn, Mallory, Shaylei, Elizabeth, Kathy, Diego, Amy, Karen, Jennifer T, Alisha, Chadia, Loreana, Sheena, Morgan, and Caitlyn.
Krista on Phone.

DATE: 24 April 2019
TOPIC: **PA Packets**
BRIEF DESCRITPION: Purpose of a PA, clarification of budget on it.
ATTENDANCE: Jess, Cara, Keryn, Mallory, Shaylei, Eliz, Kathy, Jen T, Karen, Alisha, Sharon, Maggie, Loreana, Sheena, Diego, Sarah
Phone: Krista

DATE: 17 April 2019
TOPIC: **Human Rights Committee**
BRIEF DESCRITPION: Overview of the HRC.

EXHIBIT SSS



Great Bay
Community College

TRAINING PROPOSAL

ONE SKY COMMUNITY SERVICES

SUPERVISORY SKILLS
&
PROFESSIONAL DEVELOPMENT TRAINING
October 2019

Proposal Team:

Dwyer Vessey, Great Bay Community College

STAFF TRACK

The training for staff members will include modules on communication strategies, critical thinking, problem solving and decision-making, building better teams, critical elements of customer service, conflict resolution, business ethics, and workplace sensitivity. Dwyer Vessey will provide 21 hours of training in seven 3-hour sessions. One Sky intends to enroll 19 employees in the course that makes up this non-credit certificate program. It is understood that this training will be at Great Bay Community College. This track will begin one week after the supervisory track and meet on Wednesdays 2:30-5:30pm.

DELIVERABLES

Great Bay Community College is prepared to deliver the following:

1. Content training for up to 19 One Sky employees.
2. Content training design including hands-on exercises to transfer classroom learning to on the job requirements.
3. Preparation and oversight of appropriate training facilities at Great Bay Community College.
4. Continuous review of training program success and intervention if needed.
5. Educational record of participation for each employee.
6. Certificate of training from Great Bay Community College for each employee upon successful completion.

BUDGET

Training Cost for seven (7) Directors

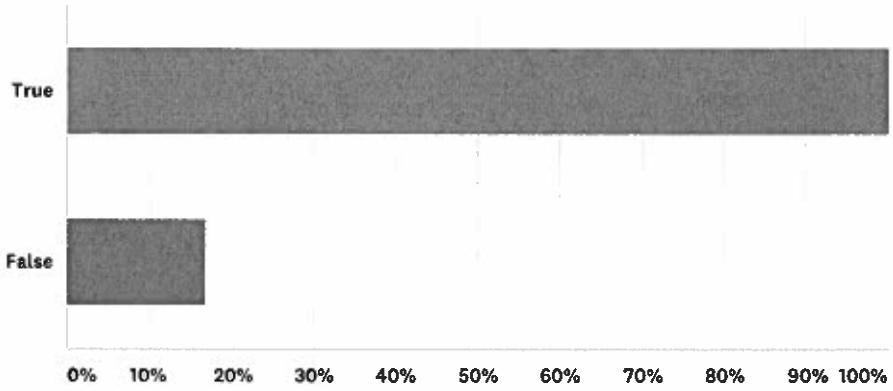
Training Cost Detail	Total	Company	Grant
Instructor Fees	$452	$226	$226
Books/Other Fees	$200	$100	$100
Classroom Supplies	$208	$104	$104
Equipment Rental	$0	$0	$0
Facility Rental	$0	$0	$0
Program Development	$90	$45	$45
TOTAL	$950	$475	$475

Training Cost for nineteen (19) Staff

Training Cost Detail	Total	Company	Grant
Instructor Fees	$2200	$1100	$1100
Books/Other Fees	$540	$270	$270
Classroom Supplies	$520	$260	$260
Equipment Rental	$0	$0	$0
Facility Rental	$0	$0	$0
Program Development	$440	$220	$220
TOTAL	$3700	$1850	$1850

Q1 As a result of this training, I am more able to access and share information with my colleagues:

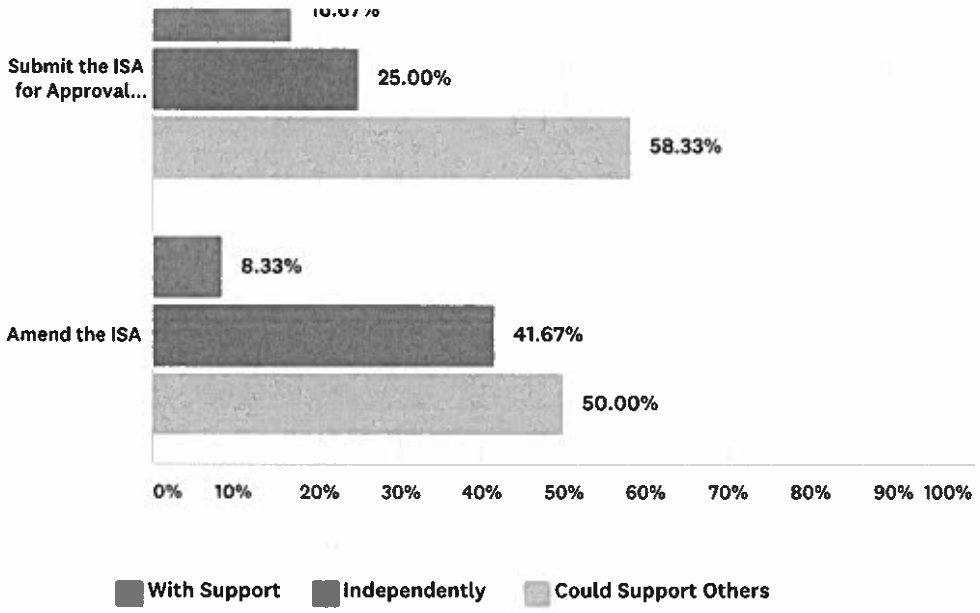
Answered: 12 Skipped: 0



ANSWER CHOICES	RESPONSES	
True	100.00%	12
False	16.67%	2

Total Respondents: 12

ISA Training Eval 10.2.19



5	How to correctly amend an ISA	10/2/2019 1:57 PM
6	Better understanding of how to write an amendment	10/2/2019 11:32 AM
7	People here are really smart	10/2/2019 11:15 AM
8	Assistive technology should be noted in the personal history, even saying that there is none available in the house.	10/2/2019 11:00 AM
9	Upload FST to HRST	10/2/2019 10:55 AM
10	How to right smart goals	10/2/2019 10:47 AM

4	length	10/3/2019 7:48 AM
5	N/a	10/2/2019 1:57 PM
6	Nothing more to add	10/2/2019 11:32 AM
7	A better definition between teams and what needs to be provided for each ISA / what should be discussed and or how wording should be different when speaking to individuals of varying ages and situations.	10/2/2019 11:00 AM
8	Air conditioning	10/2/2019 10:55 AM
9	More personalized to the specific services	10/2/2019 10:47 AM

Q6 Any Additional Comments:

Answered: 9 Skipped: 3

#	RESPONSES	DATE
1	I feel that more hands-on group trainings should be implemented	10/4/2019 6:24 AM
2	Thank you for all your hard work in planning this	10/4/2019 4:58 AM
3	Perhaps the next all day training could be out of the building, in a space that has better air circulation and air flow. these conference rooms are way too warm to sit in for five hours with twenty other people. it is not a nice environment to learn in. also, maybe add a fun team building option. or give time for just people to chat.	10/3/2019 7:59 AM
4	no	10/3/2019 7:48 AM
5	Great job with having a parking lot and mixing different service coordinators. Great interaction Activities reinforced training topics	10/2/2019 1:57 PM
6	Not at this time	10/2/2019 11:32 AM
7	Thank you.	10/2/2019 11:15 AM
8	N/A.	10/2/2019 11:00 AM
9	none	10/2/2019 10:55 AM

Week 1 - New Hire Orientation Schedule - Service Coordination

Day 1	Activity	Person or Source
8:30 AM	Orientation	with Sadie Reynolds (HR/Training Assistant)
End of Day	Set Up Work Station (computer & email login, desk/mobile phone)	with Jennifer Howard (Office Manager)

Day 2	Activity	Person or Source
8:30 - 9:00	Set Up Work Station (voicemail, email signature, OneDrive)	with Jennifer Howard (Office Manager)
9:00 - 10:00	Job Description and Agency Review	with Team Manager
10:00 - 10:30	Intro to Relias Training & SC Resource Guide	with Victoria Putnam (Director of Quality Improvement)
10:30 - 12:00	*Welcome to Service Coordination*	*Relias: One_Sky_SCWelcome_2019*
12:30 - 2:00	*Client's Rights*	*Relias: NHSDDClientRights*
2:00 - 4:00	*HRST System Overview*	*Relias: 2019-HRSTOV1*

Day 3	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members
10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination
1:00 - 1:30*	Meet Service Coordination Admin Team (and get HRST Certification)	with Krista Sorel (Manager of Systems, Processes, & Documentation)
1:30 - 4:30	*Start HRST Rating Training*	*HRST Link in Email; Online (non-consecutive)*

Day 4	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	*HRST Rating Training Continuted*	*HRST Link in Email; Online (non-consecutive)*
2:00 - 4:00*	Q & A Competencies	with Sheena Farmer (SC/Training Coordinator)

Day 5	Activity	Person or Source
8:30 - 10:00	*Finish HRST Rating Training*	*Notify Krista Sorel when complete*
10:00 - 12:00	Meet your Caseload in HRST	with Team Manager
12:30 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Week 3 - New Hire Orientation Schedule - Service Coordination

Day 11	Activity	Person or Source
8:30 - 9:30	*Billable Activities and Contact Notes*	*Relias: One_Sky_SCBillable_Events*
9:30 - 10:30*	Service Coordination Q & A	with Krista Sorel
10:30 - 12:00	*The Community We Serve*	*Relias: One_Sky_Community_Served*
12:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Day 12	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:30	*Disabilities Overview*	*Relias: REL-DISOV-DD-0*
2:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Day 13	Activity	Person or Source
9:00 - 10:00	Team Meeting	with Team Manager and team members
10:00 - 11:00	Service Coordination Team Meeting	with all of Service Coordination
11:00 - 12:00	Service Coordination In-Service	with all of Service Coordination
1:00 - 4:30	Shadow Service Coordinator	with Manager or Service Coordinator

Day 14	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 2:00	Human Rights & Risk Management	Relias: One_Sky_HRRM_2019
2:00 - 4:00*	Q & A Competencies	with Sheena Farmer

Day 15	Activity	Person or Source
8:30 - 12:00	Shadow Service Coordinator	with Manager or Service Coordinator
12:30 - 4:30	Contact Caseload (introduce self & verify contact info.)	Self-directed

Training and Orientation Notes

*Meeting will take place in a conference room.

Schedule weekly one-on-one meeting time with your team manager.

Do not hesitate to outreach anyone at the agency with questions.

Relias Course Assignments in Month 2

Wait List (Relias: One_Sky_Wait_List_Process)

Prior Authorization Process (Relias: One_Sky_APA2019)

SIS (Relias: CSNI_SIS_Overview & One_Sky_SIS_Planning)

Quarterly In Person Trainings

Individual Service Agreements & SMART goals

Prior Authorizations and Wait List

Introduction to START services

Annual Trainings

Active Shooter Training

Home Visit Safety Training

HIPAA & Confidentiality Training

Bloodborne Pathogen Training

One

Service Coordination Development Training Activities

Service Coordination Training Activities

- Basics
- Scheduling
- Modules
- Settings

Search Filters

Certification

Add & Arrange Modules

+ Module(s)

Title	Abuse and Neglect of Indiv *REL-IDD-0-ABIDD*
Credit Hours	2.5
Due Date Offset	0 day(s) after initial due
Delete	

Title	Augmentative and Alternati *REL-IDD-0-ACS*
Credit Hours	1
Due Date Offset	0 day(s) after initial due
Delete	

Title	Autism Overview *REL-IDD-0-AO*
Credit Hours	1.75
Due Date Offset	0 day(s) after initial due
Delete	

Title	Basic Communication and *REL-IDD-0-BCCMS*
Credit Hours	1.75
Due Date Offset	0 day(s) after initial due
Delete	

Title	Choice Making for People w Developmental Disabilities *REL-IDD-0-CMPIDD*
Credit Hours	[illegible]

The Leadership Journey™ Support Materials

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Module 1

First Things First: Building Key Leadership Skills

What is the essence of effective leadership? In this module you will learn:

- The significant difference between an individual and a leadership role.
- Why having high expectations of your employees is a vital leadership skill.
- The importance of being prepared to make decisions and take action.
- How calculated risks drive organizational performance.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 2

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 5

Key Listening Strategies for Leaders

Good leaders develop good listening habits that support empowerment, change, and initiative among team members. In this module you will learn:

- What it takes to listen well.
- How to use powerful words that will unlock your listening potential.
- To use open-ended questions and positive comments to encourage dialogue.
- How a leader's careful listening can foster innovative thinking.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 6

How to Handle Troubled Employees: Identify Them and Prevent Trouble Before It Starts

All leaders find they must deal with troubled employees now and then - responsible leaders prepare for the inevitable situation by learning when to be concerned and how to intervene. In this module you will learn:

- How to recognize the common signs of a troubled employee.
- Three ways to respond to and help troubled employees.
- How to encourage open communication.
- Five tips to prevent troubling situations.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 7

Effective Interpersonal Communication Skills for Leaders

A leader's success depends on their ability to develop strong interpersonal relationships and to influence others. In this module you will learn:

Module 10

How to Give Feedback Without Causing Defensiveness

Leaders are expected to provide feedback to employees and coworkers in a way that it is clearly understood, preserves healthy working relationships, and sets the stage for future positive interactions. In this module you will learn:

- What prevents people from listening to criticism and how you can help.
- A five-step approach to giving constructive feedback that results in positive behavior change.
- An easy language tool that helps your tone be empathetic and respectful, yet direct and assertive.
- To use specific words that cause openness instead of defensiveness.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 11

Build Accountability and Trust with Positive Confrontations

Every leader should be able to shift a potentially negative confrontation into a future-focused problem solving dialogue. In this module you will learn:

- Eight steps to turn confrontations into receptive conversations.
- Four essential messages in positively-scripted feedback.
- Follow-up strategies that ensure accountability and improve trust.
- How to tell if you are the problem.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 12

Twenty-One Career Accelerators

You reveal a lot about your character and abilities to coworkers and superiors by the way you conduct yourself throughout the day. In this module you will learn:

- How to communicate more effectively and with authority.
- The "magic" that results from doing more than is expected.
- How to increase the likelihood that you will appear on the short list of candidates considered for future opportunities.
- How to develop productive habits that will improve your effectiveness.

The Leadership Journey™ Support Materials - Level 2

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Module 1

How to Unleash the Power Within You!

Successful leaders know how to tap into the limitless resources they possess to be innovative, responsive, and results-oriented. In this module you will learn:

- To leverage hidden opportunities out of challenges.
- How to differentiate yourself from the crowd.
- To think like an owner and act like an entrepreneur.
- To identify and remove the restraining forces at work within you.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 5

How to Give Bad News with Clarity and Grace

A leader that is committed to improving a team's performance will have difficult conversations with employees. In this module you will learn:

- Important tips for having respectful and direct conversations with employees.
- The two most common reasons leaders avoid difficult conversations.
- Three steps to follow when giving bad news.
- One thing you must always do when having a difficult conversation.

Click the link below to open a guide.

Follow-up Guide

Participant Guide

Follow-up Guide

Module 6

Leading the Younger Generation

Younger employees may be relatively inexperienced, and they often project an image that is smart, self-confident and savvy. This situation presents an interesting leadership challenge. In this module you will learn:

- The unique factors that have shaped this new generation of employees.
- The remarkable benefits they bring to the workplace.
- Six specific strategies to motivate them and leverage their unique skills.
- Ways to increase their loyalty and commitment to your organization.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 7

How to Lead More Experienced Employees

Effective leaders must learn to capitalize on the experience and potential long-term employees bring to the workplace. In this module you will learn:

Module 10

Essential Skills for Rebuilding Difficult Relationships

The key to working well with others is to do what is within your power to reach out and transform difficult and distant relationships into positive ones. In this module you will learn:

- Three principles that contribute to sustaining difficult relationships.
- Six specific steps to turn around difficult relationships.
- How to build positive bridges with all people.
- How to create positive encounters with difficult people.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 11

The Confidence Zone

A leader's ability to improve and project confidence will help them be more persuasive, respected, and successful. In this module you will learn:

- How increased confidence improves results.
- Seven key benefits of being confident.
- How to build your level of confidence.
- Five ways to appear confident when you're not.

Click the link below to open a guide.

Facilitator's Guide

Participant Guide

Follow-up Guide

Module 12

Performance Coaching

Effective leaders are skilled performance coaches, helping followers identify areas for improvement and adopt new behaviors that will lead to greater performance. In this module you will learn:

- A practical definition of coaching.
- An easy-to-apply tool for coaching discussions.
- The most important goal for achieving sustainable improvement in followers.
- How to overcome resistance, denial, and defensiveness when coaching.

Click the link below to open a guide.

Exhibit PPPP

Professional Development Plans

November 2019

Employee	Supervisor	Six-month/Annual	Status
AC	Anthony	November	Will be completed by 11/22
CG	Anthony	November	Will be completed by 11/22
SK	Anthony	November	Will be completed by 11/22
KT	Anthony	November	Will be completed by 11/22
KS	Keryn	November	Complete
AL	Cara	November	Complete. Write up will be submitted by 11/22
KM	Cara	November	Complete. Write up will be submitted by 11/22

Exhibit RRR

COMPLETED IN-SERVICES

DATE: 6 November 2019
TOPIC: **Easter Seals**
BRIEF DESCRIPTION: Renee Fisher talking about Easter Seals programs
ATTENDANCE: Deb, Chadia, Loreana, Keryn, Nolan, Tyler, Scott, Jess, Lynne, John, Charles, Stephanie, Mallory, Erin

DATE: 4 November 2019
TOPIC: **Share point**
BRIEF DESCRIPTION: Cara Baker went over the PA tracker, how it's created and what to look for when building a PA.
ATTENDANCE: Cara, Deb, Scott, Delaney, Charles, Tyler, Nolan, John, Jess, Mallory. Shaylei, Charles, and Tyler left part way through, Kathy came in late.

DATE: 30 October 2019
TOPIC: **Financial Benefits and GSIL**
BRIEF DESCRIPTION: Financial Benefits with Angela Haynes & Denise Larson
ATTENDANCE: Denise, Keryn, Amy, Shaylei, Deb, Scott, Lynne, Sharon, Mallory, Jess, Charles, Erin, Kathy, Jean, Jenny, Nolan, Lynn, Loreana, Tyler, Delaney, and Anthony

DATE: 28 Oct 2019
TOPIC: **Q & A with Krista Sorel**
BRIEF DESCRIPTION: EDS, NH LEADS, The WL Registry (WL/Crisis Form, how to submit, what's required etc.) and MMIS.
ATTENDANCE: Cara, Charles, Mallory, Scott, Nolan, Tyler, John, Kathy, Lynn, Lynne, Jess, Erin, & Delaney.

DATE: 23 October 2019
TOPIC: **Becket Family of Services with Sandy Webber and Chad Alden**
BRIEF DESCRIPTION: Overview of Becket services
ATTENDANCE: Loreana, Jess, Stephanie, Scott, Karen, Cara, Lynn, Deniese, Sharon, Jean, Jenny, Mallory, Lynne, Tyler, Karen, Charles, Keryn, Erin, Delaney, Tyler, Chadia, Deb.

DATE: 16 October 2019
TOPIC: **SIS Training with Kathy Carafalo and John from CSNI**
BRIEF DESCRIPTION: Overview of who CSNI is and what the SIS is
ATTENDANCE: Deb, Kathy, Shaylei, Amy, Tyler, Nolan, Loreana, Lynn, Lenore, John, Lynne, Charles, Anthony, Erin, Keryn, Mallory, Jess, Stephanie, Scott, Delaney, Karen, Chadia.

DATE: 09 October 2019
TOPIC: **INGU – Jim Kane**

Exhibit RRR

ATTENDANCE: Tyler, Shaylei, Jennifer Howard, Jess, Scott, Loreana, Deb, Karen, Keryn, Anthony, Cara, Lynne.

DATE: 4 September 2019
TOPIC: **Wait List**
BRIEF DESCRIPTION: Krista doing an overview of Waitlist in NH LEADS.
ATTENDANCE: Keryn, Amy, Shaylei, Karen, Scott, John, Lynne, Cara, Loreana, Karen, Alisha, Jess, Deb, Chadia.

DATE: 30 August 2019
TOPIC: **PA Tracker**
BRIEF DESCRIPTION:
ATTENDANCE: Scott, Kathy, Cara, Sharon R, Deb

DATE: 30 August 2019
TOPIC: **PA Overview**
BRIEF DESCRIPTION:
ATTENDANCE: Deb, Scott

DATE: 28 August 2019
TOPIC: **ISA Overview Presenters: Team managers and Directors**
BRIEF DESCRIPTION:
ATTENDANCE: Keryn, Jess, Shaylei, Tyler, Scott, Lynn, John, Sharon, Alisha, Cara, Kathy, Jennifer, Mallory, Nolan, Karen, Deb, Lenore, Sheena, Chadia.

DATE: 28 August 2019
TOPIC: **Intake Presenters: Lenore**
BRIEF DESCRIPTION: Overview of Developmentally services and who is eligible
ATTENDANCE: Keryn, Jess, Shaylei, Tyler, Scott, Lynn, John, Sharon, Alisha, Cara, Kathy, Jennifer, Mallory, Nolan, Karen, Deb, Lenore, Sheena, Chadia, and Krista.

DATE: 28 August 2019
TOPIC: **How Services are Funded Presenters: Lenore**
BRIEF DESCRIPTION: Talking about Medicaid, Medicare, and Medicaid expansion.
ATTENDANCE: Keryn, Jess, Shaylei, Tyler, Scott, Lynn, John, Sharon, Alisha, Cara, Kathy, Mallory, Nolan, Karen, Deb, Lenore, Sheena, Chadia, and Krista

DATE: 28 August 2019
TOPIC: **Family Support Council Presenters: Sheena**
BRIEF DESCRIPTION: Approves budgets for people to attend meetings, trainings, camping.
ATTENDANCE: Keryn, Jess, Shaylei, Tyler, Scott, Lynn, John, Sharon, Alisha, Cara, Kathy, Jennifer, Mallory, Nolan, Karen, Deb, Lenore, Sheena, Chadia.

DATE: 21 August 2019

Exhibit RRR

BRIEF DESCRITPION: Purpose of PA, Types of PA, Annual Renewals, how to change PA, Amendments, Termination, the Blurb, Budgets.
ATTENDANCE: Jess, Shaylei, Kathy, John, Cara, Eliz, Mallory, Lynne, Nolan, Tyler, Karen, Chadia, Anthony, Keryn, Scott, Sharon, Loreana, and Lenore.
On the Phone: Krista, Jennifer

DATE: 17 July 2019
TOPIC: **Budget**
BRIEF DESCRITPION: Angela Hayes came and discussed funding, explaining Medicaid, APTD, ANB, OAA, spend downs and budgets.
ATTENDANCE: Jess, Amy, Karen, Eliz, Sharon, Cara, John, Lynne, Alisha, Kathy, Tyler, Nolan, Sheena, Chadia, Anthony, Lenore, Chris Muns.
On the phone: Jennifer, and Krista.

DATE: 17 July 2019
TOPIC: **Update on NH State Budget**
BRIEF DESCRITPION: Chris Muns talked about
ATTENDANCE: Jess, Amy, Karen, Eliz, Sharon, Cara, John, Lynne, Alisha, Kathy, Tyler, Nolan, Sheena, Chadia, Anthony, Lenore, Chris Muns.
On the phone: Jennifer, Krista, and Keryn.

DATE: 10 July 2019
TOPIC: **Relias Training on Boundaries**
BRIEF DESCRITPION: Group training via Relias on physical, emotional, and verbal boundaries.
ATTENDANCE: Jess, Mallory, Nolan, Kathy, Jennifer, Victoria, Sharon, Loreana, John, Lynne, Cara, Alisha, Eliz, Karen, Shaylei, Tyler, Chadia, Sheena, Keryn, Anthony, Lenore.
On the Phone: Krista

DATE: 10 July 2019
TOPIC: **PA Packet**
BRIEF DESCRITPION: How to build PA packets, wording on how to discuss funding once getting off waitlist. New processes being created for waitlist/crisis list.
ATTENDANCE: Jess, Mallory, Nolan, Kathy, Jennifer, Victoria, Sharon, Loreana, John, Lynne, Cara, Alisha, Eliz, Karen, Shaylei, Tyler, Chadia, Sheena, Keryn, Anthony, Lenore.
On the Phone: Krista

DATE: 26 June 2019
TOPIC: **START with Justin Smith**
BRIEF DESCRITPION: Overview of the START program.
ATTENDANCE: Jess, Mallory, Eliz, Kathy, Sharon, John, Shaylei, Tyler, Karen, Nolan, Alisha, Jennifer, Loreana, Chadia, Sheena, Amy, Keryn, Cara, Lenore.
On the phone: Krista.

DATE: 19 June 2019
TOPIC: **Waitlist Forms, Crisis vs SSL Funding, Medicaid**
BRIEF DESCRITPION: Clarifying 1:2, 1:3, versus of 3:1, 2:1.

Exhibit RRR

DATE: 22 May 2019
TOPIC: **Tim Donovan from Robin Hill Farm**
BRIEF DESCRITPION: Overview of Robin Hill services, what they're looking for.
ATTENDANCE: Jess, Cara, Mallory, Eliz, Shaylei, Kathy, Karen, Alisha, Jennifer T, Loreana, Sheena, Lenore, Keryn. Maggie on the phone.
Out of office: Chadia, Amy

DATE: 15 May 2019
TOPIC: **One Drive**
BRIEF DESCRITPION: different from Share folder, and the differences between the OneDrive on your computer and OneDrive 365 in the browser
ATTENDANCE: Jess, Cara, Victoria, Kathy, Eliz, Shaylei, Amy, Karen T, Sharon, Denise, Chadia, Jen T, Sheena, Lenore, Morgan, and Caitlyn.
Krista on the Phone.

DATE: 15 May 2019
TOPIC: **Medicaid**
BRIEF DESCRITPION: Chadia talked about insurance, that our Individuals can be on the family's insurance past age 26, including dental, and Medicaid prefers it.
ATTENDANCE: Jess, Cara, Victoria, Kathy, Eliz, Shaylei, Amy, Karen T, Sharon, Denise, Chadia, Jen T, Sheena, Lenore, Morgan, and Caitlyn.
Krista on the Phone.
DATE: 1 May 2019
TOPIC: **Functional Screen Overview**
BRIEF DESCRITPION: Reviewed the Functional Screen, what needs to be filled out, discussion of potential changes to the form.
ATTENDANCE: Jess, Cara, Keryn, Mallory, Shaylei, Elizabeth, Kathy, Diego, Amy, Karen, Jennifer T, Alisha, Chadia, Loreana, Sheena, Morgan, and Caitlyn.
Krista on Phone.

DATE: 1 May 2019
TOPIC: **Amendment Overview**
BRIEF DESCRITPION: Reviewed how to do an amendment.
ATTENDANCE: Jess, Cara, Keryn, Mallory, Shaylei, Elizabeth, Kathy, Diego, Amy, Karen, Jennifer T, Alisha, Chadia, Loreana, Sheena, Morgan, and Caitlyn.
Krista on Phone.

DATE: 24 April 2019
TOPIC: **PA Packets**
BRIEF DESCRITPION: Purpose of a PA, clarification of budget on it.
ATTENDANCE: Jess, Cara, Keryn, Mallory, Shaylei, Eliz, Kathy, Jen T, Karen, Alisha, Sharon, Maggie, Loreana, Sheena, Diego, Sarah
Phone: Krista

DATE: 17 April 2019
TOPIC: **Human Rights Committee**
BRIEF DESCRITPION: Overview of the HRC.

EXHIBIT SSS

Great Bay Community College

TRAINING PROPOSAL

ONE SKY COMMUNITY SERVICES

SUPERVISORY SKILLS
&
PROFESSIONAL DEVELOPMENT TRAINING
October 2019

Proposal Team:

Dwyer Vessey, Great Bay Community College

STAFF TRACK

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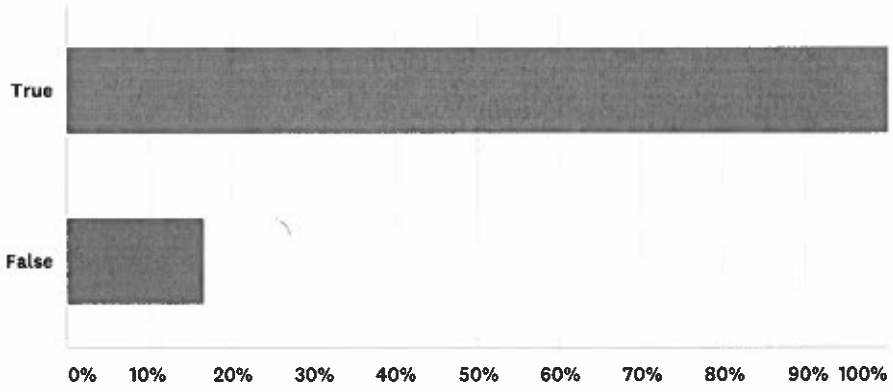
Training Cost Detail	Total	Company	Grant
Instructor Fees	$452	$226	$226
Books/Other Fees	$200	$100	$100
Classroom Supplies	$208	$104	$104
Equipment Rental	$0	$0	$0
Facility Rental	$0	$0	$0
Program Development	$90	$45	$45
TOTAL	$950	$475	$475

Training Cost for nineteen (19) Staff

Training Cost Detail	Total	Company	Grant
Instructor Fees	$2200	$1100	$1100
Books/Other Fees	$540	$270	$270
Classroom Supplies	$520	$260	$260
Equipment Rental	$0	$0	$0
Facility Rental	$0	$0	$0
Program Development	$440	$220	$220
TOTAL	$3700	$1850	$1850

Q1 As a result of this training, I am more able to access and share information with my colleagues:

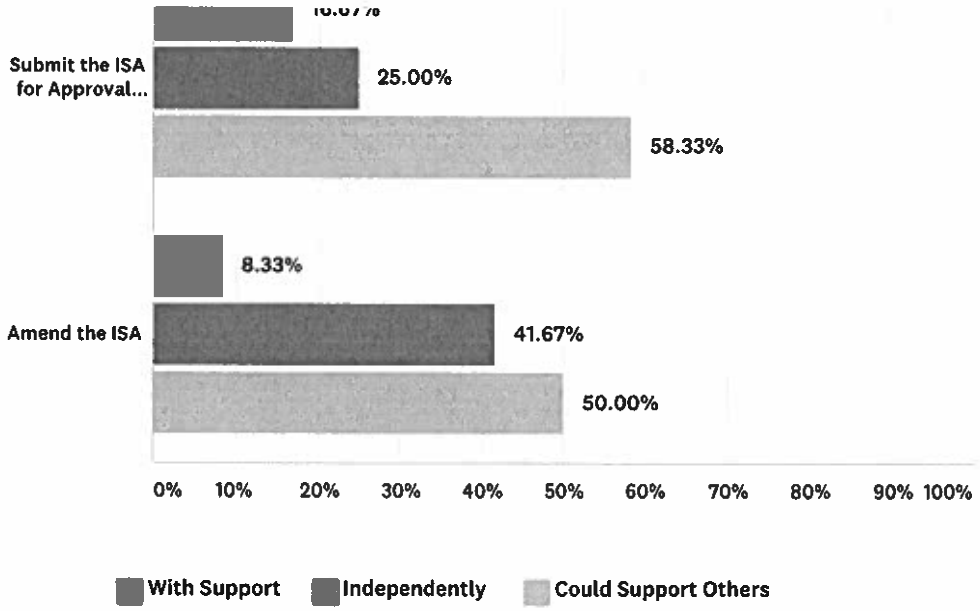
Answered: 12 Skipped: 0



ANSWER CHOICES	RESPONSES	
True	100.00%	12
False	16.67%	2

Total Respondents: 12

ISA Training Eval 10.2.19



ISA Training Eval 10.2.19

5	How to correctly amend an ISA	10/2/2019 1:57 PM
6	Better understanding of how to write an amendment	10/2/2019 11:32 AM
7	People here are really smart	10/2/2019 11:15 AM
8	Assistive technology should be noted in the personal history, even saying that there is none available in the house.	10/2/2019 11:00 AM
9	Upload FST to HRST	10/2/2019 10:55 AM
10	How to right smart goals	10/2/2019 10:47 AM

4	length	10/3/2019 7:48 AM
5	N/a	10/2/2019 1:57 PM
6	Nothing more to add	10/2/2019 11:32 AM
7	A better definition between teams and what needs to be provided for each ISA / what should be discussed and or how wording should be different when speaking to individuals of varying ages and situations.	10/2/2019 11:00 AM
8	Air conditioning	10/2/2019 10:55 AM
9	More personalized to the specific services	10/2/2019 10:47 AM

Q6 Any Additional Comments:

Answered: 9 Skipped: 3

#	RESPONSES	DATE
1	I feel that more hands-on group trainings should be implemented	10/4/2019 6:24 AM
2	Thank you for all your hard work in planning this	10/4/2019 4:58 AM
3	Perhaps the next all day training could be out of the building, in a space that has better air circulation and air flow. these conference rooms are way too warm to sit in for five hours with twenty other people. it is not a nice environment to learn in. also, maybe add a fun team building option. or give time for just people to chat.	10/3/2019 7:59 AM
4	no	10/3/2019 7:48 AM
5	Great job with having a parking lot and mixing different service coordinators. Great interaction Activities reinforced training topics	10/2/2019 1:57 PM
6	Not at this time	10/2/2019 11:32 AM
7	Thank you.	10/2/2019 11:15 AM
8	N/A.	10/2/2019 11:00 AM
9	none	10/2/2019 10:55 AM

Remediation Action #15

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH REMEDIATION RESULTING FROM STAKEHOLDER ENGAGEMENT - SERVICE COORDINATION AND FAMILY SUPPORT

STANDARD

Regulatory	He-M 505.08 (f) Redesignation (see Appendix A, Exhibit 6)
Contractual	None Referenced

FINDING

One Sky needs to increase communication, transparency, proactive planning, and responsiveness to individuals and families. Many of the problematic situations that require BDS intervention are due to the lack of communication, planning, responding, and transparency by the organization. The turnover, lack of training and lack of leadership in Service Coordination and Family Support is directly tied to these areas of concern.

REQUIRED REMEDIATION

15. Develop policies and procedures for this department.

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

To address this area of remediation One Sky formed a Policy and Procedure Committee to identify and draft any needed organizational policies or procedures. This committee meets weekly to review progress, priorities, and collaborate. The committee consists of two primary facilitators; the Director of Quality Improvement and the Manager of Systems, Processes, and Documentation. The two facilitators collaborated with the Service Coordination Management Team to develop a priority list of procedures to be written or updated. Of 48 identified policies and procedures, 31 were identified as priorities. Since that prioritization, 18 policies and procedures have been updated or completed (some are pending approvals), with another 16 being at varying degrees of progress (see Exhibit TTT-A).

For each procedure or policy that is written, the Policy and Procedure Committee collaborates with staff and other leaders for input and researches regulations, contractual requirements, and industry best-practices. Depending on the scope of the policy or procedure, the Policy or Process Document prepared by the committee can go through three different internal reviews. The first review is by the Service Coordination Management Team, the second review is the agency's Senior Leadership Team, and policy-level documentation goes before the Board of Directors for final approval. Following approval of a policy or procedure, appropriate time is identified for staff training. For process documentation that is a standardization of current practices, time is set aside during the weekly all service coordination meeting for the Director of Quality Improvement to review the process and answer questions. For new process documentation, time for training is organized to allow staff to go through the process in a hands-on environment. For policy-level documentation, it is either reviewed at an agency all-staff meeting or disseminated from the Senior Leadership team, to the Team Managers, to staff members. Exhibit UU outlined notes from multiple service coordination meetings where procedures or policies were reviewed; Exhibit UUU is a culmination of the excerpts from those meeting notes plus the most recent notes.

Priority #	Procedure	Status
	Employment & Waivers Standard	Current and Completed
	Standard for Timely Communication	Current and Completed
	Employment Data System (EDS)	Current and Completed
	Standards & Process Req.	Current and Completed
	HRST Change Form Process	Current and Completed
	Sentinel Events	Current and Completed
	On-Call & Emergency Event Process	Current and Completed
	Wait List Registry Process	Current and Completed
	High Cost Call Standard	Current and Completed
	Goal Review	Current and Completed
	Privacy & HIPAA Policies	Current and Completed.
	Employee Feedback & Grievances	Current and Completed: Pending Board Approval
	External Training Requests	Current and Completed: Pending Board Approval
	Transfer Process	Current and Completed: Pending Management Team Approval
	Traditional ISA Process	Current and Completed: Pending Management Team Approval
	In-Home Support ISA Process	Current and Completed: Pending Management Team Approval
	PDMS ISA Process	Current and Completed: Pending Management Team Approval
	Short Form ISAs (Formerly SSPs) Process	Current and Completed: Pending Management Team Approval
A.1	Conflicts of Interest/HIPAA Notes	Complete; updates in progress
A.2	RFP Process/Vendor Notice	Complete; updates in progress
A.3	Individual Move	Complete; updates in progress
A.4	SMART Goals	Complete; updates in progress
A.5	Prior Authorizations	Complete; updates in progress
A.6	Automated PA Process	Complete; updates in progress
B.1	IHS Certification	Complete; needs updating
B.2	PDMS Certification	Complete; needs updating
B.3	521 Certification	Complete; needs updating
B.4	Human Rights Committee and Behavior Plans	Complete; needs updating
B.5	Readiness Fund	Complete; needs updating
C.1	Manager Review of ISAs	In progress
C.2	Amendments	In progress
C.3	SIS Process	In progress
C.4	Quality Contacts and Documentation	In progress
C.5	Exiting/Terminated Service Coordinator	In progress
D.1	Functional Screen Tool	
D.2	New Staff Integration Policies	
D.3	Incident Reports	
D.4	Respite	
	Service Change	
	Withdrawing from AA	
	Terminated from Waiver	
	Rep Payee Processes	
	507 & 1001 Certifications	
	Dissatisfaction Response Process	
	Vendor Email	
	Wage Justification Process	
	Electronic Signature Standard	
	FSAC Funding Applications	

Wrap Up

- In service wait list, billable services and contact notes with Krista
- 5 September In service 3:30-4:30 Self Advocacy Group and Client Rights with Karen Kelly.

Follow Up:

Is number of 521 HV correct on the scoreboard?
Mallory to forward 30 Day transition form to Krista.
Make guideline for 30 day visit after moving? Questions to ask? Is HV form and 30 day form required?
Keryn – Follow up with Victoria over what 'Ancillary' is, if you chose it, is it paper only? Is she tracking it by QSS?
"Face to Face" is *just* the Individual. If you're meeting the Guardian, it's "Meeting"
Do we need a paper based method of contact.
Do we need something for reviewing a IR or notes? Is that Ancillary?
If it's a 2 for 1 or a 3 for 1, how do you mark that? Are they looking for key words in the notes?
Does Victoria run the reports out of the contact notes?
Find out what people base the reports on, possibly get rid of some of the drop downs if they're not bein used.
Jess – Make list of just Billable services. PA are billable.

Waitlist Training with Krista:

In attendance: Keryn, Amy, Shaylei, Karen, Scott, John, Lynne, Cara, Loreana, Karen, Alisha, Jess, Deb, Chadia.

- Going to NH leads, click wait list, goes to registry itself.
- Fiscal year has changed from 19 to 20, so the wait list has changed.
- Searching by last name tends to be easiest.
- Double click on name, gives list of all things that we have requested, if service has been requested/refused/why?
- Initial cost estimate does include 12% GM. 9% for vendor, 3% for us. Ask Business Office for the sentence.
- There's more money for residential than for just day programs.
- Initial Cost Estimate is the difference in cost that you're looking for. BTS funding is how much they already have. Bill adds the BTS funding amount.
- Blurb needs specific examples and reasons why.
- Staff first when listing ratios. '3 to 1' means three staff to one individual.

Wait List Registry Referral Form. - Fill this out and send it to Krista.

- DUCK Number is the same as State ID number, can be found in HRST or LEADS.
- Go to MMIS and double check that their Medicaid is active.
- Print out MMIS to send along with Wait List Referral form. Can also be found under Income on HRST.

https://oneskyservices-my.sharepoint.com/:x:/g/personal/jthompson_oneskyservices_org/ETTPr8FU0JtDlspNmSOMZ9cBm33uJYfnX1zGZZAA1ZV_9w?e=eWpJlp

- Update at least Five Per week, if someone has been updated, Turn Your Name Green.
- Keep them in the loop at least Quarterly
- Contact individuals within one business day of getting notice of a program
- Contact them when sending out RPFs and receive RFPS to review.

• ISA Reviews -

Contact your team manager for any ISA reviews needed/ let them know that you've completed an ISA. Once this is done, your Team mamager will review and let you know of there are any updates or edits.

• ISA Amendments -

Do an amendment for a change in funding (IE: Waitlist)

All signed amendments would be forwarded to Scott to process

Any unsigned by One Sky amendment should be given to your team manager to review and obtain Director Approval.

• Amendment to Service Agreement (What would be in the Service Agreement, if Agreement could be changed)

Put a Start and End Date for ISA

Amendment is what should being the ISA

Reason for making the change

Effective date is either date of the change if mid-cycle, ISA start date or if extension day after ISA end date (Effective date can be backdated)

Signify Phone, Email, or In Person approval if they didn't pysically sign it.

CC everyone who needs a copy of the amendment. IE: Vendors, Guardians, Individual. (If two guardians, send to both)

Kudos

- Keryn to Lenore for answering questions about ISA and being a font of knowledge.
- Lynne to Scott for getting up to speed so fast and his phone skills.
- Nolan for assistance to Karen and Chadia for an incidence
- John thanking Karen, Victoria, and Cara for an ongoing situation.
- Keryn wanted to thank Nolan, Lynn, Anthony, and whoever else got corrections for taking them gracefully.
- Chadia to Sharon for walking her through the State Risk Management.
- Sheena to Chadia for taking Kate off her plate.
- Lenore to Sheena for assistance with two challenging 19-year olds.
- Karen to Sheena for this past year for being open, available, and willing to help over year.
- Lenore to Loreana for assistance over the weekend.
- to Shaylee for being a bubbly font of sunshine.
- Kudos to Keryn to changing the SC meetings to a positive experience.

- If rooms need to be moved, Jenn does try to contact SC to notify them. The more details in the meeting notes the better. Including if wheelchair access is needed. Booking is first come first serve.

- If you share your calendar, and you share it with someone who is no longer in the system, you must go in and delete them or it will cause issues with the calendar.

Equipment Usage:
- VPN: Needs to be checked out outside of the office. Instructions are in the handbook location in section are in section 9. If there are any issues, you will need to contact systems. Phone number 888-624-6767 or helpdesk@syseng.com. Phone is preferred. (if someone doesn't seem to know what they're doing, contact Jenn. Annie is fantastic)
- Phone: Please contact Jenn or Tina with any phone/cell phone issues. Jenn is primary, Tina is backup.
- Outlook: Initials of meeting, attendees of meeting and who the meeting. Please contact Jenn or Tina with any issues. Refer to section 3 of the handbook for Conference room scheduling.
- Trouble Shooting: Contact systems or use tutorials from Googie.
- Hotspot: contact systems. (check to see if hotspot has been turned off in laptop)

Iphone – can we can only import emails from Outlook, is there a way to import phone numbers into Iphone? Follow up with Systems. Import SC work cell phone numbers & possibly vendors?

Tuition Reimbursement:
- An eligible employee who as been employed by this agency for at least one year may make a request using the appropriate form for reimbursement of course tuition to their immediate supervisor, who then forwards to Chris. See police #3.8 and form for further details.
- Up to $1,000 / half the course cost
- Reimbursement will be made only upon satisfactory completion of the course ("B" or better) as evidenced by a copy of the official transcript and provided that the staff person is currently employed by this agency.
- Tuition reimbursement will be subject to availability of funds
- Please see policy #3.8 in handbook for application and guidelines.
- If you leave within a year of the class is over, you will be asked to reimburse the tuition money.
- There's also a state reimbursement that's in progress this year that may go away next June.

Health Insurance:
- You can change your current plan due to a life changing event such as adoption, birth of a new child, changes in martial status or loss/gain of other coverages. You have 30 days from the event day to apply for the coverage.
- If you have issues with your health coach, contact Sadie.

Grievance #3.4
- The following steps shall be taken in filing an employee grievance. It is the responsibility of the employee to ensure that the following time liens are adhered to:

1: Employee grievances shall be submitted in writing within 5 working days of the receipt of grievance

2: In the event that the grievance is not resolved to the employee's satisfaction, the employee may

- Krista to Jess and Scott for being rockstars for the massive last minute project.
- Keryn to Jess for helping behind the scenes and writing up the parking lot stuff
- Jennifer to Jess and Scott for the entertaining back an forth and working hard.
- Amy to everyone for and amazing turn around in feeling in the enviroment, the fact that she looks forward to coming to work.
- Lenore to Keryn for making a great working environment
- Deb to Karen and Chalda for attending a meeting she couldn't make last week.
- Lenore to Karen for stepping in for a delicate situation
- Keryn for Cara, Nolan, Mallory, Jennifer, and Scott for helping with the Woodridge stuff, they're almost done.
- John to Keryn and Cara for the ongoing drama at Farmsteads
- Kathy to Keryn and Victoria for assistance during a difficult PA packet
- Shaylei to Jen for being awesome and all the help she's given
- John to Karen and Lynn for funny noises coming out of their cubes
- Stephanie to Scott and Jess for their help coming back from being out for a month.
- Keryn to Delaney, who doesn't like to be bored and always looking for new things to learn and do
- TO EVERYONE FOR THE LONGEST KUDO LIST EVER.

Outlook Calendars

- Please share full details with your Manager, Scott and Jess, so people can find you in case of emergency.
- Relias has an Outlook training that is phenomenal

Functional Screening Tool in HRST

- SC should be uploading the FST to HRST. Choose CCW / Functional Screening Tool (FST)

HRST Contact Notes Service

- Service Coordination DD / Service Coordination ABD – Always select if this is a choice.
- FS non-waiver Targeted Medicaid Case Management – Karen, Deb, Chadia and Charles only for billable.
- Non-Medicaid Case Management – No
- FS Non-Medicaid Case Management – DO NOT USE. Only there for reports run for the State.

Individual and Family Engagement Opportunities

- Benefits Educational Series starts tonight
- Meet & Greet at 5 locations. (post cards, SC are welcome to see people, make billable contacts)
- Cap Family & Guardian forum hosted by BDS is on Tuesday, 5 Nov, 6-8pm at Marshall A&B.
  - No SC or One Sky employees
  - Please encourage families to attend the meeting, especially people who are satisfied, because people who are angry are more likely to make the effort to come and air their grievances

Admin Updates:

Exhibit UU

Follow Up:

INGU Presentation

- They provide work for people with disabilities

In the 80s, they were the largest manufactures of instant icepacks in the US

- got bought, switched to packaging medical equipment, such as pregnancy tests
- Making labels for cookies going to Saudi Arabia
- Get pallets of used electronics from China, sort it by colour, ties the cords together. Thicker cords, which are harder, go to the jail, thinner cords stay with individuals. They test the cords and send them back to Comcast rather than having them remake the cords and stuff.

Mark and Jim stay on the on the floor, everyone works

They hire homeless folks, they have partnered with Strafford County Jail

$8.50 an hour for Assisted, $15 an hour, starting to look at Health insurance.

Chinese Food on Fridays

- they're looking for ways to get more people to work for them.
- Job coaches get gas cards,
- the agency would get reimbursement for travel to work at INGU
- they have work for everyone's skill set
- They're right nextdoor to Gather

- ISA Q&A
  - See Team manager for any questions

- ISA Training 2 October 2019 10am – 3 Pm

- RFP Process
  - See new form.
  - Releases are needed for teaser.
  - Vendor has 5 business days to respond, then 15 days to submit proposal and budget.

- Quick reminders, complete baseline competency servey by Friday
- Update at least 5 contacts per week: https://oneskyservices-my.sharepoint.com/:x:/g/personal/jthompson_oneskyservices_org/ETTPr8FU0JtDIspNmSOMZ9cBm33uJYfnX1zGZZAA1ZV_9w?e=daNC6a
- Contact notes for August are due 4 Sept
- Only three 3 Renewals are left, due 4 Sept

Kudos (meeting ran long, kudos cut short)

- John thanks everyone who showed up for pick up meeting yesterday
- Jennifer says everyone is awesome
- Cara to Lynne for an ISA yesterday, and deflecting interesting/difficult questions
- Jennifer kudos to Keryn for recommending Management and Leadership training for Women.

Wrap Up

11-12 Farmsteads of New England with Jon Noble and Tim https://www.farmsteads-ne.org/
In Attendance: Keryn, Jess, Karen, Scott, Mallory, Lynne, John, Cara, Cathy, Nolan.

- Started in the founder's basement in Epping, and one in Hillsborough.
- CPS and Transition is open at both sites
- Res in Hillsborough. Everyone has their own apartment and lease. They do take section 8 housing vouchers. It took a while to go through due to repayee not understanding Section 8.
- Do have two individuals that receive CSS.
- They have a CPS cert (probably for One Sky)
- ISAs have recently been up to date. (woot!)
- They currently have a 50/50 of people who get 1:1 services and group care in Hillsborough. 1:1 staffing support is difficult due to shortages. 8 hour shifts
- Frequently have family meals together in the common room, or can eat in their apartment, which have kitchenettes.
- For Day Program, there is a communal provided lunch.
- Sleep program, no mandatory overtime.
- Res is currently maxed out in Hillsborough. 87 person waiting list, most aren't currently eligable for services, they're early teens. 37 people who are eligible and of age.
- Want to open a 32 bed in Epping, no current timeline due to issues with funding. Timeline is currently

- Has been updated recently. If it's a legal change, such as name, need a copy of the legal paperwork
- Address change needs the address certification
- Send to the DL_MIS Distribution mailing list, the admins will update the information
- Not residential programs the SC can update.
- Complete the form for adding and removing services
- Provider changes needed to be added.
- Guardianship changes need the court documents
- Diagnosis changes (Medical, Neurological, Psychiatric) needs the medical documents.
- Admittance and Discharge of hospitalizations needs to be sent to the DL_MIS list

SIS Dates with Scott

- SIS face sheets are in Resources under 'Blank Documents'

Individual and Family Engagement Opportunities

- Looking for Weekly emails from SC
- Benefits Educational Series (postcards)
- Meet and Greet at five locations (postcards)
- The 5 Nov BDS Meet and Greet is now at the Lane Memorial Library in Hampton, not at OneSky

Latest Scoreboard

- Doing well with Billable Activities
- PA Tracking system has been fixed and should be working. If not, email Krista.
  - HRST contact list has been changed.
- While Cara is out, Keryn is helping with her teams ISA.
- QSS is really said, please bring them to the individuals when you talk to them.
  - Kathy and Alisha do theirs quarterly over the phone.

Reminders:

- 4 November is coming up, paperwork is due

Staff Social at Viva Cantina on 24 October, 4:30-5:30. https://www.vidacantinanh.com/vida-cantina-happy-hour-menu

Wrap Up:

Chadia asked about emails that are requesting things to be done that day, because she does spend a lot of time on the road.

- A lot of them have to do with making people feel engaged
- Or have to do with the CAP and the Surveys that go out in Nov.

Follow Up:

Keryn to check with Victoria about QSS sheets, and how those numbers are created, if it was amount

• Revise form to remove PA packet start date, 'projected needs' being 120 days in advance.
• (2 PAs – One for Crisis, one for not. Same form for Crisis and not)
• Add Down Syndrome to the list, Edit Diagnosis to match Functional Screen.
• Change service Columns to: Type of Service / Current Funding / Needed Funding / Date to Start New Funding
• Verify that budget from the Vendor has the 9% GSA.
• Send it to Team Manager, team manager will send it to Krista. It'll then go on the Agenda every Thursday with Darlene, both Waitlist and Crisis.
• Let team managers know if someone isn't using all their budget so we can assist with crisis funding.

SC Meeting Notes
09 October 2019

Victoria:
EDS
+ As part of state tracking, there's an Employment Data Service, tracking Individuals Volunteer and Employment experience.
+ For individuals who already are employed, the state tracks if we review it. Hitting the 'Edit' button once a quarter shows we are reviewing it, even if nothing changes.
+ End of Quarter is the end of December.

On Call and Emergency Events process
+ Has been reviewed and updated.
+ If someone has been Hospitalized/is in the ER, contact to manager/CEO is necessary. If can't reach by phone, send text.
+ If on Call, must be in phone contact, doesn't need to be in physical contact.
+ if you get a call, it's a 2-hour pay. If there's a second call in that 2-hour window, you don't get paid for 4 hours.
+ Put that you're On Call on your time sheet. It's a code in ADP.

SC Meeting Notes
16 October 2019

Service Coordination Processes & Procedures with Krista (And Victoria)
• HRST Change form
  • Has been updated recently. If it's a legal change, such as name, need a copy of the legal paperwork
• Address change needs the address certification
• Send to the DL_MIS Distribution mailing list, the admins will update the information
• Not residential programs the SC can update.
• Complete the form for adding and removing services
• Provider changes needed to be added.
• Guardianship changes need the court documents
• Diagnosis changes (Medical, Neurological, Psychiatric) needs the medical documents.
• Admittance and Discharge of hospitalizations needs to be sent to the DL_MIS list

FAMILY SERVICES TEAM	ACTUALS 11/18/19	IDEAL CASELOAD
TEAM MANAGER	6	6
CHILDRENS	152	160
TEENS	68	65
TRANSITION/TARGETED	61	60
I.H.S	40	35
PDMS/I.H.S	30	30
PDMS-PT	9	9
PDMS	30	30
PDMS/I.H.S	29	30
PDMS/Non-Mediciad CM	26	30
PDMS-CONTRACTED	1	1
FS IDEAL TOTAL	**452**	**456**

TRADITIONAL TEAM	ACTUALS 11/18/19	IDEAL CASELOAD
TEAM MANAGER	6	6
TRADITIONAL	32	30
TRADITIONAL	26	30
TRADITIONAL	30	30
TRADITIONAL	31	30
TRADITIONAL	28	30
TRADITIONAL	30	30
TRADITIONAL	30	30
TRADITIONAL	28	30
TRADITIONAL-CONTRACTED	7	7
IDEAL TOTAL	**248**	**253**

ITS TEAM	ACTUALS 11/18/19	IDEAL CASELOAD
TEAM MANAGER	5	4
ITS	17	18
ITS	13	18
IDEAL TOTAL	**35**	**40**

Our focus right now is getting John up to speed as quickly as possible with both our internal processes and with the issues we are dealing with. John has been introduced to the other area agency CFO's and business office managers and we are hoping that they will be able to answer any questions that he has.

Beginning in late September we will interview other candidates for the CFO position to ensure that we have the best possible individual in the position for the long term. We will be sourcing those candidates ourselves as well as working with an outside recruitment firm.

Detail how One Sky plans to adequately provide service delivery for One Sky service recipients and illustrate how individual and/or guardian choice of provider will be maintained.

The Staffing Plan that will be included (as part of Remediation Action 7c) in the update we will be sending you on September 13 details the caseloads assigned to service coordinators once we are fully staffed. That plan and how we currently compare to it is summarized as follows:

	Planned	Current	Gap
Team Managers	3	3	0
Full-Time One Sky Employed Service Coordinators	18	14	4
Part-Time One Sky Employed Service Coordinators	1	1	0
Independent Case Managers	1	1	0
Total	**23**	**19**	**4**

We continue to interview good candidates for the positions that are open. At the present time we are in the final process of conducting background and reference checks on two service coordinator positions. We expect to be extending verbal offers to them within the next couple of days and believe that they will accept. We also believe that in time we will be able to fill the remaining two open positions.

We are also confident that with our current organizational structure, leadership and renewed focus on training and development we will be able to minimize the amount of unplanned turnover going forward.

However, in response to the suggestion contained in your August 15 letter to me that "One Sky reach out to neighboring Area Agencies, or Independent Case Management Agencies as a 'plan B' to address any potential issues that may arise due to ongoing staff turnover" we are identifying individuals who no longer live within our service area and no longer have a guardian or family member who lives within our service area.

If it appears that we will not be able to fill all of our remaining service coordinator positions prior to November 27, then we will consult with the area agencies within which those individuals currently live to see if those area agencies have additional capacity to serve those individuals directly. We will also reach out to the independent case management agency we currently work with (Life Coping) as well as others to determine what additional capacity they might have.

If an area agency and/or independent case management agency does have additional capacity, then we will reach out to the individual we are currently serving and their guardian to see if they have any interest in either transferring to that region or to that independent case management agency. It will be their decision whether or not they want pursue that option.

any turnover. Turnover, is unfortunately, the new reality. The challenge is how we manage and prepare for it. We know that for many of our current employees this will not be their last job. Some will leave to continue their education. Some will leave because of a change in family circumstances. Others will relocate. And in some cases we will have been so successful in helping them grow and develop that they will leave to take on other positions and responsibilities within the NH DD System or elsewhere; and far be it for us to stand in their way. The departure of Josh Gehling earlier this year is one example of that.

What we are trying to do is create an environment – a culture – where our employees feel free to speak with us about their goals and aspirations. And if that includes them leaving us we want them to let us know as soon as possible, so that we have a chance to bring on board a replacement, train them and introduce them to the individuals they will be serving BEFORE the individual they are replacing leaves. To ensure that happens, we intend to keep recruiting for candidates even if we no longer have any openings.

I hope that answers your questions. You will be receiving a full update on our efforts to implement the CAP no later than September 13

Very truly yours,

Chris Muns
Chief Executive Officer

cc: Jeffrey Myers – Commissioner, NH Department of Health and Human Services
Deborah Scheetz - Director, Division of Long Term Supports and Services
Melissa St. Cyr – Chief Legal Officer
Darlene Ferguson – BDS Area Agency Liaison
Jennifer Doig – BDS Finance Administrator
Richard Bagley – President, One Sky Board of Directors
Other members of the One Sky Board of Directors

Remediation Action #16

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH REMEDIATION RESULTING FROM STAKEHOLDER ENGAGEMENT ORGANIZATIONAL STRUCTURE

STANDARD

Regulatory	He-M 505.08 (f) Redesignation (see Appendix A, Exhibit 6)
Contractual	None Referenced

FINDING

One Sky needs to implement a functional organizational chart that meets the needs of staff and the individuals and families served.

REQUIRED REMEDIATION

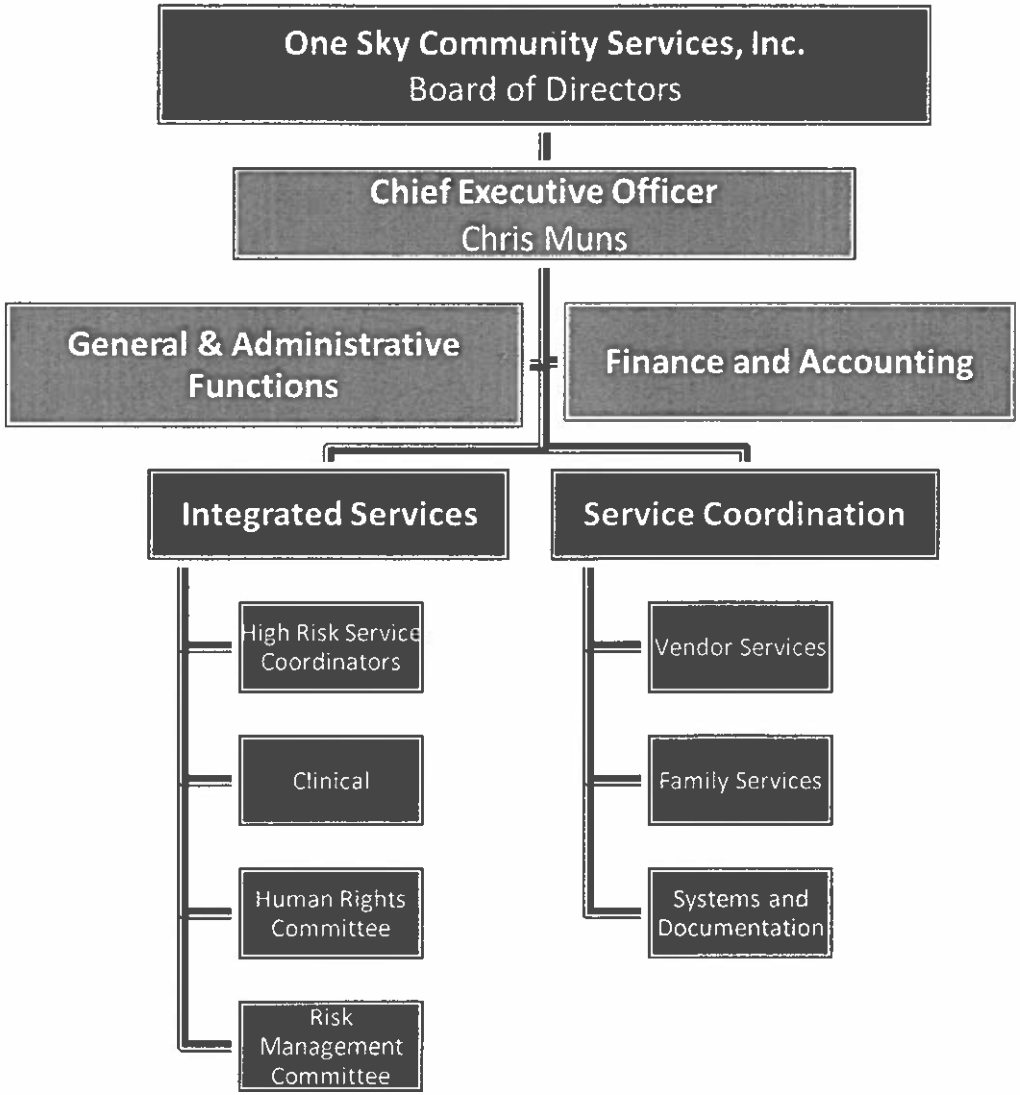
16. Develop and implement functional organizational chart that meets the need of staff and the individuals and families served

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

An organizational chart was developed in May 2017 and is on-going. It is updated regularly when changes within the organization happen and is shared with all staff, provider agencies and families. It is maintained by the Director of HR & Administration with the assistance of the HR Coordinator and CEO a Organization charts are maintained by the HR Coordinator and are updated to not only reflect significant organizational changes but also to reflect the addition of new staff. See Exhibit NNN for the latest organizational chart as of November 18, 2019.

Current Organization

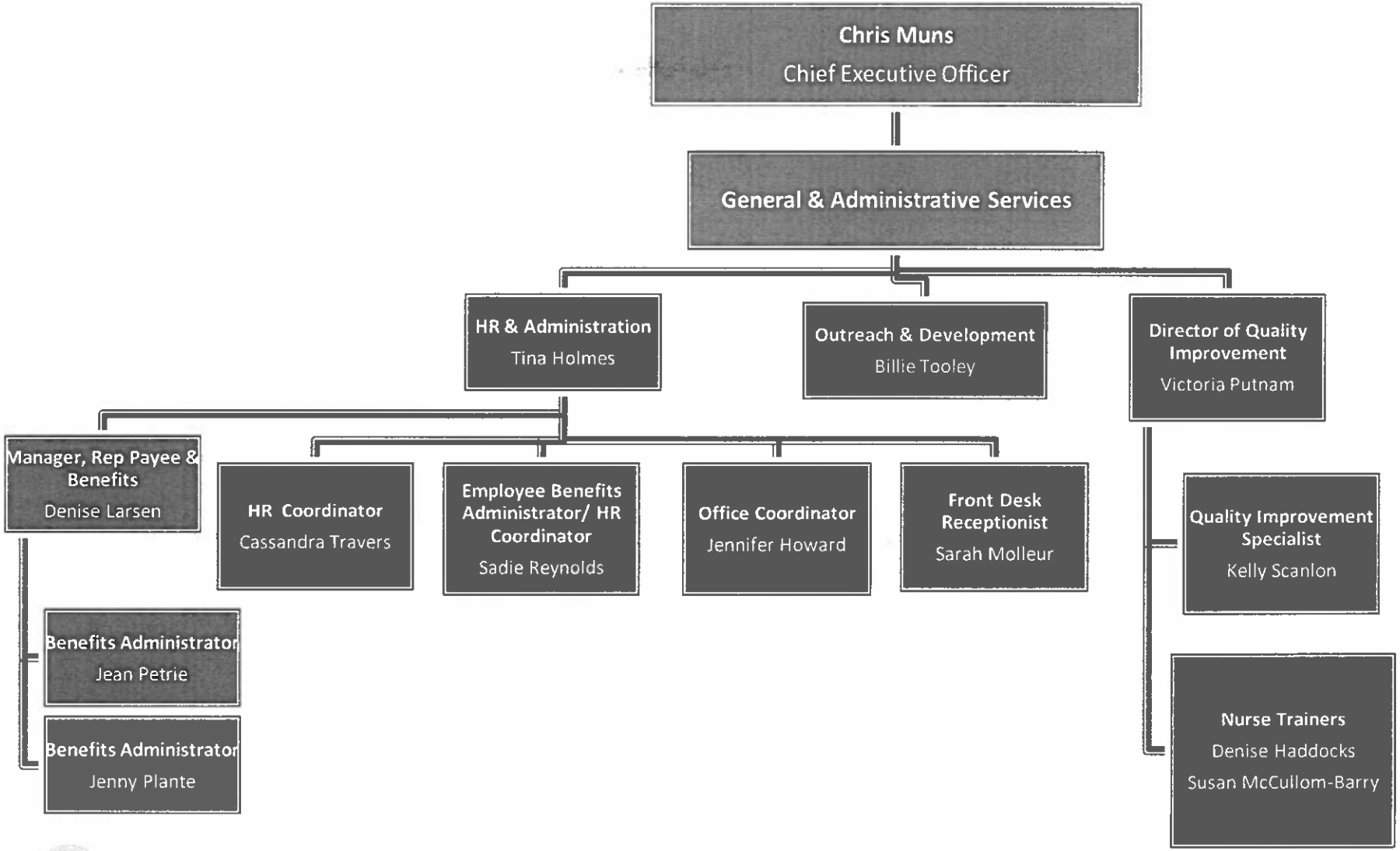
Exhibit NNN



One Sky Community Services
One Life, Endless Possibilities

As of November 18, 2019

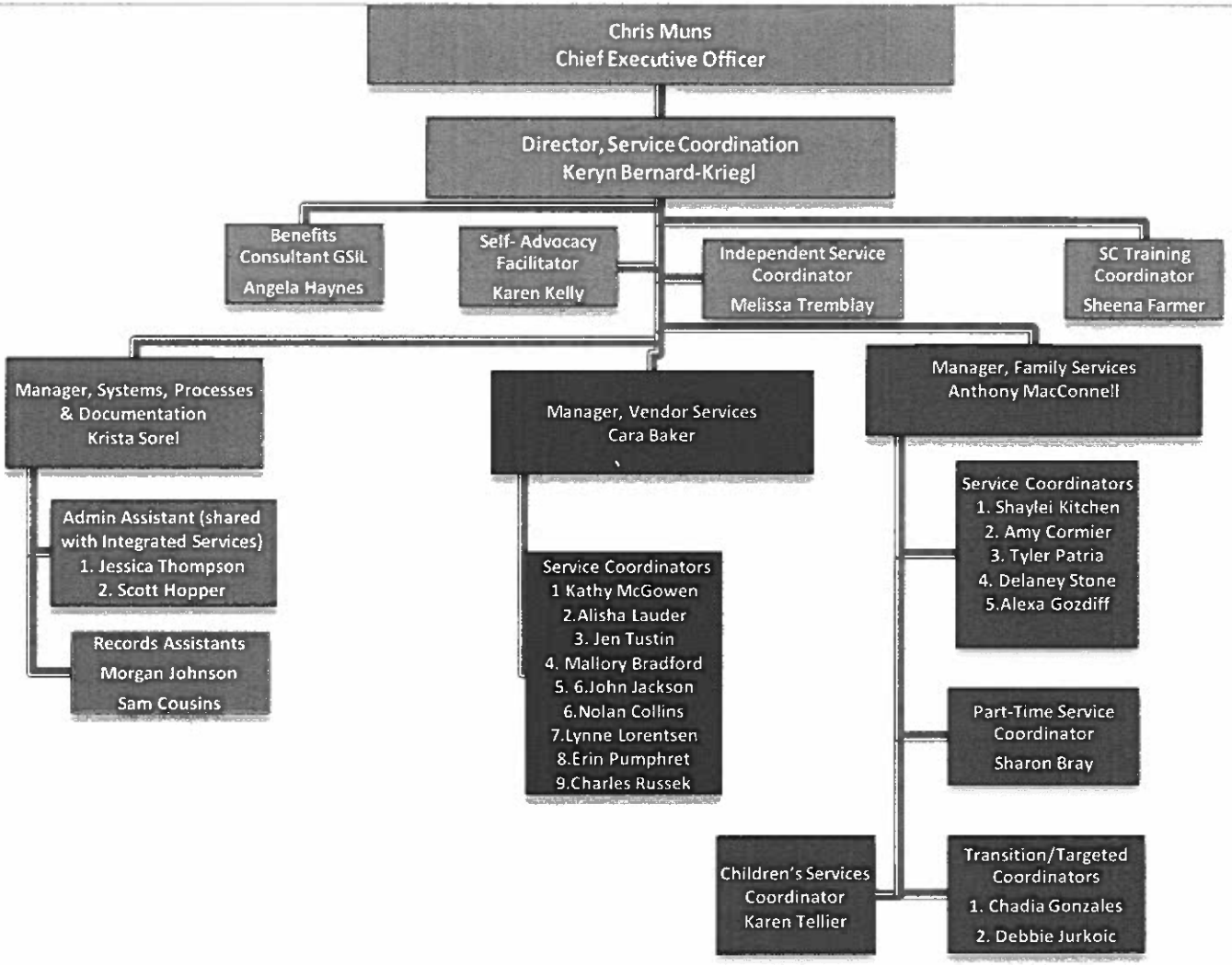
General & Administrative



One Sky Community Services
One Life, Endless Possibilities

As of November 18, 2019

Service Coordination



One Sky Community Services
One Life, Endless Possibilities

Remediation Action #17

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH REMEDIATION RESULTING FROM STAKEHOLDER ENGAGEMENT STAFF ORIENTATION AND RECRUITMENT STRATEGIES

STANDARD

Regulatory	HEM-505.08 (f), as part of the redesignation process, DHHS sought feedback from a variety of stakeholders
Contractual	Exhibit A1 9.1, staffing for Service Coordination

FINDING

- One Sky Staff Survey indicated that 32% are satisfied with their training
- 35% of staff eel that ty ear asked for their input on improving services
- Under half of One Sky staff feel they receive the supervision they need.
- 39% of staff feel that they have access to a supervisor when they have problems or issues that they want to discuss.
- There are a number of negative comments that reference low staff morale, lack of leadership and mission and a decline in services

REQUIRED REMEDIATION

17. Develop staff development plans, employee orientation and recruitment strategies

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

A staff development plan process has been formalized and training for all managers was completed by the Director of Organizational Development on September 10, 2019. All managers attended and received the basis for conducting reviews and how to create a development plan for staff.

A formal New Hire Orientation Program (1 day) was been created and is being utilized for every new hire employee. (Exhibit 41). See Exhibit S for employee acknowledgments that they received orientation manual. See Exhibit SS for acknowledgments received from employees hired after September 1

A Services Coordination New Hire Training Manual was created and presented in a day long training program. This is provided to all new Service Coordinators

A HRST Case Management User Manual was created and deployed to all Service Coordinators (included in the SC New Hire Training Manual – see Exhibit PPP)

A formal Services Coordination New Hire Competencies and Orientation Schedule has been created and is being utilized (see Exhibit 42). See Exhibit K for Team Manager Reviews of New Hire Competencies for all employees with less than six months of services as of September 3, 2019

New Hire Orientation for Service Coordinators Learning Plan in Relias to be updated. See Exhibit L for summary of week 1-4 and month 2 on-line training plans. All Services Coordinators with 6 or more months of tenure to also complete New Hire Orientation for Service Coordinators Learning Plan

Exhibit 41

New Hire Orientation Manual Table of Contents

Tab	
1	• One Sky Mission • One Sky Security System Procedure • Systems Engineering Contact Information
2	• Organizational Chart • Employee Handbook
3	• Conference Room Scheduling • Outlook Scheduling • Alphabet Soup
4	• RSA 171-A Services for The Developmentally Disabled • RSA 171-B Involuntary Admission for Persons Found Not Competent to Stand Trial
5	• History of the NH Developmental Services System • The History and Development of Family Support in NH
6	• He-M 503 Eligibility & the Process of Providing Services • He-M 506 Staff Qualifications & Staff Development Requirements for Developmental Services Agencies • He-M 507 Community Participation Services • He-M 1001 Certification Standards for Developmental Services Community Residences • He-M 1201 Medication Standards
7	• He-M 521 Certification of Residential Services or Combined Residential & Days Services Provided in the Family Home • He-M 525 Participant Directed & Managed Services • He-M 518 Employment Services
8	He-M 310 Rights of Persons Receiving Developmental Services or Acquired Brain Disorder Services in the Community
9	• Office 365 Login • VPN Connection Instructions
10	One Sky Strategic Plan

Three Months	Record questions on topic to review with supervisor.
ISAs; planning and writing	
Quality Contact Note writing	
Who is eligible for services?	
Wait List function	
Request for Proposal (RFP) process	
Prior Authorization (PA) process	
History of Service Delivery in NH	
Why the programs are called "waivers"?	
What a SIS is (Supports Intensity Scale)?	
Documentation that goes to Quality	
Function of individualized budgets	
Respite Overview	
Human Rights Committee	
Rep Payee relationship with SC	

ONE SKY T[illegible]SFERS-2019

Date	Individual	AAFrom	AA to	Requested By	Contact Name	Phone #	Reason for Transfer	Declined	Accepted By Region in Leads	Status
01/11/19	Jakaya Green	Reg 7	Reg 8	Reg 7	Lindsey Mc Gee	603-206-2879	Moved		YES	
01/28/19	Ian O'Brien	Reg 8	Reg10	Reg 10	Kristine Houle	603-893-2299	Moved		YES	
02/11/19	Dorothy Davis	Reg 9	Reg 8	Reg 8	Pam Zottos	603-436-6111	Moved	YES		Declined
02/22/19	Garrin Gams	Reg 8	Reg 6	Reg 6	Denise Parks	603-459-2787	Moved		YES	
04/09/19	Brett Shaw	Reg 3	Reg 8	Reg 3	Kaitlin Levesque	603-581-1558	Moved	YES		Declined
04/09/19	Ames Syrus	Reg 8	Reg 9	Reg 8	Pam Zottos	603-516-9300	Moved		YES	
04/11/19	Ethyn Royer	Reg 8	Reg 7	Reg 7	Lindsey Mc Gee	603-206-2879	Moved		YES	
04/25/19	Hayden Meredith	Reg 8	Reg.9	Reg 8	Pam Zottos	603-516-9300	Moved		YES	
04/26/19	Thomas Case Stutchell-	Reg 8	Reg 7	Reg 8	Lindsey Mc Gee	603-206-2879	Moved		YES	
04/24/19	Luna Stinson	Reg. 8	Reg 9	Reg 8	Pam Zottos	603-516-9300	N/A	N/A	N/A	Parentswithdrew
04/30/19	**Kadeam Faust-Brown**	Reg 8	Reg 9	Reg 8	Pam Zottos	603-516-9300	Moved	N/A	N/A	09/18/19sentmotheranothertransferrequest. 09/25/19-EligigibilityCommittee decided to close out this transfer.
04/30/19	**Bryan Bobryk**	Reg 8	Reg 9	Reg 9	Pam Zottos	603-516-9300	**OPG**			**09/25/19-Region 9 has all the paperwork. There has been no new updates.**
05/10/19	Thurber Priest	Reg 8	Reg 9	Reg 8	Pam Zottos	603-516-9300	Moved		Yes	
05/20/19	**Collin Lensink**	Reg 8	Reg 9	Reg 9	Pam Zottos	603-516-9300	**Moved**			**10/01/19-scheduled to transfer.**
07/10/05	Vishnuaram Karthikeya	Reg 8	Reg 9	Reg 8	Pam Zottos	603-516-9300	Moved	YES		Declined
07/10/05	**Cathleen McNee**	Reg 8	Reg 9	Reg 8	Pam Zottos	603-516-9300	**OPG**			**09/18/19- Pam Zottos stated to Stephanie that Cathleen is at the tope of their case load. Region 9 has all the paperwork. 09/25/19- There are no new updates.**
05/28/19	**Loretta Falzarano**	Reg. 8	Reg 9	Reg 8	Pam Zottos	603-516-9300	**OPG**			**09/25/19- Region 9 has all paperwork. There has been no new updates.**

	Rollas Course	Welcome to Service Coordination	Client's Rights	HRST System Overview	Guiding Rules and Regulations	Individual Service Agreement (ISA) Overview	Billable Activities & Contact Notes	The Community We Serve	Disabilities Overview	Human Rights & Risk Management	Intake Process	How Services Are Funded	Prior Authorization Overview	The wait List	Individual Service Agrement Refresher	Automated Prior Author-ization System	CSNI SIS Overview	SIS Planning
New Staff	**Date of Hire**																	
Stone, Delaney	23-Sep	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Russek, Charles	7-Oct						x		x		x		x	x		x	x	x
Vachon, Lynn	15-Oct								x								x	x
Pumphret, Erin	15-Oct		x						x							x	x	x
Service Coordinator		Week 1				Week 2			Week 3			Week 4				Month 2		
Auclair, Stephanie		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Bradford, Mallory		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Bray, Sharon		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Collins, Nolan		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Cormier, Amy		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Gonzales, Chadia		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Jackson, John		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Jurkoic, Deb		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Kitchen, Shaylei		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Lauder, Alisha		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Lorentsen, Lynne		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
McGowan, Kathy		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Patria, Tyler		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Tellier, Karen		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Thomas, Lorena		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Supervisors																		
Baker, Cara		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Bernard Kriegl, Keryn		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
MacConnell, Anthony		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Richey, Sharon		x	G	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Sciuto, Lenore		G	G	x	G	x	x	G	G	G	x	x	x	x	x	x	x	x
Sorel, Krista		G	x	G	G	G	x	G	G	G	G	G	x	x	x	x	x	x
Admins																		
Hopper, Scott		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Thompson, Jess		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Farmer, Sheena		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

Tyler

#4

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 9:00:58 AM
Last Modified:	Monday, August 12, 2019 9:09:29 AM
Time Spent:	00:08:31
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Somewhat familiar- need more training**
Structure of Area Agency System	**Somewhat familiar- need more training**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Somewhat familiar- need more training**
Function of a Prior Authorization (PA)	**Somewhat familiar- need more training**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Somewhat familiar- need more training**

Q5 What suggestions do you have for making the Relias videos more useful?

Make them about Service Coordination job functions. Too many of them are DSP centered which doesn't help up do our job as a SC.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Admin (If you)	**Scott Hopper**
Service Coordinator (If you)	**Tyler Patria**
Team Manager (you or your supervisor)	**Sheena Farmer**
Team Director (You or your supervisor)	**Karen**

Q7 I have been in my current position for	**1-3 months**
Q8 Comments, Questions, Suggestions or Concerns?	**Respondent skipped this question**

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Somewhat familiar- need more training**
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services?	**Competent- can do independently**
Wait List function	**Competent- can do independently**
Request for Proposal (RFP) process	**Somewhat familiar- need more training**
Prior Authorization (PA) process	**Competent- can do independently**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality	**Competent- can do independently**
Function of individualized budgets	**Competent- can do independently**
Respite Overview	**Competent- can do independently**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Somewhat familiar- need more training**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Competent- can do independently**
SIS Planning and Scheduling	**Competent- can do independently**
Funding Sources for services	**Competent- can do independently**
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings	**Competent- can do independently**
Specialty Services	**Competent- can do independently**
MMIS Function	**Competent- can do independently**
Rep Payee relationship with SC	**Somewhat familiar- need more training**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Competent- can do independently**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Competent- can do independently**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Competent- can do independently**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?	**Yes**

#19

COMPLETE

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Last Modified:	Tuesday, August 20, 2019 9:55:05 AM
Time Spent:	00:31:10
IP Address:	76.118.46.100

Chadia

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Somewhat familiar- need more training**
Health Risk Screening Tool (HRST) & ratings	**Somewhat familiar- need more training**
General Services Available Through One Sky	**Somewhat familiar- need more training**
Structure of Area Agency System	**Unfamiliar- what's this?**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Somewhat familiar- need more training**
Function of a Prior Authorization (PA)	**Somewhat familiar- need more training**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 80% of individual specific documentation.	**Somewhat familiar- need more training**

SC competencies

SurveyMonkey

#20

Sharon B

COMPLETE

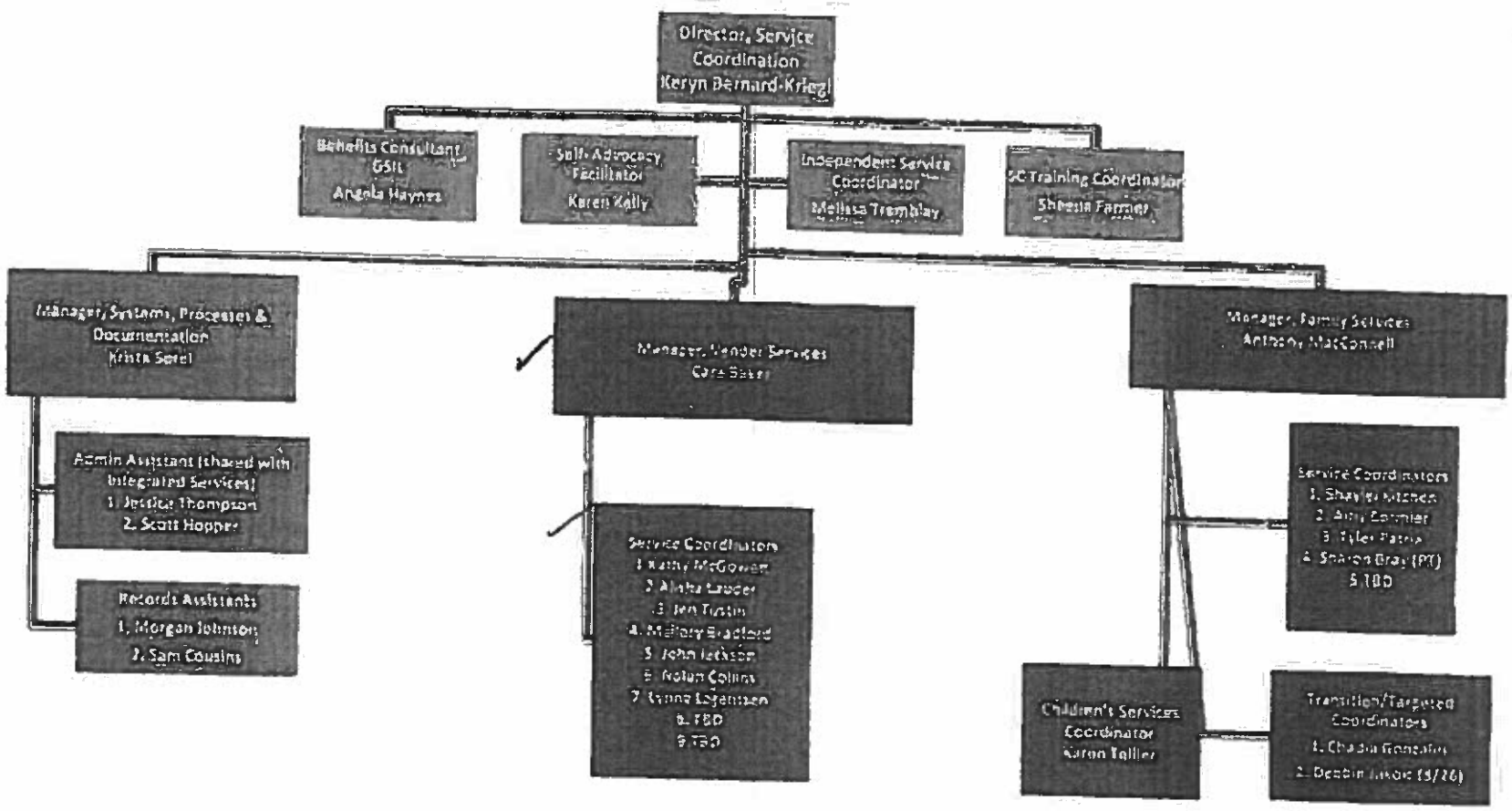
Collector:	Web Link 2 (Web Link)
Started:	Wednesday, August 21, 2019 4:12:05 PM
Last Modified:	Wednesday, August 21, 2019 4:15:37 PM
Time Spent:	00:03:31
IP Address:	72.71.251.173

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Somewhat familiar- need more training**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Competent- can do independently**
Function of a Prior Authorization (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Service Coordination



One

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing Comment:	**Somewhat familiar- need more training** I feel like I need help with writing and having a plan for how to execute it.
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services? Comment:	**Somewhat familiar- need more training** Would like some more guidance on this.
Wait List function Comment:	**Somewhat familiar- need more training** This is somewhat confusing for me at this time.
Request for Proposal (RFP) process	**Competent- can do independently**
Prior Authorization (PA) process Comment:	**Somewhat familiar- need more training** An easy to use guide on what is needed for each kind of pa packet.
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)? Comment:	**Somewhat familiar- need more training** I know what it is but have never sat in on any so don't really know what they are asking or how to read the forms.
Documentation that goes to Quality Comment:	**Unfamiliar- what's this?** I don't know what goes to Quality
Function of individualized budgets Comment:	**Somewhat familiar- need more training** Could use some review on how to read the budget.
Respite Overview Comment:	**Unfamiliar- what's this?** I know what respite is but am unsure about how to go about getting it for someone.
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC Comment:	**Somewhat familiar- need more training** Don't know what my role is in this.

Q8 Comments, Questions, Suggestions or Concerns?

would like the ISA training to be sooner than Oct 2 if at all possible.

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Competent- can do independently**
Quality Contact Note writing	**Competent- can do independently**
Who is eligible for services?	**Competent- can do independently**
Wait List function	**Somewhat familiar- need more training**
Request for Proposal (RFP) process Comment:	**Somewhat familiar- need more training** Just new to doing RFP's
Prior Authorization (PA) process	**Competent- can do independently**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality Comment:	**Somewhat familiar- need more training** Not sure what you are asking? QSS, incident reports, monthly contact notes, ISA's, baically all documentation that is needed for an individual being served is my understading?
Function of individualized budgets	**Somewhat familiar- need more training**
Respite Overview	**Somewhat familiar- need more training**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Competent- can do independently**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Could mentor others**
SIS Planning and Scheduling	**Could mentor others**
Funding Sources for services	**Competent- can do independently**
Team Meeting Facilitation	**Could mentor others**
START Service offerings	**Somewhat familiar- need more training**
Specialty Services Comment:	**Somewhat familiar- need more training** Not sure?
MMIS Function	**Could mentor others**
Rep Payee relationship with SC	**Could mentor others**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Competent- can do independently**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Could mentor others**

Alisha

#1

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 6:02:15 AM
Last Modified:	Monday, August 12, 2019 6:13:06 AM
Time Spent:	00:10:50
IP Address:	73.16.104.231

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Competent- can do independently**
Function of a Prior Authorization (PA) Comment:	**Somewhat familiar- need more training** I have never been trained on budgets and what to look for.
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?	**Yes**
Q5 What suggestions do you have for making the Relias videos more useful?	**Respondent skipped this question**

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Admin (If you)	**Jess Thompson**
Service Coordinator (If you)	**Alisha Lauder**
Team Manager (you or your supervisor)	**Cara Baker**
Team Director (You or your supervisor)	**Keryn Bernard Kriegl**

Q7 I have been in my current position for	**more than one year**

Q8 Comments, Questions, Suggestions or Concerns?

SC department needs a consistent and structured training program.

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Could mentor others**
Quality Contact Note writing	**Could mentor others**
Who is eligible for services?	**Somewhat familiar- need more training**
Wait List function	**Somewhat familiar- need more training**
Request for Proposal (RFP) process	**Somewhat familiar- need more training**
Prior Authorization (PA) process	**Competent- can do independently**
History of Service Delivery in NH	**Somewhat familiar- need more training**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Competent- can do independently**
Documentation that goes to Quality	**Somewhat familiar- need more training**
Function of individualized budgets	**Somewhat familiar- need more training**
Respite Overview	**Somewhat familiar- need more training**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Somewhat familiar- need more training**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Competent- can do independently**
SIS Planning and Scheduling	**Competent- can do independently**
Funding Sources for services	**Somewhat familiar- need more training**
Team Meeting Facilitation	**Could mentor others**
START Service offerings	**Somewhat familiar- need more training**
Specialty Services	**Somewhat familiar- need more training**
MMIS Function	**Competent- can do independently**
Rep Payee relationship with SC	**Somewhat familiar- need more training**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Somewhat familiar- need more training**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Somewhat familiar- need more training**

Q4 Would you find having the in-services video-taped and saved on Rellas helpful for review if you missed it or to refresh your memory?	**Yes**

#2

Mallory

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 8:15:51 AM
Last Modified:	Monday, August 12, 2019 8:26:46 AM
Time Spent:	00:10:54
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Could mentor others**
Health Risk Screening Tool (HRST) & ratings Comment:	**Competent- can do independently** Should I be recording every medical event in real time in the HRST screening tool? (including minor things like missing day program due to a cold)
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA) Comment:	**Somewhat familiar- need more training** I still have a difficult time with Change PA's. I believe I've only done one right when I started.
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Could mentor others**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation. Comment:	**Somewhat familiar- need more training** I still need assistance in completing documents.
SIS Planning and Scheduling Comment:	**Somewhat familiar- need more training** I have not done this yet
Funding Sources for services Comment:	**Somewhat familiar- need more training** Would like a light review
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings	**Competent- can do independently**
Specialty Services Comment:	**Somewhat familiar- need more training** as in? SEP?
MMIS Function	**Somewhat familiar- need more training**
Rep Payee relationship with SC	**Competent- can do independently**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Somewhat familiar- need more training**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Could mentor others**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory? **Yes**

Q5 What suggestions do you have for making the Relias videos more useful?

Interactive - or has audio so you're not just reading 96 pages

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Admin (if you)	**Scott Hopper**
Service Coordinator (if you)	**Mallory Bradford**
Team Manager (you or your supervisor)	**Cara Baker**
Team Director (You or your supervisor)	**Keryn Bernard-Kriegl**

Q7 I have been in my current position for **3-6 months**

Q8 Comments, Questions, Suggestions or Concerns? Respondent skipped this question

Q2 Rate your skill for each of the following intermediate competencies (3 months)

ISAs; planning and writing	**Competent- can do independently**
Quality Contact Note writing	**Somewhat familiar- need more training**
Who is eligible for services?	**Competent- can do independently**
Wait List function	**Somewhat familiar- need more training**
Request for Proposal (RFP) process	**Somewhat familiar- need more training**
Prior Authorization (PA) process	**Somewhat familiar- need more training**
History of Service Delivery in NH	**Competent- can do independently**
Why the programs are called "waivers"?	**Competent- can do independently**
What a SIS is (Supports Intensity Scale)?	**Somewhat familiar- need more training**
Documentation that goes to Quality	**Somewhat familiar- need more training**
Function of individualized budgets	**Competent- can do independently**
Respite Overview	**Somewhat familiar- need more training**
Human Rights Committee	**Competent- can do independently**
Rep Payee relationship with SC	**Somewhat familiar- need more training**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation.	**Somewhat familiar- need more training**
SIS Planning and Scheduling	**Somewhat familiar- need more training**
Funding Sources for services	**Somewhat familiar- need more training**
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings	**Somewhat familiar- need more training**
Specialty Services	**Somewhat familiar- need more training**
MMIS Function	**Somewhat familiar- need more training**
Rep Payee relationship with SC	**Somewhat familiar- need more training**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies	**Somewhat familiar- need more training**
Risk Management Committee	**Somewhat familiar- need more training**
Functions of NH LEADS and EDS	**Somewhat familiar- need more training**
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Somewhat familiar- need more training**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?	**Yes**

#11

Nolan

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 15, 2019 12:49:54 PM
Last Modified:	Thursday, August 15, 2019 12:56:32 PM
Time Spent:	00:06:37
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for Introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Competent- can do independently**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Competent- can do independently**
Function of a Prior Authorization (PA) Comment:	**Somewhat familiar- need more training** I have never done an e-mod PA nor a new services PA so would like some assistance with obtaining that information.
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q3 Rate your skill level for each of the following intermediate competencies (6 months)

Ability to write 80% of individual specific documentation. Comment:	**Somewhat familiar- need more training** Social Security forms and Functional Screens
SIS Planning and Scheduling Comment:	**Somewhat familiar- need more training** Planning
Funding Sources for services Comment:	**Somewhat familiar- need more training** All of the alternative funding sources available.
Team Meeting Facilitation	**Competent- can do independently**
START Service offerings Comment:	**Somewhat familiar- need more training** Justin did a great job at explaining the program however I want to learn more about respite opportunity, the beds, and the process of applying / figuring out if someone is a good fit for the program.
Specialty Services	**Competent- can do independently**
MMIS Function	**Competent- can do independently**
Rep Payee relationship with SC	**Competent- can do independently**
Crisis Payments, Advanced Authorizations, Lapse and Vacancies Comment:	**Somewhat familiar- need more training** When are crises established; how does the process work
Risk Management Committee Comment:	**Unfamiliar- what's this?** Pretty much everything about it.
Functions of NH LEADS and EDS Comment:	**Somewhat familiar- need more training** I know the general processes but I would like a little more in-depth look at both systems.
Some Local Resources (Mental Health Center, benefits resources, housing resources)	**Competent- can do independently**

Q4 Would you find having the in-services video-taped and saved on Relias helpful for review if you missed it or to refresh your memory?	**No**

Q5 What suggestions do you have for making the Relias videos more useful?

Have there be more voice overs, especially on presentations, so that we can obtain more information than what is just listed.

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (If you)	**Nolan Collins**
Team Manager (you or your supervisor)	**Cara Baker**
Team Director (You or your supervisor)	**Keryn Bernard Kriegl**

#8

Lynne

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 7:47:40 PM
Last Modified:	Monday, August 12, 2019 7:52:58 PM
Time Spent:	00:05:17
IP Address:	72.71.255.104

Page 1: Basuline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Could mentor others**
Health Risk Screening Tool (HRST) & ratings	**Competent- can do independently**
General Services Available Through One Sky	**Somewhat familiar- need more training**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA)	**Competent- can do independently**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q5 What suggestions do you have for making the Relias videos more useful?

don't use acronyms (or if you do, explain them).

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (if you)	SC
Team Manager (you or your supervisor)	SC

Q7 I have been in my current position for

less than one month

Q8 Comments, Questions, Suggestions or Concerns?

Respondent skipped this question

#22

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 22, 2019 8:49:55 AM
Last Modified:	Thursday, August 22, 2019 8:53:11 AM
Time Spent:	00:03:16
IP Address:	50.199.197.145

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Health Risk Screening Tool (HRST) & ratings	**Somewhat familiar- need more training**
General Services Available Through One Sky	**Could mentor others**
Structure of Area Agency System	**Could mentor others**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Could mentor others**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA)	**Could mentor others**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Could mentor others**
Understanding of functions for 60% of individual specific documentation.	**Could mentor others**

Sharon R

#18

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Thursday, August 15, 2019 12:22:46 PM
Last Modified:	Monday, August 19, 2019 11:58:00 AM
Time Spent:	Over a day
IP Address:	24.233.112.59

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function Comment:	**Somewhat familiar- need more training** process to document and upload and finish process; comfortable w/team process to review and ID needs
Health Risk Screening Tool (HRST) & ratings	**Somewhat familiar- need more training**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Could mentor others**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Could mentor others**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA)	**Could mentor others**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Could mentor others**
Understanding of functions for 60% of individual specific documentation.	**Could mentor others**

#7 Loreana

COMPLETE

Collector:	Web Link 2 (Web Link)
Started:	Monday, August 12, 2019 3:46:19 PM
Last Modified:	Monday, August 12, 2019 3:55:26 PM
Time Spent:	00:09:07
IP Address:	24.245.124.72

Page 1: Baseline survey

Q1 Rate your knowledge level for each of the following introductory competencies (1 month). The expectation for introductory is that you have a general understanding of content or the function.

Individual Service Agreement (ISA) function	**Could mentor others**
Health Risk Screening Tool (HRST) & ratings	**Could mentor others**
General Services Available Through One Sky	**Competent- can do independently**
Structure of Area Agency System	**Competent- can do independently**
Rights of Persons Receiving Developmental Services / or ABD Services in the Community	**Competent- can do independently**
Expectations and Reporting Requirements as a Mandated Reporter	**Could mentor others**
Function of a Prior Authorization (PA)	**Could mentor others**
Cursory understanding of various diagnosis such as Autism, Intellectual Disabilities, Cerebral Palsy, TBD, ABD, etc.	**Competent- can do independently**
Understanding of functions for 60% of individual specific documentation.	**Competent- can do independently**

Q5 What suggestions do you have for making the Relias videos more useful?

Adult centered training. Day to day functions relevant trainings

Q6 Please complete for you and your supervisors so we can sort the responses by team.

Service Coordinator (if you)	Loreana
Team Manager (you or your supervisor)	Sharon

Q7 I have been in my current position for

1-3 months

Q8 Comments, Questions, Suggestions or Concerns?

None

Exhibit PPP

Training Manual Packet

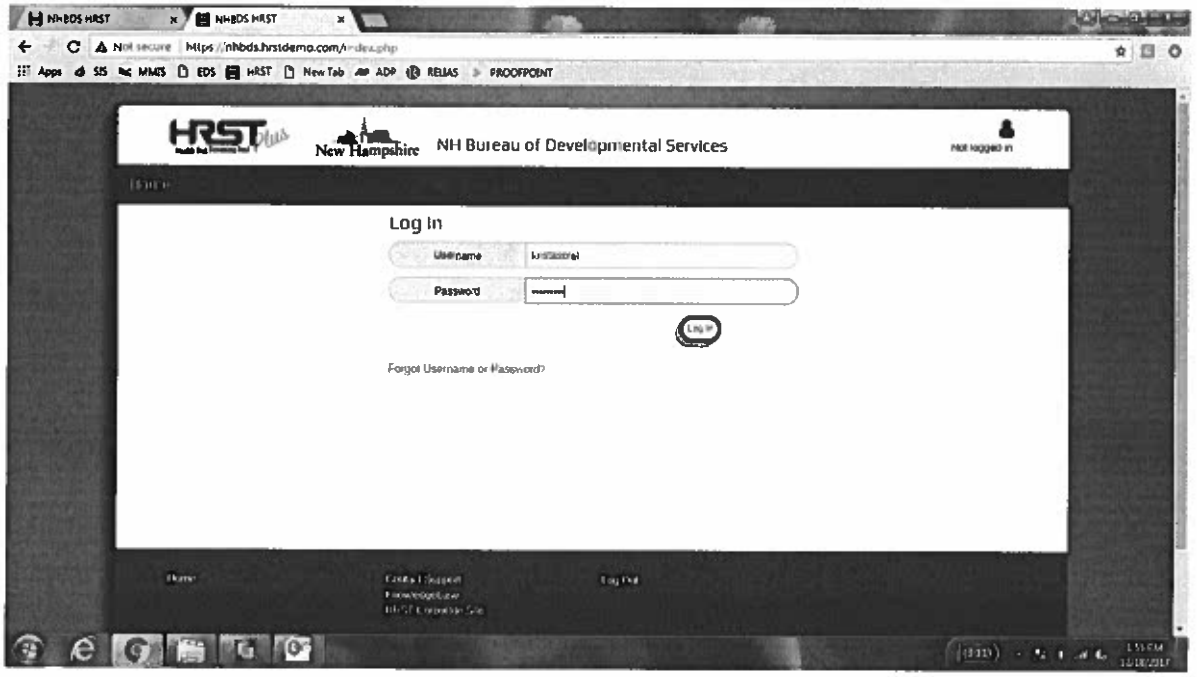
b. Support Site
c. View Knowledgebase
d. Assistant

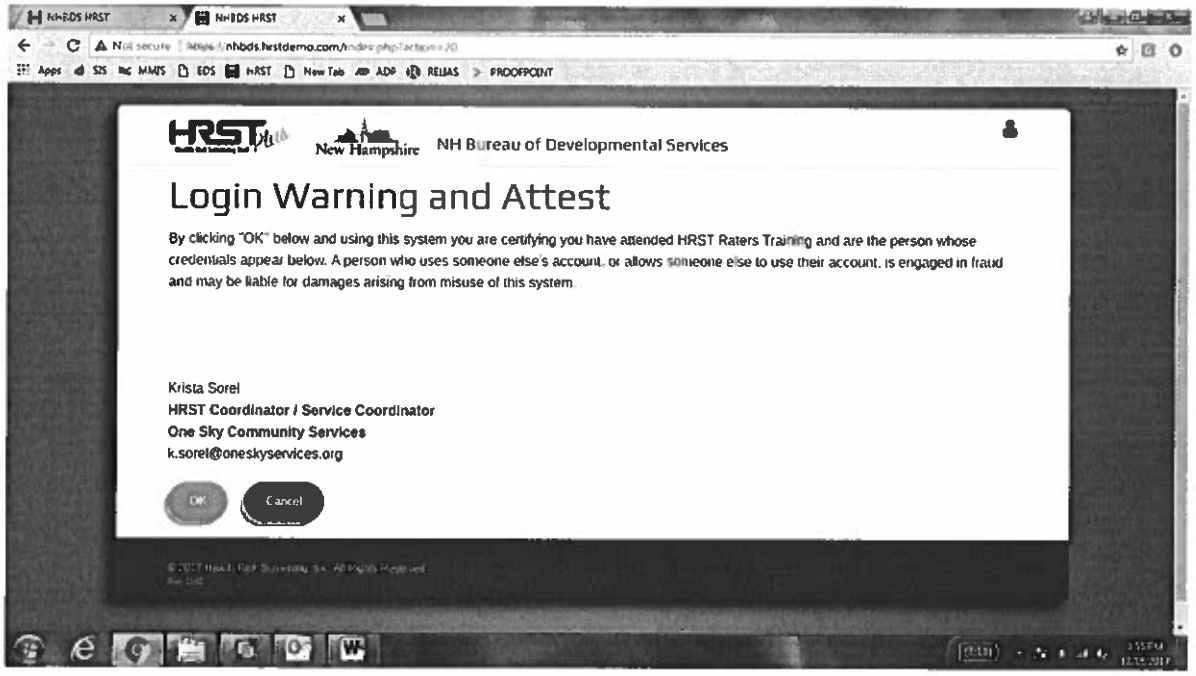
2. All One Sky Trainings Overview PPT - Contents

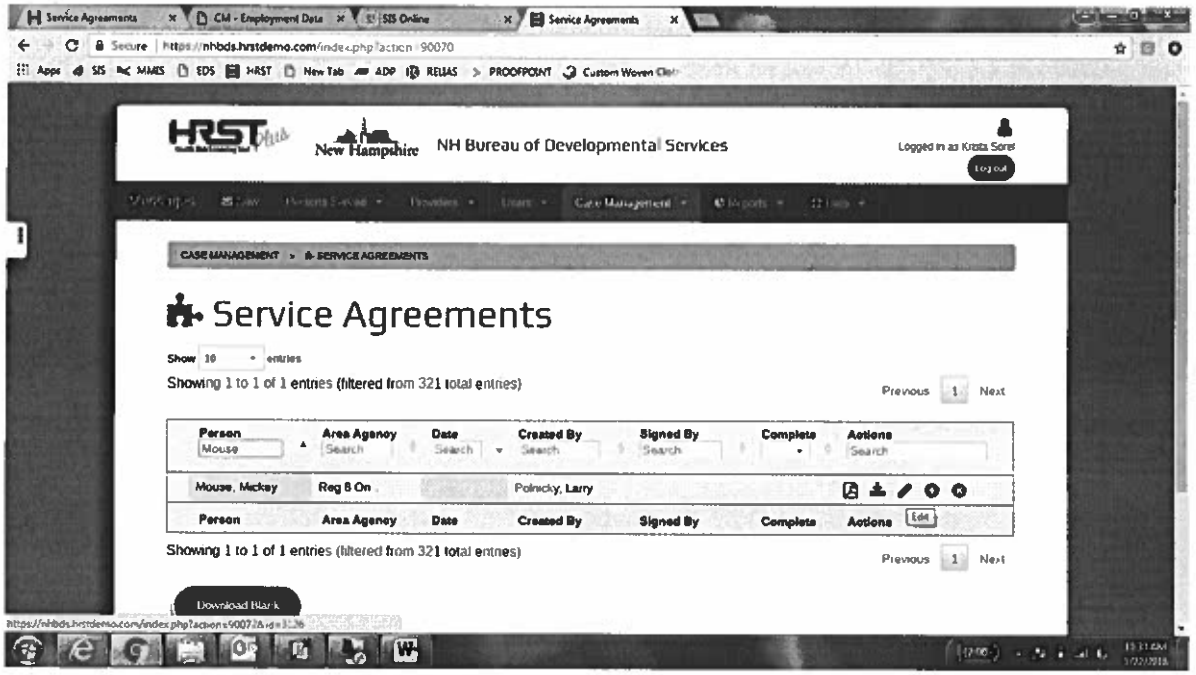
Topic	Slide #'s
Welcome	2
What We Do	3 – 9
RS 171A	10 – 13
Various Regulations	14 – 23
Eligibility	24 – 31
Services	32 – 38
Funding	39 – 64
HRST Training	71
Automated PA Process	65
Timelines	66 – 70
Intake Process	72 – 75
ISA Process	76 – 79
RFP Process	80 – 85
Wait List	86 – 95
SIS, Budgets	96 – 110
Rep-Payee, Cost of Care	111 – 116
Billable Events & Documentation	17 – 122
Respite Services	123 – 125
On-Call Process/Sentinel Events	126 – 131
Human Rights/ITS	132 – 145
Quality Innovations	146 – 161
Summary	162 – 166

GO INTO THE HRST WEBSITE: https://nhbds.hrstapp.com/index.php

Log in, verify you are you.

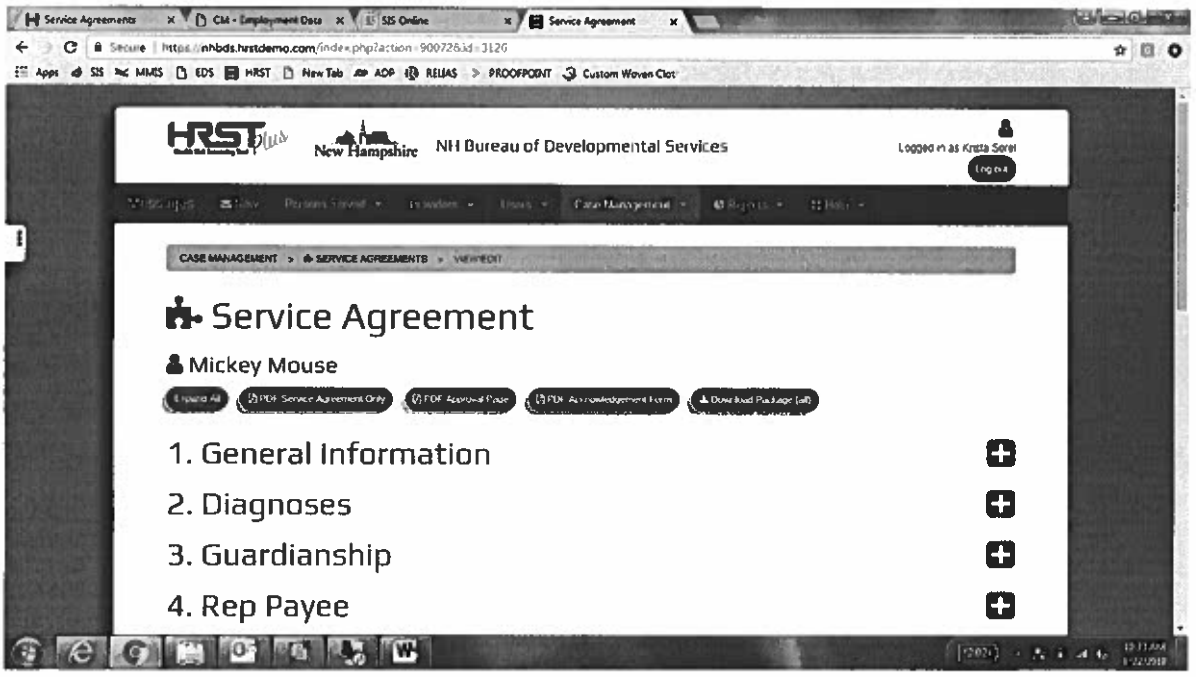






BEGINNING A SERVICE AGREEMENT:

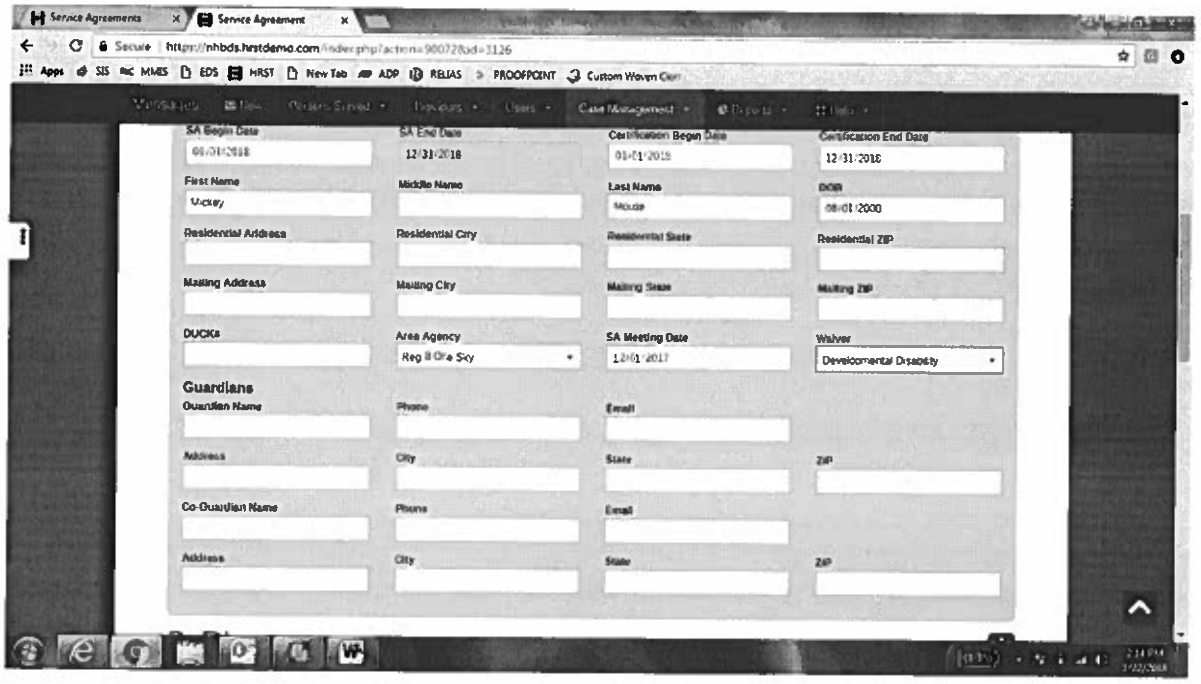
1. GENERAL INFORMATION; Click the + (plus) icon to the right to begin.



their residential address is actually Rochester, NH with a different zipcode (03867). You will be able to indicate the accurate zipcode for Gonic, NH. (03839) in the following section.

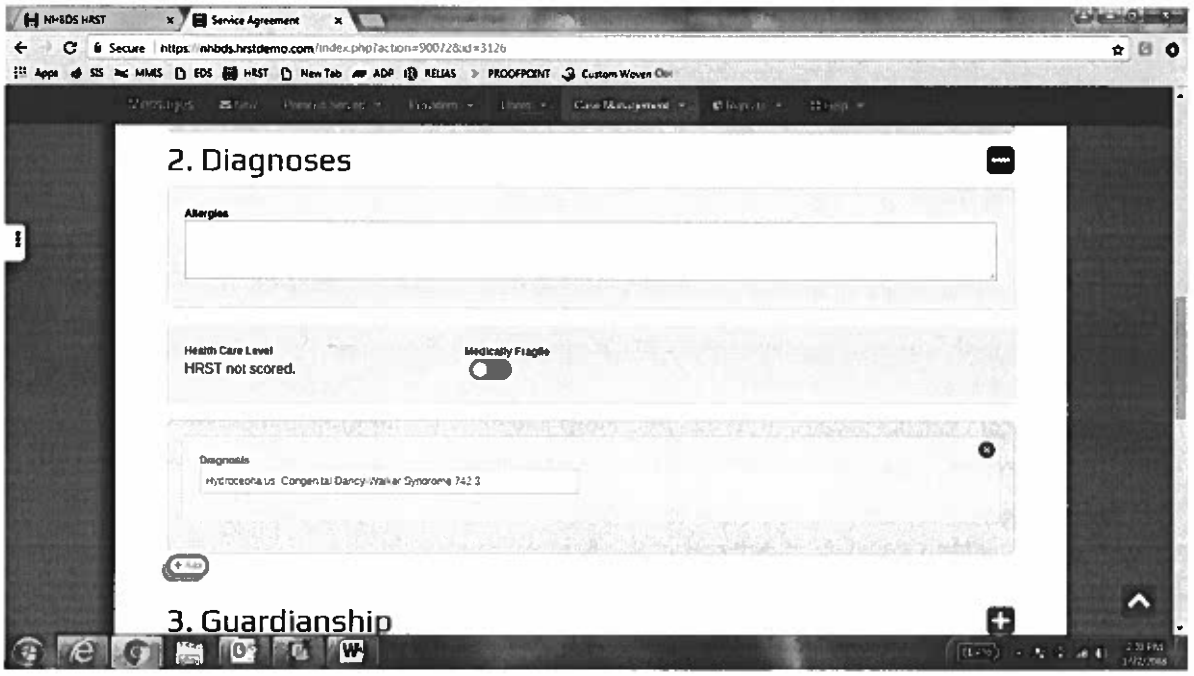
- *Residential State* is the section in which you would indicate the accurate state in which the individual lives, locations vary, but most will be in the State of NH.
- *Residential ZIP* is the section in which you indicate the accurate zipcode for the city in which your individual currently resides, i.e. understanding that if your individual lives in Gonic, NH, their residential address is actually Rochester, NH with a zipcode of 03839.
- *Mailing Address* is the section in which you indicate the current mailing address and/or PO Box for your individual. If there is no mailing address to be listed, this is where you can indicate if there is a "Care Of" for your individual's current situation (see below). Also, if your individual has a guardian and they wish for all mailed items to be sent to them instead, this is where you would indicate that information.
- *Mailing City* is the section in which you indicate the current mailing city and/or PO Box city for your individual. If there is no mailing city because there is no mailing address, please leave this blank. Also, if your individual has a guardian and they wish for all mailed items to be sent to them instead, this is where you would indicate that information.
- *Mailing State* is the section in which you indicate the current mailing state and/or PO Box state for where the information is being mailed to, locations vary, but most will be in the State of NH. If there is no mailing state because there is no mailing address, please leave this blank. Also, if your individual has a guardian and they wish for all mailed items to be sent to them instead, this is where you would indicate that information.
- *Mailing ZIP* is the current city zipcode and/or PO Box city zipcode for where the information is being mailed to i.e. understanding that if your individual lives in Gonic, NH, their residential address is actually Rochester, NH with a zipcode of 03839. If there is no mailing zipcode because there is no mailing address, please leave this blank. Also, if your individual has a guardian and they wish for all mailed items to be sent to them instead, this is where you would indicate that information.
- *DUCK#* is the number assigned to an individual when they begin receiving services through the agency. This section should already be filled in before you begin. PLEASE VERIFY THAT THIS INFORMATION IS ACCURATE BEFORE PROCEEDING.
- *Area Agency* is the section to indicate which area agency is providing services for the individual. This section should already be filled in before you begin. It should be labeled "Region 8 One Sky".
- *Service Agreement Meeting Date* is the section in which you indicate when you held the meeting for the Service Agreement. This should not be confused with the SA Begin Date. According to State Regulations, the Service Agreement Meeting should occur 45 days prior to the renewal date, i.e. the SA Begin Date is 9/1/2017 so the Service Agreement Meeting should be on or before 7/18/17.
- *Waiver* is the section in which you would indicate which waiver your individual is currently covered under. There are 4 options; Developmental Disability, Acquired Brain Disorder, In Home Support and Choices for Independence. This section should already be filled in before you begin. IF IT'S NOT; you can find this information within the Persons Served tab. (see Persons Served instructions)

- *Co-Guardians Name* section is the full legal name given to the agency for the co-guardian. First and Last are required, middle name and/or initial is not required. If there is no appointed co-guardian, please leave this section blank.
- *Phone* is the section to indicate the best possible phone number for the individual's co-guardian. If there is no appointed co-guardian, please leave this section blank.
- *Email* is the section to indicate an email address for the co-guardian. Should the co-guardian choose to have documents encrypted and emailed to them, this would be the best email address to use. If there is no appointed co-guardian, please leave this section blank.
- *Address* is the section in which you would indicate where the co-guardian currently lives, verify that you are spelling the address correctly in its entirety. If there is no appointed co-guardian, please leave this section blank.
- *City* is the section in which you would indicate what city the co-guardian currently resides in based off of information from the post office, i.e. understanding that if the co-guardian lives in Gonic, NH. their residential address is actually Rochester, NH with a different zipcode (03867). You will be able to indicate the accurate zipcode for Gonic, NH. (03839) in the following section. If there is no appointed co-guardian, please leave this section blank.
- *State* is the section in which you would indicate the accurate state in which the co-guardian lives, locations will vary. If there is no appointed co-guardian, please leave this section blank.
- *ZIP* is the section in which you indicate the accurate zipcode for the city in which the co-guardian currently resides, i.e. understanding that if the co-guardian lives in Gonic, NH. their residential address is actually Rochester, NH with a zipcode of 03839. If there is no appointed co-guardian, please leave this section blank.



2. DIAGNOSES; Click the + (plus) icon to the right to begin.

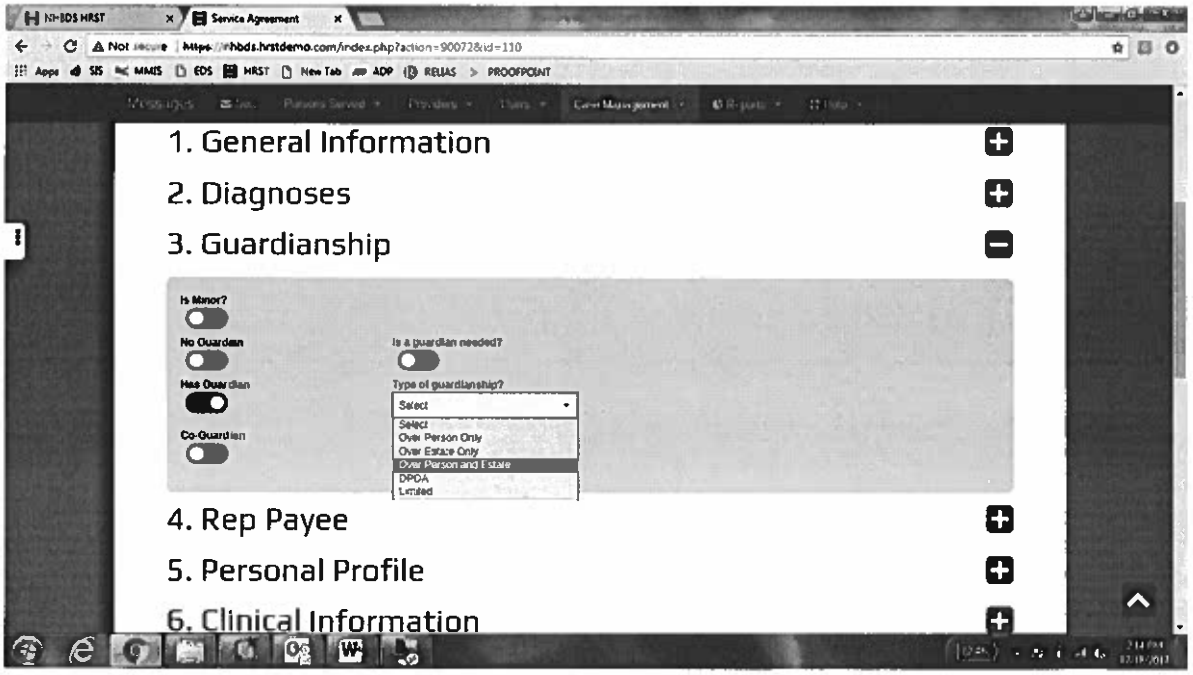
- *Health Care Level* is the section in which the individual is assessed on a number scale from 1-6, 1 being medically sufficient and 6 being medically frail/fragile. This level will already be indicated before you begin as it is linked to the HRST Tool that you completed on your individual with their team before completing the ISA. If this section is not filled in, you will need to go back and completed a HRST on your individual before continuing on. (see above)
- *Medically Fragile* toggle indicates if your individual has reached a health care level in which they are considered medically frail/fragile. This toggle will be activated (if it applies) before you begin as it is linked to the HRST Tool that you completed on your individual with their team before completing the ISA.



- *Diagnosis* section is the section in which you indicate the individual's current diagnoses. NOTE: The diagnoses listed should be associated with an evaluation on file for your individual. There needs to be documentary proof of diagnosis before it can be added. If the individual has diagnoses that are noted in the Person's Served Tab under My Diagnoses, then these will transfer. If they do not and/or do not have all listed and have additional diagnoses, you will need to input those while creating the Service Agreement. (see below).
    - *To add a diagnosis box; click on the green oval +Add button.*

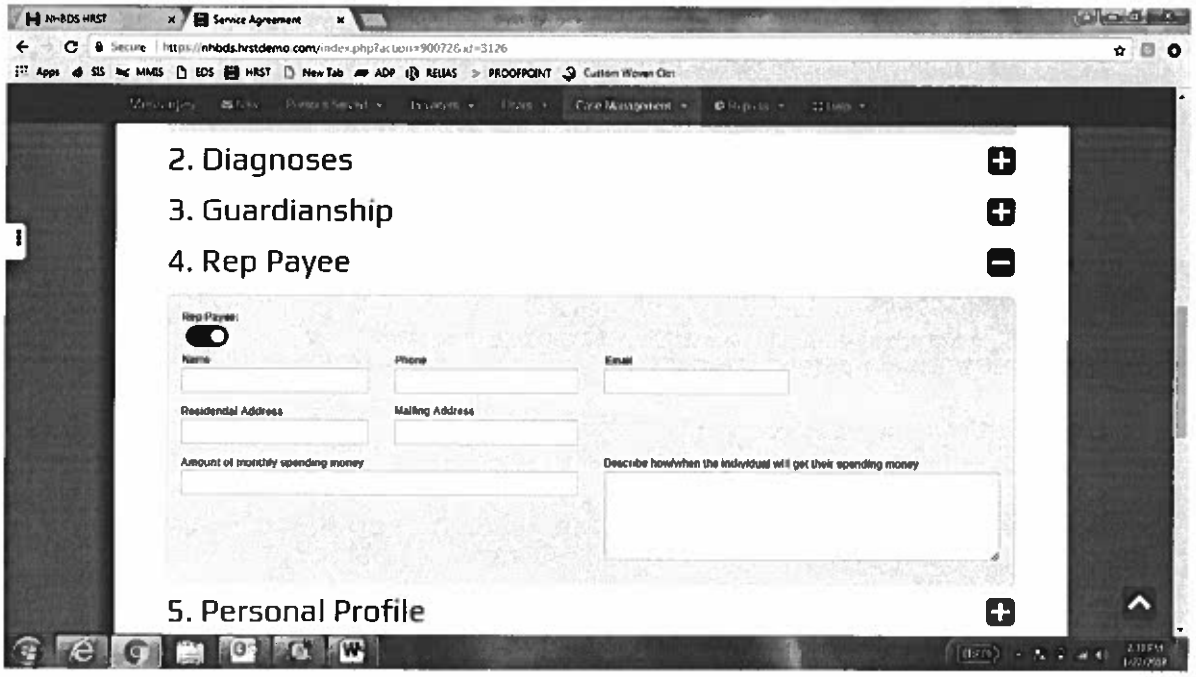
3. GUARDIANSHIP; Click the + (plus) icon to the right to begin.

After clicking on the + (plus) icon, the Guardianship tab will expand into several sections as shown below. Fill in all sections completely.



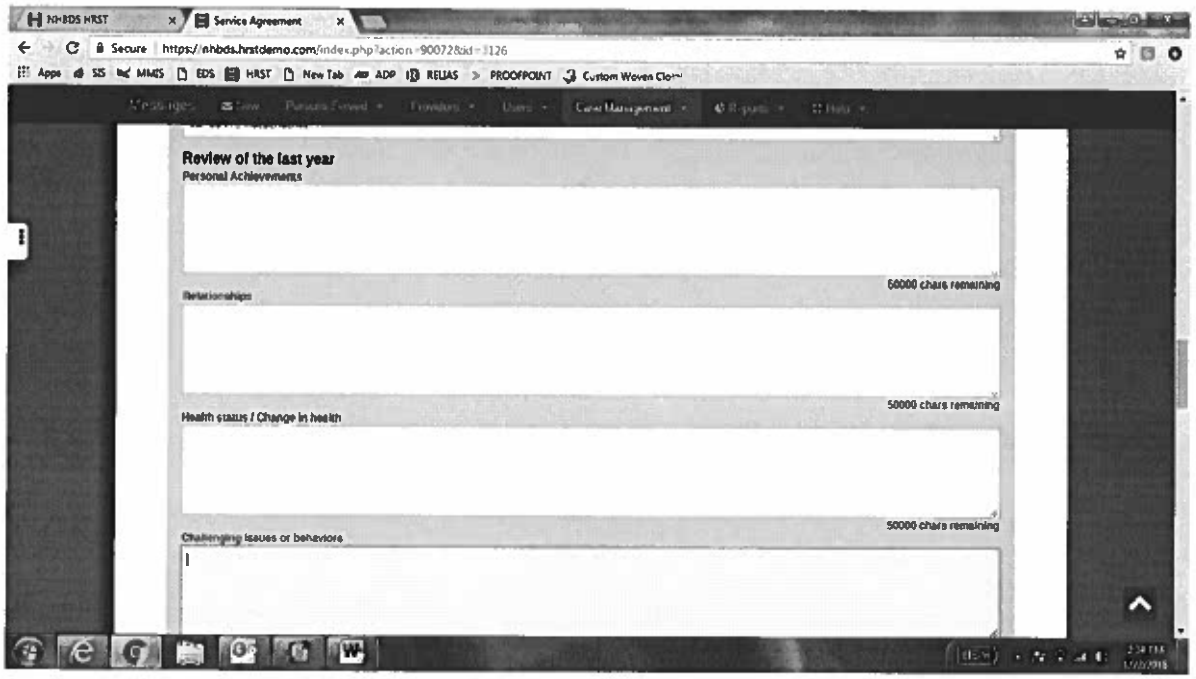
- *Co-Guardian* toggle indicates whether or not your individual has a legally appointed co-guardian.
- *Type of Guardianship?* toggle indicates the specific type of co-guardianship that is held for the individual. There are five options; Over Person Only, Over Estate Only, Over Person and Estate, DPOA (durable power of attorney) and Limited. (see below) Choose the appropriate co-guardianship. NOTE: There needs to be documentary proof of co-guardianship before it can be added. Also-the co-guardianship listed should be associated with the legal document on file for your individual.

- *Rep Payee* toggle indicates whether or not the individual has a Rep-Payee (A representative payee is a person or Agency who acts as the receiver of SSD (Social Security Disability) or SSI (Supplemental Security Income) for a person who is not fully capable of managing their own benefits).
- *Name* is the section in which the person and/or agency that is providing rep-payee services to your individual should be listed, i.e. EXAMPLE: Kristine Katanixos OR One Sky Community Services. (see below) If there is no appointed Rep-Payee, please leave this section blank.
- *Phone* is the section to indicate the best possible phone number for the individual's Rep-Payee. If there is no appointed Rep-Payee, please leave this section blank.
- *Email* is the section to indicate the best possible email address for the individual's Rep-Payee. If the Rep-Payee doesn't want their email on file and/or there is no appointed Rep-Payee, please leave this section blank.
- *Residential Address* is the section in which you would indicate where the Rep-Payee currently lives, verify that you are spelling the address, city, state and zipcode correctly in its entirety. If there is no appointed Rep-Payee, please leave this section blank.
- *Mailing Address* is the section in which you would indicate where the Rep-Payee currently receives their mail, verify that you are spelling the address, city, state and zipcode correctly in its entirety. If there is no appointed Rep-Payee, please leave this section blank.
- *Amount of Monthly Spending Money* section is still currently unclarified.
- *Describe how/when the individual will get their spending money section* is still currently unclarified.

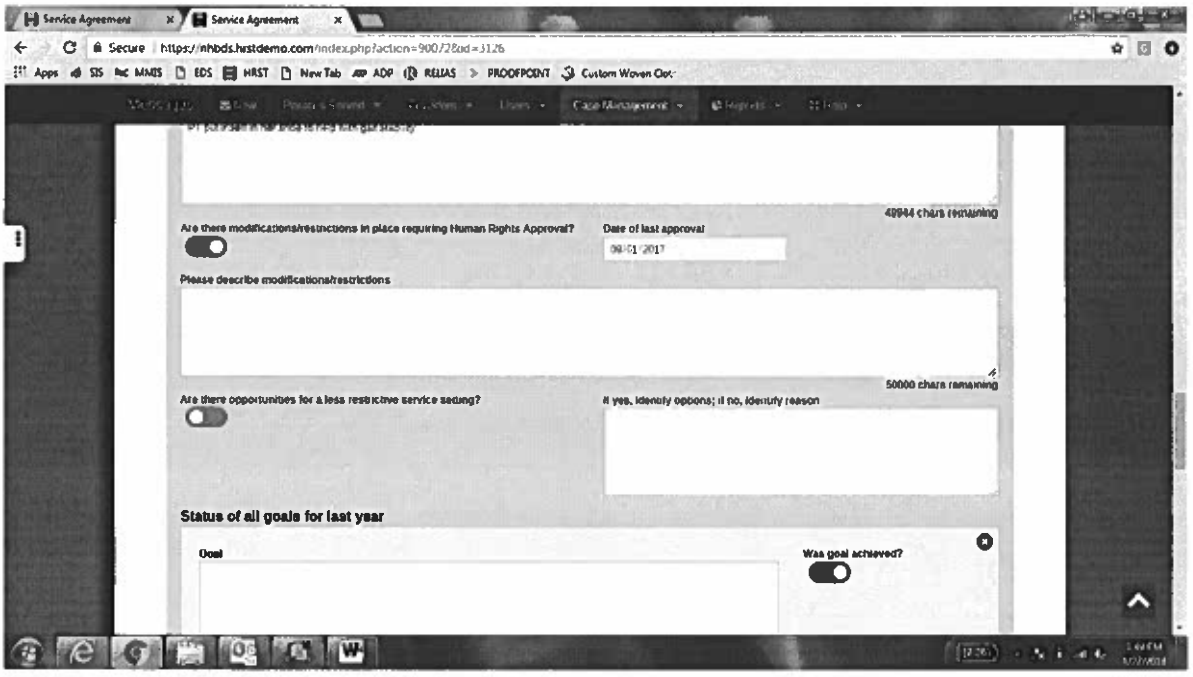


5. PERSONAL PROFILE; Click the + (plus) icon to the right to begin.

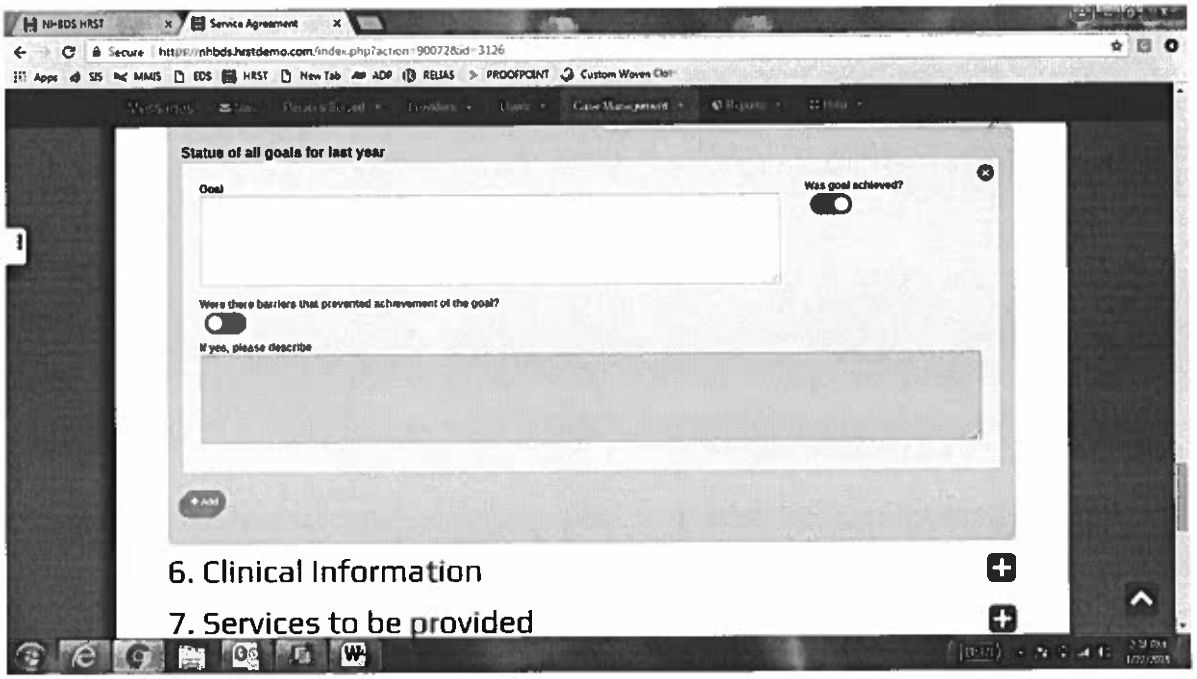
After clicking on the + (plus) icon, the Personal Profile tab will expand into several sections as shown below. Fill in all sections completely.



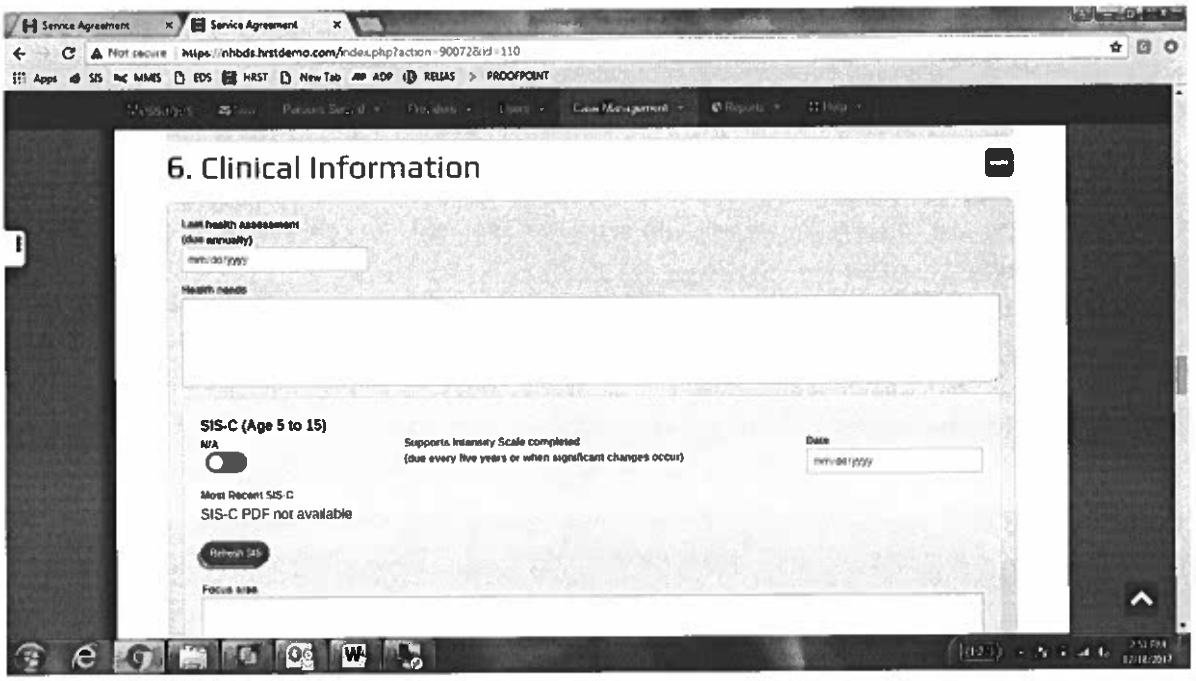
- *REVIEW OF LAST YEAR; Personal Achievements* is the section that identifies significant achievements for the individual over the year, i.e. lost weight, received an award, gained/maintained volunteer and paid employment, completed a goal early, etc.
- *Relationships* is the section that identifies the significant relationships in the individuals life and how often those relationships are explored and/or maintained. This section can also identify specific activities that the individual participates in with those relationships.
- *Health Status/Change in Health* is the section to indicate the current health status of the individual, i.e. indicating general health over the year, maintenance doctor appointments, any injuries and follow-ups. (see above)
- *Challenging Issues or Behaviors* is the section that identifies the concerns of the team regarding the individual. NOTE: The approved behavioral plan (should one apply) can be mentioned here when discussing troubling behaviors in the home and/or in the community.
- *Community Involvement* is the section that identifies the daily community activities for the individual while they're in program and while they're at home (including weekends). The information should include; where the activity is taking place, what time the activity is taking place and who the individual is completing the activities with. (see below)
- *Safety Considerations* is the section that identifies any safety concerns for the individual which includes; medical as well as environmental concerns, i.e. shoe inserts and/or the use of a cane for gait concerns, slippery surfaces during certain months. (see below)



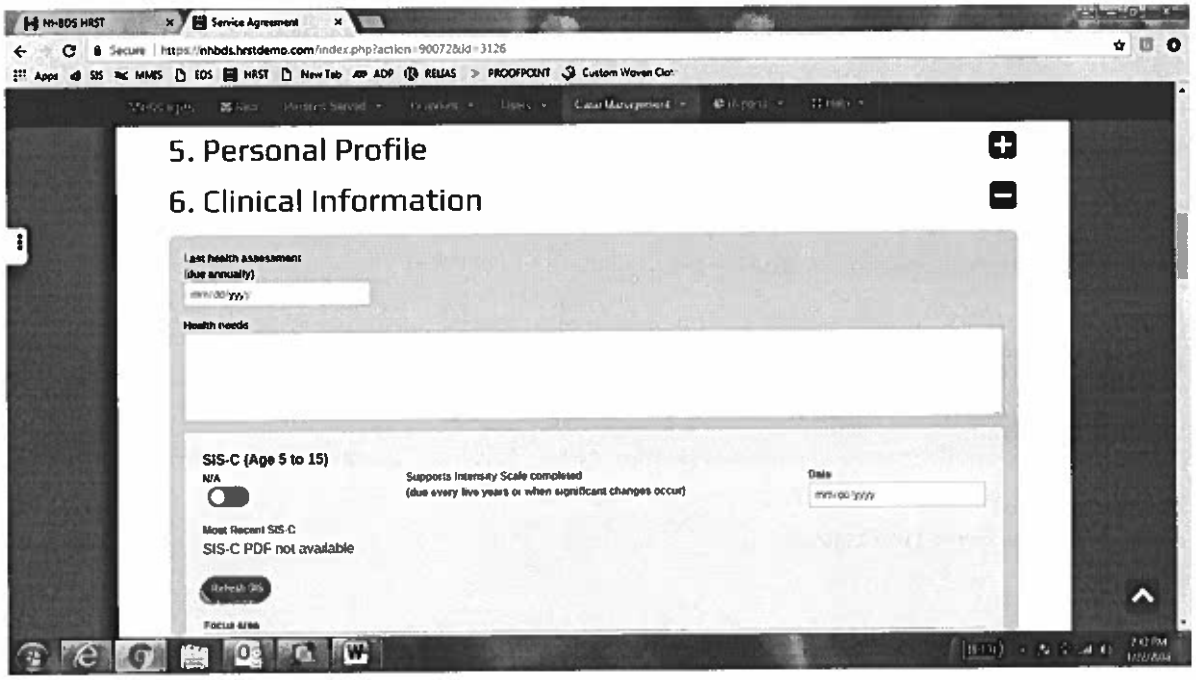
- *Date of last approval* indicates the physical date of the Behavior Plan signed by the committee, i.e. the day they approved the plan for the individual. NOTE: This date can be found on the behavior plan cover page.
- *Please describe modifications/restrictions* is the section where the behavior plan points should be discussed, i.e. what the behavior plan was developed for and what specific modifications have been made to the individuals daily living to require a behavior plan. (see above)
- *Are there opportunities for a less restrictive service setting?* toggle indicates whether or not the individual's current living situation could be changed in order to not need a behavior plan, i.e. EXAMPLE, the individual is aggressive towards children and requires a behavior plan, a potential solution to that could be that the individual is not placed in a residential setting where children are present.
    - *If yes, identify options; if no, identify reason* is the section where you would provide information regarding the situation whether or not there are opportunities for a less restrictive service setting. (see example above)

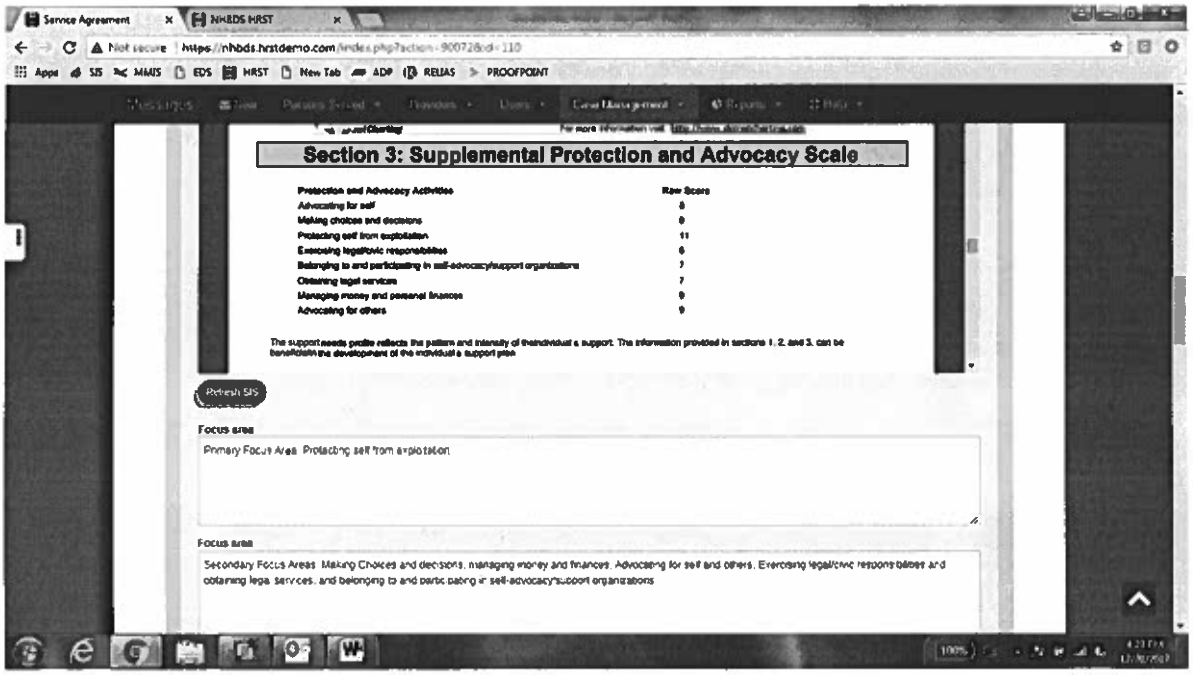


- *Goal* is the section where you'd indicate the goal for the previous year. Only one goal should be noted per goal box.
- *Was goal achieved?* toggle indicates whether or not the individual was able to complete the goal in its entirety over the past year.
- *Were there barriers that prevented achievement of the goal?* toggle indicates whether or not the individual and/or team experienced any barriers throughout the year that either prevented the individual from achieving the goal or added extra difficulty in the individual working towards the goal.
    - *If you toggle yes,* please describe in detail the barriers that either the team or individual faced while working towards completing this goal, i.e. no transportation.

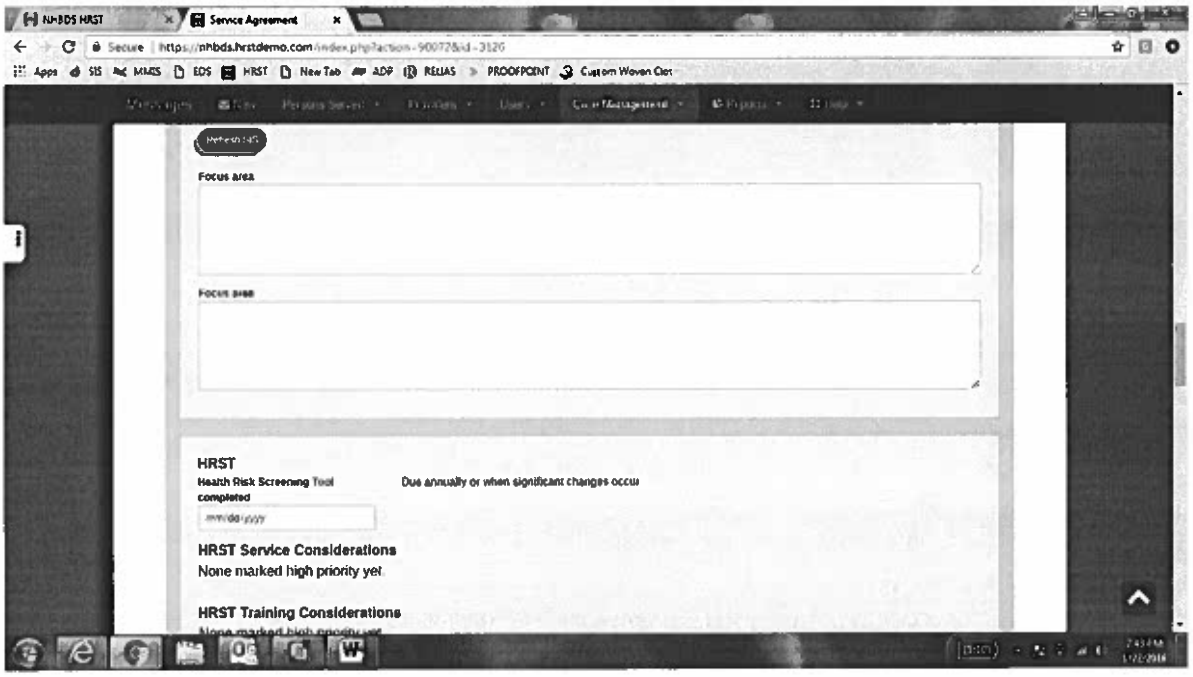


- *Last health assessment (due annually)* is the section in which you indicate the date of the last physical exam that the individual had. NOTE: There needs to be documentary proof of the physical exam, i.e. the Physical Exam document on file for the date provided.
- *Health needs* is the section in which you indicate any information about the individual with specific focus on their health and on the problem areas that were noted by the medical professional. (see below)

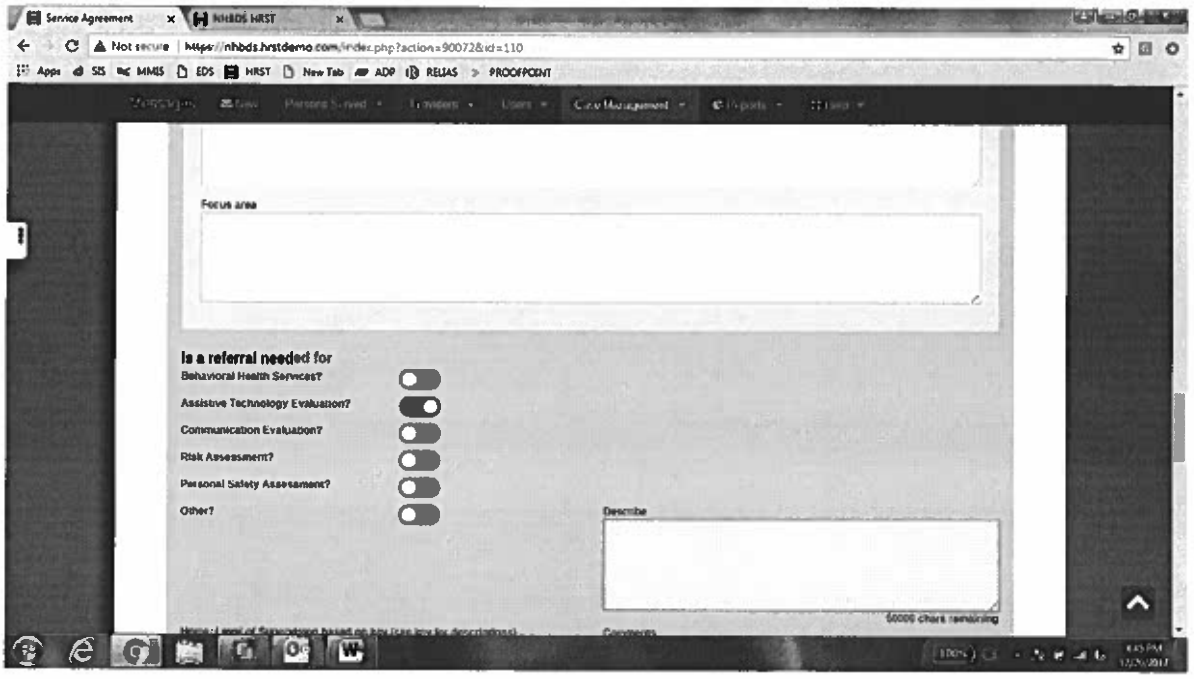




- *HRST Health Risk Screening Tool completed* is the section in which you indicate the date of the most recent HRST evaluation that the individual had. The assessment date will automatically be entered into your service agreement and show up as below.



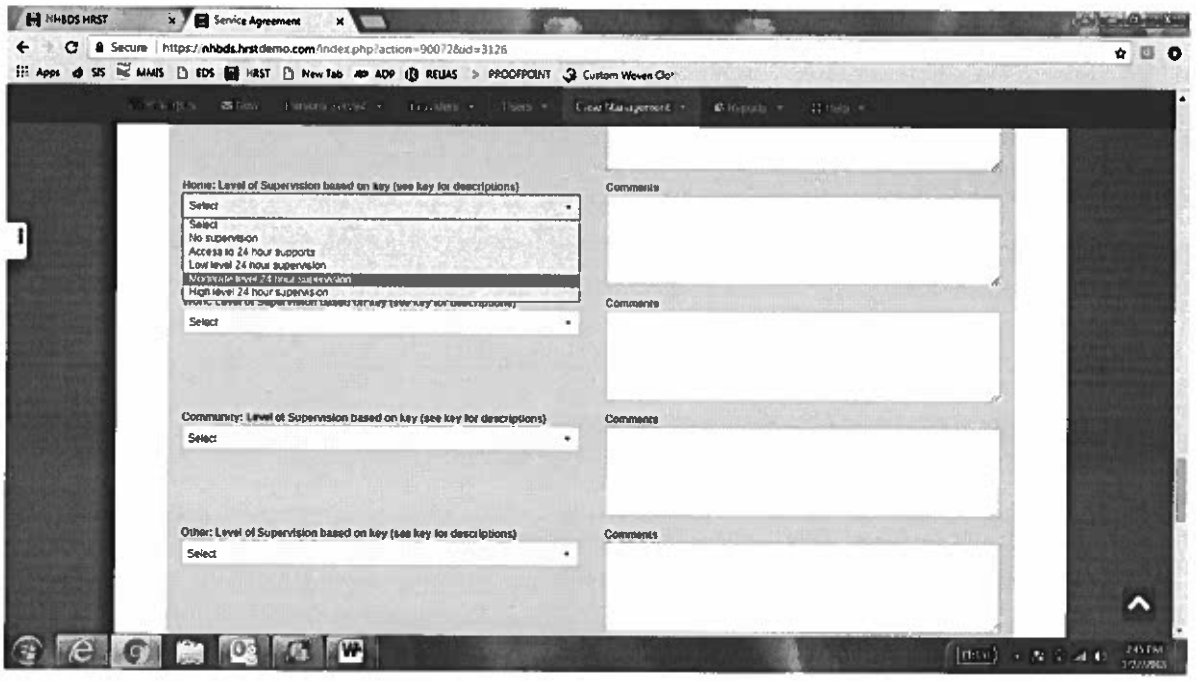
- *If no,* leave this section blank.

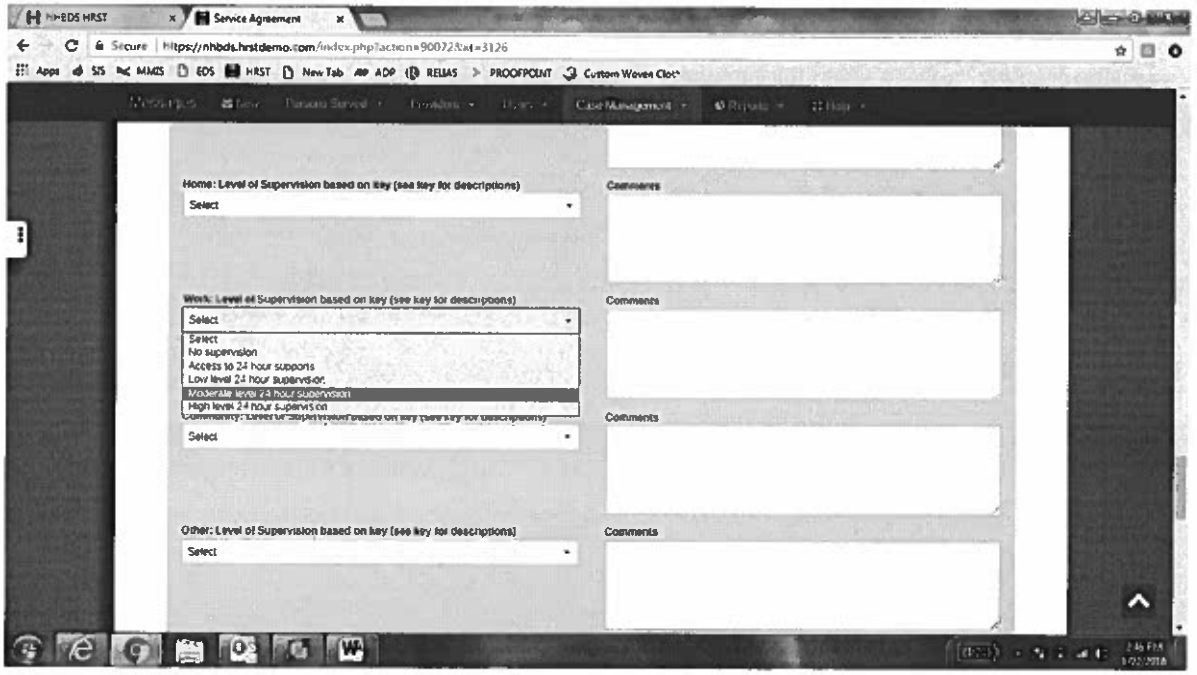


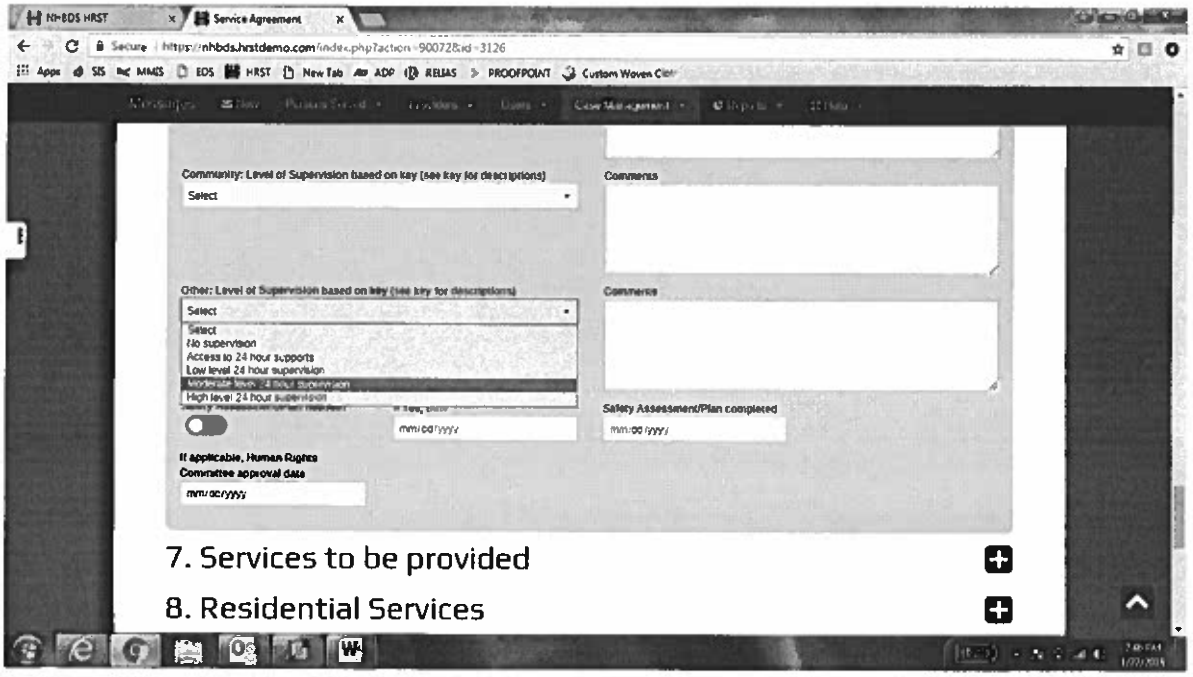
- *Home: Level of Supervision based on key (see key for descriptions)*section has multiple options to choose from; No Supervision, Access to 24 Hour Supports, Low Level 24 Hour Supervision, Moderate Level 24 Hour Supervision or High Level 24 Hour Supervision. This section is specifically targeting what type of supervision the individual requires while in the home. NOTE: To accurately choose the type of supervision, click on the *see key for descriptions* icon and review the different options.
- *Comments* section is to give an example of the supervision level in the home and why the supervision level is listed the way it is. EXAMPLE: Cannot be left alone due to xyz.

supervision the individual requires while in a work environment. NOTE: To accurately choose the type of supervision, click on the *see key for descriptions* icon and review the different options.

- *Comments* section is to give an example of the supervision level in a work setting and why the supervision level is listed the way it is. EXAMPLE: Needs assistance with staying on task.



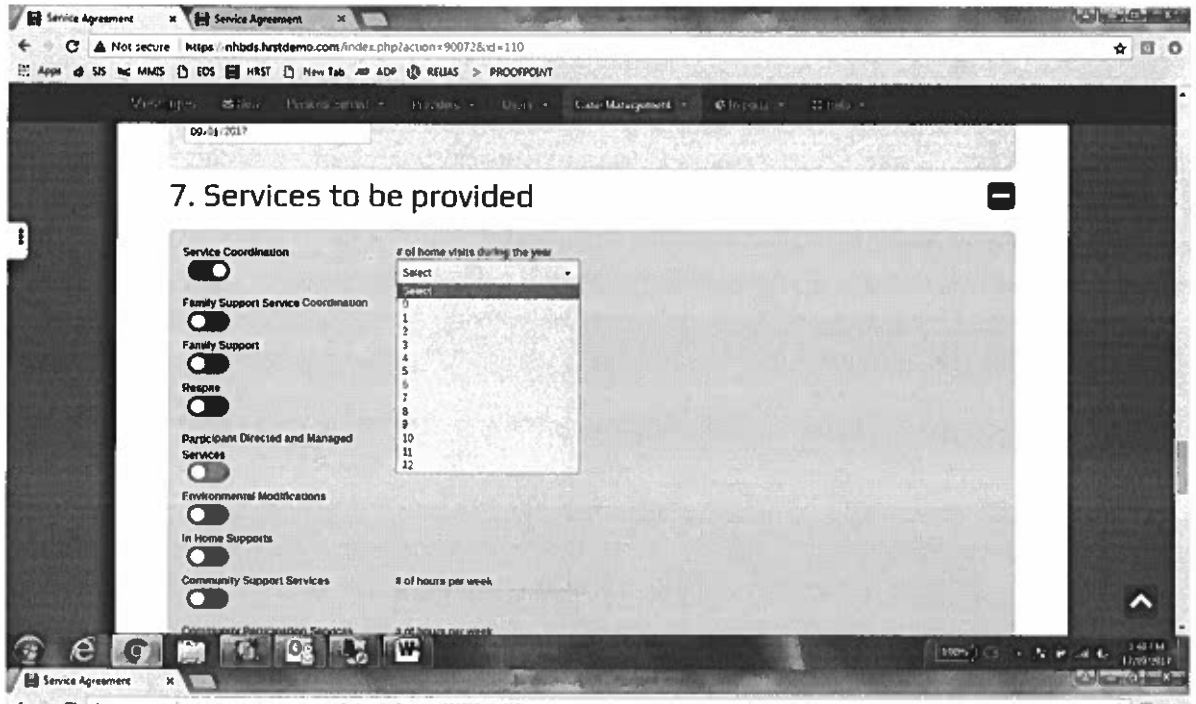


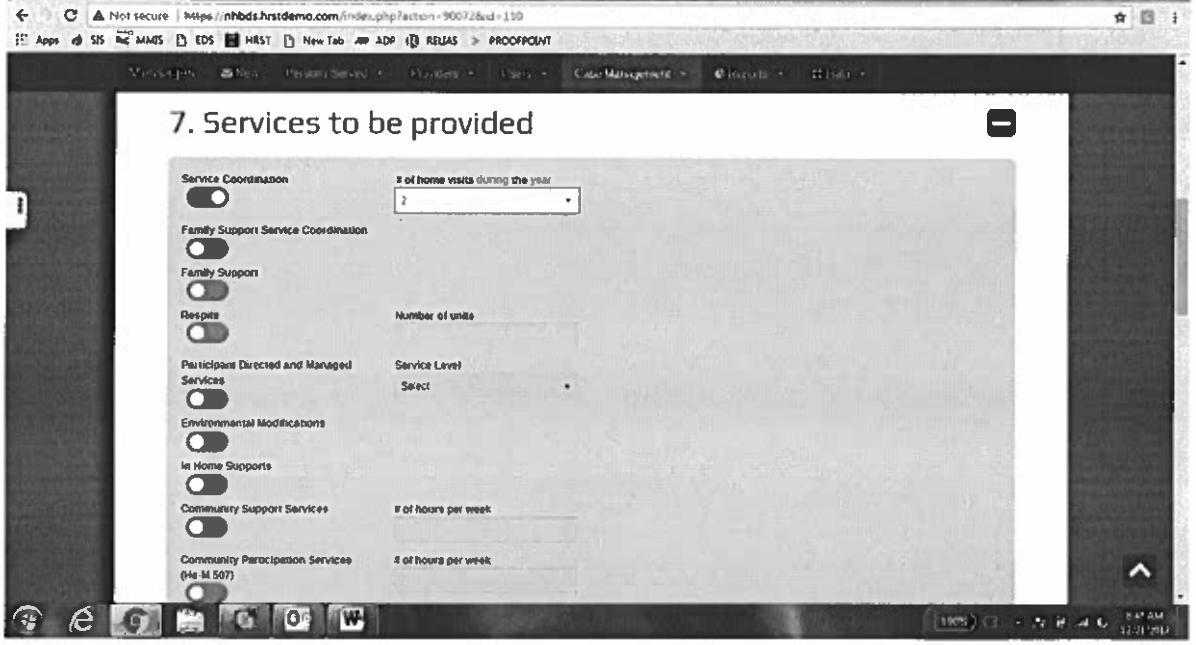


- If the answer is YES, include the assessment date in the *If Yes, Date* box provided. NOTE: There needs to be documentary proof of the Safety Assessment/Plan, i.e. the Plan on file for the date provided.

- *Safety Assessment/Plan completed* section is where you would indicate the date of the safety assessment. NOTE: There needs to be documentary proof of the Safety Assessment/Plan, i.e. the Plan on file for the date provided.
- *If applicable, Human Rights Committee approval date* section is the section where you would indicate the date of the human rights committee approval. If it is applicable to your individual, the date can be found on the first page of the plan, including signatures of the members. (see below)

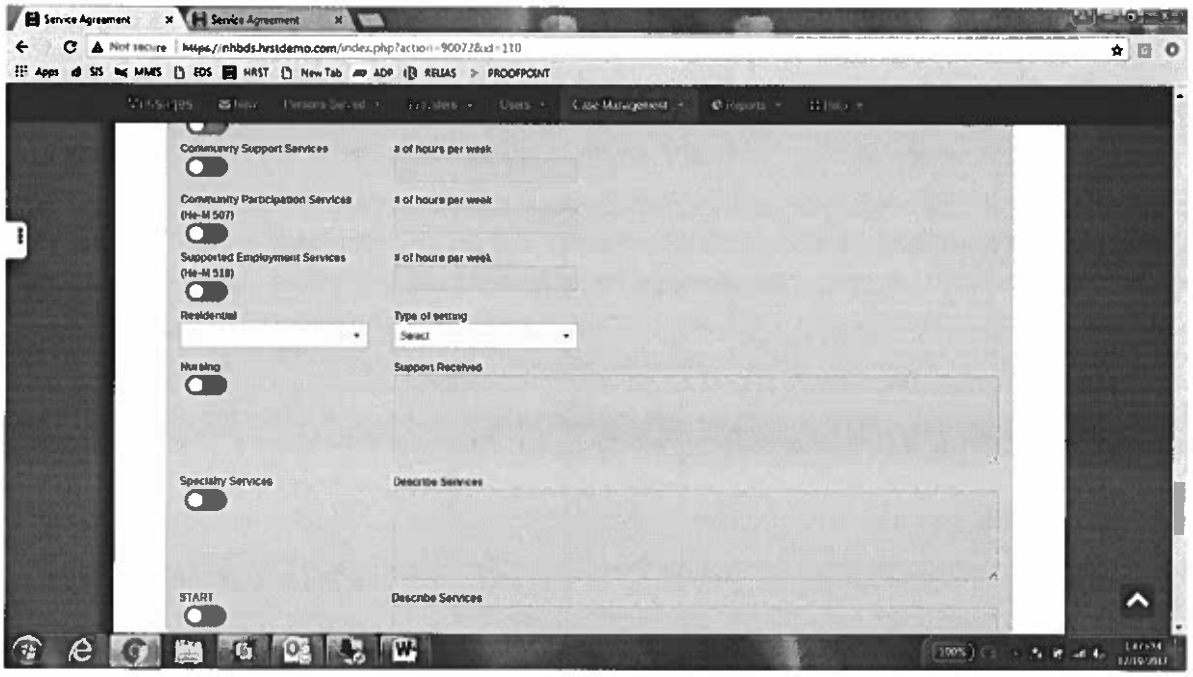
- *Number of home visits during the year* drop down menu is specifically asking you how many home visits per year are required. It is ideal for the Service Coordinator to complete quarterly home visits for each individual they serve (i.e. 4 per year) however, only twice yearly is required by the State. (see below)





- *Family Support* toggle is specifically to indicate whether or not the individual is receiving Family Support Services.

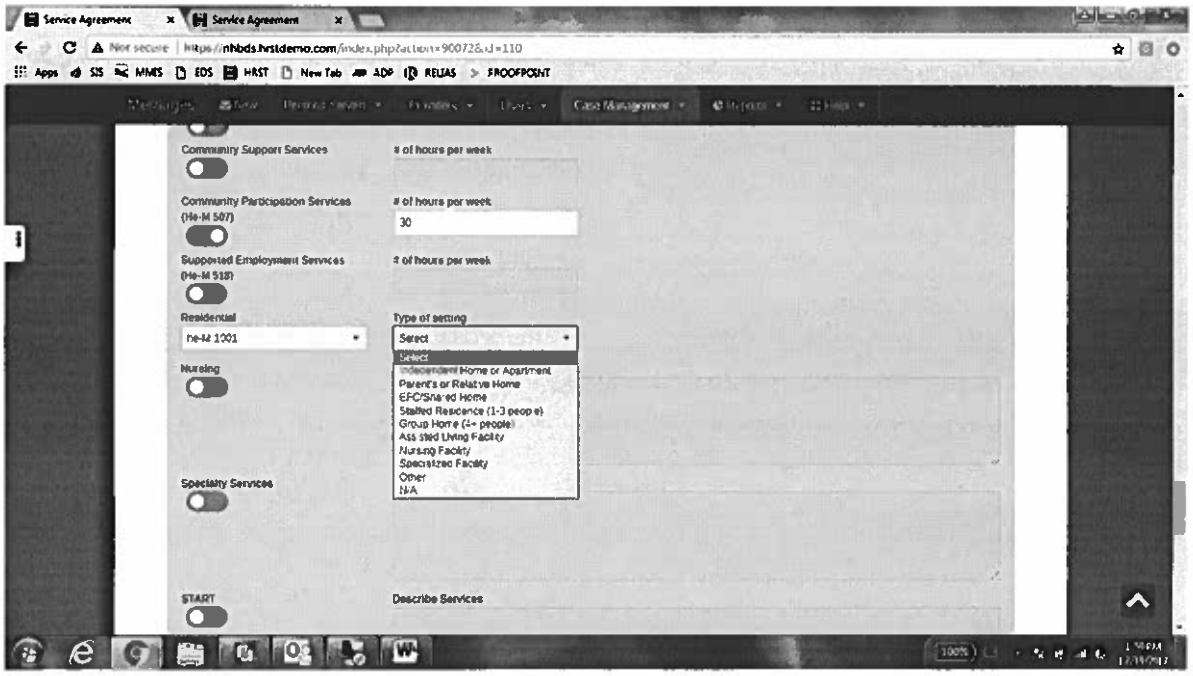
- *Community Support Services* toggle is specifically to indicate whether or not the individual is currently receiving any CSS (Community Support Services) services. EXAMPLE: The individual lives on his/her own but requires assistance with money management, cleaning, transportation etc.
    - *Number of hours per week* box is to indicate how many hours per week, each week, the individual is receiving services, i.e. 30 hours per week.

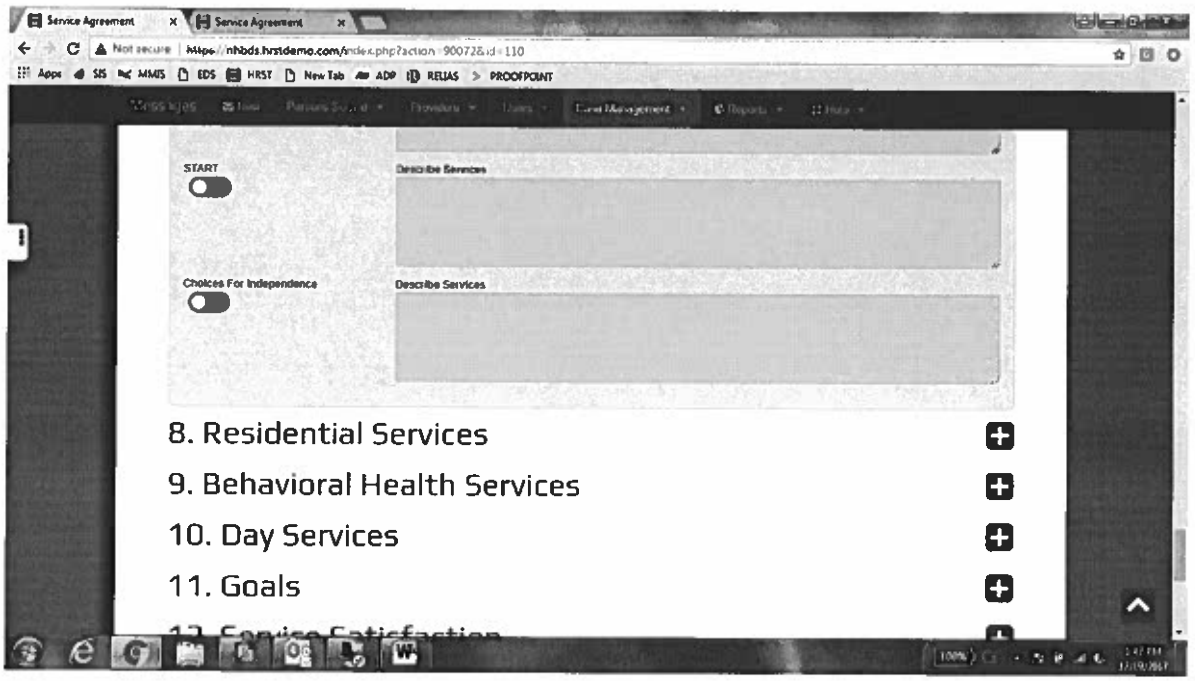


- *Community Participation Services* toggle is specifically to indicate whether or not the individual is currently receiving CPS (Community Participation Services) He-M 507 services. EXAMPLE: a day program.
    - *Number of hours per week* box is to indicate how many hours per week, each week; the individual is receiving services, i.e. 30 hours per week.
- *Supported Employment Services* toggle is specifically to indicate whether or not the individual is currently receiving SEP (Supported Employment Services) He-M 518 services. EXAMPLE: someone who works a large number of hours and requires help on the job site.
    - *Number of hours per week* box is to indicate how many hours per week, each week; the individual is receiving services, i.e. 30 hours per week.

- He-M 521 Residential services are PCS (Personal Care Services) which provide minimum standards for residential services or combined day and residential services for individuals with developmental disabilities or acquired brain disorders who reside in their family's homes.
- He-M 525 Residential services are services that enable individuals who have a developmental disability or acquired brain disorder to direct their services and to experience, to the greatest extent possible, independence, community inclusion, employment, and a fulfilling home life, while promoting personal growth, responsibility, health, and safety.

- *If the individual is receiving residential services, Type of Setting* drop down menu is available and is specifically asking you what type of service your individual is receiving. The options include; Independent Home or Apartment, Parent's or Relative Home, EFC/Shared Home, Staffed Residence (1-3 people), Group Home (4+ people), Assisted Living Facility, Nursing Facility, Specialized Facility, Other and N/A. (see below)
  - Independent Home or Apartment examples are
  - Parent's or Relative Home examples are
  - EFC/Shared Home examples are
  - Staffed Residence (1-3 people) examples are
  - Group Home (4+ people) examples are
  - Assisted Living Facility examples are
  - Nursing Facility examples are
  - Specialized Facility examples are
  - Other examples are
  - N/A – why is this even an option?**



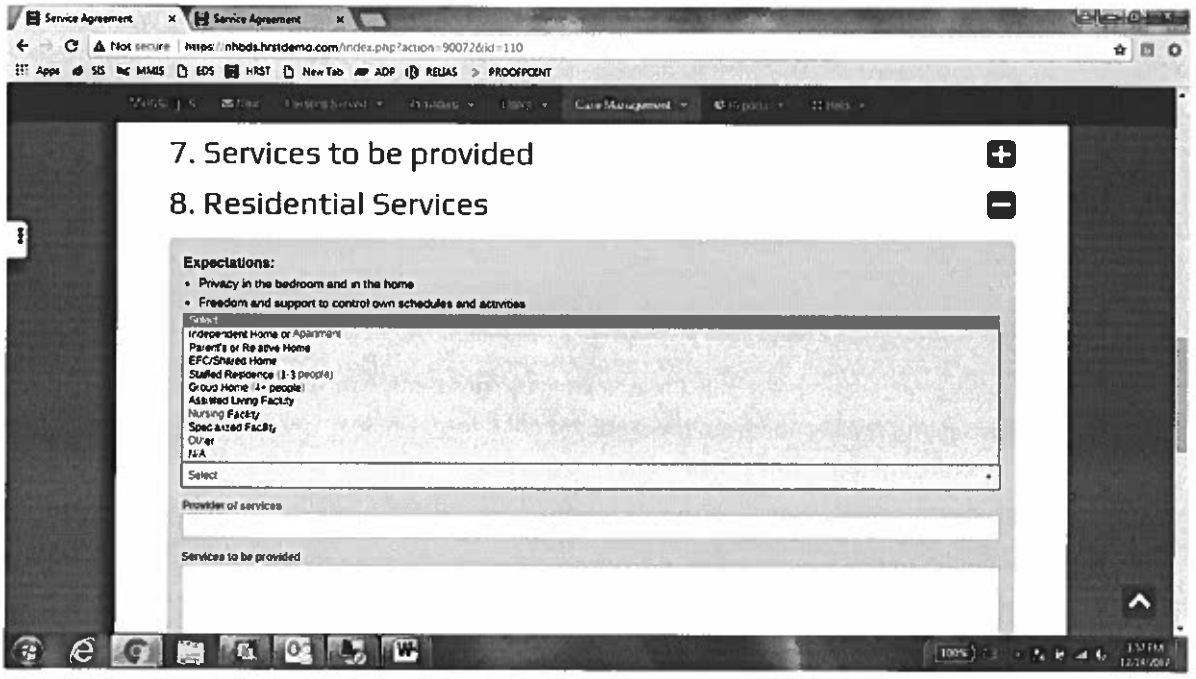


8. RESIDENTIAL SERVICES; Click the + (plus) icon to the right to begin.

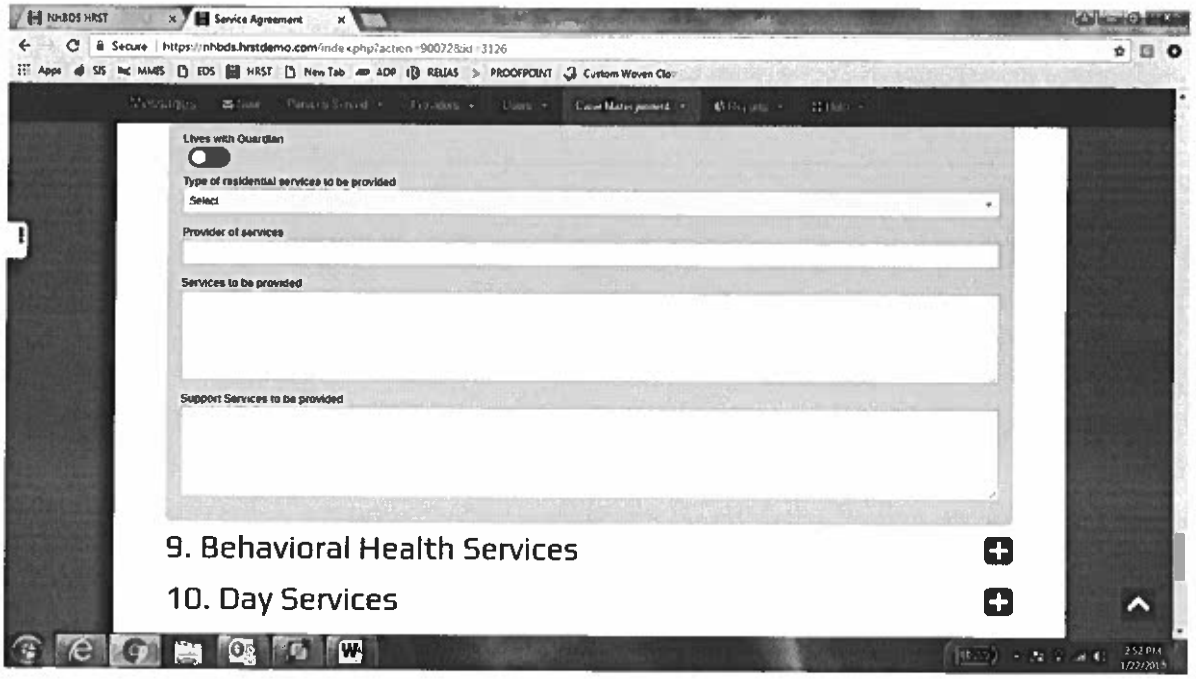
After clicking on the + (plus) icon, the Residential Services tab will expand into several sections as shown below. Fill in all sections completely.

- *Lives with Guardian* toggle is specifically to indicate whether or not the individual is currently living with their guardian. NOTE: Be sure to double check where your individual lives. In this instance, "Lives with Guardian" was toggled, but that's inaccurate. Switch toggle to grey (indicating that the individual does not live with the guardian). (see below)

- EFC/Shared Home examples are
- Staffed Residence (1-3 people) examples are
- Group Home (4+ people) examples are
- Assisted Living Facility examples are
- Nursing Facility examples are
- Specialized Facility examples are
- Other examples are
- N/A – again why is this even an option?**

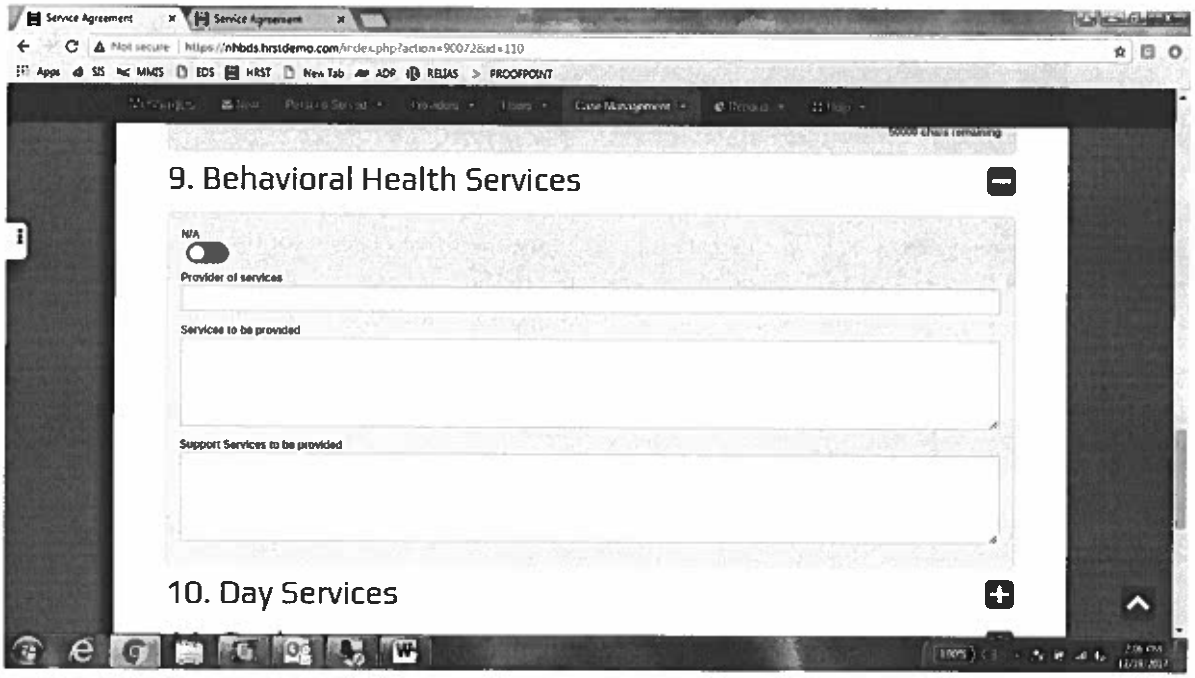


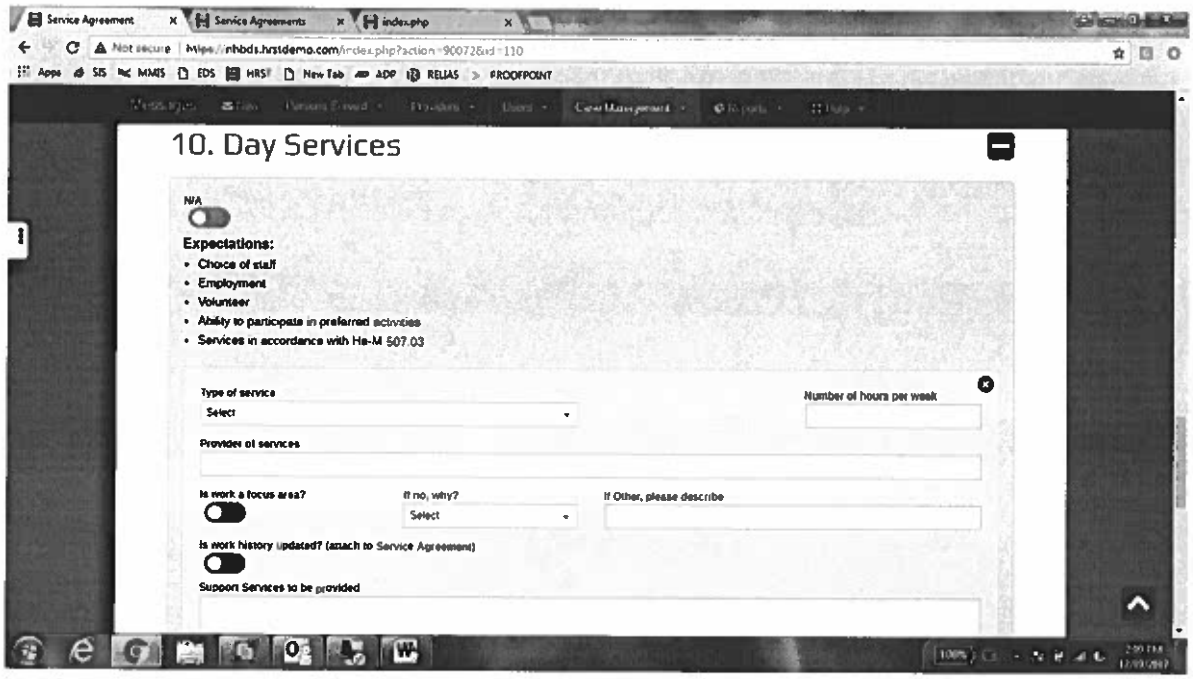
- *Provider of Services* section is specifically for indicating which vendor is providing the residential services, i.e. in this instance, it's Institute of Professional Practice.



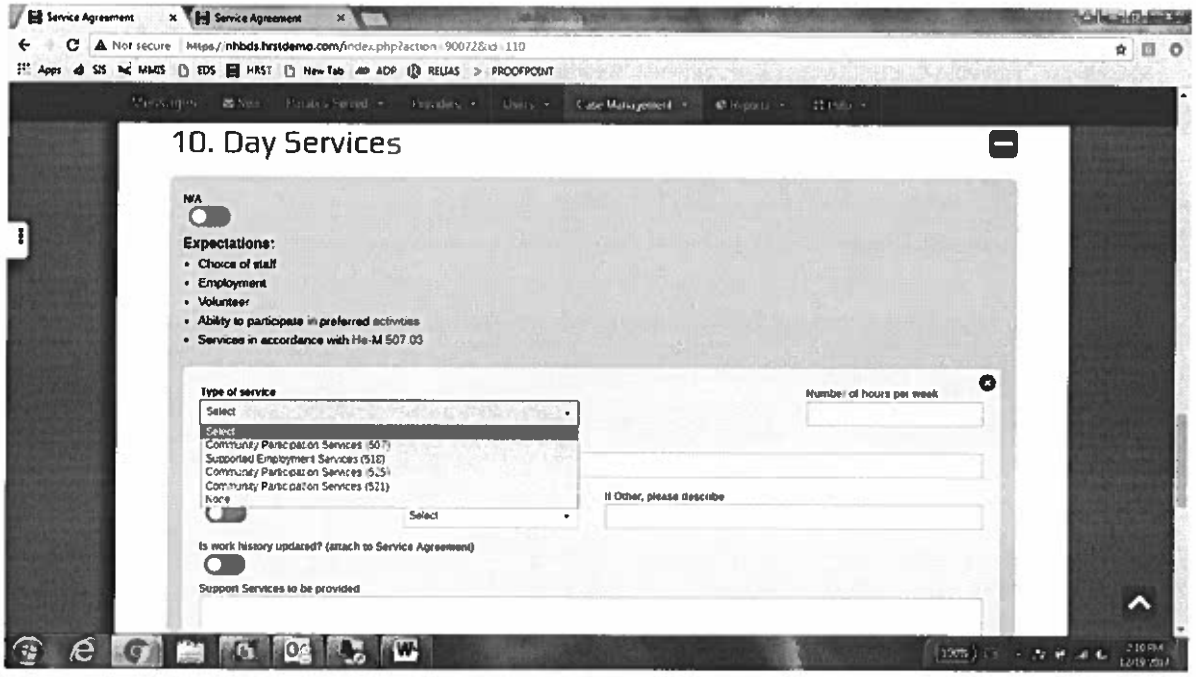
9. BEHAVIORAL HEALTH SERVICES; Click the + (plus) icon to the right to begin.

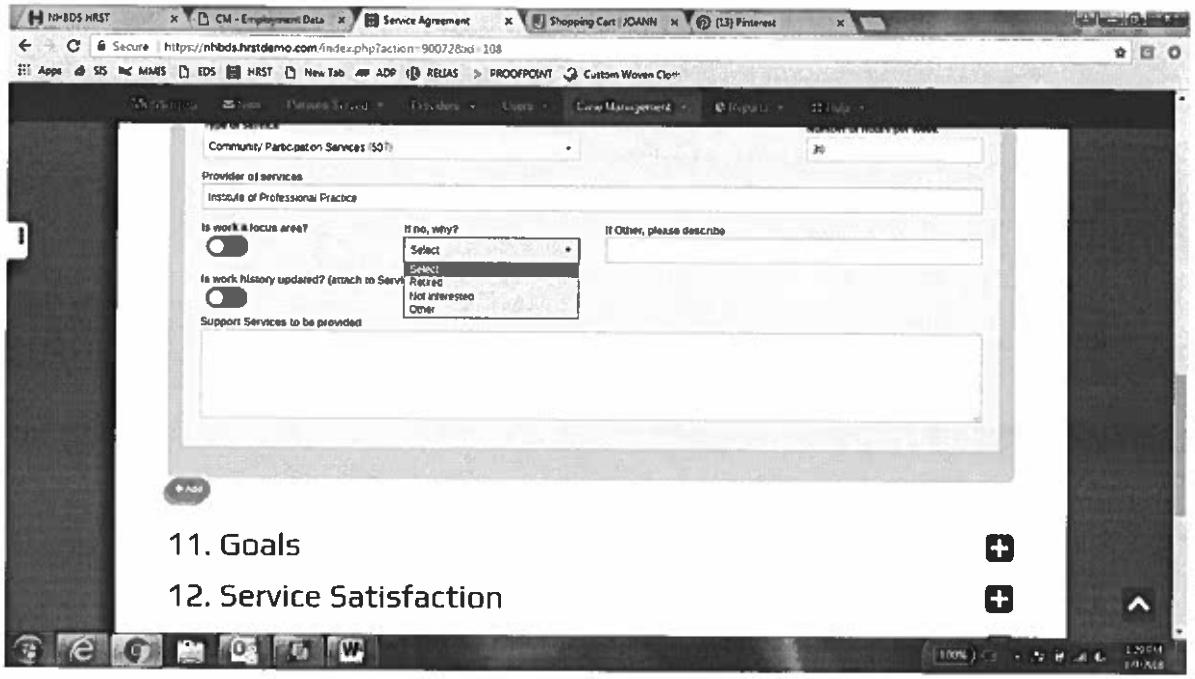
After clicking on the + (plus) icon, the Behavioral Health Services tab will expand into several sections as shown below. Fill in all sections completely.

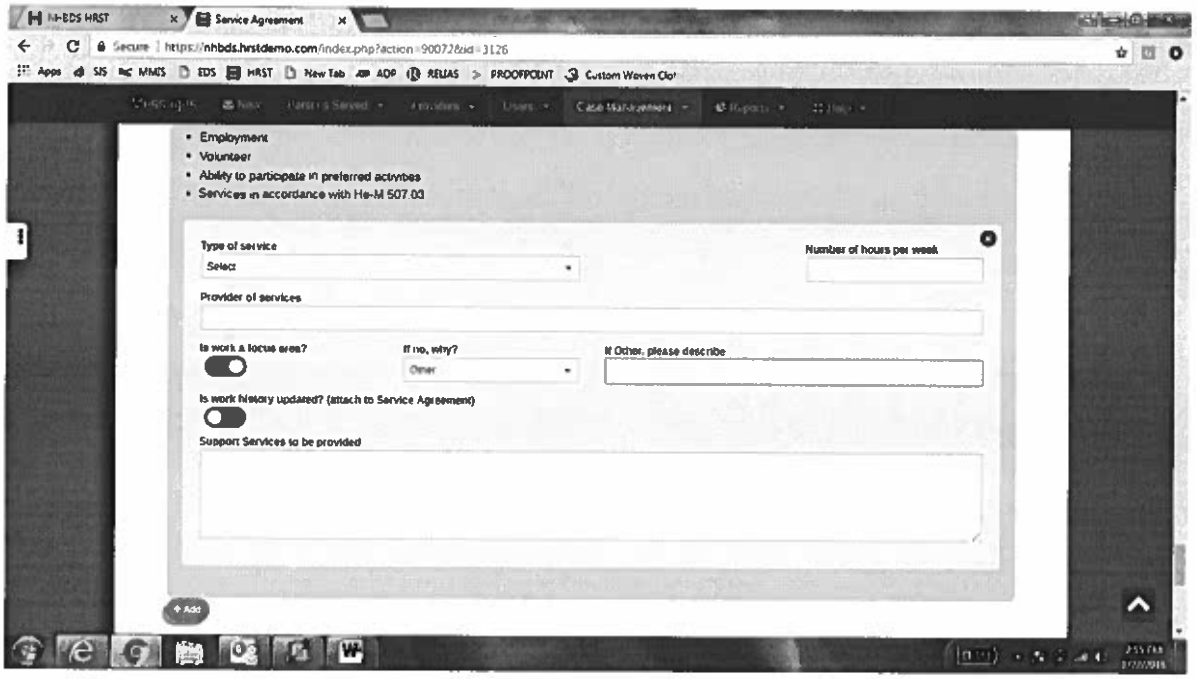




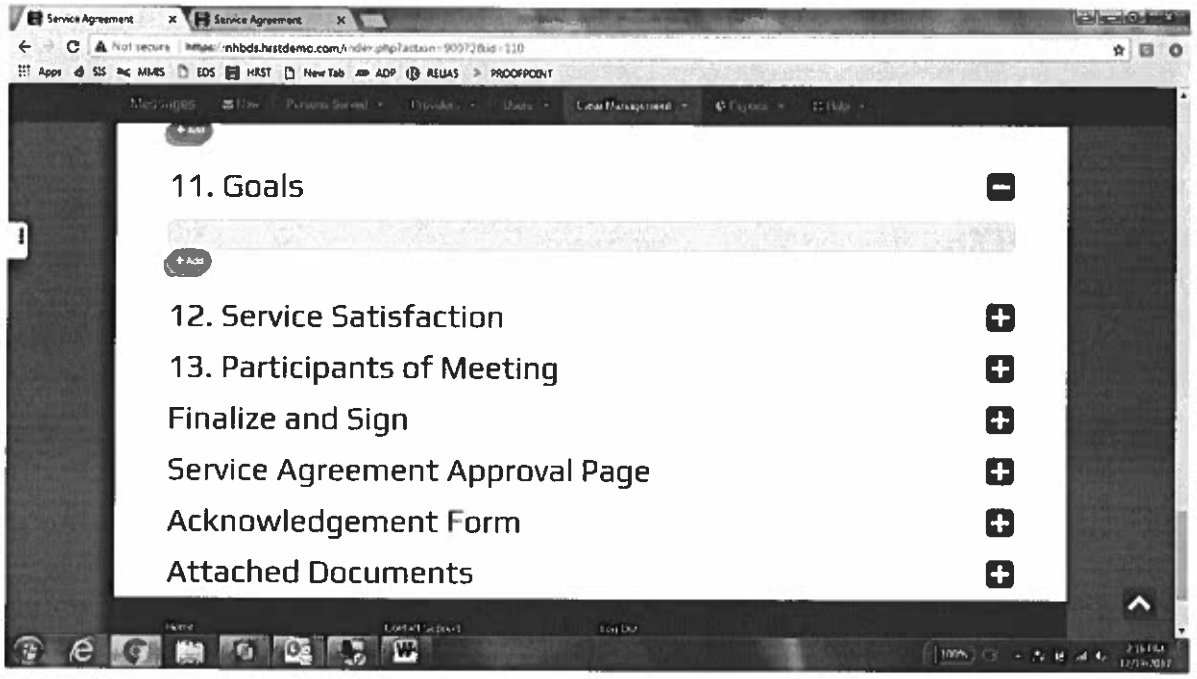
- *N/A* toggle specifically indicates whether or not the individual is receiving day services or not. NOTE: If the individual is not receiving day services then the entire area will be greyed out.
- *Type of Service* drop down menu is specifically asking you what type of day service the individual is receiving, the options include; Community Participation Services (507), Supported Employment Services (518), Community Participation Services (525), Community Participation Services (521) or None. (see below)

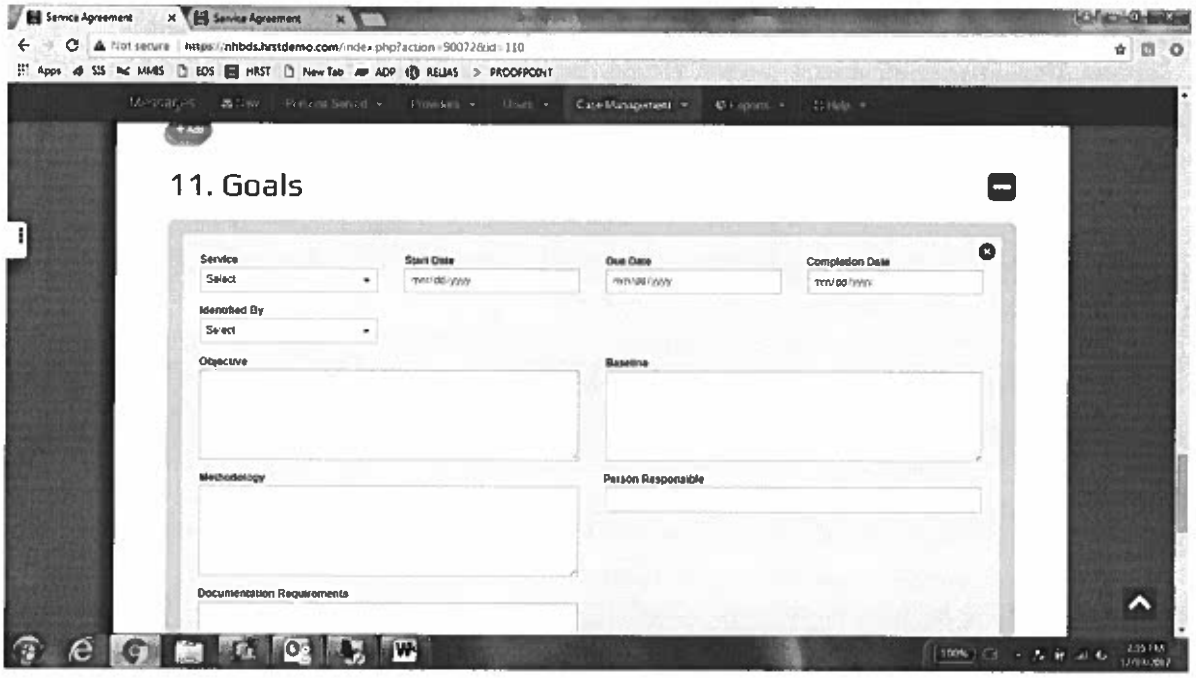






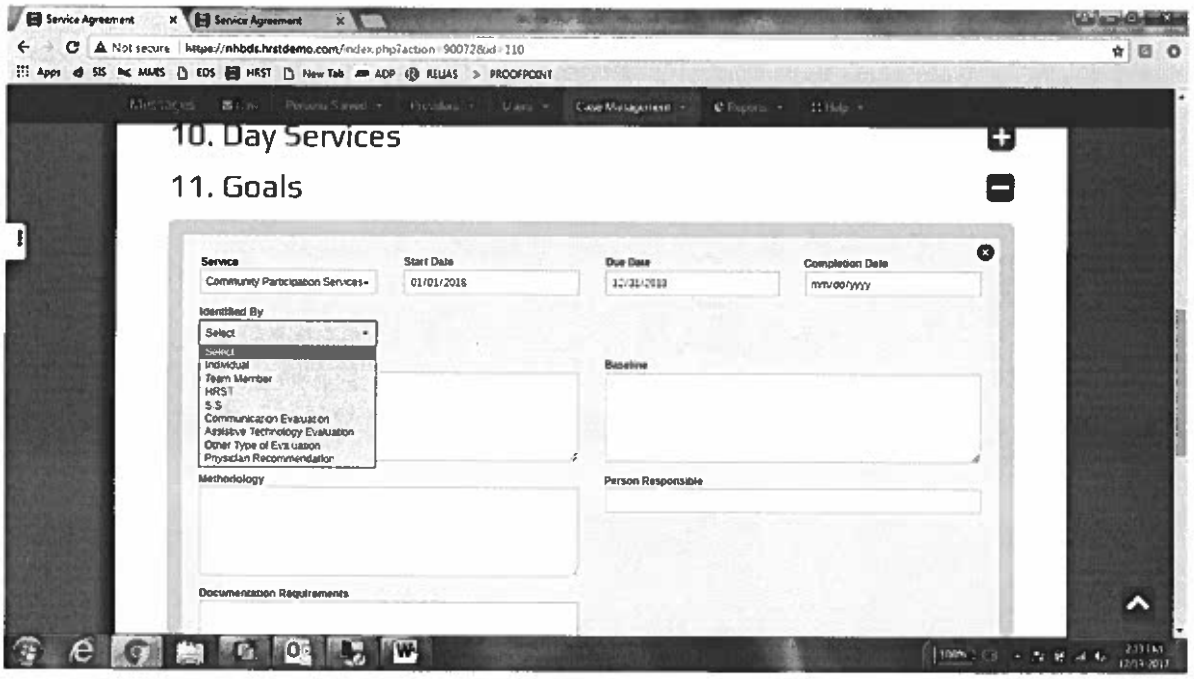
- *Is work history updated* toggle specifically indicates whether or not the individual has an updated history of volunteer/paid employment, i.e. a resume. NOTE: Every client served should have an updated resume attached to their Service Agreement.
- *Support Services to be Provided* section is specifically for indicating the description of services. NOTE: This can either be copy/pasted into the section from the state provided form OR it can be attached to the service agreement as a PDF document.


Service Agreement
Service Agreement
11. Goals
12. Service Satisfaction
13. Participants of Meeting
Finalize and Sign
Service Agreement Approval Page
Acknowledgement Form
Attached Documents


Service Agreement
Service Agreement
11. Goals
Service
Select
Start Date
Due Date
Completion Date
Identified By
Select
Objective
Baseline
Methodology
Person Responsible
Documentation Requirements

- *In Home Supports* are a consumer-directed service; this intensive home-based program helps children with developmental disabilities that have complex medical and behavioral needs.
- *Community Support Services* refer to services that are provided to an individual when they live independently but require some assistance with ADL's, money management, etc.
- *Community Participation Services* refers to service that involves participation in integrated community settings, in activities that involve persons without disabilities who are not paid or unpaid caregivers.
- *Supported Employment Services* refers to service provisions wherein individuals are assisted with obtaining and maintaining employment through job coach or person-centered approaches.
- *Residential* care refers to care given to adults who stay in a residential setting rather than in their own home or family home. There are various residential care options available, depending on the needs of the individual.
- *Nursing* refers to nursing supports i.e. medication management. NOTE: If they are currently receiving residential services through a vendor and/or facility, then the individual is receiving nursing supports.
- *Specialty Services* are intended for individuals whose needs in the areas of medical, behavioral, therapeutic, health and personal wellbeing require services, which are specialized pertaining to unique conditions and aspects of developmental disabilities and acquired brain disorders.
- *START* is Systemic, Therapeutic, Assessment, Resource, and Treatment supports.
- *Choices for Independence* is a Medicaid-funded program that provides a wide range of service choices that enable eligible adults to stay in their own homes and communities.

- *Start Date* is the date in which you want the goals to become effective.
- *Due Date* is the date in which you want the goal to end; typically, this date should be one day before the Goal Start Date of the following year. (See below)
- *Completion Date* is different than above, the completion date is specifically targeting whether or not the individual reached their goal and completed it, i.e. find gainful employment.

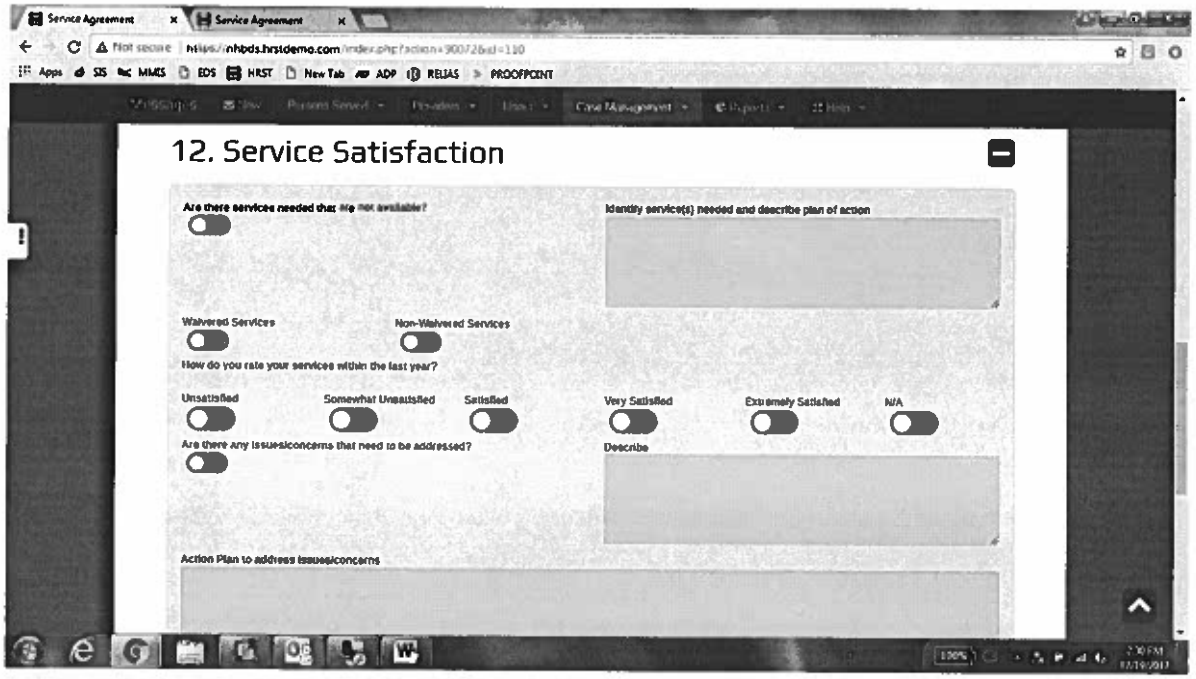


- *Individual* is defined as the client that is receiving services through the Area Agency.
- *Team Member* is defined as one of the participants to the individual receiving services, i.e. family members, service coordination, program managers etc.
- *HRST* is defined as the Health Risk Screening Tool. Once a HRST is completed on the individual, suggestions for goals generate based off of their medical need.
- *SIS* is defined as Supports Intensity Scale. Once a SIS is completed on the individual, needs or focus areas are generated based off of their whole life setting i.e. environmental needs, educational needs, employment needs, medical needs, etc.
- *Communication Evaluation* is defined as an evaluation completed by ATECH and/or a Speech and Language Pathologist that correlates with the individual's everyday living, i.e. communication device.
- *Assistive Technology Evaluation (ATECH)* is defined as an evaluation completed by ATECH that correlates with the individual's everyday living, i.e. adaptive equipment.
- *Other type of Evaluation* is defined as any professional evaluation on file for the individual that pertains to their overall health.
- *Physician Recommendation* is defined as *a correspondence with the individual's physicians regarding their overall health, i.e. health and fitness goal due to obesity.*

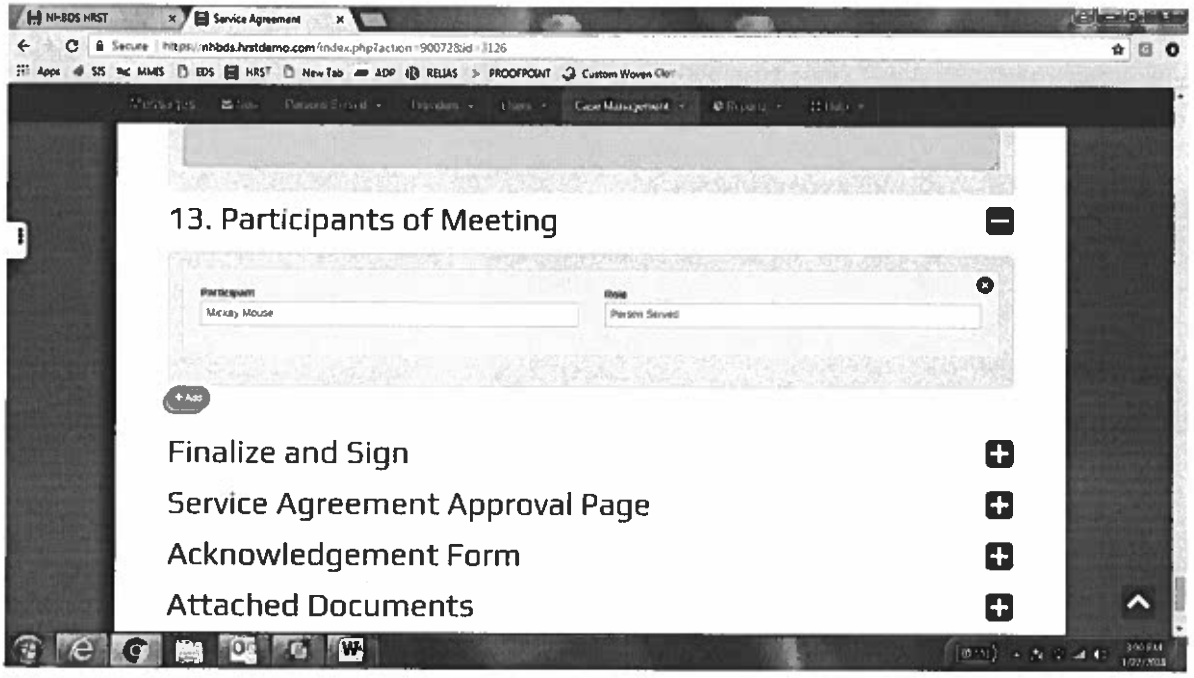
- *Objective* section is specifically for noting the goal that will be worked on over the next year.
- *Baseline* section is specifically for noting the baseline of the goal, i.e. where the individual was previously, where the individual is currently at and what their capacity can be for the future.
- *Methodology* is specifically for noting the steps in which the individual will take in order to work towards the goal; i.e. Tiffani will continue volunteering etc.

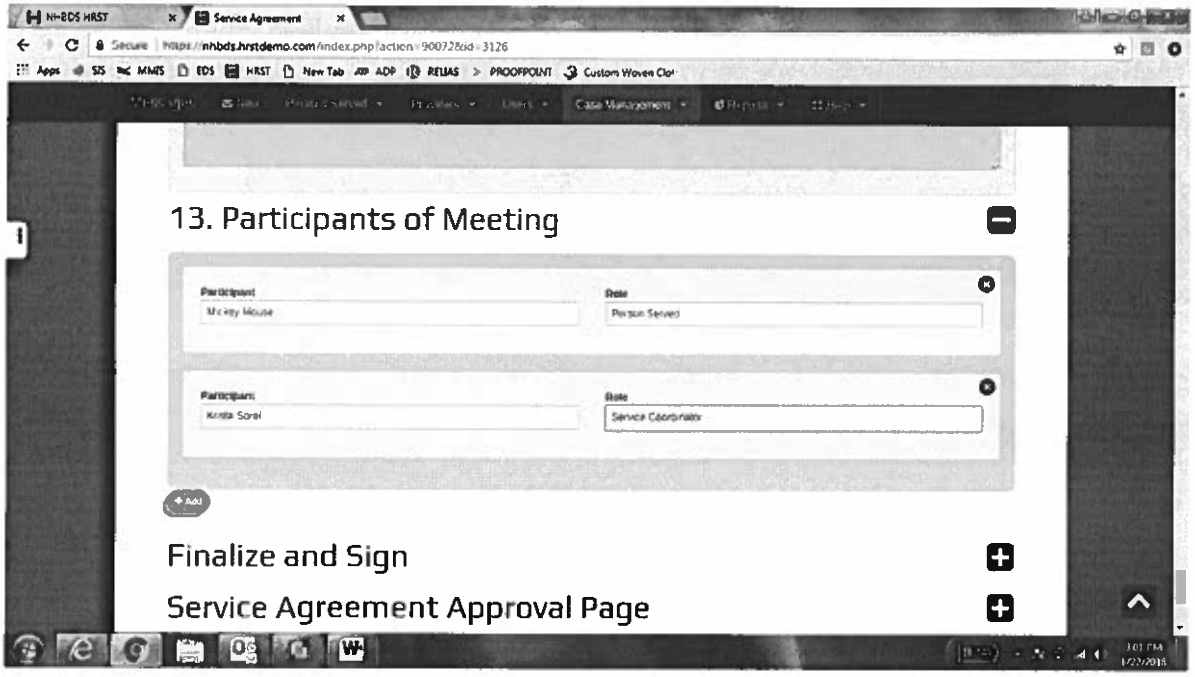
12. SERVICE SATISFACTION; Click the + (plus) icon to the right to begin.

After clicking on the + (plus) icon, the Service Satisfaction tab will expand into several sections as shown below. Fill in all sections completely.



- *Are there services needed that are not available* toggle is specifically to indicate whether or not the individual is still in need of particular services that they aren't currently receiving.
    - *IF YES; Identify service(s) needed and describe plan of action* section is specifically asking for you to identify what services are needed; i.e. Community Support Services, Residential Services, etc.
- *Waivered Services* toggle is specifically to indicate whether or not the individual has waivered services.
- *Non-Waivered Services* toggle is specifically to indicate whether or not the individual has non-waivered services.
- *How do you rate your services within the last year* section has multiple toggles and are specifically to indicate the individuals and/or guardians thoughts on services provided. Toggles include; Unsatisfied, Somewhat Unsatisfied, Satisfied, Very Satisfied, Extremely Satisfied and N/A.
    - *Unsatisfied Toggle* is defined as dissatisfied, feeling that the provided services are not enough or not good enough.
    - *Somewhat Unsatisfied Toggle* is defined as mostly satisfied with services with the exception of one or two issues/concerns.
    - *Satisfied Toggle* is defined as meeting the basic service needs.
    - *Very Satisfied Toggle* is defined as meeting the basic service needs with additional extras.
    - *Extremely Satisfied Toggle* is defined as overly satisfied with services that are being provided including there being no changes or updates wanted.
    - *N/A Toggle* is defined as Not Applicable.





- *Participant* section is specifically for noting who was present at the meeting; best practice is First and Last Name. NOTE: The first participant should always be the individual if he/she was present.
- *Role* is the section where you indicate what role that person provides, i.e. individual, guardian, program manager, nurse, Service Coordinator etc.
- Click the +Add button to create a participant.

Service Agreement Approval Page

Dear Individual/Guardian/Representative,

On 12/01/2017, a service agreement meeting occurred to determine services for the upcoming year.

After reviewing the service agreement, if you have issues or concerns, you may contact your Service Coordinator at 603-438-8111 to resolve your concerns.

If you choose to challenge the proposed service agreement you should know that you may receive assistance by contacting one or more of the following organizations. In the case of residential placements, you have the right to legal counsel as specified in RSA 171-A: 10. 1. Note that neither the area agency nor the bureau is responsible for the cost of representation.

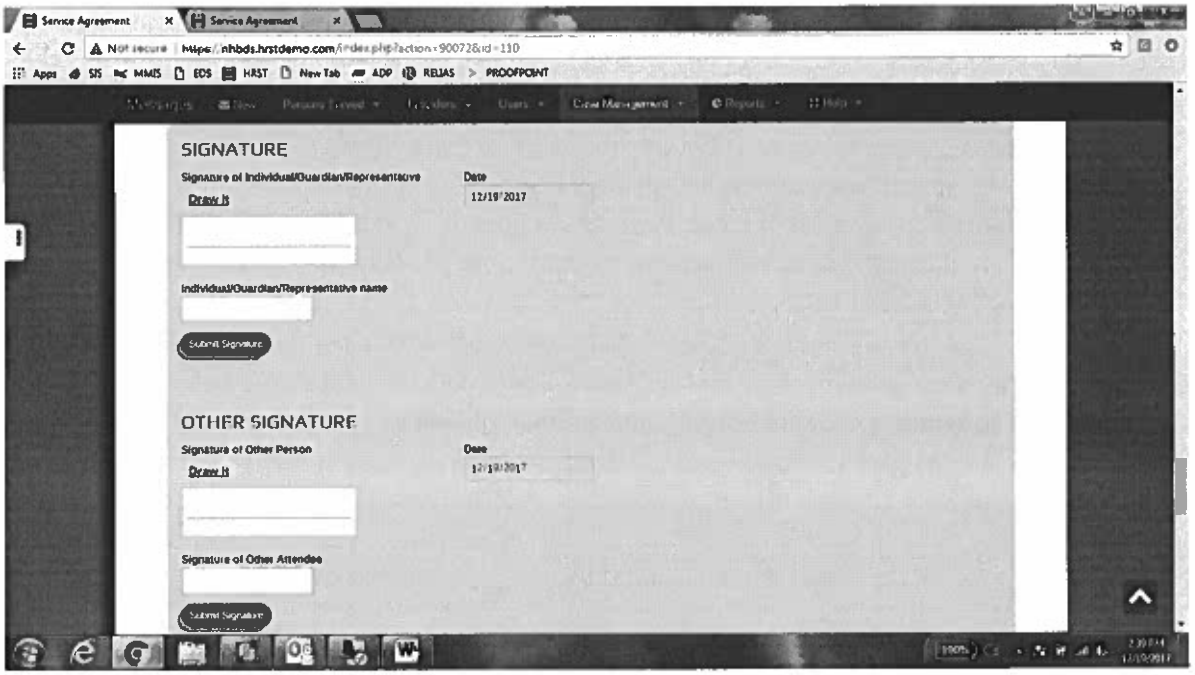
Office of Client & Legal Services
Bureaus of Developmental Services
105 Pleasant St.
Phone #: 1-800-852-3345, ext. 5030
Or 603-271-5030

Disability Rights Center
64 N. Main St, Suite 2, 3rd Floor
Concord, NH 03301-4913
Phone #: (603)-228-0432
Fax: (603)-225-2077

NH Legal Advice and Referral Center
48 S. Main St.

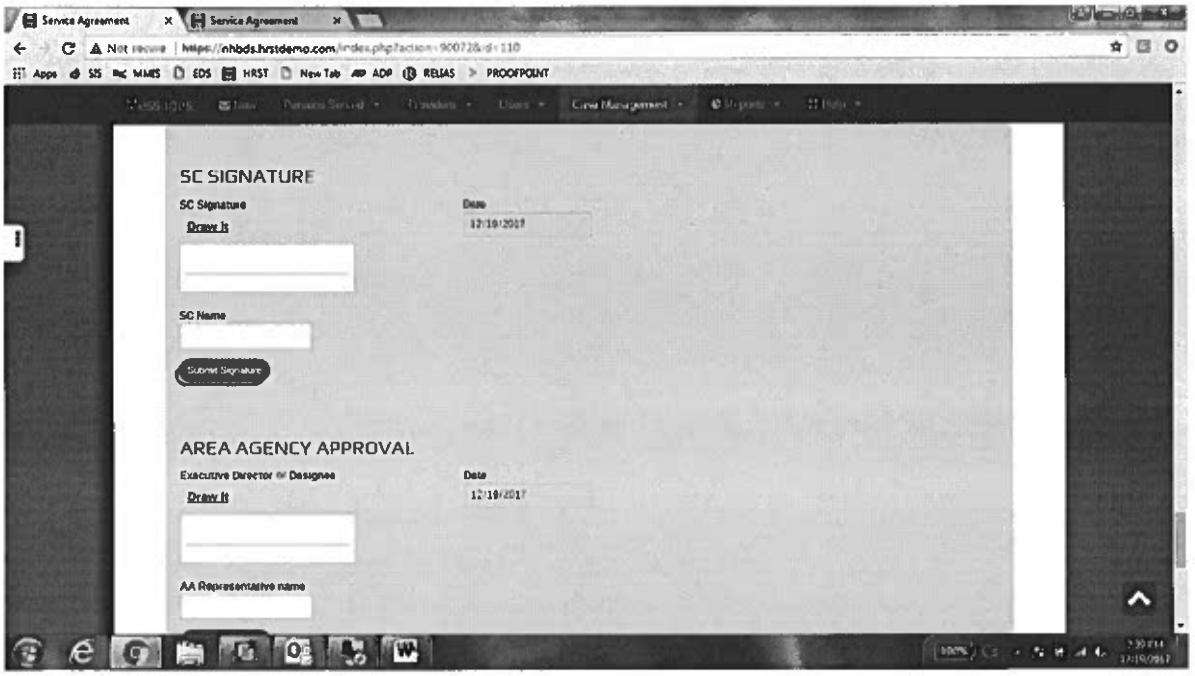
NH Legal Assistance, Concord Office
117 N. State Street

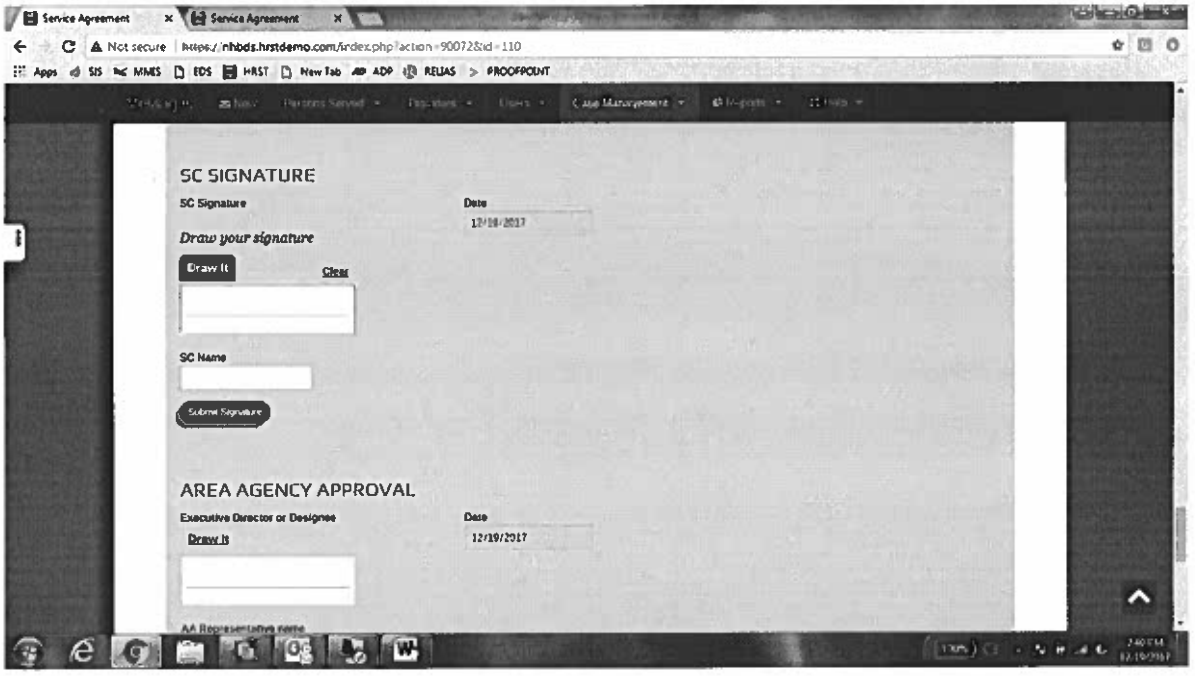
- *Date Box* will automatically be filled in based off of the date that you input in section 1. NOTE: This date will be the date that you held the Service Agreement meeting, NOT the day that the Service Agreement starts.
- *Agency Phone Number* will automatically be filled in. NOTE: If it's not, the phone number is: 6034366111
- *Service Agreement Approval Page Date Box* will automatically be filled in based off of the date that you input in section 1. NOTE: This date will be the date that you held the Service Agreement meeting, NOT the day that he Service Agreement starts.



SIGNATURE SECTION-

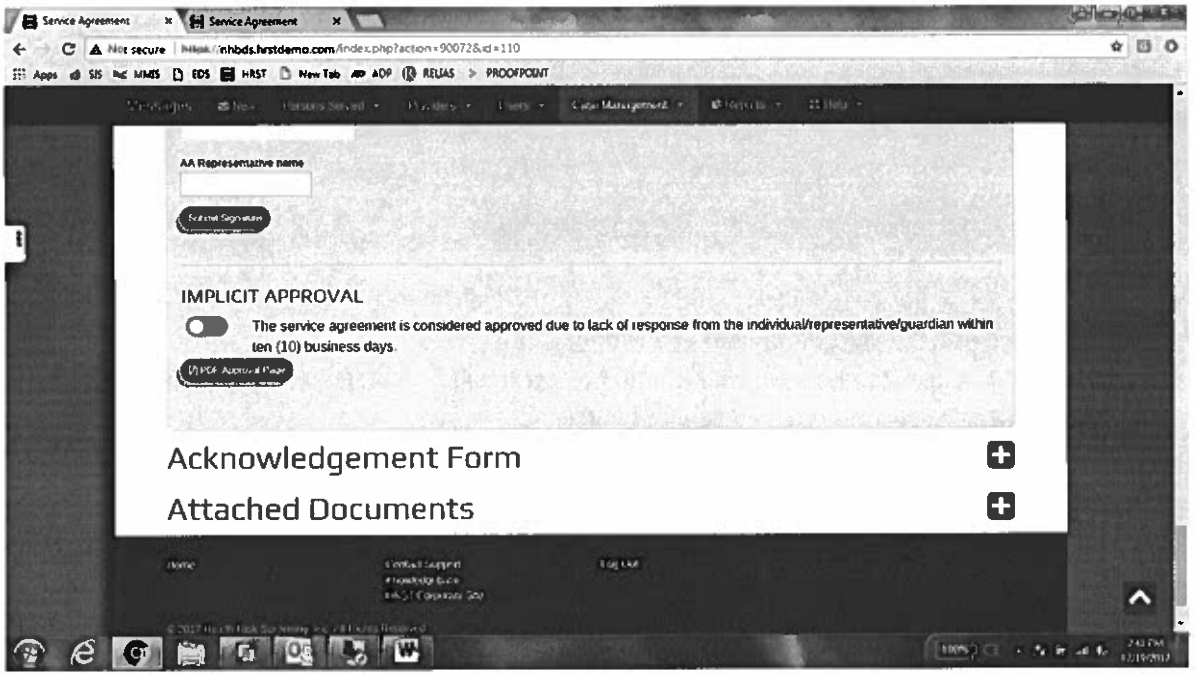
- *Individual/Guardian/Representative* can be completed in 1 of 4 ways including; Drawing their Signature, Typing in their Names, Drawing their Signature and Typing in their Names or Signing on a separate page and uploading after as PDF.
    - *Draw It;* Click on the "Draw It" button and either use your mouse and/or finger for touch screen devices to create a signature. Hit SUBMIT SIGNATURE.
    - *Typing in their Names;* Click on the Individual/Guardian/Representative name box and input the name of the individual and/or whoever will be signing the document.
    - *Draw It & Type It;* Click on the "Draw It" button and either use your mouse and/or finger for touch screen devices to create a signature then click on the Individual/Guardian/Representative name box and input the name of the individual and/or whoever will be signing the document.
    - *PDF;* If you are choosing this method, leave the sections blank and print. Have team members sign the printed page and then attach the PDF document. NOTE: SEE ATTACHED DOCUMENTS SECTION FOR INSTRUCTIONS.
    - *Date:* the date box will automatically be filled in based off of the date that you input in section 1. NOTE: This date will be the date that you held the Service Agreement meeting and/or the date that the signatures are completed, NOT the day that the Service Agreement starts.
- *Signature of Other Person* can be completed in 1 of 4 ways including; Drawing their Signature, Typing in their Names, Drawing their Signature and Typing in their Names or Signing on a separate page and uploading after as PDF.
    - *Draw It;* Click on the "Draw It" button and either use your mouse and/or finger for touch screen devices to create a signature. Hit SUBMIT SIGNATURE.


Service Agreement
Service Agreement
Not secure
https://nhbds.hrstdemo.com/index.php?action=90072&id=110
Apps
SIS
MMIS
EDS
HRST
New Tab
ADP
RELIAS
PROOFPOINT
Case Management
SC SIGNATURE
SC Signature
Date
Draw It
12/19/2017
SC Name
Submit Signature
AREA AGENCY APPROVAL
Executive Director or Designee
Date
Draw It
12/19/2017
AA Representative name


Service Agreement
Service Agreement
Not secure
https://nhbds.hrstdemo.com/index.php?action=90072&id=110
Apps
SIS
MMIS
EDS
HRST
New Tab
ADP
RELIAS
PROOFPOINT
Case Management
SC SIGNATURE
SC Signature
Date
12/19/2017
Draw your signature
Draw It
Clear
SC Name
Submit Signature
AREA AGENCY APPROVAL
Executive Director or Designee
Date
Draw It
12/19/2017

- *Typing in your Name;* Click on the SC name box and input the name of the individual and/or whoever will be signing the document.
- *Draw It & Type It;* Click on the "Draw It" button and either use your mouse and/or finger for touch screen devices to create a signature then click on the SC name box and input your name.
- *PDF;* If you are choosing this method, leave the sections blank and print. Have team members sign the printed page and then attach the PDF document. NOTE: SEE ATTACHED DOCUMENTS SECTION FOR INSTRUCTIONS.

- *Implicit Approval Toggle* is specifically to indicate if the Service Agreement is considered approved due to lack of response from the individual/representative/guardian within ten (10) business days. ISN'T THIS SUPPOSED TO BE 14 DAYS?

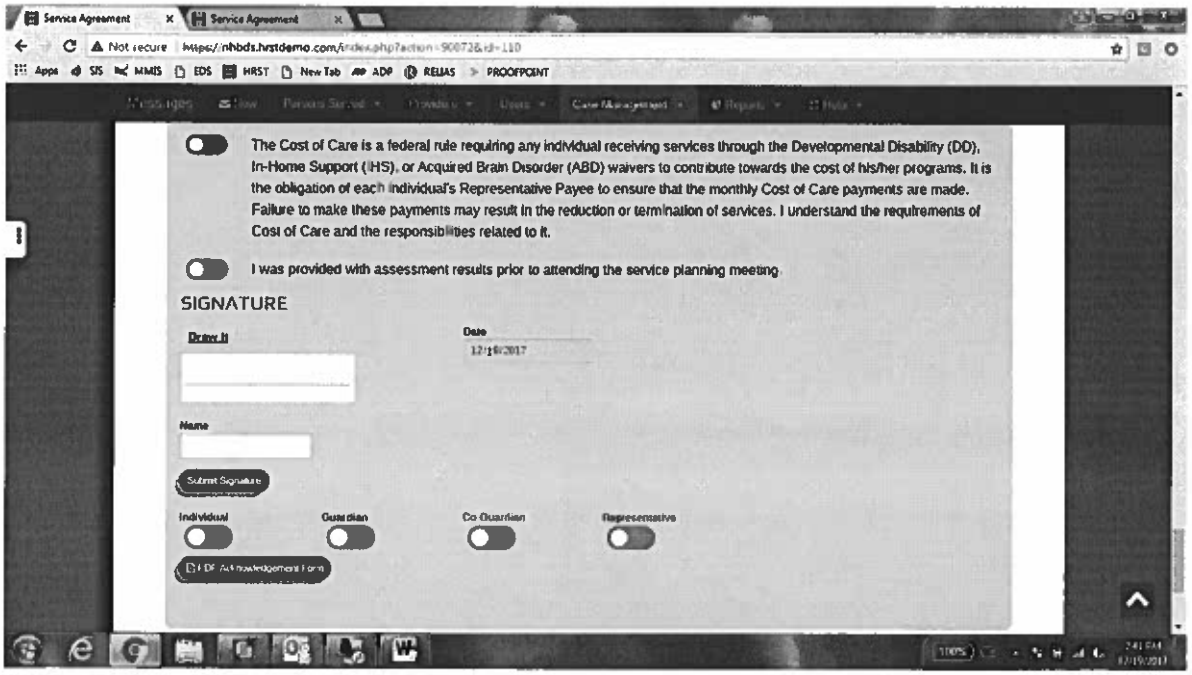


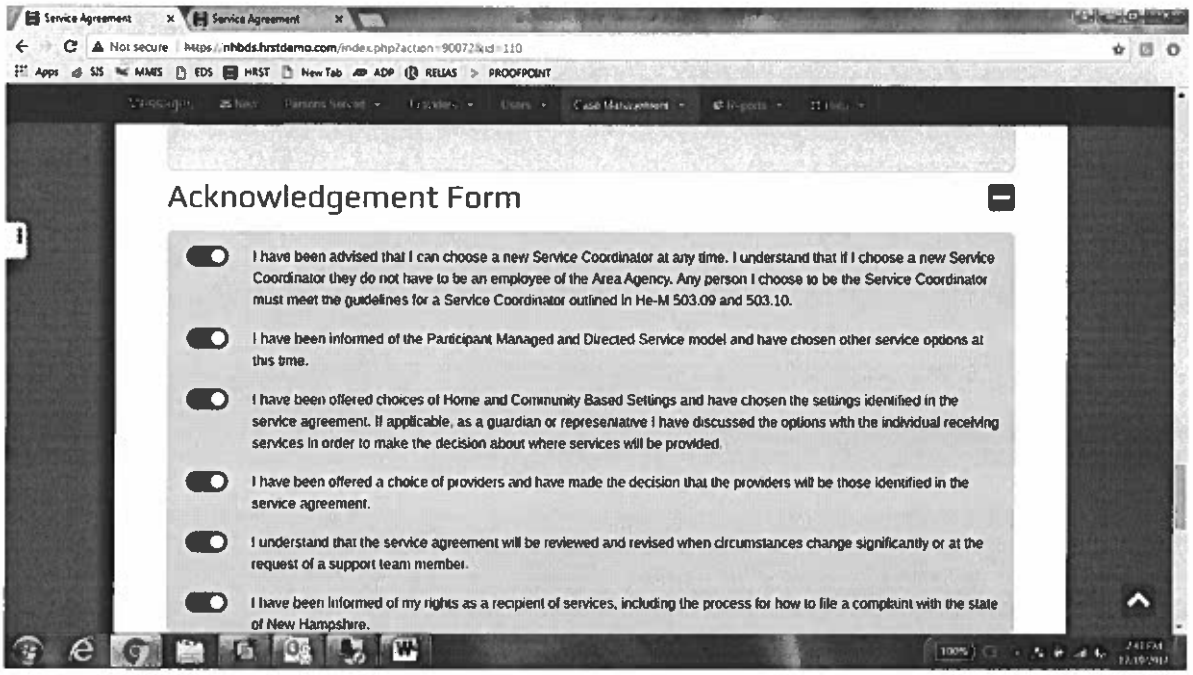
16. ACKNOWLEDGEMENT FORM; Click the + (plus) icon to the right to begin.

- *There are two ways to complete this acknowledgement form; online through the HRST program or PDF printing and uploading afterwards. Instructions for each are below.*

HRST Program Completion-

After clicking on the + (plus) icon, the ACKNOWLEDGEMENT FORM tab will expand into one large section with multiple toggles as shown below. Fill in all sections completely.

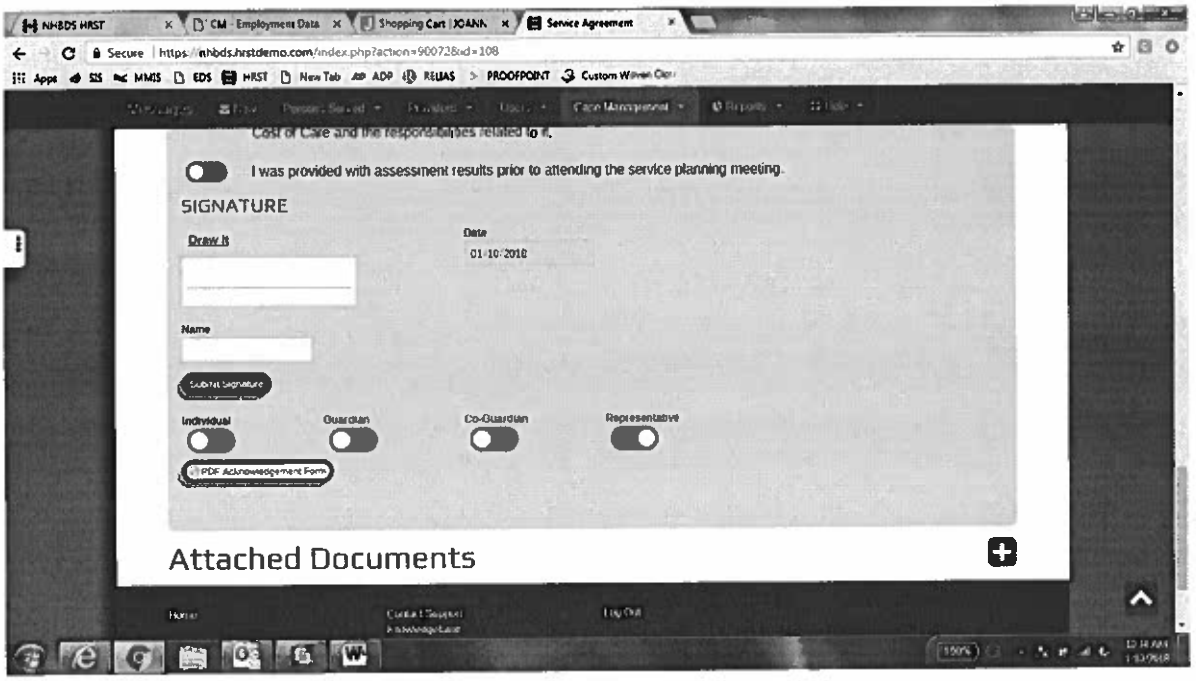

Service Agreement
Service Agreement
Not secure
https://nhbds.hrstdemo.com/index.php?action=90072&id=110
Apps SIS MMIS EDS HRST New Tab ADP RELIAS PROOFPOINT
The Cost of Care is a federal rule requiring any individual receiving services through the Developmental Disability (DD), In-Home Support (IHS), or Acquired Brain Disorder (ABD) waivers to contribute towards the cost of his/her programs. It is the obligation of each individual's Representative Payee to ensure that the monthly Cost of Care payments are made. Failure to make these payments may result in the reduction or termination of services. I understand the requirements of Cost of Care and the responsibilities related to it.
I was provided with assessment results prior to attending the service planning meeting.
SIGNATURE
Date
Name
Submit Signature
Individual
Guardian
Co-Guardian
Representative


Service Agreement
Service Agreement
Not secure
https://nhbds.hrstdemo.com/index.php?action=90072&id=110
Apps SIS MMIS EDS HRST New Tab ADP RELIAS PROOFPOINT
Acknowledgement Form
I have been advised that I can choose a new Service Coordinator at any time. I understand that if I choose a new Service Coordinator they do not have to be an employee of the Area Agency. Any person I choose to be the Service Coordinator must meet the guidelines for a Service Coordinator outlined in He-M 503.09 and 503.10.
I have been informed of the Participant Managed and Directed Service model and have chosen other service options at this time.
I have been offered choices of Home and Community Based Settings and have chosen the settings identified in the service agreement. If applicable, as a guardian or representative I have discussed the options with the individual receiving services in order to make the decision about where services will be provided.
I have been offered a choice of providers and have made the decision that the providers will be those identified in the service agreement.
I understand that the service agreement will be reviewed and revised when circumstances change significantly or at the request of a support team member.
I have been informed of my rights as a recipient of services, including the process for how to file a complaint with the state of New Hampshire.

- *Typing in their Names;* Click on the Individual/Guardian/Representative name box and input the name of the individual and/or whoever will be signing the document.
- *Draw It & Type It;* Click on the "Draw It" button and either use your mouse and/or finger for touch screen devices to create a signature then click on the Individual/Guardian/Representative name box and input the name of the individual and/or whoever will be signing the document.
- *PDF;* If you are choosing this method, leave the sections blank and print. Have team members sign the printed page and then attach the PDF document. NOTE: SEE ATTACHED DOCUMENTS SECTION FOR INSTRUCTIONS.
- *Date:* the date box will automatically be filled in based off of the date that you input in section 1. NOTE: This date will be the date that you held the Service Agreement meeting and/or the date that the signatures are completed, NOT the day that the Service Agreement starts.
- *Toggles;* there are 4 toggle options that need to be switched regarding who is signing the form, options include; Individual, Guardian, Co-Guardian and/or Representative.

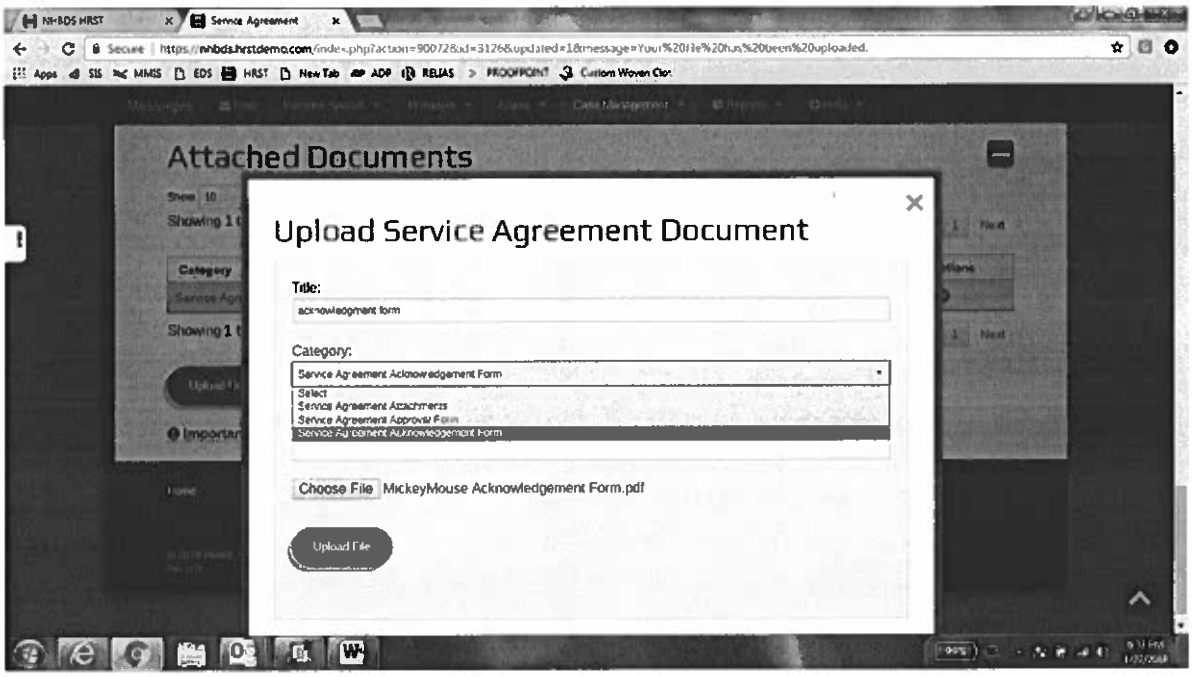
PDF Completion-

Click on PDF Acknowledgment Form. Print your document. Obtain required signatures and upload as an attachment (see below for instructions on how to upload the PDF Acknowledgment Form).



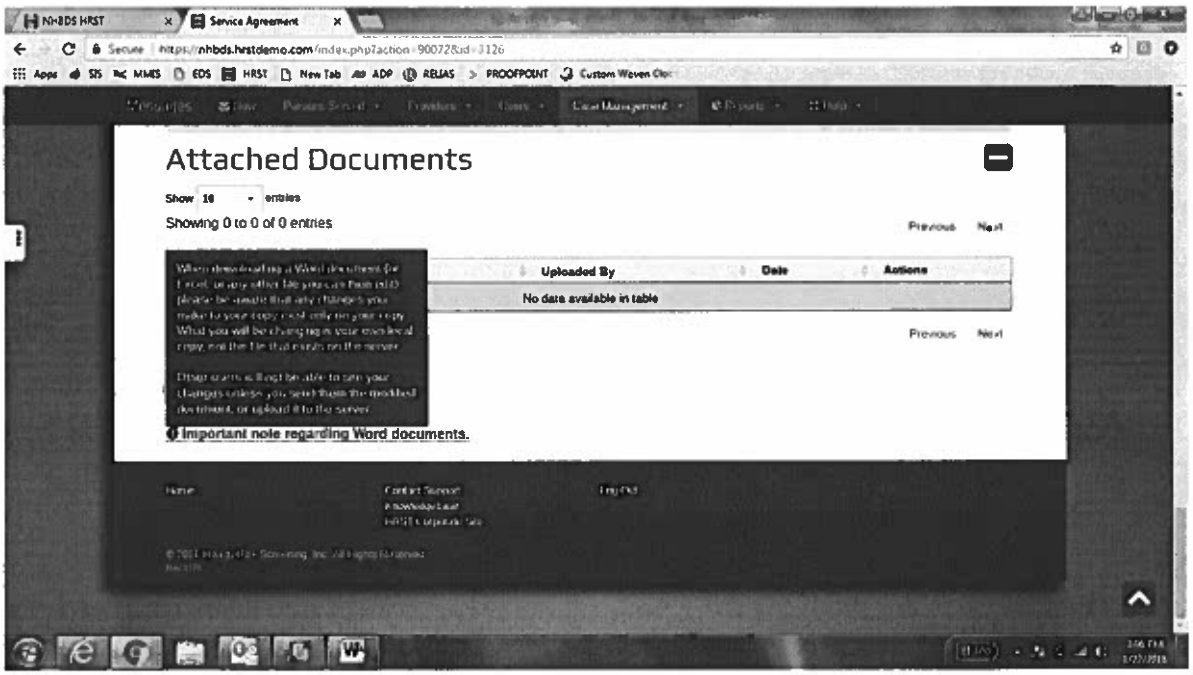
- *Category:* this section is a drop down menu with three options; Service Agreement Attachments, Service Agreement Approval Form and Service Agreement Acknowledgment Form.
- *Comments:* this section is specifically for any additional information you'd like to provide. NOTE: Most times, this section is left blank.
- **NOTE: YOU CAN ONLY UPLOAD PDF FILES; NOT DOING SO WILL DISTORT YOUR DOCUMENTS- SEE ERROR MESSAGE BELOW.**

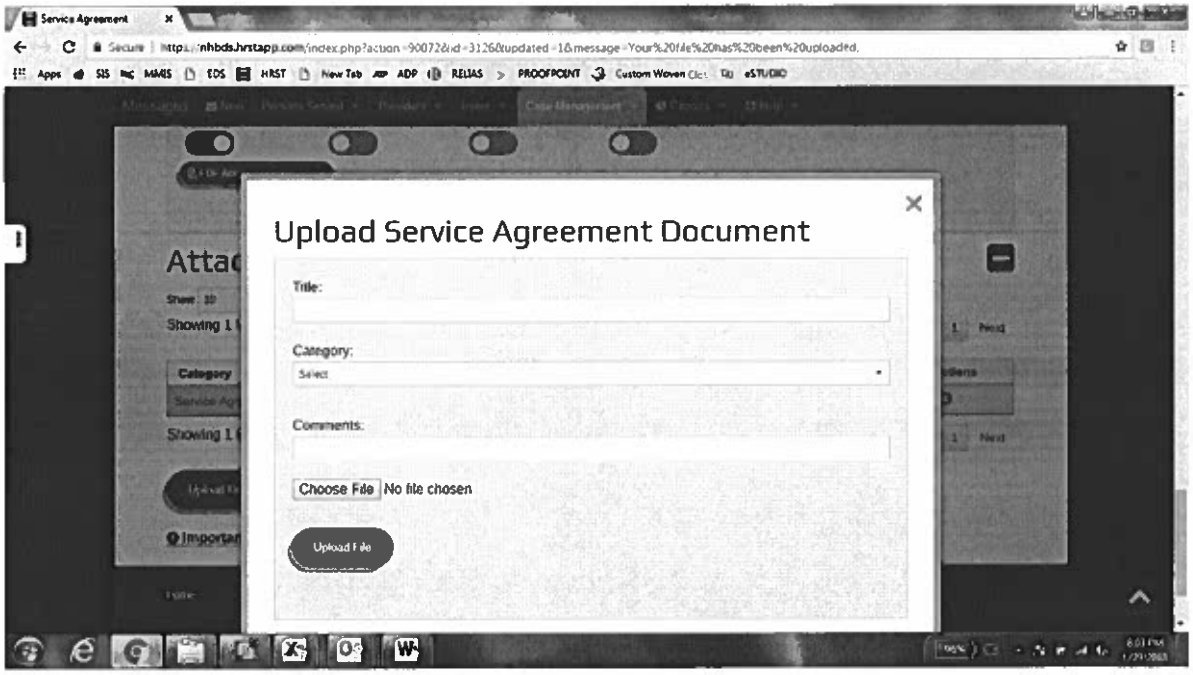
- *Choose File* button is self-explanatory. Click on choose file and this will give you a pop-up box. Choose the appropriate area where you keep your files, in this instance, it's the Desktop. Choose the file you wish to upload and click OPEN.
- *Upload File* button is self-explanatory. Click on upload file and you will be taken back to the beginning of the service agreement with a gray message box explaining that "your file has been uploaded". Continue this process until all of your documentation is uploaded to the service agreement.

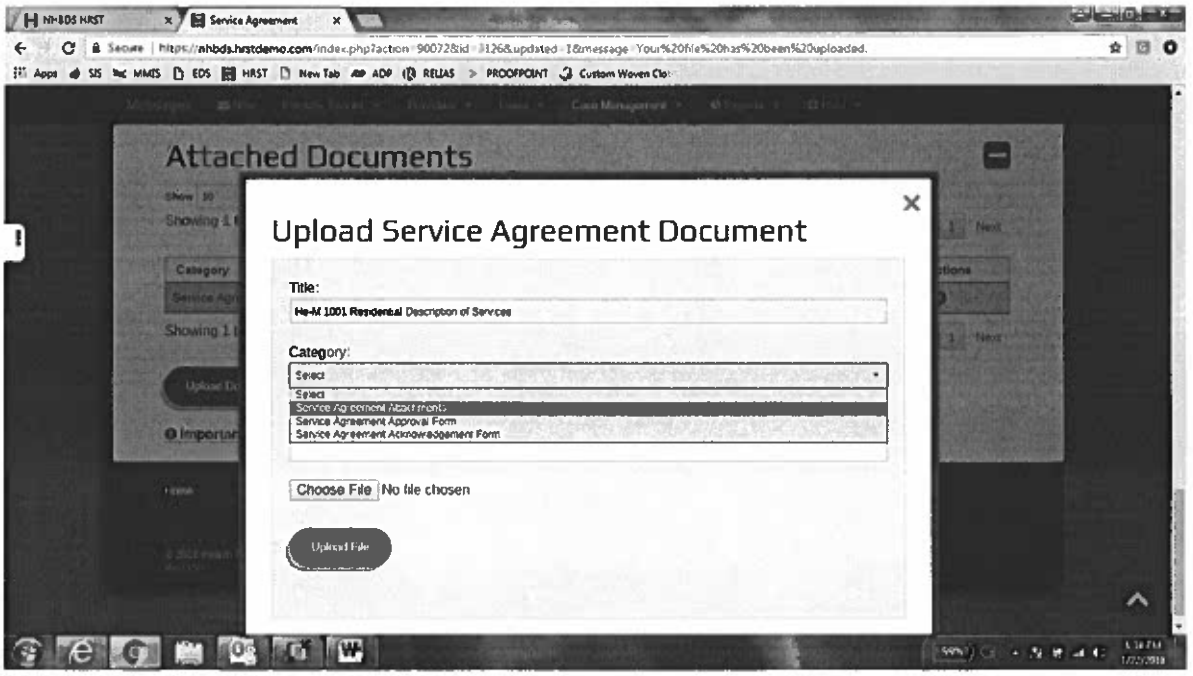


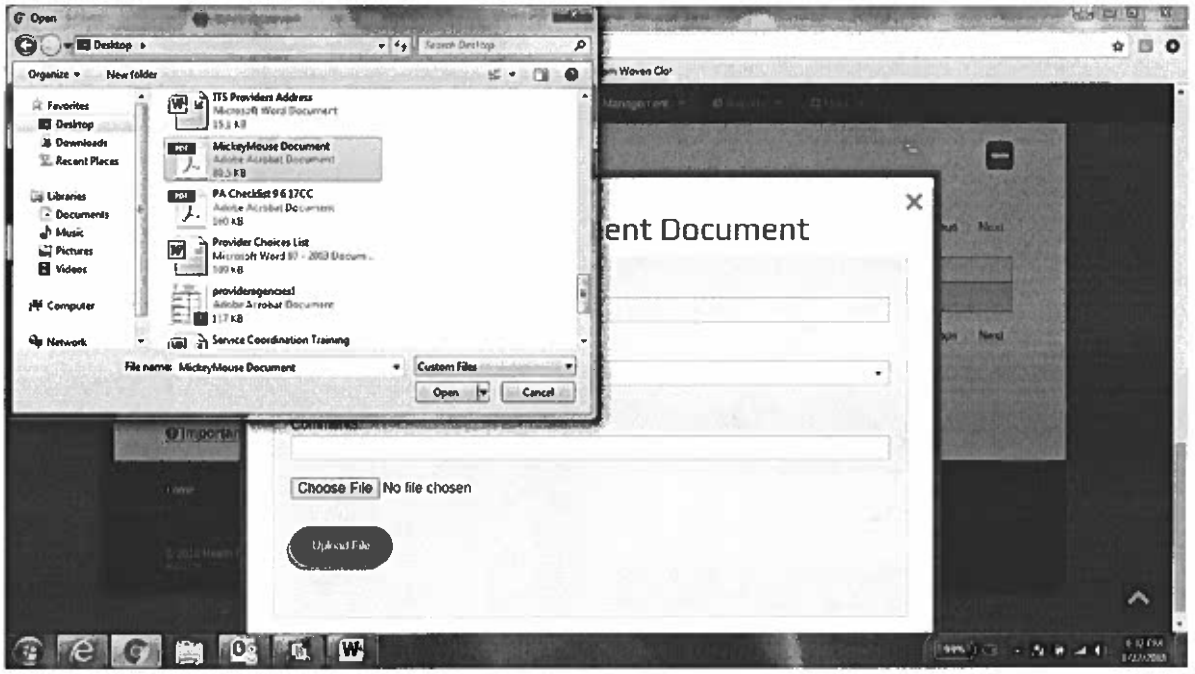
17. ATTACHED DOCUMENTS; Click the + (plus) icon to the right to begin.

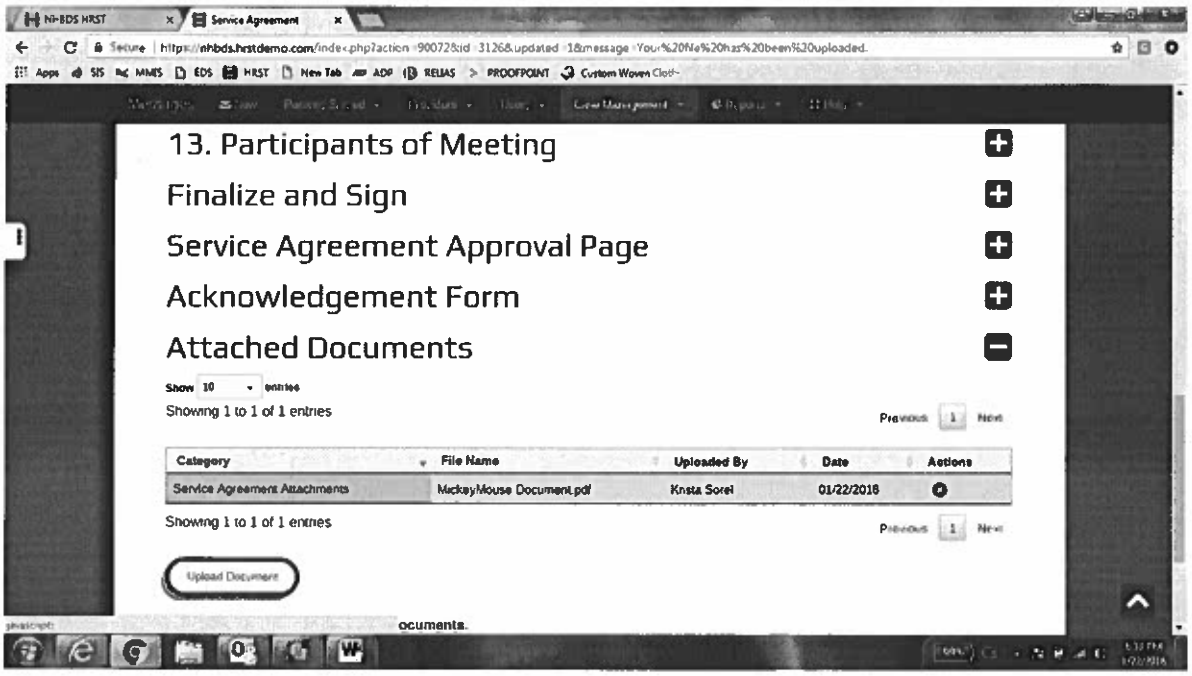
After clicking on the + (plus) icon, the Attached Documents tab will expand into one section as shown below. Fill in all sections completely. *NOTE: THE SIS SHOULD ALREADY BE ATTACHED TO THE SERVICE AGREEMENT.* (see below)

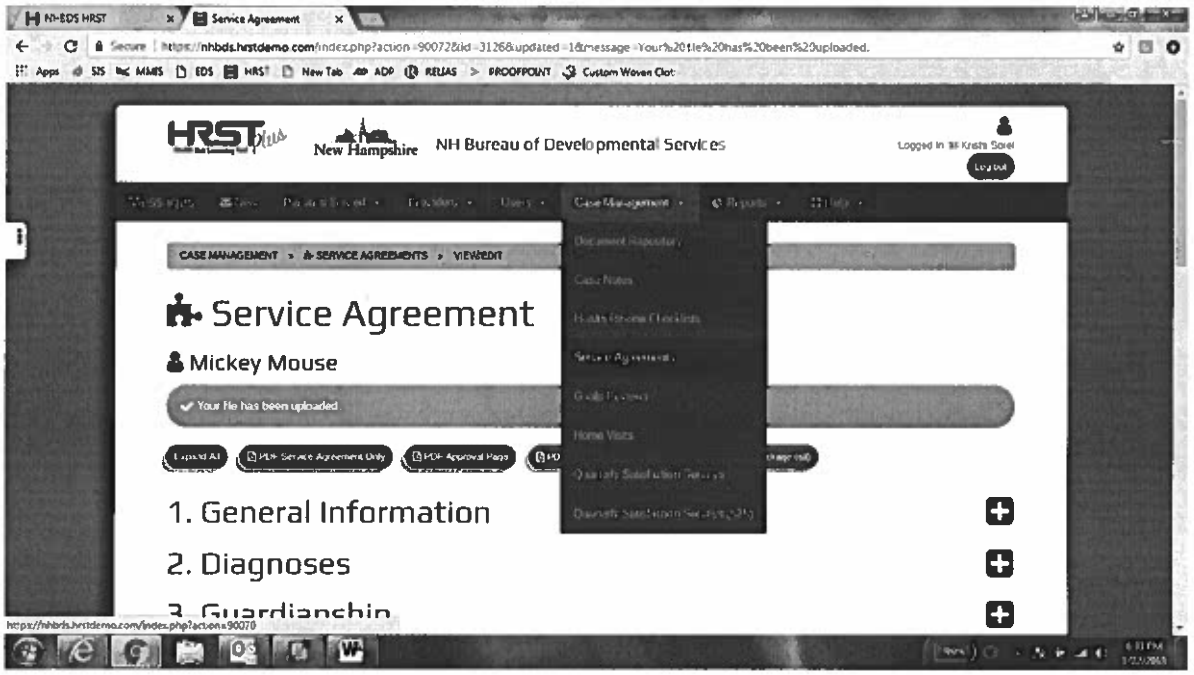

Attached Documents
Showing 0 to 0 of 0 entries
Uploaded By
Date
Actions
No data available in table
Important note regarding Word documents.


Upload Service Agreement Document
Title:
Category:
Comments:
Choose File
No file chosen
Upload File


Attached Documents
Upload Service Agreement Document
Title:
Ho-M 1001 Residential Description of Services
Category:
Select
Select
Service Agreement Approval Form
Service Agreement Acknowledgement Form
Choose File
No file chosen
Upload File


Open
Desktop
Organize
New folder
Favorites
Desktop
Downloads
Recent Places
Libraries
Documents
Music
Pictures
Videos
Computer
Network
ITS Providers Address
MickeyMouse Document
PA Checklist 9 6 17CC
Provider Choices List
provideragencies1
Service Coordination Training
File name: MickeyMouse Document
Custom Files
Open
Cancel
ent Document
Choose File
No file chosen
Upload File


NHBDS HRST
Service Agreement
13. Participants of Meeting
Finalize and Sign
Service Agreement Approval Page
Acknowledgement Form
Attached Documents
Show 10 entries
Showing 1 to 1 of 1 entries
Previous 1 Next
Category
File Name
Uploaded By
Date
Actions
Service Agreement Attachments
MickeyMouse Document.pdf
Krista Sorel
01/22/2018
Showing 1 to 1 of 1 entries
Previous 1 Next
Upload Document


NH Bureau of Developmental Services
New Hampshire
CASE MANAGEMENT > SERVICE AGREEMENTS > VIEW/EDIT
Service Agreement
Mickey Mouse
Your file has been uploaded
1. General Information
2. Diagnoses

DONE

Exhibit R

One Sky Community Services, Inc.

Summary of Current Recruiting Efforts
As of 09/06/19

The Staffing Plan included as part of Remediation Action 7c details the caseloads assigned to service coordinators once we are fully staffed. That plan and how we currently compare to it is summarized as follows:

	Planned	Current	Gap
Team Managers	3	3	0
Full-Time One Sky Employed Service Coordinators	18	14	4
Part-Time One Sky Employed Service Coordinators	1	1	0
Independent Case Managers	1	1	0
Total	**23**	**19**	**4**

We continue to interview good candidates for the positions that are open. At the present time we are in the final process of conducting background and reference checks on two service coordinator positions. We expect to be extending verbal offers to them within the next couple of days and believe that they will accept. We also believe that in time we will be able to fill the remaining two open positions.

Recruiting for service coordinators is the number one priority of our HR Coordinator who has been utilizing and drawing on the following resources to identify candidates:

- All open positions are posted on Indeed and the One Sky website for visibility. Indeed remains the largest source of applicants due to its popularity and job postings are updated regularly.
- The reverse search function of Indeed has been utilized to be more proactive about reaching out to candidates. This service allows us to seek out candidates that have recently updated their resumes and have applicable experience by sending them an Indeed message with a description of the job and the agency.
- The HR Coordinator and Director of HR have attended job fairs on college campuses to boost the visibility of One Sky and attract potential recent graduates in the human services field.
- Our agency utilizes an employee referral bonus for any staff that refers a candidate to apply. Staff are updated regularly on the open positions within the agency and are reminded of the referral bonus. Several candidates have come through referrals from employees.

As documented in the staffing reports included in Appendix I of the Corrective Action Plan we submitted to you on July 31, 2019, we have been tracking the number of days each position has been open and the number of candidates we are interviewing for each position very carefully. As indicated above, we believe that we will be able to fill the remaining four positions in the near future.

Our plans to train and retain our employees are detailed in the Corrective Action Plan we submitted to you on July 31, 2019 and we will include an update on all of the activities in the update we will be sending you on September 13. We are confident that if we continue to implement that plan we will be able to not only retain our employees but allow them to grow and develop.

However, we are also acutely aware of the fact that it is highly unlikely that we will never have any turnover. Turnover, is unfortunately, the new reality. The challenge is how we manage and prepare for it. We know that for many of our current employees this will not be their last job. Some will leave to continue their education. Some will leave because of a change in family circumstances. Others will

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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Emily Adams, attended New Hire Orientation on 3/29/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Emily Adams Date 3/29/2019

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Stephanie Auclair attended New Hire Orientation on 01-02-2019

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Stephanie Auclair Date 9-4-19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jaelyn Atkinson, attended New Hire Orientation on 07/30/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Jaelyn Atkinson Date: 07/30/18.

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Abigail Barker, attended New Hire Orientation on 6/6/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Abigail Barker Date: 6/6/18.

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific:
First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I Lucille P Benson, attended New Hire Orientation on 02-04-19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature LP Benson Date 02-04-19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Ciara Blanchette, attended New Hire Orientation on 3/20/2018.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Ciara Blanchette

Date: 3/20/2018

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jessica Blom, attended New Hire Orientation on 6/20/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Jessa Blom Date 6/20/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Kaylan Ford, attended New Hire Orientation on 7/30/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: [signature] Date: 7/30/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific:
First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Brian Guptill Sr, attended New Hire Orientation on May 6th 2019

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 5/6/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jennifer Howard, attended New Hire Orientation on 1/2/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 1/2/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Mary Holmes, attended New Hire Orientation on 5/7/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Mary Holmes Date: 5/7/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current, EXEMPT
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: -
First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Sophia Hughes, attended New Hire Orientation on 7/27/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Sophia Hughes Date: 7/27/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Sarah Jewell, attended New Hire Orientation on 1/25/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 1/25/2019

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I Carol A. Keech, attended New Hire Orientation on 7/30/18

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Carol A. Keech Date: July 30 18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Shaylei Kitchen, attended New Hire Orientation on 03/05/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Shaylei A. Kitchen Date 03/06/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Contact Information Sheet
EEO-1 Voluntary Self-Identification Form
Statement of Hepatitis B Training and Declination
Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Pamela M Grossman, attended New Hire Orientation on 5/9/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Pamela M Grossman Date 5/9/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
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Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Erin Lynch, attended New Hire Orientation on April 15, 2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Erin Lynch Date 04·15·19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Tess McKenzie, attended New Hire Orientation on 5/21/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: [signature] Date: 5/21/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Dianne Marino, attended New Hire Orientation on 6/19/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Dianne R Marino

Date: 6/19/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
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Emergency Information Sheet
Client Rights Handout
Manager/Location specific:
First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Shelby Minor, attended New Hire Orientation on _____.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Date:

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
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Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jordan Morrissey, attended New Hire Orientation on 1/30/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: [signature] Date: 1/30/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
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Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jennifer Norris, attended New Hire Orientation on 4/22/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature [signature] Date 4/22/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Jean M. Petrie, attended New Hire Orientation on 3/4/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Jean M. Petrie Date 3/4/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
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Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Janice Pitts, attended New Hire Orientation on 4/22/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Janice Pitts Date 4/22/2019

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
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Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Victoria Putnam, attended New Hire Orientation on 11/26/18.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature [signature] Date 11/26/18

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
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Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Shannon K Richey, attended New Hire Orientation on 3-18-19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature _____ Date 3-18-19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
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Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Rachel Saltman, attended New Hire Orientation on 01/25/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Rachel Saltman Date 01/25/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
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Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Kimberly Soucie, attended New Hire Orientation on _____.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Kmcie Date 11/20/18

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Nettie Stinnan, attended New Hire Orientation on 6/14/19.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Nettie Stinnan Date 6/14/19

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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Employee/Volunteer Statement of Confidentiality
Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Loreana Thomas, attended New Hire Orientation on 5/31/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Date: 5/31/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific:
First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Geraldine E Tilley, attended New Hire Orientation on 2/20/2018.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/He-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: Geraldine E Tilley Date: 2/20/2018

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
Emergency Information Sheet
Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

One Sky Community Services
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EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Cassandra Travers, attended New Hire Orientation on 11/26/2018.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature [signature] Date 11/26/2018

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
Payroll info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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XXV. Staff Training & Development Policy #3.9

A. NEW EMPLOYEE ORIENTATION WITH HR – copy to supervisor and personnel folder

TABLE 1

Name: ERIN THVESON Date of hire:

Employee Signature: Job Title: family DSP

Human Resources Office Signature:

ITEM	HR mark w/ check or N/A
Signed Application	✓
Letter of Hire	
issue Job Description	✓
W – 4 Tax Withholding Form	✓
I – 9 Employee Eligibility Verification	✓
Employee Handbook including Mission Statement and Commitment to Quality (Employee and Agency sign Acknowledgments)	✓
Driver Record Check (if applicable) - **must be completed prior to employment**	✓
Proof of Auto Insurance - **copy of Declaration Page from Auto insurance policy** Copy of Drivers' License	✓
Criminal Record Check – **must be completed prior to employment**	✓
BEAS abuse registry check – **must be completed prior to employment**	✓
Office Key	
Building security code and instructions	
Phone code and 911	
Medical Insurance Forms	
Dental Insurance	
Life Insurance, AD & D	
Short Term Disability	
Long Term Disability	
Flexible Spending Account Medical Dependant	
Emergency Information sheet	
Aflac	
Pre-paid Legal	
TB test or proof of negative results done within the last 12 months. **Completed within 30 days of employment**	
Hepatitis B statement	
First Aid Kit location	
Fire Drill – Extinguisher location - Exits	
Travel Expense reimbursement form	✓
Video – Preventing Disease Transmission	
Video – Avoiding Sexual Harassment in the Workplace	
Video – HIPAA (14 minutes) (need FERPA video for school services)	
DVD - Drug free Workplace	
Book - Enhancing the Lives Of Adults with Disabilities	✓
Worker Compensation Overview	✓
Track HIPAA trainings in Personnel folder for 6 yrs	—
Cobra notice at hire (if applicable)	—
Policy 3.9 Orientation and Training Requirements for first six months of employment	—
One Week review – new hires meet with HR to review Handbook/Policies (Wkpl Violence, etc.) and initial checklist	—
Cell phone reimbursement – I.H.S/PDMS NOT eligible	N/A

One Sky Community Services

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, Rose M Wilson, attended New Hire Orientation on 4/22/2019.

I received a copy of my job description/terms and conditions, and the EE handbook.

The One Sky Community Services HIPAA/Confidentiality policy was covered.

The following videos were shown: Lost in Laconia, Driving Safety and Sexual Harassment.

Employee Signature Rose M Wilson Date 4/22/2019

HR Checklist
One Sky Application of Employment
W-4
I-9 w/ Copy of License and Social Security Card or Passport
Current Auto Insurance & Agreement to keep driver's license & auto insurance current
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Manager/Location specific First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

EMPLOYEE NHO ACKNOWLEDGEMENT FORM

I, William Wilson, attended New Hire Orientation on 7/20/18.

I received a copy of my job description/terms and conditions and the EE handbook.

The following policies were covered: Worker's Compensation/Incident Reports, HIPAA/Confidentiality, Client Rights, Relias Training/Ha-M Requirements, and the One Sky Drug Free Workplace Policy.

The following training videos were shown: HIPAA, Intro to One Sky, Blood Borne Pathogens and Sexual Harassment.

Employee Signature: [signature] Date: 7/20/18

HR Checklist
One Sky Application of Employment
W-4 & I-9 w/ Copy of License, with SS or Passport
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Payroll Info (Direct Deposit, Paid Holidays, Payroll Run Dates)
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Client Rights Handout
Manager/Location specific: First Aid & Fire Safety, Office Keys/Phone Orientation, Change of Address

XXXII. Handbook Acknowledgment Form

**** Agency Copy ****

By signing this form, I acknowledge that I have received a copy of the Agency's Employee Handbook. I understand that it contains important information about Agency's policies and procedures, that I am expected to read the Handbook and familiarize myself with its contents and that the policies/procedures in the Handbook apply to me. I understand that nothing in the Handbook constitutes a contract or promise of continued employment and that the Agency may change the policies at any time.

By signing this form, I acknowledge that my employment is at will. I understand that I have the right to end the employment relationship at any time and for any reason, with or without notice, with or without cause, and that the Agency has the same right. I acknowledge that neither the Agency nor I have entered into an employment agreement for a specified period of time.

Employee Signature Deb Jackson Date 9-5-19

Witness Shuna R Date 9/5/19

(This acknowledgment will become a part of your personnel file.)

PLEASE SIGN AND RETURN THIS BOTTOM HALF TO HUMAN RESOURCES OFFICE
4/14

XXXII. Handbook Acknowledgment Form

**** Agency Copy ****

By signing this form, I acknowledge that I have received a copy of the Agency's Employee Handbook. I understand that it contains important information about Agency's policies and procedures, that I am expected to read the Handbook and familiarize myself with its contents and that the policies/procedures in the Handbook apply to me. I understand that nothing in the Handbook constitutes a contract or promise of continued employment and that the Agency may change the policies at any time.

By signing this form, I acknowledge that my employment is at will. I understand that I have the right to end the employment relationship at any time and for any reason, with or without notice, with or without cause, and that the Agency has the same right. I acknowledge that neither the Agency nor I have entered into an employment agreement for a specified period of time.

Employee Signature Delaney Cline Date 9/23/19

Witness Jena A. Holmes Date 9/23/19

(This acknowledgment will become a part of your personnel file.)

PLEASE SIGN AND RETURN THIS BOTTOM HALF TO HUMAN RESOURCES OFFICE
4/14

XXXII. Handbook Acknowledgment Form

**** Agency Copy ****

By signing this form, I acknowledge that I have received a copy of the Agency's Employee Handbook. I understand that it contains important information about Agency's policies and procedures, that I am expected to read the Handbook and familiarize myself with its contents and that the policies/procedures in the Handbook apply to me. I understand that nothing in the Handbook constitutes a contract or promise of continued employment and that the Agency may change the policies at any time.

By signing this form, I acknowledge that my employment is at will. I understand that I have the right to end the employment relationship at any time and for any reason, with or without notice, with or without cause, and that the Agency has the same right. I acknowledge that neither the Agency nor I have entered into an employment agreement for a specified period of time.

Employee Signature _____ Date 10/15/19

Witness _____ Date 10/15/19

(This acknowledgment will become a part of your personnel file.)

PLEASE SIGN AND RETURN THIS BOTTOM HALF TO HUMAN RESOURCES OFFICE

4/14

Exhibit T

One Sky Community Services, Inc.

INDIVIDUAL STAFF PERFORMANCE
&
DEVELOPMENT PLANNING GUIDE

GUIDELINES FOR USE

One Sky Community Services, Inc.

INDIVIDUAL STAFF PERFORMANCE & DEVELOPMENT PLANNING

GUIDELINES FOR USE

INTRODUCTION:

One of the primary responsibilities of a Supervisor is to review the performance of assigned personnel in order to foster personal growth and development through counseling and guidance. Our Individual Staff Performance and Development Planning Program provides each Supervisor with the means to accomplish a plan that is meaningful to the individual and the organization. It establishes guidelines for the periodic review of staff job descriptions and work performance; it enables the Supervisor to objectively discuss individual work performance with employees; and, most importantly, it assists the Supervisor in counseling individual employees, using a cooperative approach to the improvement of individual work performance as well as agree upon development activities to enhance skills, knowledge and capabilities.

The Individual Staff Performance and Development Plan form used in this program provides the Supervisor with objective criteria that are essential to effective employee development. In addition, the evaluation form serves as a guide to the Supervisor in the development of his or her understanding and ability in measuring individual work performance.

Of primary importance is the employee performance evaluation discussion meeting, for it provides Supervisor and Employee with the opportunity to meet to discuss departmental goals and objectives. The Supervisor can then assist each employee individually with the formulation of a mutually agreed upon plan for employee growth and development, and subsequently provide support to each Employee in their efforts to achieve these objectives.

In summary, the primary objectives of an Individual Staff Performance and Development Plan are:

1. To allow each Employee the opportunity for a frank and open discussion of their position, work performance, and general aspirations;
2. To inform each Employee of their Supervisor's evaluation of their work performance;
3. To provide each Employee with the opportunity to discuss and participate in the development of a plan to improve their performance and develop their potential; and,
4. To define actions the Supervisor can take to encourage and assist the Employee in improvement and the development of individual performance and capabilities.

4. The Performance Evaluation Form.

The Individual Staff Performance and Development Plan is made up of six distinct parts:

Part 1: requires the Supervisor and employee to review the entire job description to discuss the priority order the major responsibilities of the position from the job description, to note any potential changes that should be made, and to have a discussion regarding how effectively they executed the requirements of their position.

Part 2: This space is provided for explanation and examples regarding the results and accomplishments achieved by the Employee during the evaluation period. Each discussion point should be identified and rated by checking one of the three rating comments: Exceeds Expectations; Meets Expectations; or, Needs Improvement.
There is also a space for specific comments from the immediate supervisor to address significant accomplishments or needed areas for focused improvement.

Part 2 should be completed by the Supervisor prior to the evaluation discussion meeting with the Employee. Managers/Supervisors are expected to discuss performance of the Employee with the responsible Manager or other Senior Level Employees (as appropriate) before completing the form.
Note: It is also recommended that supervisors solicit input from at least one peer from the immediate group; another that the employee may interact with on a regular basis; a manager or director from another function that may interact with the specific employee; possibility a client or two as well.

Part 3: Focuses on the Personal Development Goals for the Employee. These goals should be specific methods to strengthen or improve competencies required for their current job and their future development (related to career growth within the organization and/or the industry). Use the SMART (Specific, Measurable, Achievable, Relevant, Timely (or Time Framed) model to design/define goals. See attached SMART Goal Worksheet at the end of this document.
The SMART Goal Worksheet should also be provided to the employee to allow them to identify their goals to be included in the discussion.

Part 4: Reviews performance on previous Personal Development & Organizational Goals. Each goal should be discussed in terms of relevance, completion, resources utilized, impact on the individual, group and/or organization. If a goal was not completed, it should be reviewed against the SMART model and determine if it is still viable and relevant.

Upon conclusion of the performance evaluation discussion meeting, the Supervisor finalizes the Performance Evaluation Form and the Employee is given the opportunity privately to make comments about the review in Part 6 of the Form.

The Employee should then sign the review form in the appropriate place, indicating that he or she has seen it and has reviewed it with the Supervisor who wrote it. Signature by the Employee does not indicate that the Employee agrees with the review. It simply indicates that the Employee has participated in the evaluation discussion meeting and has seen the completed evaluation. Documentation prepared by the Employee can be attached, if desired.

6. **Form Distribution:**
After completing the form, the Supervisor reviews its contents with the next level of management. Reviews at this level (and revisions if necessary) are performed to ensure consistency of evaluation standards across the agency. Any changes to the documentation should also be reviewed with the Employee. If there are significant changes due to the conversation with the higher level manager, the Employee should initial any/all changes to acknowledge that they were informed of the change.

After completion of the performance evaluation discussion meeting between the Supervisor and the Employee, the signed review form is then forwarded to the Executive Director for review and signature.

The completed employee performance evaluation form is then retained in the Employee's personnel file and a photocopy provided to the Employee and a final signed copy is provided to the Employee.

Employees having serious disagreement with their evaluation may arrange an appointment for discussion with the next level of management.

CONCLUSION:

The true significance of an employee performance evaluation and development program is that it provides for open communication between Supervisors and employees. The success of the program depends largely upon the Supervisor's willingness to listen, his or her ability to communicate clearly both the desire to be of assistance to the employee and to listen to their opinions. Success of the program also depends on the Supervisor's determination in providing support and follow-up on elements of the Program for Future Development developed during the evaluation discussion meeting.

This goal is important because:

The benefits of achieving this goal will be:

Take Action!

Potential Obstacles	Potential Solutions

Who are the people you will ask to help you?

What resources will you need to accomplish this goal? (time, funding, training, etc.)

Specific Action Steps: *What steps need to be taken to get you to your goal?*

What?	Expected Completion Date	Completed

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4. **Review goals from previous assessment:** To what degree was each goal met? Please explain if not met or goal revised.

Employee Identified Goals

Goal 1:	
Resources for Goal 1:	
Evaluation:	
Goal 2:	
Resources for Goal 2:	
Evaluation:	
Goal 3:	
Resources for Goal 3:	
Evaluation:	

5. **Organizational Goals:** To be set and reviewed with employee based upon organization's Strategic Goals (related to the Strategic Plan)

Organizational Goals

Goal 1:	
Evaluation:	
Goal 2:	
Evaluation:	
Goal 3:	
Evaluation:	

Exhibit U

Organizational Goals for FY 20

#	FY 20 Organizational Goal	Performance Target	Alignment with Strategic Plan Priority
1	Greater Employee Retention /Development	• 95% (non-family hired) Staffing by 10/1/19 • Baseline training completed by all employees by October 31 or within 6 months of start date. • Updated Policies and Procedures in place by 6/30/20. • Organizational Knowledgebase created and accessible by all employees. • <10% Turnover between 10/1/19 and 6/30/20. • Favorable survey feedback.	Leadership and Staff Development
2	Improved Financial Performance	• Breakeven for FY20 • Pending Claims < $250,000	
3	Stronger Service Provider Partnerships	• 90% of Accounts Payable Aging < 30 days. • < 2 week turnaround on crisis funding requests. • Reduce the rate of certification deficiencies due to ISA planning by 80% • Collaborative efforts on staffing and training • Favorable survey feedback.	Strengthen and Improve Stakeholder Engagement and Collaboration
4	Greater Engagement with / Advocacy on Behalf of Individuals and Families we Serve	• 95% case management billing by all service coordinators • Quarterly newsletter to all individuals served. • On-time completion on 80% of ISA renewals by 6/30/20 • "Re-contracting" completed with all Self-Directed Clients • Trainings offered to Families. • Annual "Meet and Greet" between individuals served and their service coordinators • Favorable QSS feedback	Strengthen and Improve Stakeholder Engagement and Collaboration
5	More Productive Engagement with Other Stakeholders	• Memo of Understanding with Seacoast Mental Health • Ongoing dialogue with Seacoast Mental Health, MCO's, area hospitals and/or substance abuse providers about individuals served by us with overlapping issues. • Collaborative efforts on staffing and training	Strengthen and Improve Stakeholder Engagement and Collaboration
6	Improved internal communications and dialogue	• Regular and routine meetings are taking place between members of senior leadership team. • Representatives of each functional area (Service Coordination, HR & Admin, and Finance) are participating in team members of other functional areas. • Regular and ongoing recognition of employee successes.	Leadership and Staff Development

Exhibit VV

One Sky Community Services
Individual Goals for
Keryn Bernard-Kriegl
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
2	Improved Financial Performance		
2a			95% billing for all potential case management revenues
2b			Reduce the number of PA Changes (if we plan ahead and make changes at the time of renewal, it will reduce workload and reduce pending claims)
2c			Submit 100% of PA Renewals to BDS at least 45 days prior to PA Renewal Date (will reduce pending claims)
2d			No starts for new services without approved PA in place
2e			PA for all crisis requests submitted to BDS within 2 weeks of crisis being identified.

Exhibit VV

One Sky Community Services
Individual Goals for
Keryn Bernard-Kriegl
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration	
4a			Ensure that we have a valid address and phone number and – where available – email address for every individual we serve and their guardian(s)
4b			Work with Director of Outreach and Development and the Director of HR and Administration to ensure that we have one central database of contact information that is updated routinely and used for all correspondence
4b			Work with Director of Outreach and Development to send out quarterly newsletter to all individuals we serve and their guardians.
4c			Review, monitor and improve Quarterly Satisfaction Survey results
4d			Personally reach and contact at least 5 individuals/guardians per month to connect with them on a personal level and assess their overall satisfaction with the services we are providing. Develop and implement appropriate responses as necessary.

Exhibit VV

One Sky Community Services
Individual Goals for
Keryn Bernard-Kriegl
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
5	More Productive Engagement with Other Stakeholder	Strengthen and Improve Stakeholder Engagement and Collaboration	
5a			Reach out and develop relationship with appropriate senior contacts at three MCO's
5b			Reach out and develop relationship with appropriate senior contacts at Seacoast Mental Health
5c			Reach out and develop relationship with appropriate senior contacts at Portsmouth Hospital and Exeter Hospital
5d			Continue to reach out to peers at other Area Agencies to strengthen understanding of DD system and applicable regulations
5e			Continue to reach out to appropriate individuals within NH BDS and NH DHHS to strengthen relationships.
			Hire and supervise an Employment Coordinator to connect individuals we serve looking for employment and the service providers who support them with local employers who have indicated an interest in offering employment to the individuals we serve and support.

Exhibit VV

One Sky Community Services
Individual Goals for
Tina Holmes
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
1	Greater Employee Retention / Development	Leadership and Staff Development	
1a			Develop a "pipeline" of viable service coordinator candidates so that if the need arises we can quickly onboard qualified replacements.
1b			Update Employee Handbook
1c			Review current employee benefit offerings to ensure that available resources are being spent on programs that are considered valuable/meaningful to employee and potential candidates.
1d			Review all current job descriptions with current managers and update as needed/necessary.
1e			Review current positions against appropriate competitive compensation benchmarks
1f			Work with Director of Service Coordination to implement an effective method of scheduling and tracking all training that is completed
1f			Implement processes and procedures to ensure that every employee with more than six months of service will have an approved individual development plan.
1g			Implement processes and procedures to ensure that every employee will receive an initial performance evaluation after their first six months and then annually thereafter.

Exhibit VV

One Sky Community Services
Individual Goals for
Tina Holmes
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
2	Improved Financial Performance		
2a			Transfer responsibility for Rep-Payee Function to CFO by 1/1/20.
2b			Work with CFO to implement needed improvements in technology (server and individual PC's) in a cost effective manner.
2c			Begin to investigate alternative office space/lease arrangements
2d			Manage key relationships with: • Temporary Staffing Agencies • Systems Engineering • Banfield Landlord

Exhibit VV

One Sky Community Services
Individual Goals for
Tina Holmes
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration	
4a			Develop an updated and legally compliant description of what our Self Directed Services (PDMS and IHS) "Employee of Record" service offering will be. Goal is to have a description that we can share with Self-Directed clients by 1/1/20 so that they can make determination whether they want to continue receiving services from us under that model before their current ISA expires
4b			Work with Director of Service Coordination to ensure that all of the individuals we hire to work in self-directed (PDMS / IHS) arrangements receive the appropriate training.
4c			Work with Director of Outreach and Development and the Director of Service Coordination to ensure that we have one central database of contact information that is updated routinely and used for all correspondence

Exhibit VV

One Sky Community Services
Individual Goals for
Tina Holmes
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
6	Improved internal communications and dialogue	Leadership and Staff Development	
6a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement
6b			Expand working relationship with the Board of Directors collectively (at meetings) and individually as opportunity presents itself

Exhibit VV

One Sky Community Services
Individual Goals for
John Moran
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
2	Improved Financial Performance		
2a			Ensure that billing/receivable and invoice processing/payable systems and procedures are aligned so that we are assured that cash has been received before payments are made
2b			Accurately track and report on all known lapses in payments associated with services not delivered.
2c			Review - at time of renewals - all budgets for services to be delivered to ensure that we are capturing all available revenues (e.g. GM, case management, nursing etc.)
2d			Assume responsibility for Rep-Payee Function by 1/1/20 and develop strategy on whether or not to continue providing Rep-Payee services by 4/1/20; implement recommendation by 7/1/10.
2e			Explore sale or sale/lease-back of four homes we own. Goal is to generate cash and eliminate any operating deficit.
2f			Provide more timely and accurate management reporting to other members of leadership team.
2g			Evaluate whether the continued delivery of Financial Management Services (FMS) to PDMS / IHS families will be sustainable once new rates have been set.

Exhibit VV

One Sky Community Services
Individual Goals for
John Moran
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration	
4a			Ensure that reports provided to all PDMS / IHS families are consistently accurate, timely and up-to-date.

Exhibit VV

One Sky Community Services
Individual Goals for
John Moran
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal	Completion By
6	Improved internal communications and dialogue	Leadership and Staff Development		
6a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement	
6b			Work with the Director of Service Coordination to break down barriers between the Service Coordination and Finance Departments and resolve issues in "real time"	
6c			Expand working relationship with the Board of Directors collectively (at meetings) and individually – particularly with members of the Finance Committee - as opportunity presents itself	

Exhibit VV

One Sky Community Services
Individual Goals for
Victoria Putnam
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
2	Stronger Service Provider Partnerships	Strengthen and Improve Stakeholder Engagement and Collaboration	
2a			Schedule and lead quarterly All Vendor Meetings
2b			Work with Director of Service Coordination to finalize and implement new and consistent RFP process with all service providers.
2c			Engage with all Service Providers to see how we can simplify and improve processes that we share with them.
2d			Engage with service providers to see how we might share our training efforts with them and vice versa.

Exhibit VV

One Sky Community Services
Individual Goals for
Victoria Putnam
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
4	Improved internal communications and dialogue	Leadership and Staff Development	
4a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement

Exhibit VV

One Sky Community Services
Individual Goals for
Lenore Sciuto
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
2	Improved Financial Performance		
2a			95% billing for all potential case management revenues
2b			Reduce the number of PA Changes (if we plan ahead and make changes at the time of renewal, it will reduce workload and reduce pending claims)
2c			Submit 100% of PA Renewals to BDS at least 45 days prior to PA Renewal Date (will reduce pending claims)
2d			No starts for new services without approved PA in place
2e			PA for all crisis request submitted to BDS within 2 weeks of crisis being identified.
2f			Ensure that all SSL needs are accurately identified, all available dollars are allocated appropriately and that approved PA's are in place before any spending commitments are made.
2g			Ensure that policies and procedures are in place to ensure that 100% of all available respite dollars are allocated and spent appropriately.
2h			Collaborate as necessary with CFO to ensure that ESS Service Providers are appropriately reimbursed for services they provide as our subcontractors

Exhibit VV

One Sky Community Services
Individual Goals for
Lenore Sciuto
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration	
4a			Ensure that we have a valid address and phone number and – where available – email address for every individual we serve and their guardian(s)
4b			Work with Director of Outreach and Development to develop ways to connect with families of individuals between birth and age 3 who we serve through our ESS subcontractors, so that they understand who we are and our involvement.
4c			Personally reach and contact at least 1 individual/guardian per month served by ITS Team to connect with them on a personal level and assess their overall satisfaction with the services we are providing. Develop and implement appropriate responses as necessary.

Exhibit VV

One Sky Community Services
Individual Goals for
Lenore Sciuto
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
6	Improved internal communications and dialogue	Leadership and Staff Development	
6a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement
6b			Expand working relationship with the Board of Directors collectively (at meetings) and individually as opportunity presents itself

Exhibit VV

One Sky Community Services
Individual Goals for
Billie Tooley
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
2	Improved Financial Performance		
2a			Continue to raise money for the Readiness Fund
2b			Identify potential funding streams for technology upgrades that we will be required to make after January 1, 2020.

Exhibit VV

One Sky Community Services
Individual Goals for
Billie Tooley
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration	
4a			Work with Director of Service Coordination and the Director of HR and Administration to ensure that we have one central database of contact information that is updated routinely and used for all correspondence
4b			Work with Director of Service Coordination to develop and send out a quarterly newsletter to all individuals we serve and their guardians.
4c			Continue to work closely with the Family Support Advisory Council to improve their outreach activities.

Exhibit VV

One Sky Community Services
Individual Goals for
Billie Tooley
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
6	Improved internal communications and dialogue	Leadership and Staff Development	
6a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement
6b			Expand working relationship with the Board of Directors collectively (at meetings) and individually as opportunity presents itself

One Sky Community Services
Cascading Organizational Goals
Cara Baker
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Cara Baker
2	Improved Financial Performance			
2a			95% billing for all potential case management revenues	• Review progress with supervisees at least 2x month
2b			Reduce the number of PA Changes (if we plan ahead and make changes at the time of renewal, it will reduce workload &reduce pending claims)	• Review caseloads with supervisees at least 2x month
2c			Submit 100% of PA Renewals to BDS at least 45 days prior to PA Renewal Date (will reduce pending claims)	• Review progress with supervisees at least 2x month • Review PA Renewals and submit to Director within 5 days
2d			No starts for new services without approved PA in place	• Educate supervisees and hold accountable for accurately communicating the process for securing funding and starting /changing programs
2e			PA for all crisis requests submitted to BDS within 2 weeks of crisis being identified.	• Review WL & Crisis request forms • Participate in WL & Crisis review team. • Review PA packets within 3 business days of approval from committee

One Sky Community Services
Cascading Organizational Goals
Cara Baker
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Cara Baker
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration		
4a			Ensure that we have a valid address and phone number and – where available – email address for every individual we serve and their guardian(s)	• Train and support supervisees in gathering demographic information and following the HRST process to ensure the information is available
4b			Work with Director of Outreach and Development and the Director of HR and Administration to ensure that we have one central database of contact information that is updated routinely and used for all correspondence	• Train and support supervisees in gathering demographic information and following the HRST process to ensure the information is available
4b			Work with Director of Outreach and Development to send out quarterly newsletter to all individuals we serve and their guardians.	• Participate in the creation and dissemination as directed
4c			Review, monitor and improve Quarterly Satisfaction Survey results	• Train and support supervisees in completing QSS • Review results with director and make plans for improvement
4d			Personally, reach out and contact at least 5 individuals/guardians per month to connect with them on a personal level and assess their overall satisfaction with the services we are providing. Develop and implement appropriate responses as necessary.	• Have conversations directly with families and guardians when they reach out to you, you see them at One Sky Events and when your supervisees ask you to be involved.

One Sky Community Services
Cascading Organizational Goals
Cara Baker
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Cara Baker
6	Improved internal communications and dialogue	Leadership and Staff Development		
6a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement	• Participate in SC managers and directors team meeting • Participate in agency meetings as directed • Build strong collaborative relationships with all One Sky departments • Foster positive mission-focused culture which includes clear, respectful, timely communication and collaboration

One Sky Community Services
Cascading Organizational Goals
Anthony MacConnell
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Anthony MacConnell
2	Improved Financial Performance			
2a			95% billing for all potential case management revenues	• Review progress with supervisees at least 2x month
2b			Reduce the number of PA Changes (if we plan ahead and make changes at the time of renewal, it will reduce workload &reduce pending claims)	• Review caseloads with supervisees at least 2x month
2c			Submit 100% of PA Renewals to BDS at least 45 days prior to PA Renewal Date (will reduce pending claims)	• Review progress with supervisees at least 2x month • Review PA Renewals and submit to Director within 5 days
2d			No starts for new services without approved PA in place	• Educate supervisees and hold accountable for accurately communicating the process for securing funding and starting /changing programs
2e			PA for all crisis requests submitted to BDS within 2 weeks of crisis being identified.	• Review WL & Crisis request forms • Participate in WL & Crisis review team. • Review PA packets within 3 business days of approval from committee

One Sky Community Services
Cascading Organizational Goals
Anthony MacConnell
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Anthony MacConnell
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration		
4a			Ensure that we have a valid address and phone number and – where available – email address for every individual we serve and their guardian(s)	• Train and support supervisees in gathering demographic information and following the HRST process to ensure the information is available
4b			Work with Director of Outreach and Development and the Director of HR and Administration to ensure that we have one central database of contact information that is updated routinely and used for all correspondence	• Train and support supervisees in gathering demographic information and following the HRST process to ensure the information is available
4b			Work with Director of Outreach and Development to send out quarterly newsletter to all individuals we serve and their guardians.	• Participate in the creation and dissemination as directed
4c			Review, monitor and improve Quarterly Satisfaction Survey results	• Train and support supervisees in completing QSS • Review results with director and make plans for improvement
4d			Personally, reach out and contact at least 5 individuals/guardians per month to connect with them on a personal level and assess their overall satisfaction with the services we are providing. Develop and implement appropriate responses as necessary.	• Have conversations directly with families and guardians when they reach out to you, you see them at One Sky Events and when your supervisees ask you to be involved.

One Sky Community Services
Cascading Organizational Goals
Anthony MacConnell
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Anthony MacConnell
5	More Productive Engagement with Other Stakeholders	Strengthen and Improve Stakeholder Engagement and Collaboration		
5a			Reach out and develop relationship with appropriate senior contacts at three MCO's	• Participate in local meetings as directed • Reach out to peers when needed • Provide information to peers when requested
5b			Reach out and develop relationship with appropriate senior contacts at Seacoast Mental Health	• Participate in local meetings as directed • Reach out to peers when needed • Provide information to peers when requested
5c			Reach out and develop relationship with appropriate senior contacts at Portsmouth Hospital and Exeter Hospital	• Participate in local meetings as directed • Reach out to peers when needed • Provide information to peers when requested
5d			Continue to reach out to peers at other Area Agencies to strengthen understanding of DD system and applicable regulations	• Participate in statewide meetings as directed • Reach out to peers when needed • Provide information to peers when requested
5e			Continue to reach out to appropriate individuals within NH BDS and NH DHHS to strengthen relationships.	• Participate in state meetings as directed • Reach out to DHHS/BDS when needed • Provide information to DHHS/BDS when requested

One Sky Community Services
Individual Goals for
Denise Larsen
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Departmental Goal	Individual Team Member Goal
1	Greater Employee Retention / Development	Leadership and Staff Development		
1a			Develop a "pipeline" of viable service coordinator candidates so that if the need arises we can quickly onboard qualified replacements.	
1b			Update Employee Handbook	
1c			Review current employee benefit offerings to ensure that available resources are being spent on programs that are considered valuable/meaningful to employee and potential candidates.	
1d			Review all current job descriptions with current managers and update as needed/necessary.	
1e			Review current positions against appropriate competitive compensation benchmarks	
1f			Work with Director of Service Coordination to implement an effective method of scheduling and tracking all training that is completed	
1f			Implement processes and procedures to ensure that every employee with more than six months of service will have an approved individual development plan.	
1g			Implement processes and procedures to ensure that every employee will receive an initial performance evaluation after their first six months and then annually thereafter.	

One Sky Community Services
Individual Goals for
Denise Larsen
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Departmental Goal	Individual Goal
2	Improved Financial Performance			
2a			Transfer responsibility for Rep-Payee Function to CFO by 1/1/20.	Transfer responsibilities of the function of Rep-payee position to the CFO. Functions are more financial then they are with Administrative.
2b			Work with CFO to implement needed improvements in technology (server and individual PC's) in a cost effective manner.	
2c			Begin to investigate alternative office space/lease arrangements	
2d			Manage key relationships with: • Temporary Staffing Agencies • Systems Engineering • Banfield Landlord	

One Sky Community Services
Individual Goals for
Denise Larsen
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Departmental Goal	Individual Goal
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration		Denise will continue to provide trainings to individuals, family members and providers in conjunction with Angela Hayes of GSIL.
4a			Develop an updated and legally compliant description of what our Self Directed Services (PDMS and IHS) "Employee of Record" service offering will be. Goal is to have a description that we can share with Self-Directed clients by 1/1/20 so that they can make determination whether they want to continue receiving services from us under that model before their current ISA expires	
4b			Work with Director of Service Coordination to ensure that all of the individuals we hire to work in self-directed (PDMS / IHS) arrangements receive the appropriate training.	
4c			Work with Director of Outreach and Development and the Director of Service Coordination to ensure that we have one central database of contact information that is updated routinely and used for all correspondence	

One Sky Community Services
Individual Goals for
Denise Larsen
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Departmental Goal	Individual Goal
6	Improved internal communications and dialogue	Leadership and Staff Development		
6a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement	
6b			Expand working relationship with the Board of Directors collectively (at meetings) and individually as opportunity presents itself	

One Sky Community Services
Individual Goals for
Sharon Richey
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Departmental Goals	Individual Goals
2	Improved Financial Performance			
2a			95% billing for all potential case management revenues	• Review progress with Supervisees at least t 2x month
2b			Reduce the number of PA Changes (if we plan ahead and make changes at the time of renewal, it will reduce workload and reduce pending claims)	• Review caseload with Supervisees at least 2x month
2c			Submit 100% of PA Renewals to BDS at least 45 days prior to PA Renewal Date (will reduce pending claims)	• Review progress with supervisees at least 2x month • Review PA renewals and submit to director within 5 business days
2d			No starts for new services without approved PA in place	• Educate supervisees and hold accountable for accurately communicating the process for securing funding and starting/changing programs
2e			PA for all crisis request submitted to BDS within 2 weeks of crisis being identified.	• Review WL and Crisis request forms • Participate in WL and Crisis review team • Review PA packet within 3 business days of approval from committee

One Sky Community Services
Individual Goals for
Sharon Richey
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Departmental Goals	Individual Goals
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration		
4a			Ensure that we have a valid address and phone number and – where available – email address for every individual we serve and their guardian(s)	• Train and support supervisees in gathering demographic information and following the HRST process to ensure the information is available
4b			Work with Director of Outreach and Development to develop ways to ensure that we have one central database of contact information that is updated routinely and used for all correspondence	• See above
4c			Work with director of Outreach and development to send out quarterly newsletter to all individuals we serve and their guardians	• Participate in the creation and dissemination as directed
4d			Review, monitor and improved Quality Satisfaction Survey results	• Train and support supervisees in completing QS • Review results with director
4e			Personally reach out and contact at least 5 individuals/guardians per month to connect with them on a personal level and assess their overall satisfaction with the services we are providing. Develop and implement appropriate responses as necessary	• Have conversations directly with families and guardians when reach out to you, you see them at One Sky evens and when your supervisor asks you to be involved.

One Sky Community Services
Individual Goals for
Sharon Richey
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Departmental Goals	Individual Goals
6	Improved internal communications and dialogue	Leadership and Staff Development		
6a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement	• Participate in SC managers and directors team meeting • Participate in agency meetings as directed • Build strong collaborative relationships with all One Sky departments • Foster positive mission-focused culture which includes clear, respectful, timely communication and collaboration
6b			Expand working relationship with the Board of Directors collectively (at meetings) and individually as opportunity presents itself	

One Sky Community Services
Cascading Organizational Goals
Krista Sorel
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Krista Sorel
2	Improved Financial Performance			
2a			95% billing for all potential case management revenues	• Update HRST billable services and SC assignments
2d			No starts for new services without approved PA in place	• Develop process and scripts for SC team
2e			PA for all crisis requests submitted to BDS within 2 weeks of crisis being identified.	• Facilitate WL & Crisis review meeting

One Sky Community Services
Cascading Organizational Goals
Krista Sorel
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Krista Sorel
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration		
4a			Ensure that we have a valid address and phone number and – where available – email address for every individual we serve and their guardian(s)	• Train and support supervisees in updating HRST to ensure the information is available
4b			Work with Director of Outreach and Development and the Director of HR and Administration to ensure that we have one central database of contact information that is updated routinely and used for all correspondence	• Train and support supervisees in gathering demographic information and following the HRST process to ensure the information is available
4b			Work with Director of Outreach and Development to send out quarterly newsletter to all individuals we serve and their guardians.	• Participate in the creation and dissemination as directed
4d			Personally, reach out and contact at least 5 individuals/guardians per month to connect with them on a personal level and assess their overall satisfaction with the services we are providing. Develop and implement appropriate responses as necessary.	• Have conversations directly with families and guardians when they reach out to you, you see them at One Sky Events and when your supervisees ask you to be involved.

Exhibit Z

One Sky Community Services, Inc.
755 Banfield Road | Suite 3 | Portsmouth | New Hampshire | 03801

Phone: (603) 436-6111 | Voice/TDD: (800) 660-4103
Fax: (603) 436-4622 | Visit us online: www.oneskyservices.org

September 6, 2019

Ms. Sandy L. Hunt
Bureau Chief
Bureau of Developmental Services
NH Department of Health and Human Services
105 Pleasant Street
Concord, NH 03301

Dear Ms. Hunt,

Thank you for your letter of August 30, 2019. As you requested here are our responses to the changes you requested we make to the Corrective Action Plan we submitted on July 31, 2019.

Revise any areas of compliance for which the former CFO, Vincent DiPiero, was responsible to reflect the staff members now responsible for ensuring compliance

These changes have been made and will be reflected in the updated Remediation Checklist with Action Plan we will be reviewing with our Board of Directors on September 9 and will be including in our September 13 update to you

Revise the dates for compliance with any areas of compliance for Vincent DiPiero was previously responsible, with particular focus on the drafting of a fiscal manual.

Any changes in dates for compliance that we are making will be reflected in the updated Remediation Checklist with Action Plan we will be reviewing with our Board of Directors on September 9 and will be including in our September 13 update to you . With respect to updating the fiscal manual included in Appendix H of the Corrective Action Plan we submitted to you on July 31, 2019, responsibility for completing that review has been assigned to John Moran our Acting CFO. The deadline for delivering a first draft has been extended from August 31 to September 20, but we still anticipate obtaining our Board of Directors' final approval by November 15.

Detail the process One Sky will use to recruit and train a CFO

John Moran joined us as our Acting CFO on August 26. John has over two decades of experience working in human services, as he held the position of Senior VP and Chief Financial Officer for Horace Mann Educational Associates (HMEA), an organization in Massachusetts that serves individuals with developmental disabilities. John holds a BS in Accounting from Bryant University and a MBA in Finance from Bryant University.

John is currently a contract employee. We have a mutual understanding that if things do not "work out" then we can part company at any time. But there is also an understanding that if we are both satisfied with each other that his status could change from contract employee to permanent employee of One Sky Community Services.

Exhibit Z

Create and provide an updated policy for processing Unit Change/Service Level Request and include the plan and timeline for training all relevant staff on the updated policy.

A draft copy of our "UCR Submission Policy" was prepared on August 22 and forwarded to Jennifer Doig, Michelle Rosado with copies to Darlene Ferguson, Deb Scheetz and you on August 27. We have asked for and would appreciate your feedback to ensure that we are finally able to ensure that we are processing UCR consistent with your expectations. The final policy will be incorporated into our updated Fiscal Manual which will be reviewed and approved by our Board of Directors by November 15.

Our staff currently involved in the processing of UCR's helped to draft this policy and have also been following it since we began to implement it at the end of August. Since this policy has been implemented, I do not believe that there has been a noticeable (if any) increase in denied claims, which I believe is an indication that the new policy is working. If that is not the case, please let us know as soon as possible.

Detail the plans to recruit and retain staff in the service coordination department

As indicated above, we expect to have only two open service coordinator positions by the end of next week. Recruiting for service coordinators is the number one priority of our HR Coordinator who has been utilizing and drawing on the following resources to identify candidates:

- All open positions are posted on Indeed and the One Sky website for visibility. Indeed remains the largest source of applicants due to its popularity and job postings are updated regularly.
- The reverse search function of Indeed has been utilized to be more proactive about reaching out to candidates. This service allows us to seek out candidates that have recently updated their resumes and have applicable experience by sending them an Indeed message with a description of the job and the agency.
- The HR Coordinator and Director of HR have attended job fairs on college campuses to boost the visibility of One Sky and attract potential recent graduates in the human services field.
- Our agency utilizes an employee referral bonus for any staff that refers a candidate to apply. Staff are updated regularly on the open positions within the agency and are reminded of the referral bonus. Several candidates have come through referrals from employees.

As documented in the staffing reports included in Appendix I of the Corrective Action Plan we submitted to you on July 31, 2019, we have been tracking the number of days each position has been open and the number of candidates we are interviewing for each position very carefully. As indicated above, we believe that we will be able to fill the remaining four positions in the near future.

Our plans to train and retain our employees are detailed in the Corrective Action Plan we submitted to you on July 31, 2019 and we will include an update on all of the activities in the update we will be sending you on September 13. We are confident that if we continue to implement that plan we will be able to not only retain our employees but allow them to grow and develop.

However, we are also acutely aware of the fact that it is highly unlikely that we will never have

One Sky Tenure within the Service Coordination Department

Exhibit ZZ

Tenure	Director	Manager	Service Coordinator	Grand Total
Less than 1 Year	1	3	13	17
1 to 5 Years			2	2
5 to 10 Years		1		1
More than 10 Years	1		3	4
Grand Total	**2**	**4**	**18**	**24**

One Sky Employee Turnover
2017

Exhibit ZZ

Payroll Company Code	Payroll Name	File Number	Job Title Description	Hire Date	Termination Date	Termination Reason Description	Years of Service	Payroll Company Code
UES	Felch, Justine	100222	Direct Support Professional - Futures	11/01/2013	10/31/2017	Reorganization	3 year, 11 months	UES
UES	Hughes, Braeden C	000683	Direct Support Professional - Group Home	03/21/2017	10/31/2017	Reorganization	0 year, 7 months	UES
UES	Kenney, Kimberly A	000347	Group Home Home Manager	11/01/2013	10/31/2017	Reorganization	3 year, 11 months	UES
UES	Kenney, Melissa D	000636	Direct Support Professional - Group Home	07/25/2016	10/31/2017	Reorganization	1 year, 3 months	UES
UES	Nardolillo, Tanya S	000361	Group Home Team Leader	11/01/2013	10/31/2017	Reorganization	3 year, 11 months	UES
UES	Rollins, Lauren M	000360	Direct Support Professional - Group Home	11/01/2013	10/31/2017	Reorganization	0 year, 1 month	UES
UES	Rumrill, Andrea L	000516	Direct Support Professional - Group Home	06/02/2015	10/31/2017	Reorganization	2 year, 4 months	UES
UES	Stevens, Jessica	100223	Direct Support Professional - Group Home	02/12/2015	10/31/2017	Reorganization	2 year, 3 months	UES
UES	Witham, Victor S.	000348	Direct Support Professional - Futures	11/01/2013	10/31/2017	Reorganization	3 year, 11 months	UES
UES	Milley, Cynthia	001003	Intake OLD	05/28/2007	11/14/2017	Personal	0 year, 3 months	UES
UES	Robinson, Devyn	000415	Direct Support Professional - Futures	04/14/2014	11/24/2017	New Job	3 year, 7 months	UES
UES	Sayers, Courtney N	000562	In Home Supports Coordinator	11/30/2015	11/28/2017	Resigned	1 year, 11 months	UES
UES	Hayes, Melissa A	000711	Service Coordinator	08/15/2017	12/01/2017	Resigned	0 year, 3 months	UES
UES	Tellier, Cody	000506	Clerical Support	05/11/2015	12/04/2017	Reorganization	2 year, 6 months	UES
UES	Davis, Aprel S.	000304	Service Coordinator	02/19/2013	12/19/2017	Resigned	4 year, 10 months	UES
UES	Falvo, Stefania	000684	Direct Support Professional - Family Hired	03/20/2017	12/22/2017	Personal	0 year, 9 months	UES

One Sky Entry the Turnover

Exhibit C

2019

Payroll Company Code	Payroll Name	File Number	Job Title Description	Hire Date	Termination Date	Termination Reason Description	Years of Service	
UES	Abbott, Lindsey M	000672	Direct Support Professional - Futures	12/27/2016	06/30/2019	Acquisition/Merger	2 year, 6 months	
UES	Ahadi, Dustin	100906	Service Coordination - Admin Assist	11/05/2018	01/18/2019	Performance	0 year, 2 months	
UES	Baker, Ashley	000437	Futures Residential Program Manager	07/15/2014	06/30/2019	Acquisition/Merger	4 year, 11 months	
UES	Beal, Julie A	000609	Nurse Trainer	05/16/2016	06/30/2019	Acquisition/Merger	3 year, 1 month	
UES	Berglund, Lisa	100267	School Transition Coordinator	04/04/2018	06/30/2019	Acquisition/Merger	1 year, 2 months	
UES	Blanchard, Lucinda L	000694	Service Coordinator - High Risk	04/30/2017	03/13/2019	Found a job closer to home	1 year, 10 months	
UES	Blanton, Eva-Marie	100313	Direct Support Professional - Family Hired	12/03/2018	08/16/2019	Medical	0 year, 8 months	
UES	Bockus, Dakota	000898	Futures Case Manager	02/10/2014	06/30/2019	Acquisition/Merger	5 year, 4 months	
UES	Botteri Eaton, Madeline	100324	Direct Support Professional - Futures	01/28/2019	06/30/2019	Acquisition/Merger	0 year, 5 months	
UES	Bunce, Graham R	000704	Futures Director of Services	06/27/2017	06/30/2019	Medical	2 year, 0 month	
UES	Clark, Derec A	000608	Benefits Administrative Support	05/16/2016	07/12/2019	Resigned	3 year, 1 month	
UES	Cote, Shannon M	000667	Service Coordinator - High Risk	12/05/2016	03/08/2019	Resigned	2 year, 3 months	
UES	Crawford, Tracy	100321	Direct Support Professional - Futures	01/01/2019	06/30/2019	Acquisition/Merger	0 year, 5 months	
UES	Davies, Christin M	100262	Record Assistant	03/19/2018	06/30/2019	Layoff	1 year, 3 months	
UES	Dawson, Linda M.	000132	Futures Day/Employment Services Coord (non)	04/19/2010	05/17/2019	Resigned	9 year, 0 month	
UES	DeMarsico, Kaitlyn N	000553	Behavior Specialist	11/09/2015	06/18/2019	Resigned	3 year, 7 months	
UES	DiPiero, Vincent	100333	Chief Financial Officer	05/11/2019	08/16/2019	Resigned	0 year, 5 months	
UES	Durgin, Lynn	100308	Direct Support Professional - Futures	11/05/2018	06/30/2019	Acquisition/Merger	0 year, 7 months	
UES	Ellis, Margaret M	100261	Service Coordinator	02/12/2018	06/07/2019	Resigned	1 year, 3 months	
UES	Gehling, Joshua	000396	Clinical Director	02/03/2014	04/19/2019	Personal	5 year, 2 months	
UES	Ghimire, Bahadur	100342	Direct Support Professional - Futures	04/01/2019	06/30/2019	Acquisition/Merger	0 year, 2 months	
UES	Gleyzer, Diego	100334	Service Coordinator - High Risk	03/11/2019	05/14/2019	Resigned	0 year, 2 months	
UES	Hafner, Rebecca	000444	Service Coordination Team Manager	08/19/2014	04/12/2019	Personal	4 year, 7 months	
UES	Harmon, Brian R	000593	Futures Case Manager	04/04/2016	06/30/2019	Acquisition/Merger	3 year, 2 months	
UES	Hart Newkirk, Tanya L	000154	Service Coordination - Assoc Dir Operations	09/13/2010	02/08/2019	Mutual Agreement	8 year, 4 months	
UES	Kepis, Elizabeth	100340	Service Coordinator	04/01/2019	08/13/2019	Going back to school	0 year, 4 months	
UES	Kelly, Tracey	000447	Direct Support Professional - Family Hired	09/02/2014	04/21/2019	Job abandonment	4 year, 7 months	
UES	King, Martha Fern	100156	Nurse Trainer	08/01/2005	04/23/2019	Personal	0 year, 11 months	
UES	Kistler, Minda M	000647	Senior Accountant/Analyst	09/19/2016	01/25/2019	Personal	2 year, 4 months	
UES	Lipsey, Sarah	100299	Service Coordinator	08/27/2018	04/24/2019	Personal	0 year, 7 months	
UES	MacInnes, Chelsea R	000612	Direct Support Professional - Futures	05/16/2016	01/01/2019	Personal	2 year, 7 months	
UES	Marino, Dianne	100286	Direct Support Professional - Family Hired	06/18/2018	02/01/2019	Mutual Agreement	0 year, 7 months	
UES	Marshall, Kathleen J.	100161	Service Coordinator	11/07/2005	02/16/2019	Deceased	13 year, 3 months	
UES	McDonald, Joyce E	000975	Futures Admin Support	11/06/2013	06/30/2019	Acquisition/Merger	5 year, 7 months	
UES	Moua, Pink	100852	Direct Support Professional - Futures	05/06/2019	06/30/2019	Acquisition/Merger	0 year, 1 month	
UES	Paolini, Michael P	000262	Live in provider	08/06/2012	06/30/2019	Acquisition/Merger	6 year, 10 months	
UES	Parrish-Valfiere, Alexander	000496	Futures Residential Program Manager	04/20/2015	06/30/2019	Acquisition/Merger	4 year, 2 months	
UES	Peasley, Jeannette E	100247	Service Coordinator	11/06/2017	04/21/2019	Personal	1 year, 5 months	
UES	Touhey-Childress, Kelly L.	000531	Futures Residential Program Manager	07/10/2015	06/30/2019	Acquisition/Merger	3 year, 11 months	
UES	Van Der Merwe, Rocco	000080	Chief Financial Officer	01/26/2009	03/22/2019	New Job/ Family reasons	10 year, 1 month	
UES	Zelinka, Robin	000100	Record Assistant	08/17/2009	06/30/2019	Layoff	9 year, 10 months	
UES	Ziemowski, Linda	000067	Direct Support Professional - Futures	10/10/2017	06/30/2019	Acquisition/Merger	1 year, 8 months	
UES	Tustin, Jennifer		Service Coordinator	07/09/2018	10/11/2019	Resigned - Health Issues	1 year, 3 months	UES

Remediation Action #18

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH REMEDIATION RESULTING FROM STAKEHOLDER ENGAGEMENT - SERVICE COORDINATION AND FAMILY SUPPORT

STANDARD

Regulatory	He-M 505.08 (f) Redesignation (see Appendix A, Exhibit 6)
Contractual	None Referenced

FINDING

Employees are clearly committed to the individuals and families served and are struggling with the environment in which they work. It is essential for the Board of Directors to become actively engaged with the employees and the structure of the organization. Employees have communicated that the Board of Directors, that has ultimate fiduciary responsibility for the organization, has not been responsive to employee concerns regarding the work environment. The Board of Directors shall develop comprehensive employee recruitment, retention, and relations plan.

REQUIRED REMEDIATION

18. Provide leadership training and development.

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

One Sky has previously acknowledged the need for leadership training and development and had multiple strategies in this area waiting to be implemented. The first goal in One Sky's 5-Year Strategic Plan for 2017 to 2022 was Leadership and Staff Development. One Sky is an active participant in the CSNI Human Resources meetings and the statewide Training Collaborative.

Since mid-2018, One Sky has had designated senior leadership staff assigned responsibility for the professional and personal development for staff at every level. Initially, our Director of Organizational Development coordinated all professional and personal development. That individual resigned - for health reasons - from his position on September 13, 2019. On October 1, 2019, Victoria Putnam was promoted to the position of Director of Quality Improvement. At that time she assumed responsibility for most of John's staff and leadership development responsibilities.

Currently, responsibilities for staff development at every level are shared by the Director of HR & Administration and the Director of Quality Improvement. These directors meet regularly to discuss current and ongoing development initiatives, prospective development plans, and development opportunities. The HR/Training Assistant position has been created to primarily support these directors in training and development implementation.

Starting in August 2019, all managers, directors, the CFO, and the CEO have been participating in the Leadership Journey, which is a corporate training program developed by Business Training Experts. Bi-weekly for one hour all agency leaders meet to engage and participate with each other and the material, these courses are currently facilitated by the Director of Quality Improvement. The importance of attendance and engagement has been successfully communicated and after five courses in three months, participation is 96%, with courses being made-up in smaller group settings when absences occur. The

EXHIBIT SSS

Great Bay Community College

TRAINING PROPOSAL

ONE SKY COMMUNITY SERVICES

SUPERVISORY SKILLS
&
PROFESSIONAL DEVELOPMENT TRAINING
October 2019

Proposal Team:

Dwyer Vessey, Great Bay Community College

STAFF TRACK

The training for staff members will include modules on communication strategies, critical thinking, problem solving and decision-making, building better teams, critical elements of customer service, conflict resolution, business ethics, and workplace sensitivity. Dwyer Vessey will provide 21 hours of training in seven 3-hour sessions. One Sky intends to enroll 19 employees in the course that makes up this non-credit certificate program. It is understood that this training will be at Great Bay Community College. This track will begin one week after the supervisory track and meet on Wednesdays 2:30-5:30pm.

DELIVERABLES

Great Bay Community College is prepared to deliver the following:

1. Content training for up to 19 One Sky employees.
2. Content training design including hands-on exercises to transfer classroom learning to on the job requirements.
3. Preparation and oversight of appropriate training facilities at Great Bay Community College.
4. Continuous review of training program success and intervention if needed.
5. Educational record of participation for each employee.
6. Certificate of training from Great Bay Community College for each employee upon successful completion.

BUDGET

Training Cost for seven (7) Directors

Training Cost Detail	Total	Company	Grant
Instructor Fees	$452	$226	$226
Books/Other Fees	$200	$100	$100
Classroom Supplies	$208	$104	$104
Equipment Rental	$0	$0	$0
Facility Rental	$0	$0	$0
Program Development	$90	$45	$45
TOTAL	$950	$475	$475

Training Cost for nineteen (19) Staff

Training Cost Detail	Total	Company	Grant
Instructor Fees	$2200	$1100	$1100
Books/Other Fees	$540	$270	$270
Classroom Supplies	$520	$260	$260
Equipment Rental	$0	$0	$0
Facility Rental	$0	$0	$0
Program Development	$440	$220	$220
TOTAL	$3700	$1850	$1850

Exhibit T

One Sky Community Services, Inc.

INDIVIDUAL STAFF PERFORMANCE
&
DEVELOPMENT PLANNING GUIDE

GUIDELINES FOR USE

One Sky Community Services, Inc.

INDIVIDUAL STAFF PERFORMANCE & DEVELOPMENT PLANNING

GUIDELINES FOR USE

INTRODUCTION:

One of the primary responsibilities of a Supervisor is to review the performance of assigned personnel in order to foster personal growth and development through counseling and guidance. Our Individual Staff Performance and Development Planning Program provides each Supervisor with the means to accomplish a plan that is meaningful to the individual and the organization. It establishes guidelines for the periodic review of staff job descriptions and work performance; it enables the Supervisor to objectively discuss individual work performance with employees; and, most importantly, it assists the Supervisor in counseling individual employees, using a cooperative approach to the improvement of individual work performance as well as agree upon development activities to enhance skills, knowledge and capabilities.

The Individual Staff Performance and Development Plan form used in this program provides the Supervisor with objective criteria that are essential to effective employee development. In addition, the evaluation form serves as a guide to the Supervisor in the development of his or her understanding and ability in measuring individual work performance.

Of primary importance is the employee performance evaluation discussion meeting, for it provides Supervisor and Employee with the opportunity to meet to discuss departmental goals and objectives. The Supervisor can then assist each employee individually with the formulation of a mutually agreed upon plan for employee growth and development, and subsequently provide support to each Employee in their efforts to achieve these objectives.

In summary, the primary objectives of an Individual Staff Performance and Development Plan are:

1. To allow each Employee the opportunity for a frank and open discussion of their position, work performance, and general aspirations;
2. To inform each Employee of their Supervisor's evaluation of their work performance;
3. To provide each Employee with the opportunity to discuss and participate in the development of a plan to improve their performance and develop their potential; and,
4. To define actions the Supervisor can take to encourage and assist the Employee in improvement and the development of individual performance and capabilities.

4. The Performance Evaluation Form.

The Individual Staff Performance and Development Plan is made up of six distinct parts:

Part 1: requires the Supervisor and employee to review the entire job description to discuss the priority order the major responsibilities of the position from the job description, to note any potential changes that should be made, and to have a discussion regarding how effectively they executed the requirements of their position.

Part 2: This space is provided for explanation and examples regarding the results and accomplishments achieved by the Employee during the evaluation period. Each discussion point should be identified and rated by checking one of the three rating comments: Exceeds Expectations; Meets Expectations; or, Needs Improvement.
There is also a space for specific comments from the immediate supervisor to address significant accomplishments or needed areas for focused improvement.

Part 2 should be completed by the Supervisor prior to the evaluation discussion meeting with the Employee. Managers/Supervisors are expected to discuss performance of the Employee with the responsible Manager or other Senior Level Employees (as appropriate) before completing the form.
Note: It is also recommended that supervisors solicit input from at least one peer from the immediate group; another that the employee may interact with on a regular basis; a manager or director from another function that may interact with the specific employee; possibility a client or two as well.

Part 3: Focuses on the Personal Development Goals for the Employee. These goals should be specific methods to strengthen or improve competencies required for their current job and their future development (related to career growth within the organization and/or the industry). Use the SMART (Specific, Measurable, Achievable, Relevant, Timely (or Time Framed) model to design/define goals. See attached SMART Goal Worksheet at the end of this document.
The SMART Goal Worksheet should also be provided to the employee to allow them to identify their goals to be included in the discussion.

Part 4: Reviews performance on previous Personal Development & Organizational Goals. Each goal should be discussed in terms of relevance, completion, resources utilized, impact on the individual, group and/or organization. If a goal was not completed, it should be reviewed against the SMART model and determine if it is still viable and relevant.

Upon conclusion of the performance evaluation discussion meeting, the Supervisor finalizes the Performance Evaluation Form and the Employee is given the opportunity privately to make comments about the review in Part 6 of the Form.

The Employee should then sign the review form in the appropriate place, indicating that he or she has seen it and has reviewed it with the Supervisor who wrote it. Signature by the Employee does not indicate that the Employee agrees with the review. It simply indicates that the Employee has participated in the evaluation discussion meeting and has seen the completed evaluation. Documentation prepared by the Employee can be attached, if desired.

6. Form Distribution:

After completing the form, the Supervisor reviews its contents with the next level of management. Reviews at this level (and revisions if necessary) are performed to ensure consistency of evaluation standards across the agency. Any changes to the documentation should also be reviewed with the Employee. If there are significant changes due to the conversation with the higher level manager, the Employee should initial any/all changes to acknowledge that they were informed of the change.

After completion of the performance evaluation discussion meeting between the Supervisor and the Employee, the signed review form is then forwarded to the Executive Director for review and signature.

The completed employee performance evaluation form is then retained in the Employee's personnel file and a photocopy provided to the Employee and a final signed copy is provided to the Employee.

Employees having serious disagreement with their evaluation may arrange an appointment for discussion with the next level of management.

CONCLUSION:

The true significance of an employee performance evaluation and development program is that it provides for open communication between Supervisors and employees. The success of the program depends largely upon the Supervisor's willingness to listen, his or her ability to communicate clearly both the desire to be of assistance to the employee and to listen to their opinions. Success of the program also depends on the Supervisor's determination in providing support and follow-up on elements of the Program for Future Development developed during the evaluation discussion meeting.

This goal is important because:

The benefits of achieving this goal will be:

Take Action!

Potential Obstacles	Potential Solutions

Who are the people you will ask to help you?

What resources will you need to accomplish this goal? (time, funding, training, etc.)

Specific Action Steps: *What steps need to be taken to get you to your goal?*

What?	Expected Completion Date	Completed

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Exhibit VV

One Sky Community Services
Individual Goals for
Tina Holmes
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
1h			Ensure that all employees are trained to fully utilize new technology (hardware and software) that must be deployed.
1i			Identify successor for self and individuals reporting to you.

Exhibit VV

One Sky Community Services
Individual Goals for
Tina Holmes
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
3	Stronger Service Provider Partnerships	Strengthen and Improve Stakeholder Engagement and Collaboration	
3a			Collaborate with service providers on staffing and training

Exhibit VV

One Sky Community Services
Individual Goals for
Tina Holmes
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
5	More Productive Engagement with Other Stakeholder	Strengthen and Improve Stakeholder Engagement and Collaboration	
5a			Reach out to senior HR Person at each of our Service Providers to open up a dialogue about the shared workforce challenges that we and they face. Determine how we can work together and collaborate on recruiting and training.

Exhibit VV

One Sky Community Services
Individual Goals for
Keryn Bernard-Kriegl
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
1	Greater Employee Retention / Development	Leadership and Staff Development	
1a			Work with the Director of HR and Administration to ensure that training materials for Service Coordinators are current and up-to-date.
1b			No service coordinator position will be open for longer than 2 weeks between when one service coordinator leaves and a new service coordinator is hired and starts.
1c			Every new hire will complete all required orientation training within their first six months of service.
1d			Every employee with more than six months of service will have an approved individual development plan.
1e			Every employee with receive an initial performance evaluation after their first six months and then annually thereafter.
1f			Integrate ITS Service Coordination Team into Service Coordination Department
1f			Identify successor for self and each manager reporting to you.

Exhibit VV

One Sky Community Services
Individual Goals for
Keryn Bernard-Kriegl
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
3	Stronger Service Provider Partnerships	Strengthen and Improve Stakeholder Engagement and Collaboration	
3a			Active participant in quarterly vendor meetings
3b			Meet one-on-one with senior program manager(s) at each vendor at least once a year; more frequently with largest service providers (e.g. Easter Seals, Living Innovations, CIS).
3c			Continue to invite all service providers to meet with service coordinators to improve understanding of their capabilities and understand challenges they are facing that we can/should advocate for on their behalf
3d			Work with Manager of Quality Innovation to finalize and implement new and consistent RFP process with all service providers

Exhibit VV

One Sky Community Services
Individual Goals for
Keryn Bernard-Kriegl
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
4e			Work with Director of HR and Administration to ensure that all of the individuals we hire to work in self-directed (PDMS / IHS) arrangements receive the appropriate training.
4f			Work with Director of HR and Administration to ensure that all self-Directed clients can be contacted by 1/1/20 so that they can make a determination before their current ISA expires whether they want to continue receiving "Employee of Record" services from us .

Exhibit VV

One Sky Community Services
Individual Goals for
Keryn Bernard-Kriegl
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
6	Improved internal communications and dialogue	Leadership and Staff Development	
6a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement
6b			Work with the CFO to break down barriers between the Service Coordination and Finance Departments and resolve issues in "real time"
6c			Expand working relationship with the Board of Directors collectively (at meetings) and individually as opportunity presents itself

Exhibit VV

One Sky Community Services
Individual Goals for
John Moran
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
2	Improved Financial Performance		
2a			Ensure that billing/receivable and invoice processing/payable systems and procedures are aligned so that we are assured that cash has been received before payments are made
2b			Accurately track and report on all known lapses in payments associated with services not delivered.
2c			Review - at time of renewals - all budgets for services to be delivered to ensure that we are capturing all available revenues (e.g. GM, case management, nursing etc.)
2d			Assume responsibility for Rep-Payee Function by 1/1/20 and develop strategy on whether or not to continue providing Rep-Payee services by 4/1/20; implement recommendation by 7/1/10.
2e			Explore sale or sale/lease-back of four homes we own. Goal is to generate cash and eliminate any operating deficit.
2f			Provide more timely and accurate management reporting to other members of leadership team.
2g			Evaluate whether the continued delivery of Financial Management Services (FMS) to PDMS / IHS families will be sustainable once new rates have been set.

Exhibit VV

One Sky Community Services
Individual Goals for
John Moran
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration	
4a			Ensure that reports provided to all PDMS / IHS families are consistently accurate, timely and up-to-date.

Exhibit VV

One Sky Community Services
Individual Goals for
John Moran
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal	Completion By
6	Improved internal communications and dialogue	Leadership and Staff Development		
6a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement	
6b			Work with the Director of Service Coordination to break down barriers between the Service Coordination and Finance Departments and resolve issues in "real time"	
6c			Expand working relationship with the Board of Directors collectively (at meetings) and individually – particularly with members of the Finance Committee - as opportunity presents itself	

Exhibit VV

One Sky Community Services
Individual Goals for
Victoria Putnam
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
2	Stronger Service Provider Partnerships	Strengthen and Improve Stakeholder Engagement and Collaboration	
2a			Schedule and lead quarterly All Vendor Meetings
2b			Work with Director of Service Coordination to finalize and implement new and consistent RFP process with all service providers.
2c			Engage with all Service Providers to see how we can simplify and improve processes that we share with them.
2d			Engage with service providers to see how we might share our training efforts with them and vice versa.

Exhibit VV

One Sky Community Services
Individual Goals for
Victoria Putnam
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
4	Improved internal communications and dialogue	Leadership and Staff Development	
4a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement

Exhibit VV

One Sky Community Services
Individual Goals for
Lenore Sciuto
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
2	Improved Financial Performance		
2a			95% billing for all potential case management revenues
2b			Reduce the number of PA Changes (if we plan ahead and make changes at the time of renewal, it will reduce workload and reduce pending claims)
2c			Submit 100% of PA Renewals to BDS at least 45 days prior to PA Renewal Date (will reduce pending claims)
2d			No starts for new services without approved PA in place
2e			PA for all crisis request submitted to BDS within 2 weeks of crisis being identified.
2f			Ensure that all SSL needs are accurately identified, all available dollars are allocated appropriately and that approved PA's are in place before any spending commitments are made.
2g			Ensure that policies and procedures are in place to ensure that 100% of all available respite dollars are allocated and spent appropriately.
2h			Collaborate as necessary with CFO to ensure that ESS Service Providers are appropriately reimbursed for services they provide as our subcontractors

Exhibit VV

One Sky Community Services
Individual Goals for
Lenore Sciuto
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration	
4a			Ensure that we have a valid address and phone number and -- where available – email address for every individual we serve and their guardian(s)
4b			Work with Director of Outreach and Development to develop ways to connect with families of individuals between birth and age 3 who we serve through our ESS subcontractors, so that they understand who we are and our involvement.
4c			Personally reach and contact at least 1 individual/guardian per month served by ITS Team to connect with them on a personal level and assess their overall satisfaction with the services we are providing. Develop and implement appropriate responses as necessary.

Exhibit VV

One Sky Community Services
Individual Goals for
Lenore Sciuto
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
6	Improved Internal communications and dialogue	Leadership and Staff Development	
6a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement
6b			Expand working relationship with the Board of Directors collectively (at meetings) and individually as opportunity presents itself

Exhibit VV

One Sky Community Services
Individual Goals for
Billie Tooley
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
2	Improved Financial Performance		
2a			Continue to raise money for the Readiness Fund
2b			Identify potential funding streams for technology upgrades that we will be required to make after January 1, 2020.

Exhibit VV

One Sky Community Services
Individual Goals for
Billie Tooley
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration	
4a			Work with Director of Service Coordination and the Director of HR and Administration to ensure that we have one central database of contact information that is updated routinely and used for all correspondence
4b			Work with Director of Service Coordination to develop and send out a quarterly newsletter to all individuals we serve and their guardians.
4c			Continue to work closely with the Family Support Advisory Council to improve their outreach activities.

Exhibit VV

One Sky Community Services
Individual Goals for
Billie Tooley
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Individual Goal
6	Improved internal communications and dialogue	Leadership and Staff Development	
6a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement
6b			Expand working relationship with the Board of Directors collectively (at meetings) and individually as opportunity presents itself

One Sky Community Services
Cascading Organizational Goals
Cara Baker
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Cara Baker
2	Improved Financial Performance			
2a			95% billing for all potential case management revenues	• Review progress with supervisees at least 2x month
2b			Reduce the number of PA Changes (if we plan ahead and make changes at the time of renewal, it will reduce workload &reduce pending claims)	• Review caseloads with supervisees at least 2x month
2c			Submit 100% of PA Renewals to BDS at least 45 days prior to PA Renewal Date (will reduce pending claims)	• Review progress with supervisees at least 2x month • Review PA Renewals and submit to Director within 5 days
2d			No starts for new services without approved PA in place	• Educate supervisees and hold accountable for accurately communicating the process for securing funding and starting /changing programs
2e			PA for all crisis requests submitted to BDS within 2 weeks of crisis being identified.	• Review WL & Crisis request forms • Participate in WL & Crisis review team. • Review PA packets within 3 business days of approval from committee

One Sky Community Services
Cascading Organizational Goals
Cara Baker
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Cara Baker
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration		
4a			Ensure that we have a valid address and phone number and – where available – email address for every individual we serve and their guardian(s)	• Train and support supervisees in gathering demographic information and following the HRST process to ensure the information is available
4b			Work with Director of Outreach and Development and the Director of HR and Administration to ensure that we have one central database of contact information that is updated routinely and used for all correspondence	• Train and support supervisees in gathering demographic information and following the HRST process to ensure the information is available
4b			Work with Director of Outreach and Development to send out quarterly newsletter to all individuals we serve and their guardians.	• Participate in the creation and dissemination as directed
4c			Review, monitor and improve Quarterly Satisfaction Survey results	• Train and support supervisees in completing QSS • Review results with director and make plans for improvement
4d			Personally, reach out and contact at least 5 individuals/guardians per month to connect with them on a personal level and assess their overall satisfaction with the services we are providing. Develop and implement appropriate responses as necessary.	• Have conversations directly with families and guardians when they reach out to you, you see them at One Sky Events and when your supervisees ask you to be involved.

One Sky Community Services
Cascading Organizational Goals
Cara Baker
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Cara Baker
6	Improved internal communications and dialogue	Leadership and Staff Development		
6a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement	• Participate in SC managers and directors team meeting • Participate in agency meetings as directed • Build strong collaborative relationships with all One Sky departments • Foster positive mission-focused culture which includes clear, respectful, timely communication and collaboration

One Sky Community Services
Cascading Organizational Goals
Anthony MacConnell
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Anthony MacConnell
2	Improved Financial Performance			
2a			95% billing for all potential case management revenues	• Review progress with supervisees at least 2x month
2b			Reduce the number of PA Changes (if we plan ahead and make changes at the time of renewal, it will reduce workload &reduce pending claims)	• Review caseloads with supervisees at least 2x month
2c			Submit 100% of PA Renewals to BDS at least 45 days prior to PA Renewal Date (will reduce pending claims)	• Review progress with supervisees at least 2x month • Review PA Renewals and submit to Director within 5 days
2d			No starts for new services without approved PA in place	• Educate supervisees and hold accountable for accurately communicating the process for securing funding and starting /changing programs
2e			PA for all crisis requests submitted to BDS within 2 weeks of crisis being identified.	• Review WL & Crisis request forms • Participate in WL & Crisis review team. • Review PA packets within 3 business days of approval from committee

One Sky Community Services
Cascading Organizational Goals
Anthony MacConnell
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Anthony MacConnell
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration		
4a			Ensure that we have a valid address and phone number and – where available -- email address for every individual we serve and their guardian(s)	• Train and support supervisees in gathering demographic information and following the HRST process to ensure the information is available
4b			Work with Director of Outreach and Development and the Director of HR and Administration to ensure that we have one central database of contact information that is updated routinely and used for all correspondence	• Train and support supervisees in gathering demographic information and following the HRST process to ensure the information is available
4b			Work with Director of Outreach and Development to send out quarterly newsletter to all individuals we serve and their guardians.	• Participate in the creation and dissemination as directed
4c			Review, monitor and improve Quarterly Satisfaction Survey results	• Train and support supervisees in completing QSS • Review results with director and make plans for improvement
4d			Personally, reach out and contact at least 5 individuals/guardians per month to connect with them on a personal level and assess their overall satisfaction with the services we are providing. Develop and implement appropriate responses as necessary.	• Have conversations directly with families and guardians when they reach out to you, you see them at One Sky Events and when your supervisees ask you to be involved.

One Sky Community Services
Cascading Organizational Goals
Anthony MacConnell
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Anthony MacConnell
5	More Productive Engagement with Other Stakeholders	Strengthen and Improve Stakeholder Engagement and Collaboration		
5a			Reach out and develop relationship with appropriate senior contacts at three MCO's	• Participate in local meetings as directed • Reach out to peers when needed • Provide information to peers when requested
5b			Reach out and develop relationship with appropriate senior contacts at Seacoast Mental Health	• Participate in local meetings as directed • Reach out to peers when needed • Provide information to peers when requested
5c			Reach out and develop relationship with appropriate senior contacts at Portsmouth Hospital and Exeter Hospital	• Participate in local meetings as directed • Reach out to peers when needed • Provide information to peers when requested
5d			Continue to reach out to peers at other Area Agencies to strengthen understanding of DD system and applicable regulations	• Participate in statewide meetings as directed • Reach out to peers when needed • Provide information to peers when requested
5e			Continue to reach out to appropriate individuals within NH BDS and NH DHHS to strengthen relationships.	• Participate in state meetings as directed • Reach out to DHHS/BDS when needed • Provide information to DHHS/BDS when requested

One Sky Community Services
Cascading Organizational Goals
Krista Sorel
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Krista Sorel
1	Greater Employee Retention / Development	Leadership and Staff Development		
1b			No service coordinator position will be open for longer than 2 weeks between when one service coordinator leaves and a new service coordinator is hired and starts.	• Develop relationships with supervisees and regularly discuss job satisfaction and career development plans • Discuss potential staff departures and staffing needs with Director • Participate in interview process
1c			Every new hire will complete all required orientation training within their first six months of service.	• Work with HR assistant to schedule shadowing, training, etc. • Meet weekly with supervisee to review orientation progress
1d			Every employee with more than six months of service will have an approved individual development plan.	• Create PDP with supervisees at their six-month review
1e			Every employee will receive an initial performance evaluation after their first six months and then annually thereafter.	• Complete eval on time for supervisees
1g			Identify successor for self and each manager reporting to you.	• Identify and invest in supervisees with potential to become team manager by supporting training and creating leadership opportunities within their current position

One Sky Community Services
Cascading Organizational Goals
Krista Sorel
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Krista Sorel
3	Stronger Service Provider Partnerships	Strengthen and Improve Stakeholder Engagement and Collaboration		
3c			Continue to invite all service providers to meet with service coordinators to improve understanding of their capabilities and understand challenges they are facing that we can/should advocate for on their behalf	• Build positive relationships with Individual Vendor representatives • Support supervisees in building positive relationships with individual vendor representatives
3d			Work with Manager of Quality Innovation to finalize and implement new and consistent RFP process with all service providers	• Provide technical assistance with RFP process when needed

One Sky Community Services
Cascading Organizational Goals
Krista Sorel
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Director Goal Keryn Bernard-Kriegl	Team Manager Krista Sorel
6	Improved internal communications and dialogue	Leadership and Staff Development		
6a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement	• Participate in SC managers and directors team meeting • Participate in agency meetings as directed • Build strong collaborative relationships with all One Sky departments • Foster positive mission-focused culture which includes clear, respectful, timely communication and collaboration

One Sky Community Services
Individual Goals for
Sharon Richey
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Departmental Goals	Individual Goals
2	Improved Financial Performance			
2a			95% billing for all potential case management revenues	• Review progress with Supervisees at least t 2x month
2b			Reduce the number of PA Changes (if we plan ahead and make changes at the time of renewal, it will reduce workload and reduce pending claims)	• Review caseload with Supervisees at least 2x month
2c			Submit 100% of PA Renewals to BDS at least 45 days prior to PA Renewal Date (will reduce pending claims)	• Review progress with supervisees at least 2x month • Review PA renewals and submit to director within 5 business days
2d			No starts for new services without approved PA in place	• Educate supervisees and hold accountable for accurately communicating the process for securing funding and starting/changing programs
2e			PA for all crisis request submitted to BDS within 2 weeks of crisis being identified.	• Review WL and Crisis request forms • Participate in WL and Crisis review team • Review PA packet within 3 business days of approval from committee

One Sky Community Services
Individual Goals for
Sharon Richey
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Departmental Goals	Individual Goals
4	Greater Engagement with / Advocacy on Behalf of Individuals we Serve	Strengthen and Improve Stakeholder Engagement and Collaboration		
4a			Ensure that we have a valid address and phone number and – where available – email address for every individual we serve and their guardian(s)	• Train and support supervisees in gathering demographic information and following the HRST process to ensure the information is available
4b			Work with Director of Outreach and Development to develop ways to ensure that we have one central database of contact information that is updated routinely and used for all correspondence	• See above
4c			Work with director of Outreach and development to send out quarterly newsletter to all individuals we serve and their guardians	• Participate in the creation and dissemination as directed
4d			Review, monitor and improved Quality Satisfaction Survey results	• Train and support supervisees in completing QS • Review results with director
4e			Personally reach out and contact at least 5 individuals/guardians per month to connect with them on a personal level and assess their overall satisfaction with the services we are providing. Develop and implement appropriate responses as necessary	• Have conversations directly with families and guardians when reach out to you, you see them at One Sky evens and when your supervisor asks you to be involved.

One Sky Community Services
Individual Goals for
Sharon Richey
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Departmental Goals	Individual Goals
6	Improved internal communications and dialogue	Leadership and Staff Development		
6a			Continue to develop and strengthen your working relationship with other members of the Senior Leadership Team; goal should be to resolve as many issues directly with your peers without needing CEO involvement	• Participate in SC managers and directors team meeting • Participate in agency meetings as directed • Build strong collaborative relationships with all One Sky departments • Foster positive mission-focused culture which includes clear, respectful, timely communication and collaboration
6b			Expand working relationship with the Board of Directors collectively (at meetings) and individually as opportunity presents itself	

One Sky Community Services
Individual Goals for
Denise Larsen
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Departmental Goal	Individual Goal
1h			Ensure that all employees are trained to fully utilize new technology (hardware and software) that must be deployed.	
1i			Identify successor for self and individuals reporting to you.	

One Sky Community Services
Individual Goals for
Denise Larsen
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Departmental Goal	Individual Goal
3	Stronger Service Provider Partnerships	Strengthen and Improve Stakeholder Engagement and Collaboration		Denise will continue to strengthen her relationships with Provider agencies, individuals we serve, family members and her counter parts across the state.
3a			Collaborate with service providers on staffing and training	

One Sky Community Services
Individual Goals for
Denise Larsen
For Fiscal Year 2020

#	FY 20 Organizational Goal	Alignment with Strategic Plan Priority	Departmental Goal	Individual Goal
5	More Productive Engagement with Other Stakeholder	Strengthen and Improve Stakeholder Engagement and Collaboration		
5a			Reach out to senior HR Person at each of our Service Providers to open up a dialogue about the shared workforce challenges that we and they face. Determine how we can work together and collaborate on recruiting and training.	
				Denise will update Rep-payee documentation on how her job and those she supervises is performed.

M.	Date	Leadership Journey Topic	Facilitator	Attendees											
			Victoria Putnam	*Chris Muns*	*Tina Holmes*	*Billie Tooley*	*John Moran*	*Keryn Bernard-Kriegl*	*Lenore Sciuto*	*Cara Baker*	*Anthony MacConnell*	*Sharon Richey*	*Denise Larsen*	*Krista Sorel*
1	8/27/2019	First Things First: Building Key Leadership Skills	Attendee	X	X	X	X	X	X	X	X	X	X	X
2	9/10/2019	Six Fundamental Characteristics of the Best Workplace Leaders	X	X	X	X	X		X	X	X	X	X	X
3	9/24/2019	Giving Crystal-Clear Instructions that Result in Action Without Any Misunderstanding	X	X	9/26/2019	9/26/2019	X	X	X	X	X	X	X	X
4	10/8/2019	How to Hold Employees Accountable for Their Performance	X	X	X	X	X	X	X	X	X	10/21/2019	10/15/2019	X
7	10/22/2019	Effective Interpersonal Communication Skills for Leaders	X	X	X	X		X	X	X	X	X	X	X
8	11/14/2019	Attitude Adjustment Strategies that Turn Setbacks into Opportunities												
5	11/26/2019	Key Listening Strategies for Leaders												
6	1/7/2020	How to Handle Troubled Employees: Identify Them and Prevent Trouble												
9	1/21/2020	Building Trust and Respect: How to Earn the Right to Speak and be Heard												
10	2/4/2020	How to Give Feedback Without Causing Defensiveness												
11	2/25/2020	Building Accountability and Trust With Positive Confrontation												
12	3/3/2020	Twenty One Career Accelerators												

Date	Leadership Journey Topic - Level 2		
4/14/2020	How to Unleash the Power Within You		
4/21/2020	How to Manage Emotions in Heated Conversations		
4/28/2020	How to Motivate Poor Employees (and everybody else too)		
5/12/2020	Boosting Team Productivity		
5/19/2020	How to Give Bad News with Clarity and Grace		
5/26/2020	Leading the Younger Generation		
6/9/2020	How to Lead More Experienced Employees		
6/16/2020	Resilience: Beyond Change Management		
6/23/2020	Managing Unacceptable Behavior		
6/14/2020	Essential Skills for Rebuilding Difficult Relationships		
6/21/2020	The Confidence Zone		
6/28/2020	Performance Coaching		

Remediation Action #19

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH REMEDIATION RESULTING FROM STAKEHOLDER ENGAGEMENT DISPUTE RESLOUTION POLICY

STANDARD

Regulatory	He-M 505.08 (f) Redesignation (see Appendix A, Exhibit 6)
Contractual	None Referenced

FINDING

It is essential for the Board of Directors to become actively engaged with the employees and structure of the organization. Employees have communicated that the Board of Directors, that has ultimately fiduciary responsibility for the organization have not been responsive to employee concerns regarding the work environment.

REQUIRED REMEDIATION

19. Create a dispute resolution policy for employees, which includes meeting with a subset of the board, if the employee requests

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

One Sky has two policies in place to address Employee Grievances and Harassment in the Workplace. These have been approved by the Board of Directors and every employee has received a copy. Each of them lays out exactly how any grievance or alleged harassment should be reported.

We understand and acknowledge that employees must have a vehicle to express any grievances or issues they might have. We believe that those two policies provide them with that outlet. In fact, they have been the policies that employees with recent concerns have followed.

We have, however, as part of a thorough review of our Employee Handbook, updated those policies to now also include a hierarchy that includes the Board of Directors in reviewing and participating in these investigations conducted by the HR Department. The Board of Directors were always informed for any investigation in the past that had to do with Senior Leadership and are contacted initially, kept in the loop during the investigation and when it has been warranted been present at the meeting with staff on the resolution. One Sky has now put this in writing and will continue to follow this process.

One Sky has also established an employee relations committee which is made up of individuals from every department in the agency and every level, including administrative staff, Service Coordination, Business Office, HR and Quality Improvement, as well as a member of the Board of Directors. This committee will meet quarterly - or more frequently as needed – will report to the Board of Directors at a minimum twice a year, unless something arises that warrants their attention sooner than the bi-annual meeting. Minutes of these meeting will be available for all who request them.

These updated policies and establishment of the Employee Relations Committee are included as part of the updated Employee Handbook (see Exhibit RRRR) which the Board of Directors approved on

EMPLOYEE HANDBOOK

PERSONNEL POLICIES AND PRACTICES

ONE SKY COMMUNITY SERVICES INC.
755 Banfield Road, Suite 3
Portsmouth, NH 03801
603-436-6111
800-660-4103 fax 603-436-4622

11/11/2019

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Hiring

A. Equal Employment Opportunity

It is the policy of the Company to provide equal opportunity in employment to all employees and applicants for employment without regard to race, color, creed, religion, age, sex or gender (including pregnancy, childbirth and related medical conditions), gender identity, sexual orientation, marital status, national origin, ancestry, citizenship, physical or mental disability, genetic information, military service or veteran status or other criteria protected by applicable federal, state or local laws and ordinances.

This policy applies to all terms, conditions, and privileges of employment and all policies of the Company, including but not limited to hiring, introductory period, training, orientation, placement and employee development, promotion, transfers, compensation, benefits, educational assistance, social and recreation programs, employee facilities, termination, and retirement.

Anyone with questions or concerns about equal employment opportunities in the workplace should immediately contact the Director of Human Resources or any other supervisor of the Company with whom you feel comfortable. The Company will not tolerate retaliation against any employee who raises questions or concerns about equal employment opportunities in the workplace, or participates in an investigation of a complaint of a violation of this policy. Please refer to the Discrimination, Harassment & Retaliation Prevention Policy for additional information regarding discrimination and retaliation including the relevant complaint procedure.

B. Recruitment and Selection

The Board shall hire the Chief Executive Officer.

The CEO or his/her designee shall make staff appointments.

Appointment to a position shall be in writing, with specific terms of employment set forth in a letter from the CEO to the employee.

All vacant positions are initially posted within the agency. Qualified employees who are interested are encouraged to apply. At the discretion of the CEO or his/her designee, the position may be advertised outside the agency.

All resumes of candidates for a position will be reviewed by the HR staff and vetted prior to an interview being initiated.

C. Pre-employment screening

All new hires will be subject to a Criminal History Record check, Driver Record Check from the State of most recent residence, a NH BEAS check and any other required character checks. Employment may begin upon satisfactory results. One Sky reserves the right to perform these checks at any time during the course of employment. Proof of valid driver's license and ongoing auto insurance coverage must be submitted at each renewal date(s) of coverage.

I. References / Employment Confirmation

All requests for staff employment confirmation and references are directed to the HR Office. Dates of employment and job title are confirmed. Any information requested beyond that will be addressed with an authorization form from the employee for release of personnel information.

Compensation

J. Overtime Pay

Non-exempt employees will receive overtime pay at 1½ times their regular pay in accordance with applicable laws. All work performed in excess of 40 hours per week will be considered when calculating hours worked for overtime purposes. (Any overtime must be pre-approved by employee's Department Manager.) Exempt employees are not eligible for overtime pay. Days not actually worked, such as holidays and/or earned time will not be counted for computing overtime.

No employee should work overtime unless specifically requested or authorized to do so by his/her supervisor.

L. Pay Periods

There are twenty-six bi-weekly pay periods each year. They begin at 12:00 AM Monday morning and end at 11:59 PM Sunday night two weeks later. The Finance Office issues payroll checks at 9:00 AM on the Friday following the close of each pay period. If a holiday or absence prevents the creation or distribution of paychecks on Friday, they will be issued on Thursday.

The New Hampshire Department of Labor permits these deductions, and requires employers to provide employees with notice of the other circumstances in which payroll deductions are permitted by law. Payroll deductions are also permitted for the following (and we recognize that not all of the following apply in our workplace, but we are providing the whole list as required by the Department of Labor): installment payments of legitimate loans made by the employer to the employee; repayment of accidental overpayments made to the employee; repayment of advances on vacation or other paid time off; required clothing not considered to be uniforms; voluntary rental fees for non-required clothing; voluntary cleaning of uniforms and non-required clothing; medical, surgical, hospital, and other group insurance benefits having no financial advantage for the employer; the use of a demonstrator vehicle as defined in RSA 261:111; payments into savings funds held by someone other than the employer; housing and utilities; strictly voluntary contributions to charity; union dues; and health, welfare, pension and apprenticeship fund contributions; voluntary contributions into cafeteria plans or flexible benefit plans, or both, as authorized by section 125 or section 132 of the Internal Revenue Code; voluntary payments by the employee for the following: child care fees by a licensed child care provider, parking fees, and/or pharmaceutical items, gift shop, and cafeteria items purchased on the site of a hospital by hospital employees; recovery of tuition for non-required educational costs; payments for the employee's use of a qualifying health or fitness facility; contributions to a political action committee; and for any purpose on which the employer and employee mutually agree that does not grant financial advantage to the employer, other than to purchase items required in the performance of an employee's job in the ordinary course of the operation of the business.

Pay Deductions For Exempt Employees: The Company complies with all federal and state laws with regard to deductions from paychecks, including deductions from the salaries of exempt employees. In accordance with the laws, salaried exempt employees receive a predetermined salary which is not subject to reduction because of variations in the quality or quantity of work performed, and is not subject to reduction for absences requested by the Company or due to the operating requirements of the Company. The Company recognizes that under federal and state law there are only limited reasons for which an exempt employee's salary for a pay period can be subject to deductions. The Company prohibits deductions from salaries that are inconsistent with an employee's exempt status.
Exempt employees should note that salaries are subject to modification from time to time such as at compensation review time, when an employee's position or responsibilities change, and at other appropriate times. Exempt employees should also note that it is permissible by law for the Company to apply earned time and other forms of paid time off to partial or full day absences for personal reasons, sickness, or disability, and that applying paid time is not considered a deduction from salary.

O. Change in Rate of Pay

All changes in pay rates must be decided upon by the CEO and confirmed in a letter from the CEO to the employee and signed by both parties. A copy of the letter must be provided to the Human Resources Office along with a Personnel Change Report (PCR) to effect the rate change and for inclusion in the employee's personnel file.

Orientation Period (continued)

B. New Employee

All new employees will be on new employment status for six months or until a satisfactory written performance appraisal has been completed, whichever occurs later. The orientation period may be extended at the discretion of the employees supervisor and with agreement from the CEO. New employees on orientation status accumulate benefits. If an employee terminates prior to the completion of the orientation period, accrued earned time will be paid at the time the person leaves.

C. Appointment to New Position

If an employee's position within the Agency is changed, he/she is once again on an orientation status for six months and until a satisfactory written performance appraisal and development plan has been completed.

Employment Status

EMPLOYMENT CLASSIFICATION:

All employees fall within one of the following classifications:

Non-Exempt: Non-Exempt employees are employees who are covered by (and not exempt from) the overtime provisions of the Fair Labor Standards Act. Non-Exempt employees are typically compensated on an hourly basis and receive overtime pay for hours worked in excess of forty (40) hours in a workweek.

Exempt: Exempt employees are employees who qualify based on their salaries and job responsibilities as exempt from the overtime provisions of the Fair Labor Standards Act. Exempt employees do not receive overtime pay as their salaries represent compensation for all work performed in a pay period. Exempt employees are expected to work the hours necessary to satisfactorily perform the expectations of their positions; typically this involves working no less than and often more than, 40 hours in a given workweek.

An employee's status as non-exempt or exempt may change based on the employee's position. Changes may only be made by the CEO. An employee will receive written notification of any change in status.

It is the practice of One Sky that all employees be 18 years or older.

EMPLOYEE CATEGORIES:

In addition to being classified as non-exempt or exempt, all employees are also classified in one of the following categories:

Full-Time Benefit Eligible Employees: One Sky has two levels of full-time status: FT 40 employees regularly scheduled to work 40 hours (or more) per work; or FT 35 employees regularly scheduled to work 35-39.9 hours per week. Full-time employees are eligible for

employees are not eligible for Agency benefits except those benefits mandated by law. If the agency arranges respite care, the respite care provider is a Temporary/Per Diem Employee.

If a Temporary/Per Diem Employee is offered and accepts regular employment with the Agency, the employee's initial hire date (when they became a staff member of One Sky) will be used for purposes of determining length of service with the Agency.

Status Change for regular status employees - from less than half time

When a regular part-time position is elevated from under 20 hours to over 20 hours, the employee will become eligible to accrue Earned Time, Holidays and any eligible prorated group benefits. The date used for computer accrual will be the date the position became more than 20 hours.

Earned Time will begin to accrue on the date of change. Longevity (or date of employment) will not count toward rate of accrual. For pay roll purposed this will be entered at the seniority date.

Performance Appraisal

A performance appraisal and development plan will be conducted for each regular employee by his/her immediate supervisor within thirty-one days of the end of the initial six month new hire orientation period. The next appraisal will take place annually for each regular status employee during their month of hire. However, the supervisor may do a performance improvement plan (PIP) at any time at their discretion due to a change in job performance. Job descriptions and departmental standards will also review annually. See the Human Resources Office for forms.

A. Change of Position

A performance appraisal and development plan will be performed after the six-month period in any new position of responsibility. Appraisals will take place during the annual review period thereafter.

B. Documentation

A written summary of the assessment will be reviewed with and signed by the employee, the supervisor and the CEO before being placed into the employee's personnel file.

C. Contents

The Performance Appraisal is a formal method to document the work performance of employees. The purpose is to 1) assure regular and systematic communication between employee and supervisor as it relates to job performance and expectations. 2) Assess future potential of employee in order to recommend appropriate training and developmental assignments. 3) Jointly establish clear, realistic and challenging objectives for the coming year that tie into the overall corporate goals and strategic plans. 4) Assess whether the overall performance of employee warrants a merit increase in salary. See the Human Resources for forms.

D. Disability Insurance

Regular status employees who work 35 hours or 40 hours are eligible for this coverage. As with all other benefits, new staff will not be enrolled until first day of month following a 30 day waiting period. An employee on disability leave will continue to be responsible for the usual medical insurance contribution and must make payment arrangements with the Human Resources Office.

1. Short Term

Coverage is sixty-six and two thirds percent of weekly salary up to a maximum of $1,000 per week for a qualifying period of up to twenty-six weeks. Coverage is immediate following an accident or after eight days of an illness. All other rights and benefits remain in force during any short-term disability.

2. Long Term

Covers sixty percent of normal monthly earnings up to $6,000 per month maximum after six months (180 days) of a qualifying disability. At this point, staff person will lose all other benefits and their position can no longer be held. Membership in group health/dental may continue under COBRA at a cost to the employee of 102% of the group price.

E. Earned Time/Paid Time Off

ETO/PTO is a combination of vacation and sick leave to be used as needed.

Full time employees working 40 hrs. per week accrue earned time according to the following schedule:

• First two years of employment (start date to second anniversary)	14.67 hours/mo.	22 days year
• Third year of employment	16.67 hours/mo.	25 days
(following second anniversary)		
• Fourth year of employment (following third anniversary)	18.00 hours/mo.	27 days year
• Fifth year of employment and on (following fourth anniversary)	19.33 hours/mo.	29 days year

Full time employees accrue up to a maximum of 240 hours (30 days). Any PTO/ETO will stop accruing until the balance drops below 240 hours.
Forfeited hours cannot be recovered.

Employees working 35, 30 or 20 hours per week will have a prorated schedule. Maximum accruals for part time employees working between 20 and 34.9 hours are prorated at 6 weeks of that employees' normal number of hours worked a week. For example, 25 hours week X 6 weeks = 150 hours maximum accrual.

H. Bereavement Leave

• Regular status full time employees will be granted up to 40 hours per fiscal year of bereavement leave in the event of the death of the employee's parent, spouse, child, sibling or co-habitant. If needed, up to 24 hours per year will be granted in the event of the death of other relatives. Bereavement leave will be prorated for regular part-time staff. If an employee requires any additional time off, their supervisor can approve paid vacation time off based on business needs.

• To be eligible for paid bereavement leave, Human Resources may require the employee to provide a copy of the published obituary or death certificate.

I. Professional Development Days

• See Professional Development Days Policy.

J. Family/Medical Leave

• See Family Medical Leave Policy.

K. Maternity Leave

• A female employee may utilize earned time leave, if any, and then take unpaid leave for the period of temporary disability resulting from pregnancy, childbirth, or related medical conditions. Upon returning to work, the employee will be provided the position she held when she began leave or to a comparable position, unless business necessity makes reinstatement impossible or unreasonable. Employees who cannot be returned to their former or a comparable position remain eligible to apply for any available position for which they are qualified.

L. Credit Union

• All employees are eligible for membership in the Northeast Credit Union.

N. Direct Deposit

• All employees paid through payroll may request all or a portion of their paycheck direct deposited into one or more banks/accounts. Please see Human Resources Office for details.

• Travel Reimbursement Employees whose duties requires the use of their personal vehicle will be reimbursed at a per mile rate. Any offsite program travel must be prearranged and approved by the program manager. Always check with your supervisor to assure eligible **reimbursement. The time and mileage it takes to report to and from work is considered commute time and is not compensable.**

Employees are expected to submit monthly travel reimbursement forms to their supervisor promptly at the end of each month or by the date designated by their supervisor.
Supervisors must review, approve, sign and submit to the accounts payable office by the 10th of each month to be paid in the month. Travel Reimbursement requests not submitted within 30 days will not be reimbursed. There is a $10.00 cap for lunches when offsite at a training. Meetings offsite with clients at a coffee house or restaurant must be preapproved by the supervisor and also have a $10.00 cap. Receipts for pre-approved meals and other expenses must be attached for accounting purposes. Any toll noted without a receipt, will be reimbursed at EZPass rate.
Following final review and approval, reimbursement checks are issued in the next accounts payable check cycle.
Staff should use actual mileage figures for travel to and from work locations. For example, a staff person lives in Durham, goes to Concord for an a.m. meeting, than back to office in Portsmouth. Count 36 miles from Durham to Concord, then 48 miles from Concord to Portsmouth (total 84). If you are stopping at a program that is on or close to your normal way home, use the "common sense rule" about billing the program.

O. Social Security (FICA)

All employees are subject to FICA withholding at a rate established by the federal government. The Agency matches the employee share as a required contribution to the employee's old age, disability and survivor's Social Security.

P. Unemployment Insurance

All employees paid via payroll are covered by unemployment insurance under the program administered by the State of New Hampshire. The cost is paid in full by the Agency.

when such consideration does not contradict Affirmative Action and Equal Employment Opportunity laws and regulations.
Promotion is based on the need of the agency, evaluation of job performance, the employee's capabilities with respect to the vacant position and, all other things being equal, meritorious service.

Disciplinary and Termination Procedures

At will employer
Employment with the company is "at-will." This means that you may terminate your employment at any time with or without notice or cause. It also means that the company can terminate your employment, at any time, with or without notice or cause. [Add if applicable: While the company generally adheres to progressive discipline, it is not bound or obligated to do so. Again, in the company's sole discretion, you may be terminated at any time, with or without notice or cause]. In addition, the company may need to alter your employment status, employment hours, schedule or demote you at its own discretion with or without notice or cause.

As an at will-employee, you are not guaranteed, in any manner, that you will be employed for any set period of time. No one in the company, except the CEO, in a written, signed contract, may make any representation or promise to you that you are other than an at-will employee.

2. Suspension

A supervisor may, at his/her discretion in instances of seriously detrimental behavior on the part of an employee, suspend the employee without pay for disciplinary reasons for a period of not less than one week.

Written notice of suspension must be signed by the supervisor, delivered to the employee and must include the cause or causes for suspension and the dates of suspension. A copy of the notice must be delivered to the CEO, as soon as reasonably possible.
Verbal abuse, physical abuse, or behavior jeopardizing the health or safety of a client or staff member, including reporting to work or working with impaired abilities due to the consumption of drugs or alcohol, or the possession of or distribution of drugs or alcohol in the work place, are grounds for immediate suspension without pay from duty.
The circumstances will be reviewed by the CEO within seven calendar days.
If they are substantiated, they will be grounds for immediate termination without further notice, and all pay will cease.
If the circumstances are not substantiated, the employee will resume duty and receive pay, which regularly would have been earned during the suspension period
.

3. Probation

Employees who fail to perform satisfactorily may be subject to probation. A supervisor may, at his/her discretion, place an employee on probation for a period of not less than one month and not more than six months.
Written notice of probation must be signed by the supervisor, delivered to the employee, and must include the cause or causes and a corrective action plan specifying the outcomes expected and the timeline in which they are to be accomplished.
At the close of the probationary period, a written review of the corrective action plan will be conducted by the supervisor. Depending on the degree of compliance, the supervisor may (a) remove the employee from probationary status (b) extend the probationary status by writing an addendum to the corrective action plan, or (c) request the CEO terminate the individual.
All probationary periods and corrective action plans will be reviewed by the CEO within seven calendar days.
Employees will not forfeit any benefits during a probationary period, with the exception that the supervisor may decide not to approve the taking of earned time.

Office Policies and Procedures

A. Office Hours

The offices of One Sky are open from 8:30 a.m. to 4:30 p.m. Monday through Friday. Full- time employees are expected to work these hours, with a half hour paid lunch break, for a total of forty hours per week.

Some employees will, however, work irregular hours due to the nature of their position, subject to review by their supervisor.

B. Flex time

Reasonable flex time arrangements may be made within the seven-day work week for non-exempt employees. See Compensation section for more details. Overtime may not be carried over into a new pay period.
What is reasonable will depend on the job description of the employee and the needs of the agency or the people we serve. Reasonable flex time arrangements may be made for exempt employees at the discretion of their supervisor.

C. Office delay/closing expectations

The office will be open except in extreme conditions. The CEO will make the decision to delay opening the office or to close the office due to extreme weather conditions or emergency situation. A notice of decision will be carried on local radio stations.It will also be broadcast to staff via agency voice mail and email by 6:30 A.M.

All employees issued agency laptops and cell phones are expected to work from home in inclement weather if the office is closed. Non-exempt and exempt staff are expected to be available and work off-site as able. Non-exempt employees may apply any accrued, unused earned time to the absence but will otherwise not be paid, unless required by law. Exempt employees will be required to use accrued earned time for any absence. If an exempt employee does not have sufficient accrued earned time to cover any such absence, the employee will be paid a full day's pay for that day, as long as the employee has performed any other work during the same pay period.

Reminder: Staff should always use their own discretion about whether to travel due to concerns over weather conditions and may choose to use accrued earned time. If you have arranged to work at home, providing work is available and supervisor approved, note the number of actual hours worked on timesheet in the appropriate row.

J. Copier / Fax

The Office Coordinator will familiarize you with the location and use of the office copier and fax equipment. Employees may make occasional copies or transmissions of personal material, but should reimburse the office for anything exceeding five pages. Large personal copying projects should be taken to commercial print shops.

K. Kitchen Facilities

At the main office: Coffee ($.25), tea, two microwaves, oven, dishwasher and refrigerator are provided by the agency. All employees are responsible for keeping cups, pots, utensils and the surrounding area clean. Staff should check the toaster oven, microwave and range to make sure they are off and clear of crumbs and splatter. Staff should also *check the refrigerator for leftovers at least weekly* and remove them to prevent build up. Please be advised that our cleaning service does routinely come in to do a deep clean of the refrigerator and they will throw away any abandoned containers. Please see the Office Coordinator for information about this schedule. The conference room(s) serves as a staff lunchroom when meetings are not scheduled. Please clean the table top and keep area neat..

L. Employee Directory

An employee directory is available for staff members through the HR Office.

M. Smoking Policy

There is no smoking anywhere in any of the One Sky offices or homes and the landlord has a no smoking campus. Smoking is only allowed at the One Sky office at the gazebo or in your car.

N. Fragrance Free Workplace Policy

This policy is to ensure a workplace free of airborne irritants. Certain individuals suffer negative health reactions to a variety of scents and fragrances. These reactions can be so severe as to make individuals violently ill and unable to work.

Perfumes, after-shaves and any other scented products (hand lotions, hair treatments) are prohibited. See the Fragrance Free Workplace Policy for full details.

U. Client Rights

There is a manual which outlines the rights of people we serve and the complaint process if you believe a right is violated. See the complaint procedure for details. All staff of One Sky are required to attend training on Rights of the people we serve at hire, then again during the second year of employment.

V. Commonly used Forms and Handouts

The Human Resources Office will issue an updated Holiday Schedule, necessary Payroll sheets, etc. and orientate employees on where to find forms such as the Monthly Travel/Mileage and Check Request Forms

W. Motorcycles

Due to liability insurance limitations, the use of motorcycles, mopeds or the like are not allowed during work hours or for work related travel.

X. Business Attire

It is expected that staff members will maintain a clean, well-groomed appearance and project a professional and business-like image. One sky reserves the right to define appropriate standards of appearance for the workplace. Please see the Dress Code Policy for a detailed breakdown of the business casual dress code requirements.

Y. Professional Conduct

One Sky maintains a professional and congenial work environment, and will ensure it remains civil for everyone who is employed here. All employees will treat each other with courtesy, consideration and professionalism.

The agency will not tolerate harassment of any employee by any other employee or supervisor. Harassment includes unreasonable conduct or behavior which is personally offensive or threatening, impairs morale or interferes with the work effectiveness of employees. Please see our Discrimination, Harassment, and Prevention Policy for more information regarding our expectations of a harassment-free workplace.

Our Commitment to Quality

Our Commitment to Quality
One Sky defines Quality as meeting and exceeding the expectations of the individuals we serve, the provider agencies we subcontract with, and our regulating bodies (BDS, DHHS, Medicaid, etc.)

Our Commitment to Quality is owned by every employee at One Sky.

In order to meet Our Commitment to Quality, we will be:
- Thoughtful and Purposeful in our support of the individuals we serve by assuring person-centered planning and services and always considering the individual's best interests and wellbeing.
- Collaborative and Respectful in our interactions with provider agency staff, individuals, and families/guardians.
- Timely in our communication and our documentation.
- Knowledgeable and Responsible for finding answers when we do not have them.
- In Compliance with all relevant state and federal laws and regulations.

Client Privacy and Agency Confidentiality

PRIVACY OF THE INDIVIDUALS WE SERVE

It is the policy of One Sky Community Services to protect the privacy of every client in every reasonable way, consistent with the Agency's service obligations. The following are instances of breach of confidentiality:

A. Information left lying open that identifies clients, for example a calendar of appointments with complete names, or a partially finished report at a printer or typewriter.

B. Discussing a client with somebody who has no professional reason to know.

C. Giving out information over the telephone when you are not sure to whom you are speaking.

D. Admitting to people who have no right to know that an individual is a client.

F. Giving information on a client when there was no benefit to the client and when the client had not agreed to the transmission of information.

G. Sending identifiable information not enclosed in an envelope.

H. Leaving files containing confidential information unlocked when no one authorized to use them is around.

I. Providing written or verbal communication without search warrants or proper releases or legal papers.

NAME OF PROCEDURE:Workplace Health & Safety
DATE WRITTEN: 10/96
DATE REVISED: 4/17
DATE APPROVED BY MANAGEMENT TEAM: 11/11/2019
DATE APPROVED BY BOARD: 11/11/2019

POLICY/PURPOSE:

To assure that all staff work in a safe and healthy environment, and to ensure that all staff are informed of and practice safety and health discretion in their daily work.

SCOPE:

It is the concern of management to address health and safety issues that may affect how work is done in the work environment. It is the responsibility of staff to abide by safety rules, recommendations and policies set forth by the Workplace Safety Committee and the Board of Directors of One Sky Community Services.

ROLES AND RESPONSIBILITIES

The Safety Committee will: 1) address potential workplace safety issues before they become a hazard, 2) establish, review and maintain written preventative guidelines, 3) inform staff of these safety guidelines, and 4) encourage staff to participate as volunteers to the Workplace Safety Committee.

Employees are expected to become familiar with other agency policies that outline rules relating to safety issues: Drug and Alcohol use, Criminal History checks, Sexual Harassment, Blood borne Diseases prevention, Driver Liability and Record Checks, as well as expected employee conduct and general office procedures outlined in the Employee Handbook.

Any contractor or vendor that provides service to One Sky will be subject to proof of insurability. Any Trade contractor called to provide services within the office or properties owned by One Sky will be subject to providing proof of insurability upon request. Disclosure of any irritants or by-products from such a service will be accounted for before service is rendered.

PROCEDURE:

Workplace Safety Committee:

As required by the State Department of Labor, and in accordance with House Bill 1579 (10/94), OSCS has established a "Joint Loss Management Safety Committee", namely the Workplace Safety Committee to assist in reviewing and make recommendations regarding any potential workplace safety issues.

The Workplace Safety Committee is a voluntary group of staff representative of each department with a minimum of 4 members. There must be management representation (but no more that 50% of committee can be management). The committee will meet at least quarterly and hold an annual walk-through of the office.

will wear safety belts at all times. Minimum limits of liability coverage for a personal auto insurance plan are $100,000/$300,000. Additionally the agency's general liability policy will act as an 'umbrella' and cover damages in excess of employees' personal limits in an unlikely situation that personal limits are exceeded.

Regular staff that transport consumers or travel regularly on agency business will be issued first aid kits to keep in their vehicles. See the Nurse Trainer for first aid kit and refills. Family Supervisors are responsible to provide first aid kits to their staff if they so desire. If driver is involved in an accident while working, contact family supervisor or HR staff immediately. Never refuse medical attention for yourself or passenger(s).

Damage to employee vehicle caused by consumer:

In the case where there is damage or an accident caused by the individual served and involving agency employee operated/owned vehicle, the agency will reimburse the insured the out of pocket expenses related to damages, such as covering the insurance deductible.

Workstation ergonomics:

The Safety Committee is responsible for reviewing and also intervening with needed workstation corrections. Staff who feel they need reasonable accommodation(s) can make request(s) to their immediate supervisor and/or a safety committee member or chair who will approve accommodation. Note: staff are advised to vary repetitive work hourly. Stand-up, stretch, walk around, change tasks.

When working at a keyboard, always keep a 90-degree angle at the elbow. Mouse needs to be properly positioned. Wrist and hands should stay straight.

Emergency:

In anticipation of such event, staff are expected to become familiar with the evacuation routes posted at each facility. A fire extinguisher is provided at each facility. The main office is also set up with a sprinkler system.

Each facility will have their specific evacuation plan. Please check with your manager.

Emergency Evacuation Plan at Banfield Road: In the event of fire or fire alarm sounding –

1. All staff and visitors are to leave the building immediately.
2. Save your work on the computer, shut down/log out, or take your laptop – if time allows
3. Collect your belongings quickly
4. Escort your visitor(s) from the building. Staff will be accountable for their visitor(s).
5. Never risk personal safety.
6. Assigned Safety committee representative(s) will check the restrooms.
7. Supervisors will sweep their department area on the way out to assure staff currently in the office, have left or are leaving.
8. There are two exits out of our office and two exits out of the building. Do not use an exit if filled with smoke.
9. Everyone is to meet at the bottom of the parking lot by Constitution Road.
10. Supervisors will confirm with Safety committee chairperson or lead safety representative that their department staff working in the office, are accounted for.

NAME OF PROCEDURE: Acceptable Use of Technology Policy
DATE WRITTEN: 03/2002
DATE REVISED: 1/07, 7/11, 5/12, 10/12, 05/16
DATE APPROVED BY MANAGEMENT TEAM: 05/01/2016
DATE APPROVED BY BOARD: 11/11/2019

POLICY/PURPOSE:

It is the policy of One Sky to provide, support and maintain an environment that promotes ethical and responsible use of technology to enhance workplace productivity, communication, and efficiency, and at the same time secure the privacy of the data of the people we serve. Computers, files, passwords, e-mail messages, voice mail messages and all other data on these systems are agency property and One Sky management retains the right to examine, monitor or review materials.

The Chief Executive Officer is responsible for the overall implementation of these procedures consistent with established Board policy. All One Sky staff will be informed of this procedure as a part of the agency personnel practices.

One Sky respects the good intentions and honesty of its employees. Limited personal use is permitted (i.e. lunch break, before or after work), as long as the following guidelines are followed, it is not excessive and has no negative impact on agency resources. Misuse or excessive personal use of agency communication technology or agency information will be addressed on a case by case base, and privileges may be revoked and further disciplinary action may be taken.
This policy will be implemented in a manner consistent with the agency's other policies. If any part of this policy is found to be invalid or illegal, the rest of the policy will remain in force.
Employees who have questions about this policy, or who discover a violation of this policy, are required to notify Director of Administrative Support Services.

SCOPE:

All Staff are responsible for adhering to this policy. This policy covers all Staff of One Sky, including applicants for employment and third parties over whom One Sky has control.

PROCEDURE:

Computer Network Usage

Our computer network and all of its components are intended to be used only by authorized One Sky Community Services employees primarily for business purposes. No unauthorized employee or any other person not employed by One Sky Community Services is permitted to use agency owned equipment without specific prior authorization from designated Information Technology (IT) staff. All users of our network resources must have their own personal network user accounts established by the Director of Administrative Support Services.

Computer facilities and equipment may not be used in connection with compensated or uncompensated outside work for the benefit of for-profit organizations nor for compensated outside work for non-profit organizations. Use of resources for uncompensated outside work for non-profit organizations is permissible with prior Chief Executive Officers' approval.

Notebooks/PDA's/Tablets

Computer Notebooks, Tablets and Personal Handheld Devices (PDA's, Palms, etc.), purchased by staff that interface with the agency network, must be approved for sync by Director of Administrative Support Services. Devices purchased by the Agency will be inventoried and a User Agreement must be reviewed and signed before being issued to staff. Notebooks, Tablets or PDA's with PHI (protected health information) on it will be required to be password protected. Users must use their current network password and change it as passwords are re-issued.

Confidential Data

Confidential data is defined as all data or information that directly identifies or might reasonably be expected to indirectly identify a consumer or employee, any and all health care records, Protected Health Information (PHI), any and all financial data and any other data or information from or about a consumer or employee in which the consumer or employee has an expectation of privacy, including, but not limited to: full name, social security number, address, telephone number, e-mail address, age, date of birth, race/ethnic status and any other identifying characteristics.

Electronic data covered under this policy is subject to all applicable federal, HIPAA, state, and agency laws, regulations and policies, including those governing confidentiality. Confidential data may not be transmitted outside secure agency systems unless password encrypted or otherwise protected using methods approved by the Agency IT Committee and/or the Agency HIPAA Review Team.

E-Mail

The agency provides each user with an e-mail account and access to the Internet, with the goal to broaden communication and job related research for business purposes. As we become more dependent on these systems, we must be mindful of effective and appropriate use. Email is not fully secure and confidential. When sending e-mail messages concerning confidential or protected information, employees must use significant caution. For example, a clients' name should never appear in the subject box. OK to use first name, last initial. Last name should not be included in any email, attached spreadsheet/budget/document, UNLESS the e-mail is encrypted or password protected.

Another necessity is that staff periodically clean/clear their folders in Outlook, as excessive storage of emails will cause the network to function slowly. Inbox, Sent Items and Deleted items should be checked regularly. One Sky Community Services reserves the right to limit mailbox size and to place strict limits on the size of e-mail attachments that can be sent or received, to ensure efficient and uninterrupted service.

An employee's assigned email account is the property of One Sky Community Services and there is no implied or expected right of privacy regarding the contained documents or communications. Staff should assure that email messages they create support the professional image of One Sky , reply to messages promptly, and use the automated "Out of Office" reply when out for an extended

One Sky maintains a website to provide information and promote public awareness of One Sky. Information on the website is intended to be current and correct. Inform the Director of Outreach and Development if you become aware of information that needs to be revised.

Incoming and outgoing messages and data are subject to being accessed, reviewed, disclosed or monitored at the sole discretion of the agency in the ordinary course of its business, at any time, with or without notice, even if protected by a password or any other means. The agency reserves the right to monitor employee use of the Internet. Deleted data may be retrieved for review.

Social Media Sites

No employee shall represent the Agency in any way on any social media site such as Facebook or Myspace unless approved by the Chief Executive Officer beforehand. Social media sites are not to be accessed from Agency computers for any reason without prior approval, due to the prevalence of spyware and viruses on such sites.

Blogs

Any writing on a personal Blog shall not contain any information on his/her employer in a negative light. One Sky reserves the right to consider information written in a Blog, and will hold employee responsible.

Printers

One Sky will provide all users' access to shared printers. There is no guarantee individual offices or users will have their own printers. No personal (user owned) printers will be supported. The agency's color printer will be available for work related project managed through the Director of Administrative Support Services.

Phones/Voice Mail Usage

The agency provides staff with multi-line phones with individual voice mailboxes. Employees are responsible for maintaining up-to-date greetings informing incoming callers of their availability, as well as a recorded name for their mailbox. Staff should respond to messages as soon as possible, keep your held voice messages to a minimum as this system has limited storage, and reimburse the agency for all personal calls or faxes.

Email Retention Policy

In accordance with the Sarbanes-Oxley Act of 2002, which refers to a law requiring retention of electronic communications, One Sky has a process of retaining and archiving all emails. To access any of the retained email, a strict policy is in place that outlines the protocol and chain of command security. Please refer to Policy 8.2 in the One Sky Policy Manual. The complete policy can also be found on the common drive.

Other Electronics or Agency Owned Items

NAME OF PROCEDURE: Accusation, Arrest or Conviction Policy
DATE WRITTEN: 10.18.2004
DATE REVISED:
DATE APPROVED BY MANAGEMENT TEAM: 11/11/2019
DATE APPROVED BY BOARD: 11/11/2019

POLICY/PURPOSE:

To put in place a procedure that requires employees to promptly notify administration of any accusation, arrest, or conviction of criminal changes. To ensure employees are treated fairly while balancing the interests of the agency

SCOPE:

All One Sky staff will be aware of this procedure as a part of the agency's personnel practices

ROLES AND RESPONSIBILITIES

One Sky Community Services is responsible for enhancing the quality of life for individuals with developmental disabilities or acquired brain disorders who are eligible for services in Region VIII of the New Hampshire Developmental Disabilities Services system. The staff who work within the Region VIII service network are one of the most important resources we offer. Their values and competence directly affect the quality of life of the people we serve.

PROCEDURE:

Any employee who is accused of, arrested for or convicted of any misdemeanor or felony shall notify his/ her supervisor within 48 hours. An employee who is out on any form of leave at the time of the accusation, arrested or conviction shall report within the same 48 hour limit. In case the employee is incarcerated, a family member may call on their behalf.

The Supervisor shall notify the Chief Executive Officer and Human Resources immediately. The Department Supervisor, Chief Executive Officer and HR director will make a determination based on the nature of the accusation, arrest or conviction, whether the employee will be eligible to return to work, placed on administrative leave or immediately terminated.

An employee may be placed on administrative leave if the employee's presence at work could be harmful to individuals served, the public, other employees or compromise any investigation. The agency administration will determine whether this leave will be covered under available earned time, leave of absence without pay or a combination of both. A written notice will be provided to the employee stating the agency's determination of the course of action.

An employee's failure to report any arrest, conviction or accusation within the specified time period my result in disciplinary action, up to and including termination of employment.

Information regarding such accusation, arrest or conviction will be treated confidentially and only shared on a "need to know" basis.

- Prospective employees are required to identify if they are related to any current employee of One Sky.
  - Prospective employees who are related individuals to a current employee of One Sky are permitted to work at One Sky provided that they may not be placed in a position where they either directly supervise or are supervised by any related individual working at One Sky.
  - In the event that any prospective employee identifies that they are a related individual to any current employee of One Sky, the Director of HR and Administration will determine if a potential conflict of interest would exist if the individual is hired for the position she/he is applying for.
  - If no conflict of interest with a current employee would exist if the prospective employee is hired, the Director of HR and Administration will document that conclusion and place such documentation in the prospective employee's file.
  - If the Director of HR and Administration determines that a potential conflict of interest with a current employee of One Sky could exist, she/he will determine whether or not the prospective employee can be hired. If so, the Director of HR and Administration will work with the hiring manager to develop a protocol under which the prospective employee could be hired, which will be reviewed with and signed by all relevant parties and revisited as part of the annual job appraisal.
- Employees who become related individuals to other employees while employed are required to notify the Director of HR and Administration within 30 days after the change in relationship so as to avoid any real or potential conflict of interest. All such employees will be subject to the guidelines included in this policy.
  - The Director of HR and Administration will conduct a review to determine if a conflict of interest exists following any change in relationship between two employees.
  - If no conflict of interest is deemed to exist, the Director of HR and Administration will document that conclusion and place such documentation in the employee's file.
  - If a conflict of interest is deemed to exist as a result of the change in relationship, the Director of HR and Administration will determine whether or not an acceptable protocol governing the interactions between the two employees can be established.
    - Any such protocol must be signed and accepted by all relevant parties; and
    - Such protocol will be reviewed as part of the annual job appraisal.
  - If a protocol acceptable to all parties cannot be developed, then one or both employees may be reassigned to other duties.
  - If the Director of HR and Administration recommends that any such reassignment must take place, each affected employee will have the right to appeal that decision to the Chief Executive Officer. In the event of an appeal, the decision of the Chief Executive Officer will be final.
- Any employee who believes that a potential conflict of interest may exist between other employees should contact the Director of HR and Administration.
  - The Director of HR and Administration will conduct a review to determine if a conflict of interest exists.
  - If no conflict of interest is deemed to exist, the Director of HR and Administration will document that conclusion and place such documentation in the employee's file.
  - If a conflict of interest is deemed to exist, the Director of HR and Administration will determine whether or not an acceptable protocol governing the interactions between the affected employees can be established.
    - Any such protocol must be signed and accepted by all relevant parties; and
    - Such protocol will be reviewed as part of the annual job appraisal.
  - If a protocol acceptable to all parties cannot be developed then one or several of the affected employees may be to be reassigned to other duties.
  - If the Director of HR and Administration recommends that any such reassignment

POLICY/PURPOSE:

To accommodate disabilities as needed in order to work at One Sky.

SCOPE:

To ensure that people employed by One Sky are accommodated where necessary in order to complete their duties of employment.

ROLES AND RESPONSIBILITIES

One Sky Community Services is responsible for enhancing the quality of life for individuals with developmental disabilities or acquired brain disorders who are eligible for services in Region VIII of the New Hampshire Developmental Disabilities Services system. The staff who work within the Region VIII service network are one of the most important resources we offer. Their values and competence directly affect the quality of life of the people we serve.

PROCEDURE:

The Company prohibits any form of discrimination in hiring, as well as in all terms and conditions of employment, against qualified individuals with physical or mental disabilities.

We will provide reasonable accommodations to qualified individuals with disabilities (as defined by applicable law) to ensure equal opportunity in the application process, to enable employees to perform essential job functions, and to ensure that disabled employees enjoy the same benefits and privileges of employment as are enjoyed by employees without disabilities.

Please notify the Human Resources Department if, because of a disability, you require an accommodation to perform the essential functions of your job. You may be asked to provide medical documentation about your disability and the types of reasonable accommodations that may be effective for you. We expect that you will comply with these requests for information so that we may determine your eligibility for accommodation and evaluate possible accommodations for you. We will work interactively with you and will maintain all medical information in a confidential manner. Medical information will be disclosed only to those with a legitimate need to know.

The Company reserves the right to decline to provide an accommodation if the accommodation would cause an undue hardship to the Company or its employees. The Company also reserves the right to decline to provide an accommodation if the employee may cause a direct threat to his/her own health or safety or the health of safety of others, even with the benefit of an accommodation.

NAME OF PROCEDURE: Dress Code Policy

Supervisors are expected to inform employees when they are in violation of the dress code. It is up to the discretion of supervisors, department heads, and human resources as to what constitutes a violation of this policy. Employees in violation are expected to immediately correct the dress code issue. This may include having to leave work to change clothes.
Repeated violations or violations that have major repercussions may result in formal disciplinary action including formal write-ups and termination.

suspension from work without pay, and up to an including dismissal. It is the responsibility of supervisor to counsel employees whenever they see changes in performance or behavior that suggest that an employee has an alcohol or other drug problem. (Please see HR for more details.) Appropriate action must be taken within thirty days (or immediately if warranted by the circumstances) of actual knowledge or notice of an issue covered by this policy.

As stated in One Sky Policy 3.16 'Accusation, Arrest or Conviction', employees must notify their supervisor within forty-eight hours if accused of, arrested for or convicted of a criminal or drug/alcohol violation.

One Sky will notify its funding source within ten days of any notice or actual knowledge of an employee conviction.

This policy is not intended to interfere with the private lives of its employees unless involvement with alcohol and other drugs off the job affects job performance.

One Sky encourages employees to voluntarily seek help for drug and alcohol problems prior to incurring disciplinary action pursuant to this policy. Employees are encouraged to seek help through the agency's Employee Assistance Program or to talk to their supervisor, the Chief Executive Officer or the HR office, for information on helpful resources. Treatment for alcoholism and/or other drug use disorders may be covered by One Sky employee health plan. However, the ultimate financial responsibility for recommended treatment belongs to the employee.

To ensure all employees are aware of their role in supporting this policy, One Sky shall take the following steps:

- The policy will be posted in a prominent place at One Sky.
- All employees will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new employees
- All staff will receive an annual reminder of the existence of the policy
- The policy will be reviewed and reaffirmed annually at the Workplace Safety meetings.
- Every supervisor will receive training to help her/him recognize and manage employees with alcohol and other drug problems.

All information received by One Sky through the drug-free workplace program is confidential. Access to this information is limited to those who have a legitimate need to know.

As a limited exception to this policy, alcohol may be served at One Sky sponsored social events, such as the holiday party and fundraisers. A variety of non-alcoholic beverages shall always be served when alcohol is present. One Sky social events shall not center on alcohol consumption and any such usage shall be reasonable.

Coordinator will inform the Board of Directors who will then be involved in the process of reviewing the grievance from the beginning until it has been resolved.
• Issues involving discrimination and/or harassment are governed by the Harassment in the Workplace Policy. Termination of employment is not subject to the grievance procedure.

• If the grievance is not resolved by the informal discussion process set forth above, the employee will be asked to fill out a grievance form.

Grievance Investigation
After receiving the Employee Grievance Form, Human Resource Personnel and other applicable staff will investigate the grievance. HR staff may use any means necessary to complete a thorough investigation of the events alleged in the form. HR will make all efforts to respond to the written grievance within ten days.

Employee Cooperation
Employees who file a grievance as well as employees involved in the grievance investigation are expected to provide accurate, truthful and comprehensive information at the time of the filing of the grievance and throughout the investigative process. Failure to willingly provide accurate, truthful, and comprehensive information or omitting information may result in disciplinary action up to release from employment.

Resolution of Grievance
Final determination of the grievance resolution is made by the Director of HR and Administration and other applicable staff. The employee will be informed in writing of One Sky's response and any actions taken in relation to the employee grievance. The Director of HR and Administration (or other person if not originally submitted to the Director of HR and Administration) will complete a Grievance Resolution documenting these actions.

Resolution Information Provided to Those Participating in the Investigation
The results of an investigation are only shared with the employee who files the grievance. Results are not shared with employees who participate in the investigative process unless an employee is disciplined in response to a grievance or unless the agency deems it necessary to share such information with someone other than the person who filed the grievance.

Disciplinary Action Resulting From a Grievance
If One Sky determines that employee disciplinary action is warranted in conjunction with a grievance, appropriate disciplinary action will be taken. Disciplinary action may include but is not limited to warnings, reprimands, suspension or release from employment. One Sky may, at its discretion, obtain an independent legal opinion regarding appropriate disciplinary action.

Appeals
If an employee is not satisfied with the actions taken by One Sky in relation to their grievance, the employee may file an appeal within five (5) business days of receiving the Grievance Resolution Form. The appeal must be in writing and submitted in the same manner as the initial grievance. All appeals not involving the Chief Executive Officer will be reviewed by the Chief Executive Officer and his/her decision will be final. Appeals involving the Chief Executive Officer will be reviewed by the Board of Directors, whose decision will be final.

Confidentiality of Grievance Information/Investigation
Information obtained during the grievance process will be kept confidential by personnel

Employee Grievance Form

It is the purpose of this procedure to establish a method whereby grievances of employees will be resolved fairly and effectively. The filing of a grievance will in no way prejudice the status of the employee. Please see the Grievance Policy for a full description of the procedure.

Employee Name:_____ Date:_____

Department:_____ Job Title:_____

Statement of Grievance (background/activity leading to the compliant, including dates):___
_____
_____
_____
_____
_____

Remedy Requested:_____
_____
_____
_____

Employee Signature:_____ Date:_____

_____

Date immediate Supervisor was notified_____
(see attached response)

Date HR was notified:_____
(See attached Response)

Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, caring for the parents of the military member on covered active duty and attending post-deployment reintegration briefings.

Additional Military Family Leave Entitlement (Injured Service member Leave)

In addition to the basic FMLA leave entitlement discussed above, an eligible employee who is the spouse, son, daughter, parent or next of kin of a **covered service member** is entitled to take up 26 weeks of leave during a single 12-month period to care for the service member with a serious injury or illness. Leave to care for a service member shall only be available during a single-12 month period and, when combined with other FMLA-qualifying leave, may not exceed 26 weeks during the single 12-month period. The single 12-month period begins on the first day an eligible employee takes leave to care for the injured service member.

A **"covered service member"** is a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is on the temporary retired list, for a serious injury or illness. These individuals are referred to in this policy as "current members of the Armed Forces." Covered service member also includes a veteran who is discharged or released from military service under condition other than dishonorable at any time during the five (5) year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation or therapy for a serious injury or illness. These individuals are referred to in this policy as "covered veterans."

The FMLA definitions of "serious injury or illness" for current Armed Forces members and covered veterans are distinct from the FMLA definition of "serious health condition" applicable to FMLA leave to care for a covered family member.

"Serious injury or illness" means:

(1) In the case of a **current member of the Armed Forces**, including a member of the National Guard or Reserves, means an injury or illness that was incurred by the covered service member in the line of duty on active duty in the Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that may render the member medically unfit to perform the duties of the member's office, grade, rank or rating; and

(2) In that case of a **covered veteran**, means an injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the member became a veteran, and is:

(i) a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the service member unable to perform the duties of the service member's office, grade, rank, or rating; or

(ii) a physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service-Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or

(iii) a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or

(iv) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

• if the leave is for a family member, that the condition renders the family member unable to perform daily activities or that the family member is a covered service member with a serious injury or illness.

Calling in "sick," without providing the reasons for the needed leave, will not be considered sufficient notice for FMLA leave under this policy. Employees must respond to the Company's questions to determine if absences are potentially FMLA-qualifying.

If employees fail to explain the reasons for FMLA leave, the leave may be denied. When employees seek leave due to FMLA-qualifying reasons for which the Company has previously provided FMLA-protected leave, they must specifically reference the qualifying reason for the leave or the need for FMLA leave.

Timing of Employee Notice

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days' notice is not possible, or the approximate timing of the need for leave is not foreseeable, employees must provide the Company notice of the need for leave as soon as practicable under the facts and circumstances of the particular case. Employees who fail to give 30 days' notice for foreseeable leave without a reasonable excuse for the delay, or otherwise fail to satisfy FMLA notice obligations, may have FMLA leave delayed or denied.

Cooperate in the Scheduling of Planned Medical Treatment (Including Accepting Transfers To Alternative Positions) and Intermittent Leave or Reduced Leave Schedules

When planning medical treatment, employees must consult with the Company and make a reasonable effort to schedule treatment so as not to unduly disrupt the Company's operations, subject to the approval of an employee's health care provider. Employees must consult with the Company prior to the scheduling of treatment to work out a treatment schedule which best suits the needs of both the Company and the employees, subject to the approval of an employee's health care provider. If employees providing notice of the need to take FMLA leave on an intermittent basis for planned medical treatment neglect to fulfill this obligation, the Company may require employees to attempt to make such arrangements, subject to the approval of the employee's health care provider.

When employees take intermittent or reduced work schedule leave for foreseeable planned medical treatment for the employee or a family member, including during a period of recovery from a serious health condition or to care for a covered service member, the Company may temporarily transfer employees, during the period that the intermittent or reduced leave schedules are required, to alternative positions with equivalent pay and benefits for which the employees are qualified and which better accommodate recurring periods of leave.

When employees seek intermittent leave or a reduced leave schedule for reasons unrelated to the planning of medical treatment, upon request, employees must advise the Company of the reason why such leave is medically necessary. In such instances, the Company and employee shall attempt to work out a leave schedule that meets the employee's needs without unduly disrupting the Company's operations, subject to the approval of the employee's health care provider.

Submit Medical Certifications Supporting Need for FMLA Leave (Unrelated to Requests for Military Family Leave)

Depending on the nature of FMLA leave sought, employees may be required to submit medical certifications supporting their need for FMLA-qualifying leave. As described below, there generally are three types of FMLA medical certifications: an **initial certification**, a **recertification**, and a **return to work/fitness for duty certification**.

It is the employee's responsibility to provide the Company with timely, complete and sufficient medical certifications. Whenever the Company requests employees to provide FMLA medical certifications, employees must provide the requested certifications within 15 calendar days after

different covered active duty or call to covered active duty status of the same or a different covered military member.

When leave is taken to care for a covered service member with a serious injury or illness, the Company may require employees to obtain certifications completed by an authorized health care provider of the covered service member. In addition, and in accordance with the FMLA regulations, the Company may request that the certification submitted by employees set forth additional information provided by the employee and/or the covered service member confirming entitlement to such leave.

Substitute Paid Leave for Unpaid FMLA Leave

FMLA leave is unpaid leave although you may be eligible for short or long-term disability payments and/or workers' compensation benefits under those insurance plans or for salary substitution under the Company's other applicable policies (e.g., pay during parental leave). These plans and policies are described elsewhere in the handbook, and further information is available in any plan documents for those plans. Receipt of short or long-term disability payments and/or workers' compensation benefits under those insurance plans or for salary substitution under the Company's other applicable policies does not extend the maximum amount of leave time to which an employee is eligible under the FMLA. Subject to applicable law, employees must use any accrued paid time (excluding paid holidays, but including floating holidays) while taking unpaid FMLA leave for which they are otherwise not receiving pay by way of short or long-term disability payments and/or workers' compensation benefits under those insurance plans or for salary substitution under the Company's other applicable policies, subject to applicable law. The substitution of paid time for unpaid FMLA leave time does not extend the length of FMLA leaves and the paid time will run concurrently with an employee's FMLA entitlement.

Pay Employee's Share of Health Insurance Premiums

As noted above, during FMLA leave, employees are entitled to continued group health plan coverage under the same conditions as if they had continued to work. Unless the Company notifies employees of other arrangements, whenever employees are receiving pay from the Company during FMLA leave, the Company will deduct the employee portion of the group health plan premium from the employee's paycheck in the same manner as if the employee was actively working. If FMLA leave is unpaid, employees must pay their portion of the group health premium on a monthly basis as determined by the Company.

The Company's obligation to maintain health care coverage ceases if an employee's premium payment is more than 30 days late. If an employee's payment is more than 15 days late, the Company will send a letter notifying the employee that coverage will be dropped on a specified date unless the co-payment is received before that date. If employees do not return to work within 30 calendar days at the end of the leave period (unless employees cannot return to work because of a serious health condition or other circumstances beyond their control) they will be required to reimburse the Company for the cost of the premiums the Company paid for maintaining coverage during their unpaid FMLA leave.

Coordination of FMLA Leave with Other Leave Policies

The FMLA does not affect any federal, state or local law prohibiting discrimination, or supersede any State or local law provides greater family or medical leave rights. For additional information concerning leave entitlements and obligations that might arise when FMLA leave is either not available or exhausted, please consult the Company's other leave policies in this handbook or contact Human Resources.

Questions and/or Complaints about FMLA Leave

If you have questions regarding this FMLA policy, please contact Human Resources. The

NAME OF PROCEDURE: Cell Phone/Mobile Phone/Electronic Device Policy
DATE WRITTEN: 02/2007
DATE REVISED: 11/2016
DATE APPROVED BY MANAGEMENT TEAM: February 2017
DATE APPROVED BY BOARD: March 2017

POLICY/PURPOSE:

To provide guidelines and safeguard assurance for agency issued cell phones, mobile or electronic devices, as well as the acceptable use of personal devices at work.

SCOPE:

It is the policy of One Sky to provide, support and maintain an environment that promotes efficient, ethical and responsible use of cell phones and mobile or electronic devices to enhance workplace productivity. Devices may be provided to certain employees to conduct work that can't be accessed or
used efficiently by a land-line telephone or computer.

The Chief Executive Officer is responsible for the overall implementation of these procedures consistent with established Board policy. All One Sky staff will be informed of this procedure as a part of the agency personnel practices. This policy will be implemented in a manner consistent with the agency's other policies. If any part of this policy is found to be invalid or illegal, the rest of the policy will remain in force.

Employees who have questions about this policy, or who discover a violation of this policy, are required to notify their supervisor.

POLICIES AND PROCEDURES:

All Agency issued mobile/electronic devices are provided at the discretion of management.

Mobile device services, due to the cost of acquisition and operation, should be used only when normal services are not reasonably available. Examples of justified use include situations where:

- Mobile communications are essential and performance would be impaired without the use of cell phone or mobile device;
- Telephone calls are necessary and other services are not readily available;
- Job related time, travel, and safety factors dictate use of a cell phone/mobile device as the most prudent and cost efficient communications options.

Devices are provided for conducting One Sky business. Cell phones should be fully charged and left on during work hours. Devices are not intended for personal use.
The Company has significant business interests for regulating personal usage of the Information Systems [which would include the devices mentioned in this policy] and monitoring Users' business and personal communications on the Information Systems, including but not limited to protecting the Company's assets, promoting workplace productivity, protecting Users and patients, and ensuring compliance with applicable laws and Company policies.

At all times, the Company has the right, but not the obligation, to access, monitor, and record Information Systems' usage, including Company-provided devices. There are systems currently in place to record Information Systems' usage, as well as the files, information, and location of all sites accessed by Users. ***Although limited personal use that does not violate any Company***

Due to the danger and potential liability, employees are prohibited from using any cellular phone or mobile device while driving. Texting is not allowed while driving. Pull over and park while making or receiving communications. Employees are responsible for complying with local and state laws when they travel.

Employees should remember that wireless communications are less secure than land-based communications. Because of the increased risk of unauthorized interception, employees should not discuss confidential agency information on a mobile device. All members of the One Sky's workforce must use the devices consistent with the reference to the HIPAA Privacy and Security Standards Compliance Policy.

Excessive personal use of agency issued devices will be addressed on case by case bases, and privileges may be revoked and further disciplinary action may be taken.

Reasonable care – Any result of misuse or neglect will be subject to a replacement charge to the employee up to 50% of original purchase price. Before signing user agreement, understand the content of this policy and review any questions carefully with Office Management. The Chief Executive Officer will make the final decision regarding reasonable care charges.

It is recognized that from time to time employees may need to place or receive personal phone calls or communications during work hours. However, the number and duration of these contacts should be kept to a minimum and should, when possible, occur before or after work or lunch break. Employees should use discretion and good judgment when making personal calls/contacts so as not to disturb others. No personal calls/contacts are permitted in situations where they would disrupt any business operations. Cellular phones should be silenced or set to vibrate at workstation cubicle, in meetings or other situations where noise would be disruptive.

When and if you report a 911 emergency, remember to give the operator your location. Responding dispatch is unable to locate addresses via cell phone numbers.

NAME OF PROCEDURE: Infection Control/Blood Borne Pathogens
DATE WRITTEN: 9/92
DATE REVISED: 6/17
DATE APPROVED BY MANAGEMENT TEAM: 11/29/17
DATE APPROVED BY BOARD: 02/12/18

POLICY/PURPOSE:

To prevent spreading infectious diseases to individuals and staff through proper hygiene, available immunization, and training.

SCOPE:

Staff who regularly work one on one with our clients are considered at reasonable risk.

ROLES AND RESPONSIBILITIES

It is the Agency's intention to promote and protect the health and safety of all employees and individuals in all programs by instituting the appropriate measures to control and prevent the transmission of blood borne pathogens, infections and contagious or communicable diseases. This policy is without prejudice to the Agency's right to take whatever actions it deems necessary for the protection of employees, individuals and the public from exposure including but not limited to the assignment of staff and structuring of individuals' programs. This policy will be reviewed annually and updated as needed by the Workplace Safety Committee.

PROCEDURES

Exposure Control Plan

General Procedures:

It is the policy of OSCS that all staff are trained in proper work practices, the concept of universal/standard precautions, personal protective equipment (PPE), and in proper clean-up and disposal techniques at time of initial assignment. New staff, dependent on their position, will complete an on-line course, view a DVD, or attend a live training on Blood borne Pathogens. Some positions will have mandatory annual retraining.

Any staff member whose health condition is deemed compromised or susceptible by a medical professional will not be assigned to work with any carrier of an infectious disease that can be transmitted.

Resuscitation equipment such as pocket masks will be provided to eliminate the need for direct mouth-to-mouth contact in groups where resuscitation is a part of their responsibilities.

Personal Protective Equipment (PPE) shall be provided such as gloves and masks whenever there is a possibility of contact with bodily fluids.

Employees must wash their hands immediately, or as soon as possible, after removal of gloves or other PPE and after hand contact with blood or other potentially infectious materials. Use antiseptic towelettes/antibacterial gel if soap and running water are unavailable.

Post-Exposure Evaluation

1. Post-exposure evaluation and treatment of exposure incidents shall be confidential and conducted by a health care provider designated by the Agency or by the employee's personal physician.

2. The Agency will attempt to obtain written consent to determine the infectivity of that individual as soon as possible. The source individual and/or their guardian shall be requested to sign a release to authorize notification of the treating physician and the employee of the source individual's infectivity status. Testing must occur as soon as possible after consent is obtained. In the event that consent is denied by the source individual or their guardian, this shall be documented. The exposed employee must be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

3. When a source individual is already known to be infected with Hep B, Hep C, or HIV, testing need not be repeated.

4. The employee's blood shall be collected and tested as soon as possible after consent is obtained.

Post-Exposure Follow-Up

1. Post-exposure follow-up shall be made available to employees at no charge if deemed appropriate by the treating physician, and in accordance with the US Public Health Service recommendations.

2. OSCS shall provide the treating physician evaluating with all available information regarding the incident.

3. OSCS shall obtain and provide the employee with a copy of the evaluating physician's written opinion. This written opinion shall include;

whether Hepatitis B vaccination is indicated, and if the employee received Hepatitis B vaccination;
that the employee was informed of the results of the evaluation;
that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.

All other findings and diagnoses shall remain confidential and shall not be included in the written report.

4. The HR Department shall maintain a medical record for each employee incident of occupational exposure. The record shall include copies of all results of examinations, medical testing, and follow-up testing, as well as copies of the health care professional's written opinion and copies of information provided to the health care professional. Such records will be maintained for the duration of employment plus 30 years and shall be confidential. Records may not be released without the employee's written consent.

Infection Control

Infections that are difficult to control will be reported to local or state epidemiologists. Employees must routinely wash their hands using proper technique. Active involvement in training programs which reviews information to prevent the acquisition and spread of infection is also required.

The Agency will prohibit employees with a communicable disease or infected skin lesions, (any open skin wounds with purulent drainage, or that are red and hot without purulent drainage), from direct contact with individuals, or their food, if direct contact will transmit the disease.

Exposure to Infectious Diseases

Employees who may or who have been exposed to any or all of the following diseases will be evaluated for work status. This will be based on the recommendations of the Department of Health and/or treating physician, and/or the latest Center for Disease Control guidelines. Employees may be required to obtain a physician's statement indicating that he/she is free from communicable disease, such as Chicken Pox, TB, Scabies, Shingles, etc...

Table 1 –Orientation Required for all One Sky staff

Topic/class	when	Freq	HR and/or Supervisor	Record in	Description
One Sky Orientation Auto enrolled in Welcome to Relias	Before	1x	X	Both Personnel file and Relias	Includes: CSNI Client Rights & videos on BBP,HIPAA and Defensive Driving; Review Harassment and Drug-free Workplace policy; Employee Handbook review; Disabilities Overview, Offer Hep-B vaccine, Assign and Track Six Month Appraisal
Client Rights Review	Annually	Annually	X	Relias	
Drug-free Workplace Review	Annually	Annually	X	X - HR	HR will send out policy to all staff once a year via email. Track in email, read and receipt.
TB test results	30 days	1x	X	Relias	TB may be waived by Family Manager

Family Manager				
Performance Appraisal and Staff Development Plan	As needed	As needed	Family Manager & HR/Relias	

Table 5 – New Family Managing Supervisors/Representatives and for existing at ISA renewal

Topic/class	when	Freq	Assigned, Recorded/Tracked	Done by Other	Description
Client Rights	1 month	Annually	HR & Relias		Family Supervisor Curriculum (Moore Center)
The Role of the Managed Supervisor	1 month	1x	HR		
Supervisor Training, Part I: Defining Workplace Expectations	1 month	1x	HR		
Optional: Conflict Management	If interested	1x	HR		

workspace needs and the appropriate location for the telework.

If a supervisor deems that an employee is not able to meet the requirements of a successful telecommuter, they reserve the right to require the employee to work in the office during regular business hours.

SECURITY

Consistent with the organization's expectations of information security for employees working at the office, telecommuting employees will be expected to ensure the protection of proprietary company and client information accessible from their home office. Steps include the use of locked file cabinets and desks, regular password maintenance, and any other measures appropriate for the job and the environment.

TIME WORKED

Telecommuting employees who are not exempt from the overtime requirements of the Fair Labor Standards Act will be required to accurately record all hours worked using One Sky Community Service's electronic time-keeping system. Hours worked in excess of those scheduled per day and per workweek require the advance approval of the telecommuter's supervisor. Failure to comply with this requirement may result in the immediate termination of the right to telecommute.

AD HOC ARRANGEMENTS

Temporary telecommuting arrangements may be approved for circumstances such as inclement weather, special projects, or business travel. These arrangements are approved on an as-needed basis only, with no expectation of ongoing continuance.

All telecommuting arrangements are made on a case-by-case basis, focusing first on the business needs of the organization.

VIOLATIONS OF THIS POLICY

Employees who are in violation of this policy will be subject to disciplinary action up to and including termination.

XXIV. Tuition Reimbursement Policy #3.8(continued)
ONE SKY COMMUNITY SERVICES AGENCY INC.

REQUEST FOR COURSE TUITION REIMBURSEMENT

A,B & C MUST BE COMPLETED AND APPROVED BEFORE COURSE BEGINS

A. Staff Person:_____ Job Title:_____

Date of Request:_____ Supervisor:_____

Attach course title, number, description and cost from school catalog (proof of payment receipt):_____

_____

_____

Location, number and time of classes:_____

_____

Cost of course:_____

Time off from regular work hours required:_____

_____

****

B. Approval:_____(Supervisor)_____(Date)
(Based on overall job performance of staff person and the relevance of the course to their job duties and professional development goals)

If approved, immediately forward request to Chief Executive Officer.

Request Denied:_____(Supervisor)_____(Date)

Explanation:_____

If denied return request to staff person, copy to Chief Executive Officer.

****

C. Reviewed by Chief Executive Officer Date:_____

Approved: Disapproved:

Funds approved: $

Special instructions:

Chief Executive Officer will forward copy to staff person making request, his/her supervisor, and if approved, original to Human Resources Office.)

NOTE: funds to be released upon submission to HR Office of official transcript indicating grade 'B' or better.

_____
Chief Executive Officer

Officer and/or the finance committee. The Compliance Officer has direct access to the finance committee of the board of directors and is required to report to the finance committee at least annually on compliance activity. The Organization's Compliance Officer is the Treasurer of One Sky.

Accounting and Auditing Matters

The finance committee of the board of directors shall address all reported concerns or complaints regarding corporate accounting practices, internal controls or audit. The Compliance Officer shall immediately notify the finance committee of any such complaint and work with the committee until the matter is resolved.

Acting in Good Faith

Anyone filing a complaint concerning a violation or suspected violation of this policy must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a true violation. Any allegations that prove to have been unreasonable or which prove to have been made maliciously or knowingly to be false may be the basis for disciplinary action including termination if warranted.

Confidentiality

Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Handling of Reported Violations

The Compliance Officer will notify the complainant and acknowledge receipt of the reported violation or suspected violation within five business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

If planning contact in a situation described above, staff should consider the following precautions:

- Schedule visits in a neutral, public place or at One Sky.
- Have another staff accompany them.
- Look for warning signs such as loud voices, obvious drug or alcohol usage.
- Gather information on the family and the neighborhood prior to the visit.
- Above all, staff should use judgment and common sense. If it doesn't feel right, do not enter a situation or leave as soon as possible.

Personal Safety at One Sky Office:

Front desk will notify staff of visitor's arrival. Staff is expected to come to the front to escort their visitors to and from their meeting room. Staff will assist with use of copy machine. The bathroom area must remain accessible to visitors. However, all staff should assume responsibility for redirecting people back to the reception area or the conference room if they appear to be wandering.

Office staff will be oriented on this policy and on the use of the in-office phone system to call for help by pressing the PAGE button, then "0". This will broadcast conversations taking place near the phone to all staff, so that other staff may intervene or call 911. There is at least one phone in every room that can be availed for this purpose.

If staff is aware of a situation that they anticipate may get heated or out of control they should notify a supervisor to make a determination of what precautions, if any, should be taken in advance.

Front desk staff will not physically intervene unless trained to do so. Personnel will discreetly notify supervisor(s) for assistance. In cases of imminent potential danger the staff that are aware of the danger will broadcast a page message alerting all staff of the situation, lock the front door, if possible and call the police.

As recommended by the local Police:

- If person is threatening *tell* (not ask) the person to leave or we will call the police.
- If they don't leave, call the police (911).
- Only staff trained in the use of physical intervention should respond in that way.
- Other staff that becomes aware of a violent or potentially violent situation should monitor the interaction or call the police if it appears to be warranted.
- If a weapon is mentioned or displayed, all staff should leave, meet in designated evacuation area and call police as soon as possible.
- *Above all, staff should use judgment and common sense*. If it doesn't feel right, do not enter a situation or leave as soon as possible.

Reporting and Hazard Assessment:

All One Sky staff and volunteers are also required to file a written, confidential, Workplace Violence Incident Report form (example attached) on episodes of violence they witness or are a part of. The original of the report is to be filed with the chair of the Safety Committee, and a copy to their immediate supervisor. Applicable OSHA Incident Log, worker compensation reports and any other required forms will be completed and filed promptly by Human Resources.

NAME OF PROCEDURE: Discrimination, Harassment and Retaliation Prevention Policy
DATE WRITTEN: 3/02
DATE REVISED: January, 2018; April 8, 2019
DATE APPROVED BY MANAGEMENT TEAM: February 1, 2018
DATE APPROVED BY BOARD: February 12, 2018

The Company is committed to providing a work environment that is free of discrimination, harassment or retaliation. In keeping with this commitment, the Company maintains a strict policy prohibiting discrimination, harassment and retaliation of or against our job applicants, contractors, interns, volunteers, or employees by another employee, supervisor, vendor, customer, or any third party based on race, color, creed, religion, age, sex or gender (including pregnancy, childbirth and related medical conditions), gender identity or gender expression (including transgender status), sexual orientation, marital status, national origin, ancestry, citizenship, physical or mental disability, genetic information, military service or veteran status, or any other category protected by applicable federal, state or local laws and ordinances. Such conduct will not be tolerated by the Company.

Our management team is dedicated to ensuring the fulfillment of this policy as it applies to all terms and conditions of employment, including recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities, and general treatment during employment.

Each Company employee is responsible for helping to keep the work environment free of discrimination, harassment and retaliation, including while on Company premises, while on Company business (whether or not on Company premises) or while representing the Company.

Discrimination for purposes of this policy generally is defined as treating differently or denying or granting a benefit to an individual because of any protected characteristic.

Harassment, for purposes of this policy generally is defined as unwelcome verbal, visual or physical conduct that demeans or shows hostility or aversion towards an individual because of these protected characteristics, and that (1) has the purpose or effect of creating an intimidating, hostile or offensive working environment; or (2) has the purpose or effect of unreasonably interfering with an individual's work performance; or (3) otherwise adversely affects an individual's employment opportunities. Harassment can be verbal (including slurs, jokes, insults, epithets, gestures or teasing), visual (including offensive posters, symbols, cartoons, drawings, computer displays, or e-mails) or physical conduct (including physically threatening another, blocking someone's way, etc.) that denigrates or shows hostility or aversion towards an individual because of any protected characteristic. Such conduct violates this policy, even if it is not unlawful.

SEXUAL HARASSMENT DEFINED

Sexual harassment is one form of unlawful harassment. It is also considered to be discrimination. Sexual harassment is defined here separately because the line between acceptable social contact between individuals and unlawful sexual harassment is sometimes more difficult to determine.
For purposes of this policy, sexual harassment is defined as unwelcome sexual advances,

retaliation; express or implied threats or intimidation intended to prevent an individual from reporting harassment, discrimination or retaliation; and denying employment benefits because an applicant or employee reported harassment, discrimination or retaliation or participated in the reporting and investigation process described below.

VIOLATIONS OF THIS POLICY

Harassment, discrimination and retaliation may be indirect and even unintentional. Violations of this policy, whether intended or not, will not be permitted. Employees who violate this policy will be subject to disciplinary action, up to and including termination of employment.

ROLES AND RESPONSIBILITIES

Employee Responsibility

If you believe you are being subjected to conduct in violation of this policy, you are encouraged but not required to let the person engaging in the conduct know how you feel. Experience has shown that a clear statement to the person engaging in the offensive behavior is often all that is necessary to stop the conduct.

If the offending conduct continues, or you feel unable to take this action, report the specific details of the behavior to the HR Coordinator, Director of HR and Administration or the Chief Executive Officer. If the complaint in against the Chief Executive Officer or any senior level manager, the report must be given to the Director of HR and Administration or the HR Coordinator. The Director of HR and Administration or the HR Coordinator will inform the Board of Directors who will then be involved in the process from the beginning until the end of the investigation.

Manager Responsibility

All managers and supervisors shall prevent and eliminate harassment in their departments and prevent retaliation against any employees who may file a complaint, participate in a complaint investigation, act as a witness, and/or otherwise support a harassment claim. Every supervisor or manager, who learns of any employee's concern about conduct in violation of this policy, whether in a formal complaint or informally, must immediately report the issues raised to the HR Coordinator, Director of HR and Administration or the Chief Executive Officer.

Witness Responsibility

If you observe any form harassment it is your responsibility to report it to the HR Coordinator, Director of HR and Administration or the Chief Executive Officer. If we work together, we can maintain a respectful workplace free of harassment.

PROCEDURE:

The following steps have been put into place to ensure the work environment at One Sky is free of harassment. If an employee believes someone has violated this policy, the employee should promptly bring

NAME OF PROCEDURE: Military Leave Policy
DATE WRITTEN: 11/6/2019
DATE REVISED:
DATE APPROVED BY MANAGEMENT TEAM: 11/11/2019
DATE APPROVED BY BOARD: 11/11/2019
PAGE: 89 of 1

POLICY/PURPOSE:

To accommodate members of the uniformed services in accordance with state and federal law.

SCOPE:

This policy refers to everyone in the company regardless of position or status if also serving in the Military.

ROLES AND RESPONSIBILITIES

One Sky staff who also serve in the Military and their Supervisors once informed.

PROCEDURE:

If you are called to active military duty or you enlist in the uniformed services, you are eligible for unpaid military leave of absence in accordance with state and federal law. Present your supervisor with a copy of your service papers as soon as you receive them. To be eligible for military leave, you must provide the Hospital with advance notice of your service obligations unless you are prevented from providing such notice by military necessity or it is otherwise impossible or unreasonable for you to provide such notice.

During your absence, your length of service accumulates, and your benefits will continue as required by applicable law. Provided your absence does not exceed applicable statutory limitations, you will retain reemployment rights and accrue seniority and benefits in accordance with applicable federal and state laws.

If you are required to attend yearly Reserves or National Guard duty, you may apply for an unpaid temporary military leave of absence not to exceed the number of days allowed by law (including travel). However, if you prefer, you may use your accrued Earned Time for this purpose. You should give your supervisor as much advance notice as possible so we can ensure proper coverage while you are away. Please contact Human Resources for further information about your eligibility for Military Leave.

Company's need for the employee to be at work.

Leave taken under this policy is unpaid, and an employee must apply any accrued, unused earned time to the absence.

The Company will not discharge, threaten, or discriminate against an employee for taking leave under this policy, and employees taking leave under this policy will not lose any seniority during the leave of absence.

Training Justification Form

External Training Request and Justification

Submit this form to your supervisor, at minimum, two weeks prior to training date.

Staff Name: _____ **Date Submitted:** _____

Training Title: _____

Location: _____ **Date & Time:** _____ **Cost:** _____

Training Description ***(include duration and intended audience)*:**

_____

_____

_____

_____

_____

Describe relevance of training to your current role or professional development:

_____

_____

_____

_____

_____

Notes on trainings:

- *Time taken to attend trainings will **only** be compensated if the training takes place during normally scheduled work hours.*
- *Mileage to attend external trainings will be reimbursed.*

Supervisor: _____ **Approved:** ____ **Denied:** ____

Supervisor Signature: _____

**Attendance at Approved training is contingent on available funding!*

Were there training funds available? _____

Handbook Acknowledgment Form
**** Employee Copy ****

By signing this form, I acknowledge that I have received a copy of the Agency's Employee Handbook. I understand that it contains important information about Agency's policies and procedures, that I am expected to read the Handbook and familiarize myself with its contents and that the policies/procedures in the Handbook apply to me. I understand that nothing in the Handbook constitutes a contract or promise of continued employment and that the Agency may change the policies at any time.
By signing this form, I acknowledge that my employment is at will. I understand that I have the right to end the employment relationship at any time and for any reason, with or without notice, with or without cause, and that the Agency has the same right. I acknowledge that neither the Agency nor I have entered into an employment agreement for a specified period of time.

Employee Signature_____Date _____

Printed Name of Employee: _____

Witness_____Date _____

Printed Name of Witness:_____

(This acknowledgment will become a part of your personnel file.)

---------- Please cut on dotted line ----------

Handbook Acknowledgment Form
**** Agency Copy ****

By signing this form, I acknowledge that I have received a copy of the Agency's Employee Handbook. I understand that it contains important information about Agency's policies and procedures, that I am expected to read the Handbook and familiarize myself with its contents and that the policies/procedures in the Handbook apply to me. I understand that nothing in the Handbook constitutes a contract or promise of continued employment and that the Agency may change the policies at any time.
By signing this form, I acknowledge that my employment is at will. I understand that I have the right to end the employment relationship at any time and for any reason, with or without notice, with or without cause, and that the Agency has the same right. I acknowledge that neither the Agency nor I have entered into an employment agreement for a specified period of time.

Employee Signature_____Date _____

Printed Name of Employee: _____
Witness_____Date _____

Printed Name of Witness:_____

(This acknowledgment will become a part of your personnel file.)

PLEASE SIGN AND RETURN THIS BOTTOM HALF TO HUMAN RESOURCES OFFICE

Remediation Action #20

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH REMEDIATION RESULTING FROM STAKEHOLDER ENGAGEMENT DISPUTE RESLOUTION POLICY

STANDARD

Regulatory	He-M 505.08 (f) Redesignation (see Appendix A, Exhibit 6)
Contractual	None Referenced

FINDING

It is essential for the Board of Directors to become actively engaged with the employees and structure of the organization. Employees have communicated that the Board of Directors, that has ultimately fiduciary responsibility for the organization have not been responsive to employee concerns regarding the work environment.

REQUIRED REMEDIATION

20. Create a regular employee relations committee that includes staff from all levels of the organization and board members.

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

One of the items included in the HR New Hire Orientation Manual (see Exhibit 41) is the One Sky Employee Handbook which was approved by the Board of Directors. Included in the Employee Handbook is One Sky Community Services' Employee Grievances and Harassment in the Workplace Policies. All employees are required to acknowledge that they have reviewed the Employee Handbook by signing and returning to HR an Acknowledgment Receipt.

We understand and acknowledge that employees must have a vehicle to express any grievances or issues they might have. We believe that the Employee Grievances and Harassment in the Workplace Policies clearly define the steps that any employee should take if they have a grievance or if they believe that they have been harassed. They should report any incident to their supervisor or if that is not possible or they are uncomfortable doing so they should report the specific details of the behavior to the HR Coordinator, Director of HR and Administration or the Chief Executive Officer. If an incident is reported to anyone of those three key contacts, it is their responsibility to consult with the other two. For example, if an incident involving the Director of HR and Administration is reported to the HR Coordinator, and then the HR Coordinator must consult with the Chief Executive Officer. All Incidents involving the Chief Executive Officer must be reported to and reviewed by the Director of HR and Administration, who is then required to advise and consult with members of the Board of Directors' Executive Committee.

Individuals who file a grievance or believe that they have been harassed are kept abreast of the investigation by the Director of HR and Administration and are provided with a report summarizing the findings and actions taken at the conclusion of the investigation. In the event, that the Director of HR and Administration is the subject of the investigation, it is the Chief Executive Officer's responsibility to follow up with the individual filing the grievance or harassment complaint.

During 2018, several board members indicated that they had been contacted by an employee independently. In all such cases the member of the Board who was contacted spent considerable time

EMPLOYEE HANDBOOK

PERSONNEL POLICIES AND PRACTICES

ONE SKY COMMUNITY SERVICES INC.
755 Banfield Road, Suite 3
Portsmouth, NH 03801
603-436-6111
800-660-4103 fax 603-436-4622

11/11/2019

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Hiring

A. Equal Employment Opportunity

It is the policy of the Company to provide equal opportunity in employment to all employees and applicants for employment without regard to race, color, creed, religion, age, sex or gender (including pregnancy, childbirth and related medical conditions), gender identity, sexual orientation, marital status, national origin, ancestry, citizenship, physical or mental disability, genetic information, military service or veteran status or other criteria protected by applicable federal, state or local laws and ordinances.

This policy applies to all terms, conditions, and privileges of employment and all policies of the Company, including but not limited to hiring, introductory period, training, orientation, placement and employee development, promotion, transfers, compensation, benefits, educational assistance, social and recreation programs, employee facilities, termination, and retirement.

Anyone with questions or concerns about equal employment opportunities in the workplace should immediately contact the Director of Human Resources or any other supervisor of the Company with whom you feel comfortable. The Company will not tolerate retaliation against any employee who raises questions or concerns about equal employment opportunities in the workplace, or participates in an investigation of a complaint of a violation of this policy. Please refer to the Discrimination, Harassment & Retaliation Prevention Policy for additional information regarding discrimination and retaliation including the relevant complaint procedure.

B. Recruitment and Selection

The Board shall hire the Chief Executive Officer.

The CEO or his/her designee shall make staff appointments.

Appointment to a position shall be in writing, with specific terms of employment set forth in a letter from the CEO to the employee.

All vacant positions are initially posted within the agency. Qualified employees who are interested are encouraged to apply. At the discretion of the CEO or his/her designee, the position may be advertised outside the agency.

All resumes of candidates for a position will be reviewed by the HR staff and vetted prior to an interview being initiated.

C. Pre-employment screening

All new hires will be subject to a Criminal History Record check, Driver Record Check from the State of most recent residence, a NH BEAS check and any other required character checks. Employment may begin upon satisfactory results. One Sky reserves the right to perform these checks at any time during the course of employment. Proof of valid driver's license and ongoing auto insurance coverage must be submitted at each renewal date(s) of coverage.

I. References / Employment Confirmation

All requests for staff employment confirmation and references are directed to the HR Office. Dates of employment and job title are confirmed. Any information requested beyond that will be addressed with an authorization form from the employee for release of personnel information.

Compensation

J. Overtime Pay

Non-exempt employees will receive overtime pay at 1½ times their regular pay in accordance with applicable laws. All work performed in excess of 40 hours per week will be considered when calculating hours worked for overtime purposes. (Any overtime must be pre-approved by employee's Department Manager.) Exempt employees are not eligible for overtime pay. Days not actually worked, such as holidays and/or earned time will not be counted for computing overtime.

No employee should work overtime unless specifically requested or authorized to do so by his/her supervisor.

L. Pay Periods

There are twenty-six bi-weekly pay periods each year. They begin at 12:00 AM Monday morning and end at 11:59 PM Sunday night two weeks later. The Finance Office issues payroll checks at 9:00 AM on the Friday following the close of each pay period. If a holiday or absence prevents the creation or distribution of paychecks on Friday, they will be issued on Thursday.

The New Hampshire Department of Labor permits these deductions, and requires employers to provide employees with notice of the other circumstances in which payroll deductions are permitted by law. Payroll deductions are also permitted for the following (and we recognize that not all of the following apply in our workplace, but we are providing the whole list as required by the Department of Labor): installment payments of legitimate loans made by the employer to the employee; repayment of accidental overpayments made to the employee; repayment of advances on vacation or other paid time off; required clothing not considered to be uniforms; voluntary rental fees for non-required clothing; voluntary cleaning of uniforms and non-required clothing; medical, surgical, hospital, and other group insurance benefits having no financial advantage for the employer; the use of a demonstrator vehicle as defined in RSA 261:111; payments into savings funds held by someone other than the employer; housing and utilities; strictly voluntary contributions to charity; union dues; and health, welfare, pension and apprenticeship fund contributions; voluntary contributions into cafeteria plans or flexible benefit plans, or both, as authorized by section 125 or section 132 of the Internal Revenue Code; voluntary payments by the employee for the following: child care fees by a licensed child care provider, parking fees, and/or pharmaceutical items, gift shop, and cafeteria items purchased on the site of a hospital by hospital employees; recovery of tuition for non-required educational costs; payments for the employee's use of a qualifying health or fitness facility; contributions to a political action committee; and for any purpose on which the employer and employee mutually agree that does not grant financial advantage to the employer, other than to purchase items required in the performance of an employee's job in the ordinary course of the operation of the business.

Pay Deductions For Exempt Employees: The Company complies with all federal and state laws with regard to deductions from paychecks, including deductions from the salaries of exempt employees. In accordance with the laws, salaried exempt employees receive a predetermined salary which is not subject to reduction because of variations in the quality or quantity of work performed, and is not subject to reduction for absences requested by the Company or due to the operating requirements of the Company. The Company recognizes that under federal and state law there are only limited reasons for which an exempt employee's salary for a pay period can be subject to deductions. The Company prohibits deductions from salaries that are inconsistent with an employee's exempt status.
Exempt employees should note that salaries are subject to modification from time to time such as at compensation review time, when an employee's position or responsibilities change, and at other appropriate times. Exempt employees should also note that it is permissible by law for the Company to apply earned time and other forms of paid time off to partial or full day absences for personal reasons, sickness, or disability, and that applying paid time is not considered a deduction from salary.

O. Change in Rate of Pay

All changes in pay rates must be decided upon by the CEO and confirmed in a letter from the CEO to the employee and signed by both parties. A copy of the letter must be provided to the Human Resources Office along with a Personnel Change Report (PCR) to effect the rate change and for inclusion in the employee's personnel file.

Orientation Period (continued)

B. New Employee

All new employees will be on new employment status for six months or until a satisfactory written performance appraisal has been completed, whichever occurs later. The orientation period may be extended at the discretion of the employees supervisor and with agreement from the CEO. New employees on orientation status accumulate benefits. If an employee terminates prior to the completion of the orientation period, accrued earned time will be paid at the time the person leaves.

C. Appointment to New Position

If an employee's position within the Agency is changed, he/she is once again on an orientation status for six months and until a satisfactory written performance appraisal and development plan has been completed.

Employment Status

EMPLOYMENT CLASSIFICATION:

All employees fall within one of the following classifications:

Non-Exempt: Non-Exempt employees are employees who are covered by (and not exempt from) the overtime provisions of the Fair Labor Standards Act. Non-Exempt employees are typically compensated on an hourly basis and receive overtime pay for hours worked in excess of forty (40) hours in a workweek.

Exempt: Exempt employees are employees who qualify based on their salaries and job responsibilities as exempt from the overtime provisions of the Fair Labor Standards Act. Exempt employees do not receive overtime pay as their salaries represent compensation for all work performed in a pay period. Exempt employees are expected to work the hours necessary to satisfactorily perform the expectations of their positions; typically this involves working no less than and often more than, 40 hours in a given workweek.

An employee's status as non-exempt or exempt may change based on the employee's position. Changes may only be made by the CEO. An employee will receive written notification of any change in status.

It is the practice of One Sky that all employees be 18 years or older.

EMPLOYEE CATEGORIES:

In addition to being classified as non-exempt or exempt, all employees are also classified in one of the following categories:

Full-Time Benefit Eligible Employees: One Sky has two levels of full-time status: FT 40 employees regularly scheduled to work 40 hours (or more) per work; or FT 35 employees regularly scheduled to work 35-39.9 hours per week. Full-time employees are eligible for

employees are not eligible for Agency benefits except those benefits mandated by law. If the agency arranges respite care, the respite care provider is a Temporary/Per Diem Employee.

If a Temporary/Per Diem Employee is offered and accepts regular employment with the Agency, the employee's initial hire date (when they became a staff member of One Sky) will be used for purposes of determining length of service with the Agency.

Status Change for regular status employees - from less than half time

When a regular part-time position is elevated from under 20 hours to over 20 hours, the employee will become eligible to accrue Earned Time, Holidays and any eligible prorated group benefits. The date used for computer accrual will be the date the position became more than 20 hours.

Earned Time will begin to accrue on the date of change. Longevity (or date of employment) will not count toward rate of accrual. For pay roll purposed this will be entered at the seniority date.

Performance Appraisal

A performance appraisal and development plan will be conducted for each regular employee by his/her immediate supervisor within thirty-one days of the end of the initial six month new hire orientation period. The next appraisal will take place annually for each regular status employee during their month of hire. However, the supervisor may do a performance improvement plan (PIP) at any time at their discretion due to a change in job performance. Job descriptions and departmental standards will also review annually. See the Human Resources Office for forms.

A. Change of Position

A performance appraisal and development plan will be performed after the six-month period in any new position of responsibility. Appraisals will take place during the annual review period thereafter.

B. Documentation

A written summary of the assessment will be reviewed with and signed by the employee, the supervisor and the CEO before being placed into the employee's personnel file.

C. Contents

The Performance Appraisal is a formal method to document the work performance of employees. The purpose is to 1) assure regular and systematic communication between employee and supervisor as it relates to job performance and expectations. 2) Assess future potential of employee in order to recommend appropriate training and developmental assignments. 3) Jointly establish clear, realistic and challenging objectives for the coming year that tie into the overall corporate goals and strategic plans. 4) Assess whether the overall performance of employee warrants a merit increase in salary. See the Human Resources for forms.

D. Disability Insurance
Regular status employees who work 35 hours or 40 hours are eligible for this coverage. As with all other benefits, new staff will not be enrolled until first day of month following a 30 day waiting period. An employee on disability leave will continue to be responsible for the usual medical insurance contribution and must make payment arrangements with the Human Resources Office.

1. Short Term
Coverage is sixty-six and two thirds percent of weekly salary up to a maximum of $1,000 per week for a qualifying period of up to twenty-six weeks. Coverage is immediate following an accident or after eight days of an illness. All other rights and benefits remain in force during any short-term disability.

2. Long Term
Covers sixty percent of normal monthly earnings up to $6,000 per month maximum after six months (180 days) of a qualifying disability. At this point, staff person will lose all other benefits and their position can no longer be held. Membership in group health/dental may continue under COBRA at a cost to the employee of 102% of the group price.

E. Earned Time/Paid Time Off

ETO/PTO is a combination of vacation and sick leave to be used as needed.

Full time employees working 40 hrs. per week accrue earned time according to the following schedule:

• First two years of employment (start date to second anniversary)	14.67 hours/mo.	22 days year
• Third year of employment	16.67 hours/mo.	25 days
(following second anniversary)		
• Fourth year of employment (following third anniversary)	18.00 hours/mo.	27 days year
• Fifth year of employment and on (following fourth anniversary)	19.33 hours/mo.	29 days year

Full time employees accrue up to a maximum of 240 hours (30 days). Any PTO/ETO will stop accruing until the balance drops below 240 hours.
Forfeited hours cannot be recovered.

Employees working 35, 30 or 20 hours per week will have a prorated schedule. Maximum accruals for part time employees working between 20 and 34.9 hours are prorated at 6 weeks of that employees' normal number of hours worked a week. For example, 25 hours week X 6 weeks = 150 hours maximum accrual.

H. Bereavement Leave

• Regular status full time employees will be granted up to 40 hours per fiscal year of bereavement leave in the event of the death of the employee's parent, spouse, child, sibling or co-habitant. If needed, up to 24 hours per year will be granted in the event of the death of other relatives. Bereavement leave will be prorated for regular part-time staff. If an employee requires any additional time off, their supervisor can approve paid vacation time off based on business needs.

• To be eligible for paid bereavement leave, Human Resources may require the employee to provide a copy of the published obituary or death certificate.

I. Professional Development Days

• See Professional Development Days Policy.

J. Family/Medical Leave

• See Family Medical Leave Policy.

K. Maternity Leave

• A female employee may utilize earned time leave, if any, and then take unpaid leave for the period of temporary disability resulting from pregnancy, childbirth, or related medical conditions. Upon returning to work, the employee will be provided the position she held when she began leave or to a comparable position, unless business necessity makes reinstatement impossible or unreasonable. Employees who cannot be returned to their former or a comparable position remain eligible to apply for any available position for which they are qualified.

L. Credit Union

• All employees are eligible for membership in the Northeast Credit Union.

N. Direct Deposit

• All employees paid through payroll may request all or a portion of their paycheck direct deposited into one or more banks/accounts. Please see Human Resources Office for details.

• Travel Reimbursement Employees whose duties requires the use of their personal vehicle will be reimbursed at a per mile rate. Any offsite program travel must be prearranged and approved by the program manager. Always check with your supervisor to assure eligible **reimbursement. The time and mileage it takes to report to and from work is considered commute time and is not compensable.**

Employees are expected to submit monthly travel reimbursement forms to their supervisor promptly at the end of each month or by the date designated by their supervisor.
Supervisors must review, approve, sign and submit to the accounts payable office by the 10th of each month to be paid in the month. Travel Reimbursement requests not submitted within 30 days will not be reimbursed. There is a $10.00 cap for lunches when offsite at a training. Meetings offsite with clients at a coffee house or restaurant must be preapproved by the supervisor and also have a $10.00 cap. Receipts for pre-approved meals and other expenses must be attached for accounting purposes. Any toll noted without a receipt, will be reimbursed at EZPass rate.
Following final review and approval, reimbursement checks are issued in the next accounts payable check cycle.
Staff should use actual mileage figures for travel to and from work locations. For example, a staff person lives in Durham, goes to Concord for an a.m. meeting, than back to office in Portsmouth. Count 36 miles from Durham to Concord, then 48 miles from Concord to Portsmouth (total 84). If you are stopping at a program that is on or close to your normal way home, use the "common sense rule" about billing the program.

O. Social Security (FICA)

All employees are subject to FICA withholding at a rate established by the federal government. The Agency matches the employee share as a required contribution to the employee's old age, disability and survivor's Social Security.

P. Unemployment Insurance

All employees paid via payroll are covered by unemployment insurance under the program administered by the State of New Hampshire. The cost is paid in full by the Agency.

when such consideration does not contradict Affirmative Action and Equal Employment Opportunity laws and regulations.
Promotion is based on the need of the agency, evaluation of job performance, the employee's capabilities with respect to the vacant position and, all other things being equal, meritorious service.

Disciplinary and Termination Procedures

At will employer
Employment with the company is "at-will." This means that you may terminate your employment at any time with or without notice or cause. It also means that the company can terminate your employment, at any time, with or without notice or cause. [Add if applicable: While the company generally adheres to progressive discipline, it is not bound or obligated to do so. Again, in the company's sole discretion, you may be terminated at any time, with or without notice or cause]. In addition, the company may need to alter your employment status, employment hours, schedule or demote you at its own discretion with or without notice or cause.

As an at will-employee, you are not guaranteed, in any manner, that you will be employed for any set period of time. No one in the company, except the CEO, in a written, signed contract, may make any representation or promise to you that you are other than an at-will employee.

Disciplinary and Termination Procedures

2. Suspension

A supervisor may, at his/her discretion in instances of seriously detrimental behavior on the part of an employee, suspend the employee without pay for disciplinary reasons for a period of not less than one week.

Written notice of suspension must be signed by the supervisor, delivered to the employee and must include the cause or causes for suspension and the dates of suspension. A copy of the notice must be delivered to the CEO, as soon as reasonably possible.
Verbal abuse, physical abuse, or behavior jeopardizing the health or safety of a client or staff member, including reporting to work or working with impaired abilities due to the consumption of drugs or alcohol, or the possession of or distribution of drugs or alcohol in the work place, are grounds for immediate suspension without pay from duty.
The circumstances will be reviewed by the CEO within seven calendar days.
If they are substantiated, they will be grounds for immediate termination without further notice, and all pay will cease.
If the circumstances are not substantiated, the employee will resume duty and receive pay, which regularly would have been earned during the suspension period
.

3. Probation

Employees who fail to perform satisfactorily may be subject to probation. A supervisor may, at his/her discretion, place an employee on probation for a period of not less than one month and not more than six months.
Written notice of probation must be signed by the supervisor, delivered to the employee, and must include the cause or causes and a corrective action plan specifying the outcomes expected and the timeline in which they are to be accomplished.
At the close of the probationary period, a written review of the corrective action plan will be conducted by the supervisor. Depending on the degree of compliance, the supervisor may (a) remove the employee from probationary status (b) extend the probationary status by writing an addendum to the corrective action plan, or (c) request the CEO terminate the individual.
All probationary periods and corrective action plans will be reviewed by the CEO within seven calendar days.
Employees will not forfeit any benefits during a probationary period, with the exception that the supervisor may decide not to approve the taking of earned time.

Office Policies and Procedures

A. Office Hours

The offices of One Sky are open from 8:30 a.m. to 4:30 p.m. Monday through Friday. Full- time employees are expected to work these hours, with a half hour paid lunch break, for a total of forty hours per week.

Some employees will, however, work irregular hours due to the nature of their position, subject to review by their supervisor.

B. Flex time

Reasonable flex time arrangements may be made within the seven-day work week for non-exempt employees. See Compensation section for more details. Overtime may not be carried over into a new pay period.
What is reasonable will depend on the job description of the employee and the needs of the agency or the people we serve. Reasonable flex time arrangements may be made for exempt employees at the discretion of their supervisor.

C. Office delay/closing expectations

The office will be open except in extreme conditions. The CEO will make the decision to delay opening the office or to close the office due to extreme weather conditions or emergency situation. A notice of decision will be carried on local radio stations.It will also be broadcast to staff via agency voice mail and email by 6:30 A.M.

All employees issued agency laptops and cell phones are expected to work from home in inclement weather if the office is closed. Non-exempt and exempt staff are expected to be available and work off-site as able. Non-exempt employees may apply any accrued, unused earned time to the absence but will otherwise not be paid, unless required by law. Exempt employees will be required to use accrued earned time for any absence. If an exempt employee does not have sufficient accrued earned time to cover any such absence, the employee will be paid a full day's pay for that day, as long as the employee has performed any other work during the same pay period.

Reminder: Staff should always use their own discretion about whether to travel due to concerns over weather conditions and may choose to use accrued earned time. If you have arranged to work at home, providing work is available and supervisor approved, note the number of actual hours worked on timesheet in the appropriate row.

J. Copier / Fax

The Office Coordinator will familiarize you with the location and use of the office copier and fax equipment. Employees may make occasional copies or transmissions of personal material, but should reimburse the office for anything exceeding five pages. Large personal copying projects should be taken to commercial print shops.

K. Kitchen Facilities

At the main office: Coffee ($.25), tea, two microwaves, oven, dishwasher and refrigerator are provided by the agency. All employees are responsible for keeping cups, pots, utensils and the surrounding area clean. Staff should check the toaster oven, microwave and range to make sure they are off and clear of crumbs and splatter. Staff should also *check the refrigerator for leftovers at least weekly* and remove them to prevent build up. Please be advised that our cleaning service does routinely come in to do a deep clean of the refrigerator and they will throw away any abandoned containers. Please see the Office Coordinator for information about this schedule. The conference room(s) serves as a staff lunchroom when meetings are not scheduled. Please clean the table top and keep area neat..

L. Employee Directory

An employee directory is available for staff members through the HR Office.

M. Smoking Policy

There is no smoking anywhere in any of the One Sky offices or homes and the landlord has a no smoking campus. Smoking is only allowed at the One Sky office at the gazebo or in your car.

N. Fragrance Free Workplace Policy

This policy is to ensure a workplace free of airborne irritants. Certain individuals suffer negative health reactions to a variety of scents and fragrances. These reactions can be so severe as to make individuals violently ill and unable to work.

Perfumes, after-shaves and any other scented products (hand lotions, hair treatments) are prohibited. See the Fragrance Free Workplace Policy for full details.

U. Client Rights

There is a manual which outlines the rights of people we serve and the complaint process if you believe a right is violated. See the complaint procedure for details. All staff of One Sky are required to attend training on Rights of the people we serve at hire, then again during the second year of employment.

V. Commonly used Forms and Handouts

The Human Resources Office will issue an updated Holiday Schedule, necessary Payroll sheets, etc. and orientate employees on where to find forms such as the Monthly Travel/Mileage and Check Request Forms

W. Motorcycles

Due to liability insurance limitations, the use of motorcycles, mopeds or the like are not allowed during work hours or for work related travel.

X. Business Attire

It is expected that staff members will maintain a clean, well-groomed appearance and project a professional and business-like image. One sky reserves the right to define appropriate standards of appearance for the workplace. Please see the Dress Code Policy for a detailed breakdown of the business casual dress code requirements.

Y. Professional Conduct

One Sky maintains a professional and congenial work environment, and will ensure it remains civil for everyone who is employed here. All employees will treat each other with courtesy, consideration and professionalism.

The agency will not tolerate harassment of any employee by any other employee or supervisor. Harassment includes unreasonable conduct or behavior which is personally offensive or threatening, impairs morale or interferes with the work effectiveness of employees. Please see our Discrimination, Harassment, and Prevention Policy for more information regarding our expectations of a harassment-free workplace.

Our Commitment to Quality

Our Commitment to Quality
One Sky defines Quality as meeting and exceeding the expectations of the individuals we serve, the provider agencies we subcontract with, and our regulating bodies (BDS, DHHS, Medicaid, etc.)

Our Commitment to Quality is owned by every employee at One Sky.

In order to meet Our Commitment to Quality, we will be:
- Thoughtful and Purposeful in our support of the individuals we serve by assuring person-centered planning and services and always considering the individual's best interests and wellbeing.
- Collaborative and Respectful in our interactions with provider agency staff, individuals, and families/guardians.
- Timely in our communication and our documentation.
- Knowledgeable and Responsible for finding answers when we do not have them.
- In Compliance with all relevant state and federal laws and regulations.

Client Privacy and Agency Confidentiality

PRIVACY OF THE INDIVIDUALS WE SERVE

It is the policy of One Sky Community Services to protect the privacy of every client in every reasonable way, consistent with the Agency's service obligations. The following are instances of breach of confidentiality:

A. Information left lying open that identifies clients, for example a calendar of appointments with complete names, or a partially finished report at a printer or typewriter.

B. Discussing a client with somebody who has no professional reason to know.

C. Giving out information over the telephone when you are not sure to whom you are speaking.

D. Admitting to people who have no right to know that an individual is a client.

F. Giving information on a client when there was no benefit to the client and when the client had not agreed to the transmission of information.

G. Sending identifiable information not enclosed in an envelope.

H. Leaving files containing confidential information unlocked when no one authorized to use them is around.

I. Providing written or verbal communication without search warrants or proper releases or legal papers.

NAME OF PROCEDURE:Workplace Health & Safety
DATE WRITTEN: 10/96
DATE REVISED: 4/17
DATE APPROVED BY MANAGEMENT TEAM: 11/11/2019
DATE APPROVED BY BOARD: 11/11/2019

POLICY/PURPOSE:

To assure that all staff work in a safe and healthy environment, and to ensure that all staff are informed of and practice safety and health discretion in their daily work.

SCOPE:

It is the concern of management to address health and safety issues that may affect how work is done in the work environment. It is the responsibility of staff to abide by safety rules, recommendations and policies set forth by the Workplace Safety Committee and the Board of Directors of One Sky Community Services.

ROLES AND RESPONSIBILITIES

The Safety Committee will: 1) address potential workplace safety issues before they become a hazard, 2) establish, review and maintain written preventative guidelines, 3) inform staff of these safety guidelines, and 4) encourage staff to participate as volunteers to the Workplace Safety Committee.

Employees are expected to become familiar with other agency policies that outline rules relating to safety issues: Drug and Alcohol use, Criminal History checks, Sexual Harassment, Blood borne Diseases prevention, Driver Liability and Record Checks, as well as expected employee conduct and general office procedures outlined in the Employee Handbook.

Any contractor or vendor that provides service to One Sky will be subject to proof of insurability. Any Trade contractor called to provide services within the office or properties owned by One Sky will be subject to providing proof of insurability upon request. Disclosure of any irritants or by-products from such a service will be accounted for before service is rendered.

PROCEDURE:

Workplace Safety Committee:

As required by the State Department of Labor, and in accordance with House Bill 1579 (10/94), OSCS has established a "Joint Loss Management Safety Committee", namely the Workplace Safety Committee to assist in reviewing and make recommendations regarding any potential workplace safety issues.

The Workplace Safety Committee is a voluntary group of staff representative of each department with a minimum of 4 members. There must be management representation (but no more that 50% of committee can be management). The committee will meet at least quarterly and hold an annual walk-through of the office.

will wear safety belts at all times. Minimum limits of liability coverage for a personal auto insurance plan are $100,000/$300,000. Additionally the agency's general liability policy will act as an 'umbrella' and cover damages in excess of employees' personal limits in an unlikely situation that personal limits are exceeded.

Regular staff that transport consumers or travel regularly on agency business will be issued first aid kits to keep in their vehicles. See the Nurse Trainer for first aid kit and refills. Family Supervisors are responsible to provide first aid kits to their staff if they so desire. If driver is involved in an accident while working, contact family supervisor or HR staff immediately. Never refuse medical attention for yourself or passenger(s).

Damage to employee vehicle caused by consumer:

In the case where there is damage or an accident caused by the individual served and involving agency employee operated/owned vehicle, the agency will reimburse the insured the out of pocket expenses related to damages, such as covering the insurance deductible.

Workstation ergonomics:

The Safety Committee is responsible for reviewing and also intervening with needed workstation corrections. Staff who feel they need reasonable accommodation(s) can make request(s) to their immediate supervisor and/or a safety committee member or chair who will approve accommodation. Note: staff are advised to vary repetitive work hourly. Stand-up, stretch, walk around, change tasks.

When working at a keyboard, always keep a 90-degree angle at the elbow. Mouse needs to be properly positioned. Wrist and hands should stay straight.

Emergency:

In anticipation of such event, staff are expected to become familiar with the evacuation routes posted at each facility. A fire extinguisher is provided at each facility. The main office is also set up with a sprinkler system.

Each facility will have their specific evacuation plan. Please check with your manager.

Emergency Evacuation Plan at Banfield Road: In the event of fire or fire alarm sounding –

1. All staff and visitors are to leave the building immediately.
2. Save your work on the computer, shut down/log out, or take your laptop – if time allows
3. Collect your belongings quickly
4. Escort your visitor(s) from the building. Staff will be accountable for their visitor(s).
5. Never risk personal safety.
6. Assigned Safety committee representative(s) will check the restrooms.
7. Supervisors will sweep their department area on the way out to assure staff currently in the office, have left or are leaving.
8. There are two exits out of our office and two exits out of the building. Do not use an exit if filled with smoke.
9. Everyone is to meet at the bottom of the parking lot by Constitution Road.
10. Supervisors will confirm with Safety committee chairperson or lead safety representative that their department staff working in the office, are accounted for.

NAME OF PROCEDURE: Acceptable Use of Technology Policy
DATE WRITTEN: 03/2002
DATE REVISED: 1/07, 7/11, 5/12, 10/12, 05/16
DATE APPROVED BY MANAGEMENT TEAM: 05/01/2016
DATE APPROVED BY BOARD: 11/11/2019

POLICY/PURPOSE:

It is the policy of One Sky to provide, support and maintain an environment that promotes ethical and responsible use of technology to enhance workplace productivity, communication, and efficiency, and at the same time secure the privacy of the data of the people we serve. Computers, files, passwords, e-mail messages, voice mail messages and all other data on these systems are agency property and One Sky management retains the right to examine, monitor or review materials.

The Chief Executive Officer is responsible for the overall implementation of these procedures consistent with established Board policy. All One Sky staff will be informed of this procedure as a part of the agency personnel practices.

One Sky respects the good intentions and honesty of its employees. Limited personal use is permitted (i.e. lunch break, before or after work), as long as the following guidelines are followed, it is not excessive and has no negative impact on agency resources. Misuse or excessive personal use of agency communication technology or agency information will be addressed on a case by case base, and privileges may be revoked and further disciplinary action may be taken.
This policy will be implemented in a manner consistent with the agency's other policies. If any part of this policy is found to be invalid or illegal, the rest of the policy will remain in force.
Employees who have questions about this policy, or who discover a violation of this policy, are required to notify Director of Administrative Support Services.

SCOPE:

All Staff are responsible for adhering to this policy. This policy covers all Staff of One Sky, including applicants for employment and third parties over whom One Sky has control.

PROCEDURE:

Computer Network Usage

Our computer network and all of its components are intended to be used only by authorized One Sky Community Services employees primarily for business purposes. No unauthorized employee or any other person not employed by One Sky Community Services is permitted to use agency owned equipment without specific prior authorization from designated Information Technology (IT) staff. All users of our network resources must have their own personal network user accounts established by the Director of Administrative Support Services.

Computer facilities and equipment may not be used in connection with compensated or uncompensated outside work for the benefit of for-profit organizations nor for compensated outside work for non-profit organizations. Use of resources for uncompensated outside work for non-profit organizations is permissible with prior Chief Executive Officers' approval.

Notebooks/PDA's/Tablets

Computer Notebooks, Tablets and Personal Handheld Devices (PDA's, Palms, etc.), purchased by staff that interface with the agency network, must be approved for sync by Director of Administrative Support Services. Devices purchased by the Agency will be inventoried and a User Agreement must be reviewed and signed before being issued to staff. Notebooks, Tablets or PDA's with PHI (protected health information) on it will be required to be password protected. Users must use their current network password and change it as passwords are re-issued.

Confidential Data

Confidential data is defined as all data or information that directly identifies or might reasonably be expected to indirectly identify a consumer or employee, any and all health care records, Protected Health Information (PHI), any and all financial data and any other data or information from or about a consumer or employee in which the consumer or employee has an expectation of privacy, including, but not limited to: full name, social security number, address, telephone number, e-mail address, age, date of birth, race/ethnic status and any other identifying characteristics.

Electronic data covered under this policy is subject to all applicable federal, HIPAA, state, and agency laws, regulations and policies, including those governing confidentiality. Confidential data may not be transmitted outside secure agency systems unless password encrypted or otherwise protected using methods approved by the Agency IT Committee and/or the Agency HIPAA Review Team.

E-Mail

The agency provides each user with an e-mail account and access to the Internet, with the goal to broaden communication and job related research for business purposes. As we become more dependent on these systems, we must be mindful of effective and appropriate use. Email is not fully secure and confidential. When sending e-mail messages concerning confidential or protected information, employees must use significant caution. For example, a clients' name should never appear in the subject box. OK to use first name, last initial. Last name should not be included in any email, attached spreadsheet/budget/document, UNLESS the e-mail is encrypted or password protected.

Another necessity is that staff periodically clean/clear their folders in Outlook, as excessive storage of emails will cause the network to function slowly. Inbox, Sent Items and Deleted items should be checked regularly. One Sky Community Services reserves the right to limit mailbox size and to place strict limits on the size of e-mail attachments that can be sent or received, to ensure efficient and uninterrupted service.

An employee's assigned email account is the property of One Sky Community Services and there is no implied or expected right of privacy regarding the contained documents or communications. Staff should assure that email messages they create support the professional image of One Sky , reply to messages promptly, and use the automated "Out of Office" reply when out for an extended

One Sky maintains a website to provide information and promote public awareness of One Sky. Information on the website is intended to be current and correct. Inform the Director of Outreach and Development if you become aware of information that needs to be revised.

Incoming and outgoing messages and data are subject to being accessed, reviewed, disclosed or monitored at the sole discretion of the agency in the ordinary course of its business, at any time, with or without notice, even if protected by a password or any other means. The agency reserves the right to monitor employee use of the Internet. Deleted data may be retrieved for review.

Social Media Sites

No employee shall represent the Agency in any way on any social media site such as Facebook or Myspace unless approved by the Chief Executive Officer beforehand. Social media sites are not to be accessed from Agency computers for any reason without prior approval, due to the prevalence of spyware and viruses on such sites.

Blogs

Any writing on a personal Blog shall not contain any information on his/her employer in a negative light. One Sky reserves the right to consider information written in a Blog, and will hold employee responsible.

Printers

One Sky will provide all users' access to shared printers. There is no guarantee individual offices or users will have their own printers. No personal (user owned) printers will be supported. The agency's color printer will be available for work related project managed through the Director of Administrative Support Services.

Phones/Voice Mail Usage

The agency provides staff with multi-line phones with individual voice mailboxes. Employees are responsible for maintaining up-to-date greetings informing incoming callers of their availability, as well as a recorded name for their mailbox. Staff should respond to messages as soon as possible, keep your held voice messages to a minimum as this system has limited storage, and reimburse the agency for all personal calls or faxes.

Email Retention Policy

In accordance with the Sarbanes-Oxley Act of 2002, which refers to a law requiring retention of electronic communications, One Sky has a process of retaining and archiving all emails. To access any of the retained email, a strict policy is in place that outlines the protocol and chain of command security. Please refer to Policy 8.2 in the One Sky Policy Manual. The complete policy can also be found on the common drive.

Other Electronics or Agency Owned Items

NAME OF PROCEDURE: Accusation, Arrest or Conviction Policy
DATE WRITTEN: 10.18.2004
DATE REVISED:
DATE APPROVED BY MANAGEMENT TEAM: 11/11/2019
DATE APPROVED BY BOARD: 11/11/2019

POLICY/PURPOSE:

To put in place a procedure that requires employees to promptly notify administration of any accusation, arrest, or conviction of criminal changes. To ensure employees are treated fairly while balancing the interests of the agency

SCOPE:

All One Sky staff will be aware of this procedure as a part of the agency's personnel practices

ROLES AND RESPONSIBILITIES

One Sky Community Services is responsible for enhancing the quality of life for individuals with developmental disabilities or acquired brain disorders who are eligible for services in Region VIII of the New Hampshire Developmental Disabilities Services system. The staff who work within the Region VIII service network are one of the most important resources we offer. Their values and competence directly affect the quality of life of the people we serve.

PROCEDURE:

Any employee who is accused of, arrested for or convicted of any misdemeanor or felony shall notify his/ her supervisor within 48 hours. An employee who is out on any form of leave at the time of the accusation, arrested or conviction shall report within the same 48 hour limit. In case the employee is incarcerated, a family member may call on their behalf.

The Supervisor shall notify the Chief Executive Officer and Human Resources immediately. The Department Supervisor, Chief Executive Officer and HR director will make a determination based on the nature of the accusation, arrest or conviction, whether the employee will be eligible to return to work, placed on administrative leave or immediately terminated.

An employee may be placed on administrative leave if the employee's presence at work could be harmful to individuals served, the public, other employees or compromise any investigation. The agency administration will determine whether this leave will be covered under available earned time, leave of absence without pay or a combination of both. A written notice will be provided to the employee stating the agency's determination of the course of action.

An employee's failure to report any arrest, conviction or accusation within the specified time period my result in disciplinary action, up to and including termination of employment.

Information regarding such accusation, arrest or conviction will be treated confidentially and only shared on a "need to know" basis.

- Prospective employees are required to identify if they are related to any current employee of One Sky.
  - Prospective employees who are related individuals to a current employee of One Sky are permitted to work at One Sky provided that they may not be placed in a position where they either directly supervise or are supervised by any related individual working at One Sky.
  - In the event that any prospective employee identifies that they are a related individual to any current employee of One Sky, the Director of HR and Administration will determine if a potential conflict of interest would exist if the individual is hired for the position she/he is applying for.
  - If no conflict of interest with a current employee would exist if the prospective employee is hired, the Director of HR and Administration will document that conclusion and place such documentation in the prospective employee's file.
  - If the Director of HR and Administration determines that a potential conflict of interest with a current employee of One Sky could exist, she/he will determine whether or not the prospective employee can be hired. If so, the Director of HR and Administration will work with the hiring manager to develop a protocol under which the prospective employee could be hired, which will be reviewed with and signed by all relevant parties and revisited as part of the annual job appraisal.
- Employees who become related individuals to other employees while employed are required to notify the Director of HR and Administration within 30 days after the change in relationship so as to avoid any real or potential conflict of interest. All such employees will be subject to the guidelines included in this policy.
  - The Director of HR and Administration will conduct a review to determine if a conflict of interest exists following any change in relationship between two employees.
  - If no conflict of interest is deemed to exist, the Director of HR and Administration will document that conclusion and place such documentation in the employee's file.
  - If a conflict of interest is deemed to exist as a result of the change in relationship, the Director of HR and Administration will determine whether or not an acceptable protocol governing the interactions between the two employees can be established.
    - Any such protocol must be signed and accepted by all relevant parties; and
    - Such protocol will be reviewed as part of the annual job appraisal.
  - If a protocol acceptable to all parties cannot be developed, then one or both employees may be reassigned to other duties.
  - If the Director of HR and Administration recommends that any such reassignment must take place, each affected employee will have the right to appeal that decision to the Chief Executive Officer. In the event of an appeal, the decision of the Chief Executive Officer will be final.
- Any employee who believes that a potential conflict of interest may exist between other employees should contact the Director of HR and Administration.
  - The Director of HR and Administration will conduct a review to determine if a conflict of interest exists.
  - If no conflict of interest is deemed to exist, the Director of HR and Administration will document that conclusion and place such documentation in the employee's file.
  - If a conflict of interest is deemed to exist, the Director of HR and Administration will determine whether or not an acceptable protocol governing the interactions between the affected employees can be established.
    - Any such protocol must be signed and accepted by all relevant parties; and
    - Such protocol will be reviewed as part of the annual job appraisal.
  - If a protocol acceptable to all parties cannot be developed then one or several of the affected employees may be to be reassigned to other duties.
  - If the Director of HR and Administration recommends that any such reassignment

POLICY/PURPOSE:

To accommodate disabilities as needed in order to work at One Sky.

SCOPE:

To ensure that people employed by One Sky are accommodated where necessary in order to complete their duties of employment.

ROLES AND RESPONSIBILITIES

One Sky Community Services is responsible for enhancing the quality of life for individuals with developmental disabilities or acquired brain disorders who are eligible for services in Region VIII of the New Hampshire Developmental Disabilities Services system. The staff who work within the Region VIII service network are one of the most important resources we offer. Their values and competence directly affect the quality of life of the people we serve.

PROCEDURE:

The Company prohibits any form of discrimination in hiring, as well as in all terms and conditions of employment, against qualified individuals with physical or mental disabilities.

We will provide reasonable accommodations to qualified individuals with disabilities (as defined by applicable law) to ensure equal opportunity in the application process, to enable employees to perform essential job functions, and to ensure that disabled employees enjoy the same benefits and privileges of employment as are enjoyed by employees without disabilities.

Please notify the Human Resources Department if, because of a disability, you require an accommodation to perform the essential functions of your job. You may be asked to provide medical documentation about your disability and the types of reasonable accommodations that may be effective for you. We expect that you will comply with these requests for information so that we may determine your eligibility for accommodation and evaluate possible accommodations for you. We will work interactively with you and will maintain all medical information in a confidential manner. Medical information will be disclosed only to those with a legitimate need to know.

The Company reserves the right to decline to provide an accommodation if the accommodation would cause an undue hardship to the Company or its employees. The Company also reserves the right to decline to provide an accommodation if the employee may cause a direct threat to his/her own health or safety or the health of safety of others, even with the benefit of an accommodation.

NAME OF PROCEDURE: Dress Code Policy

Supervisors are expected to inform employees when they are in violation of the dress code. It is up to the discretion of supervisors, department heads, and human resources as to what constitutes a violation of this policy. Employees in violation are expected to immediately correct the dress code issue. This may include having to leave work to change clothes.
Repeated violations or violations that have major repercussions may result in formal disciplinary action including formal write-ups and termination.

suspension from work without pay, and up to an including dismissal. It is the responsibility of supervisor to counsel employees whenever they see changes in performance or behavior that suggest that an employee has an alcohol or other drug problem. (Please see HR for more details.) Appropriate action must be taken within thirty days (or immediately if warranted by the circumstances) of actual knowledge or notice of an issue covered by this policy.

As stated in One Sky Policy 3.16 'Accusation, Arrest or Conviction', employees must notify their supervisor within forty-eight hours if accused of, arrested for or convicted of a criminal or drug/alcohol violation.

One Sky will notify its funding source within ten days of any notice or actual knowledge of an employee conviction.

This policy is not intended to interfere with the private lives of its employees unless involvement with alcohol and other drugs off the job affects job performance.

One Sky encourages employees to voluntarily seek help for drug and alcohol problems prior to incurring disciplinary action pursuant to this policy. Employees are encouraged to seek help through the agency's Employee Assistance Program or to talk to their supervisor, the Chief Executive Officer or the HR office, for information on helpful resources. Treatment for alcoholism and/or other drug use disorders may be covered by One Sky employee health plan. However, the ultimate financial responsibility for recommended treatment belongs to the employee.

To ensure all employees are aware of their role in supporting this policy, One Sky shall take the following steps:

- The policy will be posted in a prominent place at One Sky.
- All employees will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new employees
- All staff will receive an annual reminder of the existence of the policy
- The policy will be reviewed and reaffirmed annually at the Workplace Safety meetings.
- Every supervisor will receive training to help her/him recognize and manage employees with alcohol and other drug problems.

All information received by One Sky through the drug-free workplace program is confidential. Access to this information is limited to those who have a legitimate need to know.

As a limited exception to this policy, alcohol may be served at One Sky sponsored social events, such as the holiday party and fundraisers. A variety of non-alcoholic beverages shall always be served when alcohol is present. One Sky social events shall not center on alcohol consumption and any such usage shall be reasonable.

Coordinator will inform the Board of Directors who will then be involved in the process of reviewing the grievance from the beginning until it has been resolved.

- Issues involving discrimination and/or harassment are governed by the Harassment in the Workplace Policy. Termination of employment is not subject to the grievance procedure.

- If the grievance is not resolved by the informal discussion process set forth above, the employee will be asked to fill out a grievance form.

Grievance Investigation

After receiving the Employee Grievance Form, Human Resource Personnel and other applicable staff will investigate the grievance. HR staff may use any means necessary to complete a thorough investigation of the events alleged in the form. HR will make all efforts to respond to the written grievance within ten days.

Employee Cooperation

Employees who file a grievance as well as employees involved in the grievance investigation are expected to provide accurate, truthful and comprehensive information at the time of the filing of the grievance and throughout the investigative process. Failure to willingly provide accurate, truthful, and comprehensive information or omitting information may result in disciplinary action up to release from employment.

Resolution of Grievance

Final determination of the grievance resolution is made by the Director of HR and Administration and other applicable staff. The employee will be informed in writing of One Sky's response and any actions taken in relation to the employee grievance. The Director of HR and Administration (or other person if not originally submitted to the Director of HR and Administration) will complete a Grievance Resolution documenting these actions.

Resolution Information Provided to Those Participating in the Investigation

The results of an investigation are only shared with the employee who files the grievance. Results are not shared with employees who participate in the investigative process unless an employee is disciplined in response to a grievance or unless the agency deems it necessary to share such information with someone other than the person who filed the grievance.

Disciplinary Action Resulting From a Grievance

If One Sky determines that employee disciplinary action is warranted in conjunction with a grievance, appropriate disciplinary action will be taken. Disciplinary action may include but is not limited to warnings, reprimands, suspension or release from employment. One Sky may, at its discretion, obtain an independent legal opinion regarding appropriate disciplinary action.

Appeals

If an employee is not satisfied with the actions taken by One Sky in relation to their grievance, the employee may file an appeal within five (5) business days of receiving the Grievance Resolution Form. The appeal must be in writing and submitted in the same manner as the initial grievance. All appeals not involving the Chief Executive Officer will be reviewed by the Chief Executive Officer and his/her decision will be final. Appeals involving the Chief Executive Officer will be reviewed by the Board of Directors, whose decision will be final.

Confidentiality of Grievance Information/Investigation

Information obtained during the grievance process will be kept confidential by personnel

Employee Grievance Form

It is the purpose of this procedure to establish a method whereby grievances of employees will be resolved fairly and effectively. The filing of a grievance will in no way prejudice the status of the employee. Please see the Grievance Policy for a full description of the procedure.

Employee Name:_____ Date:_____

Department:_____ Job Title:_____

Statement of Grievance (background/activity leading to the compliant, including dates):___
_____
_____
_____
_____
_____

Remedy Requested:_____
_____
_____
_____

Employee Signature:_____ Date:_____

_____

Date immediate Supervisor was notified_____
(see attached response)

Date HR was notified:_____
(See attached Response)

Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, caring for the parents of the military member on covered active duty and attending post-deployment reintegration briefings.

Additional Military Family Leave Entitlement (Injured Service member Leave)

In addition to the basic FMLA leave entitlement discussed above, an eligible employee who is the spouse, son, daughter, parent or next of kin of a **covered service member** is entitled to take up 26 weeks of leave during a single 12-month period to care for the service member with a serious injury or illness. Leave to care for a service member shall only be available during a single-12 month period and, when combined with other FMLA-qualifying leave, may not exceed 26 weeks during the single 12-month period. The single 12-month period begins on the first day an eligible employee takes leave to care for the injured service member.

A **"covered service member"** is a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is on the temporary retired list, for a serious injury or illness. These individuals are referred to in this policy as "current members of the Armed Forces." Covered service member also includes a veteran who is discharged or released from military service under condition other than dishonorable at any time during the five (5) year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation or therapy for a serious injury or illness. These individuals are referred to in this policy as "covered veterans."

The FMLA definitions of "serious injury or illness" for current Armed Forces members and covered veterans are distinct from the FMLA definition of "serious health condition" applicable to FMLA leave to care for a covered family member.

"Serious injury or illness" means:

(1) In the case of a **current member of the Armed Forces**, including a member of the National Guard or Reserves, means an injury or illness that was incurred by the covered service member in the line of duty on active duty in the Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that may render the member medically unfit to perform the duties of the member's office, grade, rank or rating; and

(2) In that case of a **covered veteran**, means an injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the member became a veteran, and is:

(i) a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the service member unable to perform the duties of the service member's office, grade, rank, or rating; or

(ii) a physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service-Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or

(iii) a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or

(iv) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

• if the leave is for a family member, that the condition renders the family member unable to perform daily activities or that the family member is a covered service member with a serious injury or illness.

Calling in "sick," without providing the reasons for the needed leave, will not be considered sufficient notice for FMLA leave under this policy. Employees must respond to the Company's questions to determine if absences are potentially FMLA-qualifying.

If employees fail to explain the reasons for FMLA leave, the leave may be denied. When employees seek leave due to FMLA-qualifying reasons for which the Company has previously provided FMLA-protected leave, they must specifically reference the qualifying reason for the leave or the need for FMLA leave.

Timing of Employee Notice

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days' notice is not possible, or the approximate timing of the need for leave is not foreseeable, employees must provide the Company notice of the need for leave as soon as practicable under the facts and circumstances of the particular case. Employees who fail to give 30 days' notice for foreseeable leave without a reasonable excuse for the delay, or otherwise fail to satisfy FMLA notice obligations, may have FMLA leave delayed or denied.

Cooperate in the Scheduling of Planned Medical Treatment (Including Accepting Transfers To Alternative Positions) and Intermittent Leave or Reduced Leave Schedules

When planning medical treatment, employees must consult with the Company and make a reasonable effort to schedule treatment so as not to unduly disrupt the Company's operations, subject to the approval of an employee's health care provider. Employees must consult with the Company prior to the scheduling of treatment to work out a treatment schedule which best suits the needs of both the Company and the employees, subject to the approval of an employee's health care provider. If employees providing notice of the need to take FMLA leave on an intermittent basis for planned medical treatment neglect to fulfill this obligation, the Company may require employees to attempt to make such arrangements, subject to the approval of the employee's health care provider.

When employees take intermittent or reduced work schedule leave for foreseeable planned medical treatment for the employee or a family member, including during a period of recovery from a serious health condition or to care for a covered service member, the Company may temporarily transfer employees, during the period that the intermittent or reduced leave schedules are required, to alternative positions with equivalent pay and benefits for which the employees are qualified and which better accommodate recurring periods of leave.

When employees seek intermittent leave or a reduced leave schedule for reasons unrelated to the planning of medical treatment, upon request, employees must advise the Company of the reason why such leave is medically necessary. In such instances, the Company and employee shall attempt to work out a leave schedule that meets the employee's needs without unduly disrupting the Company's operations, subject to the approval of the employee's health care provider.

Submit Medical Certifications Supporting Need for FMLA Leave (Unrelated to Requests for Military Family Leave)

Depending on the nature of FMLA leave sought, employees may be required to submit medical certifications supporting their need for FMLA-qualifying leave. As described below, there generally are three types of FMLA medical certifications: an **initial certification**, a **recertification**, and a **return to work/fitness for duty certification**.

It is the employee's responsibility to provide the Company with timely, complete and sufficient medical certifications. Whenever the Company requests employees to provide FMLA medical certifications, employees must provide the requested certifications within 15 calendar days after

different covered active duty or call to covered active duty status of the same or a different covered military member.

When leave is taken to care for a covered service member with a serious injury or illness, the Company may require employees to obtain certifications completed by an authorized health care provider of the covered service member. In addition, and in accordance with the FMLA regulations, the Company may request that the certification submitted by employees set forth additional information provided by the employee and/or the covered service member confirming entitlement to such leave.

Substitute Paid Leave for Unpaid FMLA Leave

FMLA leave is unpaid leave although you may be eligible for short or long-term disability payments and/or workers' compensation benefits under those insurance plans or for salary substitution under the Company's other applicable policies (e.g., pay during parental leave). These plans and policies are described elsewhere in the handbook, and further information is available in any plan documents for those plans. Receipt of short or long-term disability payments and/or workers' compensation benefits under those insurance plans or for salary substitution under the Company's other applicable policies does not extend the maximum amount of leave time to which an employee is eligible under the FMLA. Subject to applicable law, employees must use any accrued paid time (excluding paid holidays, but including floating holidays) while taking unpaid FMLA leave for which they are otherwise not receiving pay by way of short or long-term disability payments and/or workers' compensation benefits under those insurance plans or for salary substitution under the Company's other applicable policies, subject to applicable law. The substitution of paid time for unpaid FMLA leave time does not extend the length of FMLA leaves and the paid time will run concurrently with an employee's FMLA entitlement.

Pay Employee's Share of Health Insurance Premiums

As noted above, during FMLA leave, employees are entitled to continued group health plan coverage under the same conditions as if they had continued to work. Unless the Company notifies employees of other arrangements, whenever employees are receiving pay from the Company during FMLA leave, the Company will deduct the employee portion of the group health plan premium from the employee's paycheck in the same manner as if the employee was actively working. If FMLA leave is unpaid, employees must pay their portion of the group health premium on a monthly basis as determined by the Company.

The Company's obligation to maintain health care coverage ceases if an employee's premium payment is more than 30 days late. If an employee's payment is more than 15 days late, the Company will send a letter notifying the employee that coverage will be dropped on a specified date unless the co-payment is received before that date. If employees do not return to work within 30 calendar days at the end of the leave period (unless employees cannot return to work because of a serious health condition or other circumstances beyond their control) they will be required to reimburse the Company for the cost of the premiums the Company paid for maintaining coverage during their unpaid FMLA leave.

Coordination of FMLA Leave with Other Leave Policies

The FMLA does not affect any federal, state or local law prohibiting discrimination, or supersede any State or local law provides greater family or medical leave rights. For additional information concerning leave entitlements and obligations that might arise when FMLA leave is either not available or exhausted, please consult the Company's other leave policies in this handbook or contact Human Resources.

Questions and/or Complaints about FMLA Leave

If you have questions regarding this FMLA policy, please contact Human Resources. The

NAME OF PROCEDURE: Cell Phone/Mobile Phone/Electronic Device Policy
DATE WRITTEN: 02/2007
DATE REVISED: 11/2016
DATE APPROVED BY MANAGEMENT TEAM: February 2017
DATE APPROVED BY BOARD: March 2017

POLICY/PURPOSE:

To provide guidelines and safeguard assurance for agency issued cell phones, mobile or electronic devices, as well as the acceptable use of personal devices at work.

SCOPE:

It is the policy of One Sky to provide, support and maintain an environment that promotes efficient, ethical and responsible use of cell phones and mobile or electronic devices to enhance workplace productivity. Devices may be provided to certain employees to conduct work that can't be accessed or
used efficiently by a land-line telephone or computer.

The Chief Executive Officer is responsible for the overall implementation of these procedures consistent with established Board policy. All One Sky staff will be informed of this procedure as a part of the agency personnel practices. This policy will be implemented in a manner consistent with the agency's other policies. If any part of this policy is found to be invalid or illegal, the rest of the policy will remain in force.

Employees who have questions about this policy, or who discover a violation of this policy, are required to notify their supervisor.

POLICIES AND PROCEDURES:

All Agency issued mobile/electronic devices are provided at the discretion of management.

Mobile device services, due to the cost of acquisition and operation, should be used only when normal services are not reasonably available. Examples of justified use include situations where:

- Mobile communications are essential and performance would be impaired without the use of cell phone or mobile device;
- Telephone calls are necessary and other services are not readily available;
- Job related time, travel, and safety factors dictate use of a cell phone/mobile device as the most prudent and cost efficient communications options.

Devices are provided for conducting One Sky business. Cell phones should be fully charged and left on during work hours. Devices are not intended for personal use.
The Company has significant business interests for regulating personal usage of the Information Systems [which would include the devices mentioned in this policy] and monitoring Users' business and personal communications on the Information Systems, including but not limited to protecting the Company's assets, promoting workplace productivity, protecting Users and patients, and ensuring compliance with applicable laws and Company policies.

At all times, the Company has the right, but not the obligation, to access, monitor, and record Information Systems' usage, including Company-provided devices. There are systems currently in place to record Information Systems' usage, as well as the files, information, and location of all sites accessed by Users. ***Although limited personal use that does not violate any Company***

Due to the danger and potential liability, employees are prohibited from using any cellular phone or mobile device while driving. Texting is not allowed while driving. Pull over and park while making or receiving communications. Employees are responsible for complying with local and state laws when they travel.

Employees should remember that wireless communications are less secure than land-based communications. Because of the increased risk of unauthorized interception, employees should not discuss confidential agency information on a mobile device. All members of the One Sky's workforce must use the devices consistent with the reference to the HIPAA Privacy and Security Standards Compliance Policy.

Excessive personal use of agency issued devices will be addressed on case by case bases, and privileges may be revoked and further disciplinary action may be taken.

Reasonable care – Any result of misuse or neglect will be subject to a replacement charge to the employee up to 50% of original purchase price. Before signing user agreement, understand the content of this policy and review any questions carefully with Office Management. The Chief Executive Officer will make the final decision regarding reasonable care charges.

It is recognized that from time to time employees may need to place or receive personal phone calls or communications during work hours. However, the number and duration of these contacts should be kept to a minimum and should, when possible, occur before or after work or lunch break. Employees should use discretion and good judgment when making personal calls/contacts so as not to disturb others. No personal calls/contacts are permitted in situations where they would disrupt any business operations. Cellular phones should be silenced or set to vibrate at workstation cubicle, in meetings or other situations where noise would be disruptive.

When and if you report a 911 emergency, remember to give the operator your location. Responding dispatch is unable to locate addresses via cell phone numbers.

NAME OF PROCEDURE: Infection Control/Blood Borne Pathogens
DATE WRITTEN: 9/92
DATE REVISED: 6/17
DATE APPROVED BY MANAGEMENT TEAM: 11/29/17
DATE APPROVED BY BOARD: 02/12/18

POLICY/PURPOSE:

To prevent spreading infectious diseases to individuals and staff through proper hygiene, available immunization, and training.

SCOPE:

Staff who regularly work one on one with our clients are considered at reasonable risk.

ROLES AND RESPONSIBILITIES

It is the Agency's intention to promote and protect the health and safety of all employees and individuals in all programs by instituting the appropriate measures to control and prevent the transmission of blood borne pathogens, infections and contagious or communicable diseases. This policy is without prejudice to the Agency's right to take whatever actions it deems necessary for the protection of employees, individuals and the public from exposure including but not limited to the assignment of staff and structuring of individuals' programs. This policy will be reviewed annually and updated as needed by the Workplace Safety Committee.

PROCEDURES

Exposure Control Plan

General Procedures:

It is the policy of OSCS that all staff are trained in proper work practices, the concept of universal/standard precautions, personal protective equipment (PPE), and in proper clean-up and disposal techniques at time of initial assignment. New staff, dependent on their position, will complete an on-line course, view a DVD, or attend a live training on Blood borne Pathogens. Some positions will have mandatory annual retraining.

Any staff member whose health condition is deemed compromised or susceptible by a medical professional will not be assigned to work with any carrier of an infectious disease that can be transmitted.

Resuscitation equipment such as pocket masks will be provided to eliminate the need for direct mouth-to-mouth contact in groups where resuscitation is a part of their responsibilities.

Personal Protective Equipment (PPE) shall be provided such as gloves and masks whenever there is a possibility of contact with bodily fluids.

Employees must wash their hands immediately, or as soon as possible, after removal of gloves or other PPE and after hand contact with blood or other potentially infectious materials. Use antiseptic towelettes/antibacterial gel if soap and running water are unavailable.

Post-Exposure Evaluation

1. Post-exposure evaluation and treatment of exposure incidents shall be confidential and conducted by a health care provider designated by the Agency or by the employee's personal physician.

2. The Agency will attempt to obtain written consent to determine the infectivity of that individual as soon as possible. The source individual and/or their guardian shall be requested to sign a release to authorize notification of the treating physician and the employee of the source individual's infectivity status. Testing must occur as soon as possible after consent is obtained. In the event that consent is denied by the source individual or their guardian, this shall be documented. The exposed employee must be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

3. When a source individual is already known to be infected with Hep B, Hep C, or HIV, testing need not be repeated.

4. The employee's blood shall be collected and tested as soon as possible after consent is obtained.

Post-Exposure Follow-Up

1. Post-exposure follow-up shall be made available to employees at no charge if deemed appropriate by the treating physician, and in accordance with the US Public Health Service recommendations.

2. OSCS shall provide the treating physician evaluating with all available information regarding the incident.

3. OSCS shall obtain and provide the employee with a copy of the evaluating physician's written opinion. This written opinion shall include;

whether Hepatitis B vaccination is indicated, and if the employee received Hepatitis B vaccination;
that the employee was informed of the results of the evaluation;
that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.

All other findings and diagnoses shall remain confidential and shall not be included in the written report.

4. The HR Department shall maintain a medical record for each employee incident of occupational exposure. The record shall include copies of all results of examinations, medical testing, and follow-up testing, as well as copies of the health care professional's written opinion and copies of information provided to the health care professional. Such records will be maintained for the duration of employment plus 30 years and shall be confidential. Records may not be released without the employee's written consent.

Infection Control

Infections that are difficult to control will be reported to local or state epidemiologists. Employees must routinely wash their hands using proper technique. Active involvement in training programs which reviews information to prevent the acquisition and spread of infection is also required.

The Agency will prohibit employees with a communicable disease or infected skin lesions, (any open skin wounds with purulent drainage, or that are red and hot without purulent drainage), from direct contact with individuals, or their food, if direct contact will transmit the disease.

Exposure to Infectious Diseases

Employees who may or who have been exposed to any or all of the following diseases will be evaluated for work status. This will be based on the recommendations of the Department of Health and/or treating physician, and/or the latest Center for Disease Control guidelines. Employees may be required to obtain a physician's statement indicating that he/she is free from communicable disease, such as Chicken Pox, TB, Scabies, Shingles, etc...

Table 1 –Orientation Required for all One Sky staff

Topic/class	when	Freq	HR and/or Supervisor	Record in	Description
One Sky Orientation Auto enrolled in Welcome to Relias	Before	1x	X	Both Personnel file and Relias	Includes: CSNI Client Rights & videos on BBP,HIPAA and Defensive Driving; Review Harassment and Drug-free Workplace policy; Employee Handbook review; Disabilities Overview, Offer Hep-B vaccine, Assign and Track Six Month Appraisal
Client Rights Review	Annually	Annually	X	Relias	
Drug-free Workplace Review	Annually	Annually	X	X - HR	HR will send out policy to all staff once a year via email. Track in email, read and receipt.
TB test results	30 days	1x	X	Relias	TB may be waived by Family Manager

Family Manager				
Performance Appraisal and Staff Development Plan	As needed	As needed	Family Manager & HR/Relias	

Table 5 – New Family Managing Supervisors/Representatives and for existing at ISA renewal

Topic/class	when	Freq	Assigned, Recorded/Tracked	Done by Other	Description
Client Rights	1 month	Annually	HR & Relias		Family Supervisor Curriculum (Moore Center)
The Role of the Managed Supervisor	1 month	1x	HR		
Supervisor Training, Part I: Defining Workplace Expectations	1 month	1x	HR		
Optional: Conflict Management	If interested	1x	HR		

workspace needs and the appropriate location for the telework.

If a supervisor deems that an employee is not able to meet the requirements of a successful telecommuter, they reserve the right to require the employee to work in the office during regular business hours.

SECURITY

Consistent with the organization's expectations of information security for employees working at the office, telecommuting employees will be expected to ensure the protection of proprietary company and client information accessible from their home office. Steps include the use of locked file cabinets and desks, regular password maintenance, and any other measures appropriate for the job and the environment.

TIME WORKED

Telecommuting employees who are not exempt from the overtime requirements of the Fair Labor Standards Act will be required to accurately record all hours worked using One Sky Community Service's electronic time-keeping system. Hours worked in excess of those scheduled per day and per workweek require the advance approval of the telecommuter's supervisor. Failure to comply with this requirement may result in the immediate termination of the right to telecommute.

AD HOC ARRANGEMENTS

Temporary telecommuting arrangements may be approved for circumstances such as inclement weather, special projects, or business travel. These arrangements are approved on an as-needed basis only, with no expectation of ongoing continuance.

All telecommuting arrangements are made on a case-by-case basis, focusing first on the business needs of the organization.

VIOLATIONS OF THIS POLICY

Employees who are in violation of this policy will be subject to disciplinary action up to and including termination.

XXIV. Tuition Reimbursement Policy #3.8(continued)
ONE SKY COMMUNITY SERVICES AGENCY INC.

REQUEST FOR COURSE TUITION REIMBURSEMENT

A,B & C MUST BE COMPLETED AND APPROVED BEFORE COURSE BEGINS

A. Staff Person:_____ Job Title:_____

Date of Request:_____ Supervisor:_____

Attach course title, number, description and cost from school catalog (proof of payment receipt):_____

_____

_____

Location, number and time of classes:_____

_____

Cost of course:_____

Time off from regular work hours required:_____

_____

****

B. Approval:_____(Supervisor)_____(Date)
(Based on overall job performance of staff person and the relevance of the course to their job duties and professional development goals)

If approved, immediately forward request to Chief Executive Officer.

Request Denied:_____(Supervisor)_____(Date)

Explanation:_____

If denied return request to staff person, copy to Chief Executive Officer.

****

C. Reviewed by Chief Executive Officer Date:_____

Approved: Disapproved:

Funds approved: $

Special instructions:

Chief Executive Officer will forward copy to staff person making request, his/her supervisor, and if approved, original to Human Resources Office.)

NOTE: funds to be released upon submission to HR Office of official transcript indicating grade 'B' or better.

_____
Chief Executive Officer

Officer and/or the finance committee. The Compliance Officer has direct access to the finance committee of the board of directors and is required to report to the finance committee at least annually on compliance activity. The Organization's Compliance Officer is the Treasurer of One Sky.

Accounting and Auditing Matters

The finance committee of the board of directors shall address all reported concerns or complaints regarding corporate accounting practices, internal controls or audit. The Compliance Officer shall immediately notify the finance committee of any such complaint and work with the committee until the matter is resolved.

Acting in Good Faith

Anyone filing a complaint concerning a violation or suspected violation of this policy must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a true violation. Any allegations that prove to have been unreasonable or which prove to have been made maliciously or knowingly to be false may be the basis for disciplinary action including termination if warranted.

Confidentiality

Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Handling of Reported Violations

The Compliance Officer will notify the complainant and acknowledge receipt of the reported violation or suspected violation within five business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

If planning contact in a situation described above, staff should consider the following precautions:

- Schedule visits in a neutral, public place or at One Sky.
- Have another staff accompany them.
- Look for warning signs such as loud voices, obvious drug or alcohol usage.
- Gather information on the family and the neighborhood prior to the visit.
- Above all, staff should use judgment and common sense. If it doesn't feel right, do not enter a situation or leave as soon as possible.

Personal Safety at One Sky Office:

Front desk will notify staff of visitor's arrival. Staff is expected to come to the front to escort their visitors to and from their meeting room. Staff will assist with use of copy machine. The bathroom area must remain accessible to visitors. However, all staff should assume responsibility for redirecting people back to the reception area or the conference room if they appear to be wandering.

Office staff will be oriented on this policy and on the use of the in-office phone system to call for help by pressing the PAGE button, then "0". This will broadcast conversations taking place near the phone to all staff, so that other staff may intervene or call 911. There is at least one phone in every room that can be availed for this purpose.

If staff is aware of a situation that they anticipate may get heated or out of control they should notify a supervisor to make a determination of what precautions, if any, should be taken in advance.

Front desk staff will not physically intervene unless trained to do so. Personnel will discreetly notify supervisor(s) for assistance. In cases of imminent potential danger the staff that are aware of the danger will broadcast a page message alerting all staff of the situation, lock the front door, if possible and call the police.

As recommended by the local Police:

- If person is threatening *tell* (not ask) the person to leave or we will call the police.
- If they don't leave, call the police (911).
- Only staff trained in the use of physical intervention should respond in that way.
- Other staff that becomes aware of a violent or potentially violent situation should monitor the interaction or call the police if it appears to be warranted.
- If a weapon is mentioned or displayed, all staff should leave, meet in designated evacuation area and call police as soon as possible.
- *Above all, staff should use judgment and common sense*. If it doesn't feel right, do not enter a situation or leave as soon as possible.

Reporting and Hazard Assessment:

All One Sky staff and volunteers are also required to file a written, confidential, Workplace Violence Incident Report form (example attached) on episodes of violence they witness or are a part of. The original of the report is to be filed with the chair of the Safety Committee, and a copy to their immediate supervisor. Applicable OSHA Incident Log, worker compensation reports and any other required forms will be completed and filed promptly by Human Resources.

NAME OF PROCEDURE: Discrimination, Harassment and Retaliation Prevention Policy
DATE WRITTEN: 3/02
DATE REVISED: January, 2018; April 8, 2019
DATE APPROVED BY MANAGEMENT TEAM: February 1, 2018
DATE APPROVED BY BOARD: February 12, 2018

The Company is committed to providing a work environment that is free of discrimination, harassment or retaliation. In keeping with this commitment, the Company maintains a strict policy prohibiting discrimination, harassment and retaliation of or against our job applicants, contractors, interns, volunteers, or employees by another employee, supervisor, vendor, customer, or any third party based on race, color, creed, religion, age, sex or gender (including pregnancy, childbirth and related medical conditions), gender identity or gender expression (including transgender status), sexual orientation, marital status, national origin, ancestry, citizenship, physical or mental disability, genetic information, military service or veteran status, or any other category protected by applicable federal, state or local laws and ordinances. Such conduct will not be tolerated by the Company.

Our management team is dedicated to ensuring the fulfillment of this policy as it applies to all terms and conditions of employment, including recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities, and general treatment during employment.

Each Company employee is responsible for helping to keep the work environment free of discrimination, harassment and retaliation, including while on Company premises, while on Company business (whether or not on Company premises) or while representing the Company.

Discrimination for purposes of this policy generally is defined as treating differently or denying or granting a benefit to an individual because of any protected characteristic.

Harassment, for purposes of this policy generally is defined as unwelcome verbal, visual or physical conduct that demeans or shows hostility or aversion towards an individual because of these protected characteristics, and that (1) has the purpose or effect of creating an intimidating, hostile or offensive working environment; or (2) has the purpose or effect of unreasonably interfering with an individual's work performance; or (3) otherwise adversely affects an individual's employment opportunities. Harassment can be verbal (including slurs, jokes, insults, epithets, gestures or teasing), visual (including offensive posters, symbols, cartoons, drawings, computer displays, or e-mails) or physical conduct (including physically threatening another, blocking someone's way, etc.) that denigrates or shows hostility or aversion towards an individual because of any protected characteristic. Such conduct violates this policy, even if it is not unlawful.

SEXUAL HARASSMENT DEFINED

Sexual harassment is one form of unlawful harassment. It is also considered to be discrimination. Sexual harassment is defined here separately because the line between acceptable social contact between individuals and unlawful sexual harassment is sometimes more difficult to determine.
For purposes of this policy, sexual harassment is defined as unwelcome sexual advances,

retaliation; express or implied threats or intimidation intended to prevent an individual from reporting harassment, discrimination or retaliation; and denying employment benefits because an applicant or employee reported harassment, discrimination or retaliation or participated in the reporting and investigation process described below.

VIOLATIONS OF THIS POLICY

Harassment, discrimination and retaliation may be indirect and even unintentional. Violations of this policy, whether intended or not, will not be permitted. Employees who violate this policy will be subject to disciplinary action, up to and including termination of employment.

ROLES AND RESPONSIBILITIES

Employee Responsibility

If you believe you are being subjected to conduct in violation of this policy, you are encouraged but not required to let the person engaging in the conduct know how you feel. Experience has shown that a clear statement to the person engaging in the offensive behavior is often all that is necessary to stop the conduct.

If the offending conduct continues, or you feel unable to take this action, report the specific details of the behavior to the HR Coordinator, Director of HR and Administration or the Chief Executive Officer. If the complaint in against the Chief Executive Officer or any senior level manager, the report must be given to the Director of HR and Administration or the HR Coordinator. The Director of HR and Administration or the HR Coordinator will inform the Board of Directors who will then be involved in the process from the beginning until the end of the investigation.

Manager Responsibility

All managers and supervisors shall prevent and eliminate harassment in their departments and prevent retaliation against any employees who may file a complaint, participate in a complaint investigation, act as a witness, and/or otherwise support a harassment claim. Every supervisor or manager, who learns of any employee's concern about conduct in violation of this policy, whether in a formal complaint or informally, must immediately report the issues raised to the HR Coordinator, Director of HR and Administration or the Chief Executive Officer.

Witness Responsibility

If you observe any form harassment it is your responsibility to report it to the HR Coordinator, Director of HR and Administration or the Chief Executive Officer. If we work together, we can maintain a respectful workplace free of harassment.

PROCEDURE:

The following steps have been put into place to ensure the work environment at One Sky is free of harassment. If an employee believes someone has violated this policy, the employee should promptly bring

NAME OF PROCEDURE: Military Leave Policy
DATE WRITTEN: 11/6/2019
DATE REVISED:
DATE APPROVED BY MANAGEMENT TEAM: 11/11/2019
DATE APPROVED BY BOARD: 11/11/2019
PAGE: 89 of 1

POLICY/PURPOSE:

To accommodate members of the uniformed services in accordance with state and federal law.

SCOPE:

This policy refers to everyone in the company regardless of position or status if also serving in the Military.

ROLES AND RESPONSIBILITIES

One Sky staff who also serve in the Military and their Supervisors once informed.

PROCEDURE:

If you are called to active military duty or you enlist in the uniformed services, you are eligible for unpaid military leave of absence in accordance with state and federal law. Present your supervisor with a copy of your service papers as soon as you receive them. To be eligible for military leave, you must provide the Hospital with advance notice of your service obligations unless you are prevented from providing such notice by military necessity or it is otherwise impossible or unreasonable for you to provide such notice.

During your absence, your length of service accumulates, and your benefits will continue as required by applicable law. Provided your absence does not exceed applicable statutory limitations, you will retain reemployment rights and accrue seniority and benefits in accordance with applicable federal and state laws.

If you are required to attend yearly Reserves or National Guard duty, you may apply for an unpaid temporary military leave of absence not to exceed the number of days allowed by law (including travel). However, if you prefer, you may use your accrued Earned Time for this purpose. You should give your supervisor as much advance notice as possible so we can ensure proper coverage while you are away. Please contact Human Resources for further information about your eligibility for Military Leave.

Company's need for the employee to be at work.

Leave taken under this policy is unpaid, and an employee must apply any accrued, unused earned time to the absence.

The Company will not discharge, threaten, or discriminate against an employee for taking leave under this policy, and employees taking leave under this policy will not lose any seniority during the leave of absence.

Training Justification Form

External Training Request and Justification

Submit this form to your supervisor, at minimum, two weeks prior to training date.

Staff Name: _____ **Date Submitted:** _____

Training Title: _____

Location: _____ **Date & Time:** _____ **Cost:** _____

Training Description ***(include duration and intended audience)*:**

_____

_____

_____

_____

_____

Describe relevance of training to your current role or professional development:

_____

_____

_____

_____

_____

Notes on trainings:

- *Time taken to attend trainings will **only** be compensated if the training takes place during normally scheduled work hours.*
- *Mileage to attend external trainings will be reimbursed.*

Supervisor: _____ **Approved:** ____ **Denied:** ____

Supervisor Signature: _____

**Attendance at Approved training is contingent on available funding!*

Were there training funds available? _____

Handbook Acknowledgment Form
**** Employee Copy ****

By signing this form, I acknowledge that I have received a copy of the Agency's Employee Handbook. I understand that it contains important information about Agency's policies and procedures, that I am expected to read the Handbook and familiarize myself with its contents and that the policies/procedures in the Handbook apply to me. I understand that nothing in the Handbook constitutes a contract or promise of continued employment and that the Agency may change the policies at any time.
By signing this form, I acknowledge that my employment is at will. I understand that I have the right to end the employment relationship at any time and for any reason, with or without notice, with or without cause, and that the Agency has the same right. I acknowledge that neither the Agency nor I have entered into an employment agreement for a specified period of time.

Employee Signature_____Date _____

Printed Name of Employee: _____

Witness_____Date _____

Printed Name of Witness:_____

(This acknowledgment will become a part of your personnel file.)

---------- Please cut on dotted line ----------

Handbook Acknowledgment Form
**** Agency Copy ****

By signing this form, I acknowledge that I have received a copy of the Agency's Employee Handbook. I understand that it contains important information about Agency's policies and procedures, that I am expected to read the Handbook and familiarize myself with its contents and that the policies/procedures in the Handbook apply to me. I understand that nothing in the Handbook constitutes a contract or promise of continued employment and that the Agency may change the policies at any time.
By signing this form, I acknowledge that my employment is at will. I understand that I have the right to end the employment relationship at any time and for any reason, with or without notice, with or without cause, and that the Agency has the same right. I acknowledge that neither the Agency nor I have entered into an employment agreement for a specified period of time.

Employee Signature_____Date _____

Printed Name of Employee: _____
Witness_____Date _____

Printed Name of Witness:_____

(This acknowledgment will become a part of your personnel file.)

PLEASE SIGN AND RETURN THIS BOTTOM HALF TO HUMAN RESOURCES OFFICE

Remediation Action #21

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH REMEDIATION RESULTING FROM STAKEHOLDER ENGAGEMENT - PROVIDER RELATIONS

STANDARD

Regulatory	He-M 505.08 (f) Redesignation (see Appendix A, Exhibit 6)
Contractual	None Referenced

FINDING

- Provider Agencies at the forum reported lack of and inconsistent communication from the agency.
- Many indicated that they don't know who to call and that turnover is a challenge and those staff that are available are not experienced enough to do the job.
- Concerns regarding the financial stability of the agency include reduction in payment, inconsistent or no payment/billing and delays in contract execution.
- Some providers feel that families may not be given choice of provider or educated about their options.
- Providers feel that One Sky has a good understanding of the Conflict of Interest Requirements by Medicaid.
- Providers expressed appreciation for One Sky's legislative efforts and advocacy.
- Of the providers that replied to the survey, 75% reported inconsistent communication.
- 63% of providers who responded did not have an identified contact person at One Sky.
- Providers indicated that One Sky has made efforts to educate them about changes within their organization.
- Providers also indicated that One Sky supports individuals and families to advocate for themselves.

REQUIRED REMEDIATION

21. Assign a senior manager that has responsibility for provider relations.

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

In November 2018, the Manager of Quality Innovations started at One Sky and a significant job responsibility that was highlighted as a priority by the CEO was to use the role to "establish positive working relationships with all service providers and create a communications plan concerning areas of improvement and partnership" (Exhibit 23). The role was positioned as an equal advocate for all internal and external stakeholders, be an internal advocate for the benefit of providers and be an external advocate for service coordinators.

In the first three months after the Manager of Quality Innovations started, she prepared and distributed three electronic surveys; one for service coordinators, one for providers, and one for families. The purpose of the surveys was to identify the priority relational issues amongst the three stakeholder groups. This approach allowed for a better understanding of grievances and concerns in order to prepare a thoughtful approach to addressing those problems.

Vendor Meeting Talking Points:
My job is to be an equal and unbiased advocate for clients, vendors, and One Sky.

Key One Sky Needs:

1. Timely Follow-Through
2. Team Approach
3. Agency and vendor-wide lack of confidence in service coordinators

Steps:

- Reforming the culture;
  - Defining internal contact expectations so urgent items are escalated appropriately and so that staff changes or leaves of absence do not effect workflow.
  - Standards of Timely Communication
  - Service coordinators building better vendor relationships through more regular contacts, ensuring that contacts are not only in response to crisis
- Training;
  - Building in to onboarding and ongoing trainings that SCs work *with* vendors to ensure quality services to clients; negate any "us vs. them" mentality
  - *There has historically been a severe lack of formal training for SCs and no consistent procedures or policies guiding their work*
  - We are fixing that. We are going through each process and procedure SCs do,
    - finding the best practice we have,
    - ensuring it follows state regulations,
    - formalizing it, and
    - building in ways to monitor that procedures are being followed.

Easter Seals: (OS) Timeliness in communication and follow through. Team efforts and building relationships. (+) Care and level of advocacy for your individuals.
IPPI: (+) Strong DSP/HCP staff that advocate for clients.
Living Innovations: (OS) Transparency & Communication. (+) Strong DSPs and HCPs.
Becket: (OS) Communication

Personal Notes on Provider and Service Coordination Survey Feedback

Contacts

One Sky RFP Process

We have found that the narratives Service Coordinators write in RFPs are either repetitive of information in the Service Agreement or too subjective. We are overhauling this process and looking for feedback on our current course and suggestions for information to add.

We would like to get you feedback on this as the Vendor Response Letter to RFPs.

We would also like to know which format for the RFP form you believe works best for receiving the information you need.

- A proactive self-starter with the ability to work independently and effectively manage competing requests and priorities.
- Proven abilities to problem solve, negotiate with internal and external partners and apply personal judgment to address problems as they arise and help move the organization forward.
- Intermediate proficiency in MS Office (Word, Excel and Outlook); advanced proficiency preferred.
- Flexibility and creativity are keys to success.
- 2-5 years of progressively more responsible experience in the delivery of human services with a demonstrated track record of successfully implementing positive change in how those services are delivered.
- Proven success as a manager both of others and specific organizational unit (department or distinct business unit)

V. RESPONSIBILITIES:

A. Essential functions:

1. Workforce Development
   - Oversee the implementation of the organization's strategic plan in the areas of Leadership and Staff Development
   - Be the catalyst at the executive level to effect changes within the organization, specifically developing a culture of optimism and authenticity. Observe and work with individual members of senior leadership team in a consultative way to help them become more effective individually and as members of the team. Help them identify and build on their strengths and strengthen their weaknesses.
   - Plan and develop programs to provide new hire, annual and ad hoc training to all One Sky employees, with a particular focus on service coordination.
   - Work with shared HR resource to ensure that all training are effectively scheduled and implemented.
   - Work in close partnership with the Director of Service Coordination and her/his team to:
     - Review, update and document all internal processes and procedures;
     - Update and/or create and implement effective training programs that are consistent with internal processes and procedures to ensure that all service coordination personnel not only understand what they are expected to do, but why they are expected to do it.
     - Strengthen and develop the Service Coordination leadership team so that they are clear on what their responsibilities are and are themselves effective managers.
   - Develop effective training programs that utilize all available resources, including Relias on-line training, trainings conducted by in-house subject matter experts as well as external resources.
   - Create internal and external opportunities for entry level staff to learn professional skills and become subject matter experts.
   - Create a mechanism/process for identifying current employees with long term

precisely as possible what services we will make available to any individual we serve who chooses to manage their own services..

- For those families who wish us to provide those services, define as precisely as possible what our value proposition will be and what our mutual responsibilities will be. For example, if are the "Employer of Record" then
  - We will provide full payroll services to the family, but they will have to follow our established employment policies acting as our on-site supervisor of the staff that is hired.
  - Employees that a family may hire will be required to submit time worked electronically and the family will be required to approve such time on-line.
  - They may choose how many hours per week "their" staff may work, but if they exceed 30 hours per week they will be offered medical benefits and the family will have to pay for those benefits out of their budget
- To make our value proposition more attractive:
  - Enhance the direct recruiting support we will provide to all families who select our service offering,
  - Provide better and more focused training both to the employees we hire but also to the individuals/family members who will serve as those employees' on site supervisors.
  - Create and provide families access to a pool of available "per diem" or "respite" staff when their regularly scheduled staff is unavailable.

6. Participate as a Full Member of the Senior Leadership Team
   - Participate fully in all team meetings.
   - Work collaboratively with and positively challenge other members of the team
   - Look for opportunities to strengthen the Senior Leadership Team as an effective management team.

7. Supervisory

   Manage and oversee the development of a Quality Improvement Specialist and between 1 and 2 part-time Nurse Trainers.

8. Budget Management
   - Develop and manage the staff development budget for all of One Sky

9. Professional Development
   - Maintain, expand and share current knowledge of best practices in services to people with developmental disabilities with agency staff, service providers, families, NH BDS/DHHS staff and local legislators.
   - Develop and implement new programs as the demand for these new services may arise.
   - Strengthen managerial, administrative and personal skills to become a more effective advocate for individuals with developmental disabilities within and outside of One

IX. **ACKNOWLEGMENT**: I have read and understand the duties of this position. I understand that I am an employee "at will" and do not construe this as an employment contract.

_____ _____
Staff Signature Date

_____ _____
Supervisor Signature Date

One Sky Community Services Communication Matrix

One Sky's Standard for Timely Communication states that we will acknowledge receipt of non-emergency communication within 48 hours. When receipt of communication does not happen, updates are not provided in a timely manner, or there are significant barriers to resolution, please escalate to the First Escalated Contact identified here. If you continue to have difficulties with regular communication or resolution, please escalate to the Second Escalated Contact. The Final Escalated Contact is the Manager of Quality Innovation who serves as the vendor's advocate within the Area Agency and will internally facilitate resolution and communicate all updates.

Item	Standard Contact	Contact for Questions	First Escalated Contact	Second Escalated Contact	Final Escalated Contact
Prior Authorizations	Daniel Aylward	Daniel Aylward	Bill Northey	CFO: John Moran	Victoria Putnam
Attendance	E-Bridge	Cathy Ristaino	Fran Motta		
Vendor Payments	Brandie Tweedie	Brandie Tweedie	CFO: John Moran	CEO: Chris Muns	
Service Invoice	AP@oneskyservices.org	Jonathan Comeau			
SSL Invoice	VendorEmail@oneskyservices.org	Lenore Sciuto			
Contracts/Form "A"	Bill Northey	Bill Northey			
Respite	Brandie Tweedie	Brandie Tweedie	Lenore Sciuto		

Exhibit 23

One Sky Community Services, Inc.
755 Banfield Road | Suite 3 | Portsmouth | New Hampshire | 03801

Phone: (603) 436-6111 | Voice/TDD: (800) 660-4103
Fax: (603) 436-4622 | Visit us online: www.oneskyservices.org

JOB DESCRIPTION

I. **JOB TITLE:** Manager, Quality Innovation

II. **JOB OBJECTIVE:**

To manage the internal and external process and quality audit program ensuring that One Sky and its subcontractors adhere first and foremost to all applicable State and Federal laws, regulations and applicable contractual provisions and also to Community Support Network Inc. (CSNI) best practices and procedures as it pertains to the execution of our practices in providing critical services and supports to our clients and subcontractors.

This includes working with external vendors to ensure excellent working relationships and communication; creating and maintaining internal scorecards; incident and risk reporting and tracking; executing internal and external audits; incident investigation and corrective actions; reacting and responding to State audits; and overseeing the re-designation process. This position will also update the senior leadership team appropriately on a monthly basis during senior leadership meetings.

This position is also responsible for identifying risk areas and being aware of all external activities that may impact our stakeholders (clients, vendors (RFP process), employees (spot audits), etc.). This will also include doing "audit visits" to vendors and family homes.

III. **REQUIREMENTS:**

Education/Experience

- Bachelor's degree or equivalent in Human Services or related field is preferred; Associates degree in Human Service or related field is acceptable if accompanied by relevant experience.
- Minimum of 2 years work experience in related position with responsibility for delivering and or monitoring the quality of human services delivered in a community setting.
- Previous experience/training in the areas of quality improvement is a plus.

Skills and Competencies

- Strong priority management, planning and organizational abilities are essential to prioritize and handle multiple responsibilities and projects.
- Familiarity and comfort with pertinent New Hampshire regulations (ie. He-M's, He-P's, and RSA's, etc.) a big plus.
- Own and manage the "waiver" process for One Sky.
- A demonstrated ability to be flexible and "think outside of the box" to meet individual needs
- Ability to work independently but also collaboratively with other One Sky employees across departments and other stakeholders including direct service providers.
- Accuracy with aptitude for data entry and an eye for detail are required.

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        - Produces Quarterly Certification Report for CSNI.
        - Manager and QI Specialist work to identify and mitigate common certification deficiency trends.
    - He-M 521 and He-M525 are directly tracked by Coordinator of Service Coordination Systems
    - Review and recommend to CEO approval or denial of emergency certifications.
- Maintain and update annual compliance calendar, including list of all required
    - Filings, Reports and Audits:
        - Annual
            - Complaint Audit (follow up on corrective actions) (early Fall)
            - Governance Desk Audit – (Mid Summer – due August)
            - Record Audit (IHS, ESS, DD and ABD (by waiver) (Early May –through June)
            - Random State Audits
            - Annual Quality Improvement Plan
        - Bi-Annual
            - 1201 Audit – Medication Administration (April & October)
            - Medicaid audits (random record audits)
        - 5-Year Re-Designation (above reports are part of the Re-Designation process)
        - Internal mock audits
            - Service Coordination
            - Waitlist
            - Rep-Payee Process
    - Surveys:
        - National Core Indicator Survey – mailed to all families and guardians (every two years)
        - In-Person Survey – (between 30 and 50 individuals) – demographic survey and in person interview with both guardian and client (every two years, alternating with mailed interview)
- Special Projects (as needed)
    - Alphabet Soup – Acronym dictionary, language nomenclature, etc.
    - Vendor Services Profile – for each vendor (who does what well…..)
    - Create an "Audit Team" – mixed audience
- Work with Director of Organizational Development to draft and update agency policies as needed;
- Work with Director of Organizational Development to develop training for internal processes.

Quality Improvement

Work with various leadership team members to identify and engage in activities intended to improve the quality of services and supports provided through One Sky and our direct service

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- Maintain, expand and share current knowledge of best practices in services to people with developmental disabilities with agency staff, service providers, families, NH BDS/DHHS staff and local legislators
- Developing and implementing new policies and procedures as demand for new services arise
- Teaching and empowering staff to acquire and apply new knowledge to improve performance
- Participate in Departmental and Agency wide meetings, committees, teams, and work groups as appropriate
- Train/mentor individual staff as needed
- Strengthen consultative, administrative and personal skills to become a more effective advocate for individuals with developmental disabilities within and outside of One Sky.
- Develop strong and effective working relationships with other members of the Service Coordination,. Finance and Accounting, Business Services and Compliance Teams.
- Be a change agent. Continually identify and pursue opportunities for us to become more efficient. Help peer group to embrace changes and new tools, systems, processes through teaching and support.

V. WORKING CONDITIONS:

Work schedule will vary in order to accommodate the individuals served, their families, program schedules and department/agency events .

One Sky has a bias toward flexibility in the workplace and permits individuals who have demonstrated the capability to work from home to do so with the prior approval of their manager. However, you will generally be expected to work in the office full-time for the first six months of your tenure here to ensure that appropriate trainings and supports are made available to them.

All employees, including those who are authorized to work from home, will be expected to be in the office at least one day per week to participate in team or agency wide meetings.

These duties will require you to spend considerable time on the phone and may require that you visit with individuals we serve in their homes. Some of these homes may be in a state of disrepair and/or neglect and you should be prepared for that. You must also be able to physically access family homes, community buildings, program sites, etc.

In many cases you will be attending these meetings on your own; however in the event you are uncomfortable doing so you may want someone else to accompany or you may request a change in venue.

You must have our own transportation and be available – as needed – to transport individuals who are receiving services in your own vehicle. A criminal record, driver record and proof of auto insurance coverage of 100/300 is required; employment is contingent on satisfactory results.

One Sky Community Services
One Life, Endless Possibilities

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"EXTRAORDINARY" ALL-VENDOR MEETING

Thursday, August 15, 2019 (1:00PM)

LOCATION:
One Sky Community Services (755 Banfield Rd, Portsmouth)

ATTENDEES:
Katie Kelly (IPPI), Scott Slattery (CPFC), Jon Noble (FNE), Tim Higgins (FNE), Susan Silsby (ES), Renee Fisher (ES), Carl Pufahl (LISS), Marci Poulin (LISS), Jerry Donovan (Robin Hill), Leslie Nelson (CSNH/CRJ), Chet Bowen (CIS), Hannah Reed (CIS), Alison Kraft (CIS), Terry Blaisdell (CMRS), Lorrie Winslow (NEURO), Pat Ciarfella (NEURO), Kelly Davies (BFS), Julie Redlon (RMCC), Kari Thompson (BECKET)

One Sky: Chris Muns (CEO), Victoria Putnam (Manager of Quality Innovation), Keryn Bernard-Kriegl (Director of Service Coordination), Tina Holmes (Director of Human Resources), Cassie Travers (HR Assistant), Kelly Scanlon (Quality Improvement Specialist)

MINUTES:

1. Introduction
    - New service coordination team managers Cara Baker (Traditional Service Coordination) and Anthony MacConnell (PDMS Service Coordination) were introduced to the group. They, along with Sharon Richey (ITS Service Coordination) will serve as internal leads to their respective groups and as additional points of contact for provider agencies.

2. Staffing
    - Tina Holmes introduced Cassie Travers (HR Assistant) and addressed the group. She noted that One Sky is almost fully staffed, though DSP hires are still a struggle.
    - CSNI has a new initiative this year starting with 2 NH high schools to begin a DSP integration program for those students not pursuing post-secondary education after graduation. All NH area agencies are helping to promote the program, and CSNI is looking for provider agency involvement as well.
    - The state has continued an education reimbursement program for staff to pursue various degree programs. Tina Holmes will be the Region 8 liaison for provider agency staff who wish to apply for this reimbursement.
    - One Sky is looking for provider agency input as to how we can help support staff recruitment. Jon Noble (Farmsteads) noted that his agency looks at regional recruitment as a best strategy. If he encounters potential staff that live closer to another agency, he will refer them to that agency.
    - An obstacle providers struggle with to retain staff is limitations with transportation reimbursement. Updating the reimbursement model may produce more successful

they cannot assume those costs up front. Neither providers nor area agencies can assume costs of supporting an individual before PA approval.

- Chris noted that there needs to be a mechanism within the RFP process that holds a spot for an individual after submission of the PA. (Is there a way to integrate "pre-funding" by the state?). Programs are not always able to hold residential slots for that entire time if another individual needs to be placed within that timeframe.
- Providers will still be communicating with service coordinators and team managers during this RFP process. Final budgets and approvals must come from the One Sky Business Office.

4. Region 8 Re-designation
    - One Sky's efforts to implement the Corrective Action Plan (CAP) are ongoing. Providers have been sent a copy of One Sky's CAP, and BDS and One Sky's Board of Directors are getting frequent progress updates. There were approximately 25-26 required recommendations given by the state, and the agency has already completed approximately half of these.
    - The biggest issue for remediation was the staffing shortage experienced by the agency last year. The agency hopes to be fully staffed by September. Our conditional re-designation period ends November 27, and One Sky has requested a status from the bureau at that time.
    - A forum held in November 2018, along with electronic survey responses, yielded some negative feedback by external stakeholders last year. There was concern expressed regarding the agency's financial stability. Chris assured the group that the agency is financially stable with a solid line of credit. Any financial questions that come up can be directed to Chris and he will address. An updated survey is expected to be disseminated to stakeholders again this fall, and Chris asked that those completing the survey focus on work performed by the agency over the past year as the point of reference for their feedback.
    - Victoria Putnam has been designated as the Senior Manager for Provider Relations. She is currently working on a communications matrix for the agency that will outline protocols and escalation procedures. A new "Quality" email portal (quality@oneskyservices.org) has been created by One Sky that will send/receive updates related to quality initiatives and tasks.
    - One Sky will also be sending out quarterly updates to provider agencies, including current service coordination contacts for the individuals each agency serves.
    - The Master Agreements have two exhibits (B and C) that outline communication and documentation requirements. One Sky is working to ensure that all current forms for use by the provider agencies are updated and available on One Sky website.

Remediation Action #22

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH REMEDIATION RESULTING FROM STAKEHOLDER ENGAGEMENT - PROVIDER RELATIONS

STANDARD

Regulatory	He-M 505.08 (f) Redesignation (see Appendix A, Exhibit 6)
Contractual	None Referenced

FINDING

- Provider Agencies at the forum reported lack of and inconsistent communication from the agency.
- Many indicated that they don't know who to call and that turnover is a challenge and those staff that are available are not experienced enough to do the job.
- Concerns regarding the financial stability of the agency include reduction in payment, inconsistent or no payment/billing and delays in contract execution.
- Some providers feel that families may not be given choice of provider or educated about their options.
- Providers feel that One Sky has a good understanding of the Conflict of Interest Requirements by Medicaid.
- Providers expressed appreciation for One Sky's legislative efforts and advocacy.
- Of the providers that replied to the survey, 75% reported inconsistent communication.
- 63% of providers who responded did not have an identified contact person at One Sky.
- Providers indicated that One Sky has made efforts to educate them about changes within their organization.
- Providers also indicated that One Sky supports individuals and families to advocate for themselves.

REQUIRED REMEDIATION

22. Develop a communication strategy for regular and ongoing dialogue.

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

In December 2018, One Sky adapted a new Standard of Timely Communication for all staff that identified any message or email would be returned within 48 hours (see Exhibit CCCC). The purpose of this standard was to ensure that even if staff are not able to respond with a resolution or answer, they would be responding to assure the inquirer that their item was being addressed. As a part of this adaption, all voicemail messages of staff were standardized to communicate a 48 hour return time.

In alignment with the FY20 Master Agreements, two centralized emails were created at One Sky to ease departmental communication with provider agencies. The email for the Business Office is AP@oneskyservices.org which is set up to receive all bi-monthly invoices. The use of this email was explained in the email body sent on 7/31/19 with the Master Agreements attached (see Exhibit OOOO). The function of the AP@oneskyservices.org email is

Victoria Putnam

From:	Victoria Putnam
Sent:	Thursday, August 08, 2019 7:01 PM
To:	Brian Beede; (BECKET) Jen Cordaro; (BECKET-RFP) Kari Thompson; jwolter@becket.org; Kelly Davies
Subject:	One Sky Extraordinary All Vendor Meeting
Attachments:	EmploymentDataSystemManual_Vendors.pdf; 05 One Sky Organization as of August 1 2019.pptx; One Sky Staff Listing for Vendors.xlsx; List Assignment1.xlsx

Good afternoon,

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Our agenda topics will cover the:

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Thank you and we look forward to seeing you,

Victoria Putnam, MBA
Manager of Quality Innovations
One Sky Community Services, Inc.
755 Banfield Road, Suite 3
Portsmouth, NH 03801
Office: (603) 436-6111, ext. 160
Cell: (603) 812-3247
Fax: (603) 436-4622

Victoria Putnam

From:	Victoria Putnam
Sent:	Thursday, August 08, 2019 7:03 PM
To:	(CIS) Chet Bowen; nclayman@cisnh.org; rhynes@cisnh.org; (CIS DAY RFP/ISA DOCS) Hannah Reed
Subject:	One Sky Extraordinary All Vendor Meeting
Attachments:	05 One Sky Organization as of August 1 2019.pptx; EmploymentDataSystemManual_Vendors.pdf; List Assignment3.xlsx; One Sky Staff Listing for Vendors.xlsx

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Fax: (603) 436-4622

Victoria Putnam

From:	Victoria Putnam
Sent:	Thursday, August 08, 2019 7:05 PM
To:	(CSNH) Leslie Nelson; mwhite@crj.org
Subject:	One Sky Extraordinary All Vendor Meeting
Attachments:	05 One Sky Organization as of August 1 2019.pptx; EmploymentDataSystemManual_Vendors.pdf; List Assignment5.xlsx; One Sky Staff Listing for Vendors.xlsx

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Cell: (603) 812-3247
Fax: (603) 436-4622

Victoria Putnam

From:	Victoria Putnam
Sent:	Thursday, August 08, 2019 7:07 PM
To:	(CPS) Renee Fisher; nrollins@eastersealsnh.org; (ES)Susan Silsby; etreanor@eastersealsnh.org
Subject:	One Sky Extraordinary All Vendor Meeting
Attachments:	05 One Sky Organization as of August 1 2019.pptx; EmploymentDataSystemManual_Vendors.pdf; List Assignment7.xlsx; One Sky Staff Listing for Vendors.xlsx

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Cell: (603) 812-3247
Fax: (603) 436-4622

Victoria Putnam

From:	Victoria Putnam
Sent:	Thursday, August 08, 2019 7:09 PM
To:	pcurrie@greatbayservices.org; jnickerson@greatbayservices.org; (GBS) Sarah Page
Subject:	One Sky Extraordinary All Vendor Meeting
Attachments:	05 One Sky Organization as of August 1 2019.pptx; EmploymentDataSystemManual_Vendors.pdf; List Assignment9.xlsx; One Sky Staff Listing for Vendors.xlsx

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Cell: (603) 812-3247
Fax: (603) 436-4622

Victoria Putnam

From:	Victoria Putnam
Sent:	Thursday, August 08, 2019 7:11 PM
To:	(TRA) Katie Kelly; mmayville@ippi.org; lmilinder@ippi.org
Subject:	One Sky Extraordinary All Vendor Meeting
Attachments:	05 One Sky Organization as of August 1 2019.pptx; EmploymentDataSystemManual_Vendors.pdf; List Assignment11.xlsx; One Sky Staff Listing for Vendors.xlsx

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Fax: (603) 436-4622

Victoria Putnam

From:	Victoria Putnam
Sent:	Thursday, August 08, 2019 7:12 PM
To:	(LIFEVISIONS-RFP's) Joel Morris
Subject:	One Sky Extraordinary All Vendor Meeting
Attachments:	05 One Sky Organization as of August 1 2019.pptx; EmploymentDataSystemManual_Vendors.pdf; List Assignment13.xlsx; One Sky Staff Listing for Vendors.xlsx

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Fax: (603) 436-4622

Victoria Putnam

From:	Victoria Putnam
Sent:	Thursday, August 08, 2019 7:13 PM
To:	cgauron@mayinstitute.org; Ann McDonough; efollen@mayinstitute.org; jkaur@mayinstitute.org; lsolotar@mayinstitute.org
Subject:	One Sky Extraordinary All Vendor Meeting
Attachments:	05 One Sky Organization as of August 1 2019.pptx; EmploymentDataSystemManual_Vendors.pdf; List Assignment15.xlsx; One Sky Staff Listing for Vendors.xlsx

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Victoria Putnam

From:	Victoria Putnam
Sent:	Thursday, August 08, 2019 7:15 PM
To:	Linda Catalano; (NCIL) Freddy Gale
Subject:	One Sky Extraordinary All Vendor Meeting
Attachments:	05 One Sky Organization as of August 1 2019.pptx; EmploymentDataSystemManual_Vendors.pdf; List Assignment18.xlsx; One Sky Staff Listing for Vendors.xlsx

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Victoria Putnam

From:	Victoria Putnam
Sent:	Thursday, August 08, 2019 7:17 PM
To:	(RHF) Tim Donovan
Subject:	One Sky Extraordinary All Vendor Meeting
Attachments:	05 One Sky Organization as of August 1 2019.pptx; EmploymentDataSystemManual_Vendors.pdf; List Assignment20.xlsx; One Sky Staff Listing for Vendors.xlsx

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Portsmouth, NH 03801
Office: (603) 436-6111, ext. 160
Cell: (603) 812-3247
Fax: (603) 436-4622

Victoria Putnam

From: Victoria Putnam
Sent: Thursday, August 08, 2019 7:19 PM
To: (WOU) David Dwyer; (WOU) Patten Lohmann
Subject: One Sky Extraordinary All Vendor Meeting
Attachments: 05 One Sky Organization as of August 1 2019.pptx; EmploymentDataSystemManual_Vendors.pdf; List Assignment22.xlsx; One Sky Staff Listing for Vendors.xlsx

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Victoria Putnam

From:	Victoria Putnam
Sent:	Thursday, August 08, 2019 7:24 PM
To:	psmallporter@richiemcfarland.org; Hugener, Melissa
Subject:	One Sky Extraordinary All Vendor Meeting
Attachments:	05 One Sky Organization as of August 1 2019.pptx; EmploymentDataSystemManual_Vendors.pdf; One Sky Staff Listing for Vendors.xlsx

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recruitment. The $5000 cap (between both Res & Day) is difficult to adhere to, especially in rural areas.

- CSNH noted that they decline services for individuals who live over 15 miles outside of their area due to this limitation.
- Providers are also limited to adhering to the ISA staffing ratios during transport. One potential workaround may be to specifically indicate in an ISA that transportation time will not be factored into the staffing/service ratio. However, the budget needs to reflect this and this also needs to meet the requirements of Medicaid reimbursement.
- One Sky floated the idea of providing transportation directly through "pickup/drop-off" routes, which could be supported through additional One Sky fundraising efforts. However, creating a pickup/drop-off transportation model could be hampered at the agency or vendor level due to the fact that individuals move frequently.

3. RFP Process
    - The state is still on track to revamp the RFP process to a statewide electronic individual provider selection starting in 2021.
    - Keryn informed the group that One Sky is looking to collect data for BDS regarding real service costs so they can get a better understanding of budget limitations faced by the provider agencies.
    - There will be a new RFP process implemented by One Sky. Single-page RFPs with an individual's main demographic and program data will be distributed using a global "Scheduler" email (scheduler@oneskyservices.org) and agencies will be requested to respond yes or no within 5 days of posting.
    - If providers respond "yes" to the initial demographic sheet, One Sky will send that provider a copy of the full proposal packet. Providers will then be asked to submit a proposal within 30 days (if they want to bid) along with a description of services they can provide. Providers will still have the option to turn down a proposal upon receiving the proposal packet.
    - For proposal bids that include a pre-determined budget projection, One Sky asks for providers to include both a "real cost" budget will full cost projections for the services requested, along with a budget noting what exact services can be provided for "X" amount of dollars if that amount is lower.
    - Both Easter Seals and IPP noted that they cannot submit a proposal with a budget until they meet with the individual/individual's family to fully determine the needs of that individual. This should be an integrated step within the RFP process.
    - One Sky asks providers to include a written timeline in their proposal (60-90 days to become operational?) as to when the provider can start services assuming their proposal and budget are approved, as the state has a 90-day window to approve PA's. The issue that providers are facing is hiring staff prior to a program being approved, as

5. EDS
    - Victoria has been designated the agency point-person for ensuring the employment data system (EDS) is updated. She is working with the service coordination team to monitor and quality-check the data that is updated by the providers. The goal will be to make sure all work/volunteer goals from the ISAs are updated in the EDS. Service coordinators should be informed of any change in goals that would affect the EDS.
    - Some providers asked if any end-user training would be available. Victoria said that we could set this up. Training via webinar may be a viable option.

Next All-Vendor Meeting:
Thursday, September 12, 2019 at 3:00pm
One Sky Community Services main office
Projected Agenda Topic(s): Service Coordination Performance Measures & Feedback

- Main Phone Line: "Welcome to One Sky Community Services. If you are calling because of a life threatening emergency please hang up and call 911 immediately. If you are calling for any other non-life threatening emergency please press zero. For all other inquiries please press ...." then follow the standard phone tree messaging.
- Individual voice message: "Hi this is <Name of Employee> . I can't take your call right now. If this is a life threatening emergency please hang up and call 911 immediately. If you are calling for any other non-life threatening emergency, please press zero < or call the (603) 436-6111 and press zero>. For other inquiries please leave me a short message after the beep and I will get back to you within 48 hours. Thanks very much for calling."
    - Identical messages will be left on One Sky Issued cell phones AND on Office Phone Numbers.
    - Cell phone voice message boxes will be managed and messages deleted so that no one calling those numbers ever gets a "voice mail box is full" message.

time to time request Daily Notes for purposes of ensuring that Contractor is complying with this request.

5. Rep Payee Reporting

   Monthly Financial records related to consumer for whom AA is the Representative Payee, including employment and wage reports

6. Other Documentation; such as the following, all of which shall be produced / maintained by Contractor delivered to AA as needed. Failure to provide such documentation on a timely basis may result in a delay in payment to Contractor for services delivered:

   a. Consumer Behavior Plans-Receipt of required signatures and other needed documentation to complete and submit the Behavior Plan for prior approval by the Contractor's Human Rights Committee at least three weeks prior to each Human Rights Committee meeting which are generally scheduled on first Tuesday of every month

   b. Certification Documentation (He-M 1001 and He-M 507 Programs)

      i. To be eligible for reimbursement by the State of New Hampshire or by Medicaid, Contractor must ensure that any community residence they operate is to be certified in accordance with He-M 1001 and/or He-M 507. To that end, Contractor must provide to AA the following information for each certified community residences:
         - Life Safety Report
         - Certificate (Emergency/Temp/New/Renewal)
         - Self-Reports
         - Results of Inspection
         - Plan of Correction
         - Appeals
         - Closure Letters
         - Skip Year Packet

      ii. Emergency Certifications: If an individual has an unanticipated move, and Contractor needs an emergency certification, Contractor must provide AA with the following within 7 days.

         - Completed Emergency Certification for Community Residences – 3 or fewer beds
         - Floor Plan with bedrooms and smoke detectors
         - Completed and signed Emergency Certification Residence Review Form this verifies that "the home meets the requirements of He-M 503, He-M 1001, He-M 1201 and He-M 507, as applicable."

SAMPLE

VENDOR REPORTING REQUIREMENTS SUMMARY

Area Agency: One Sky Community Services

Report Item	Frequency	Send To
Attendance Sheets *(EX C.1)*	Twice monthly (18th and 5th of following month)	East Coast Billing via eBridge *(see Exhibit K)*
Bulk Billing Invoices *(EX C.1)*	Twice monthly (18th and 5th of following month)	AP@oneskyservices.org
Financial Reports	As requested	v.dipiero@oneskyservices.org
Audit and Management Letter	Annually upon completion of audited financials	By mail, ATTN: Vin DiPiero
Employment Data (as applicable) *(EX C.6.d)*	Quarterly (9/15, 12/15, 3/15, 6/15)	Employment Data System *(direct questions to k.sorel@oneskyservices.org)*
Progress Notes and other monthly reports *(EX C.2)*	Monthly (5th of Following Month)	vendoremail@oneskyservices.org
Incident Reports *(EX C.3)*	Within 24 hours of incident	vendoremail@oneskyservices.org
Medication Error Reports	Within 24 hours of incident	vendoremail@oneskyservices.org
Proof of Certification	At time of receipt	quality@oneskyservices.org
Certification Documentation *(EX C.6.b.i)*	At time of application	quality@oneskyservices.org
Emergency Certification *(EX C.6.b.ii)*	Within 7 days	quality@oneskyservices.org
Certification Corrective Actions	Within 21 days of receipt of report	quality@oneskyservices.org
Responses to Human Rights Complaint Investigation Recommendations	Within 20 business days of the acceptance of report determinations	quality@oneskyservices.org
1201 Reports	Bi-annually (April & Oct)	quality@oneskyservices.org
Waivers	As needed	quality@oneskyservices.org

SAMPLE

Below this email is a correspondence about **CPS Training from Jay Kurinskas and Peter Bacon at the Office of Legal and Regulatory Services.**

Thank you,

Victoria Putnam, MBA
Manager of Quality Innovations
One Sky Community Services, Inc.
755 Banfield Road, Suite 3
Portsmouth, NH 03801
Office: (603) 436-6111, ext. 160
Cell: (603) 812-3247
Fax: (603) 436-4622

From: Bacon, Peter [mailto:Peter.Bacon@dhhs.nh.gov]
Sent: Wednesday, August 14, 2019 5:54 PM
Subject: Community Participation Services (CPS) Trainings
Importance: High

Due to many requests from the provider community over the past few years, we have developed a training for Community Participation Services (CPS). This training would be useful for anyone involved in providing CPS services, or managing a CPS program, as we will be reviewing and answering questions related to the CPS service principles, covered services, the 80/20 rule, etc.. We will be conducting these trainings on the following dates at the Brown Building, at 129 Pleasant St in Concord:

Monday, September 30, 2019 from 10:00am to 12:00pm

Monday, October 28, 2019 from 10:00am to 12:00pm

If you will be attending one of the trainings at Brown Building, please let Jay or I know which date you would like to attend. Also, I have attached a map of the state office park, as Brown Building can be difficult to find if you have not been here before. As I do not have everyone's e-mail address, please forward this e-mail to anyone who you feel would benefit from this training. Please do not hesitate to contact me if you have any questions or concerns

Jay Kurinskas
Licensing and Evaluation Coordinator
Office of Legal and Regulatory Services
Bureau of Licensing and Certification
129 Pleasant Street. Brown Building
Concord, NH 03301-3857
(603) 440-3009
(603) 271-4968
Jay.Kurinskas@dhhs.nh.gov

Peter E. Bacon
Community Residence Coordinator
Health Facilities Administration
Office of Legal and Regulatory Services
129 Pleasant Street, Brown Building
Concord, New Hampshire 03301
peter.bacon@dhhs.nh.gov
(603) 271-9044
(603) 333-6259
(603) 271-4968

One Sky Community Services Communication Matrix

One Sky's Standard for Timely Communication states that we will acknowledge receipt of non-emergency communication within 48 hours. When receipt of communication does not happen, updates are not provided in a timely manner, or there are significant barriers to resolution, please escalate to the First Escalated Contact identified here. If you continue to have difficulties with regular communication or resolution, please escalate to the Second Escalated Contact. The Final Escalated Contact is the Manager of Quality Innovation who serves as the vendor's advocate within the Area Agency and will internally facilitate resolution and communicate all updates.

Item	Standard Contact	Contact for Questions	First Escalated Contact	Second Escalated Contact	Final Escalated Contact
Prior Authorizations	Daniel Aylward	Daniel Aylward	Bill Northey	CFO: John Moran	Victoria Putnam
Attendance	E-Bridge	Cathy Ristaino	Fran Motta		
Vendor Payments	Brandie Tweedie	Brandie Tweedie	CFO: John Moran	CEO: Chris Muns	
Service Invoice	AP@oneskyservices.org	Jonathan Comeau			
SSL Invoice	VendorEmail@oneskyservices.org	Lenore Sciuto			
Contracts/Form "A"	Bill Northey	Bill Northey			
Respite	Brandie Tweedie	Brandie Tweedie	Lenore Sciuto		

Remediation Action #23

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH REMEDIATION RESULTING FROM STAKEHOLDER ENGAGEMENT - PROVIDER RELATIONS

STANDARD

Regulatory	He-M 505.08 (f) Redesignation (see Appendix A, Exhibit 6)
Contractual	None Referenced

FINDING

- Provider Agencies at the forum reported lack of and inconsistent communication from the agency.
- Many indicated that they don't know who to call and that turnover is a challenge and those staff that are available are not experienced enough to do the job.
- Concerns regarding the financial stability of the agency include reduction in payment, inconsistent or no payment/billing and delays in contract execution.
- Some providers feel that families may not be given choice of provider or educated about their options.
- Providers feel that One Sky has a good understanding of the Conflict of Interest Requirements by Medicaid.
- Providers expressed appreciation for One Sky's legislative efforts and advocacy.
- Of the providers that replied to the survey, 75% reported inconsistent communication.
- 63% of providers who responded did not have an identified contact person at One Sky.
- Providers indicated that One Sky has made efforts to educate them about changes within their organization.
- Providers also indicated that One Sky supports individuals and families to advocate for themselves.

REQUIRED REMEDIATION

23. Create and implement a schedule of regular provider meetings.

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

Following a series of one-on-one provider meetings with the Manager of Quality Innovations and starting in March 2019, regular quarterly all provider agency meetings were coordinated. The original schedule for the meetings was to consist of a rotation of senior leadership members organized by the Manager of Quality Innovations to address specific Business Office and Service Coordination topics on an alternating basis. The schedule of primary topics has ended up being based on current events and relevancy. Each meeting has time aside to discuss resources and share industry relevant information or trainings.

The schedule for meetings is consistently on Thursday afternoons on the 3rd month of the quarter, at a minimum.

Remediation Action #24

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH REMEDIATION RESULTING FROM STAKEHOLDER ENGAGEMENT - PROVIDER RELATIONS

STANDARD

Regulatory	He-M 505.08 (f) Redesignation (see Appendix A, Exhibit 6)
Contractual	None Referenced

FINDING

- Provider Agencies at the forum reported lack of and inconsistent communication from the agency.
- Many indicated that they don't know who to call and that turnover is a challenge and those staff that are available are not experienced enough to do the job.
- Concerns regarding the financial stability of the agency include reduction in payment, inconsistent or no payment/billing and delays in contract execution.
- Some providers feel that families may not be given choice of provider or educated about their options.
- Providers feel that One Sky has a good understanding of the Conflict of Interest Requirements by Medicaid.
- Providers expressed appreciation for One Sky's legislative efforts and advocacy.
- Of the providers that replied to the survey, 75% reported inconsistent communication.
- 63% of providers who responded did not have an identified contact person at One Sky.
- Providers indicated that One Sky has made efforts to educate them about changes within their organization.
- Providers also indicated that One Sky supports individuals and families to advocate for themselves.

REQUIRED REMEDIATION

24. Provide and agreement and offer communications regarding required forms.

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

In the FY 2019 Master Agreement for Services, the documentation requirements were outlined under Exhibit B (please see Exhibit 31). In an effort to better communicate these requirements as we entered Fiscal Year 2020, in the new Master Agreement these requirements were moved to their own Exhibit (see attached Exhibit DDDD). To ensure understanding of the reporting requirements and mechanisms, an excerpt of Exhibit C: Vendor Reporting Requirements was amongst the materials shared and time was offered during the August 2019 All Vendor meeting to review and discuss the reporting requirements (see Exhibits Y and F).

Historically, One Sky has not been diligent about receiving signed copies from vendors of the Master Agreement for Services. To ensure that the Master Agreements were being reviewed and understood, we have been actively following up with vendors for signed agreements. As of October 31, 2019 we have all but 3 signed agreements (see Exhibit CC). Many vendors have had a dialogue with our agency about the requirements and expectations outlined in the agreement and multiple have been updated to reflect agreed

One Sky Community Services, Inc.
755 Banfield Road | Suite 3 | Portsmouth | New Hampshire | 03801

Phone: (603) 436-6111 | Voice/TDD: (800) 660-4103
Fax: (603) 436-4622 | Visit us online: www.oneskyservices.org

"EXTRAORDINARY" ALL-VENDOR MEETING
Thursday, August 15, 2019 (1:00PM)

LOCATION:
One Sky Community Services (755 Banfield Rd, Portsmouth)

ATTENDEES:
Katie Kelly (IPPI), Scott Slattery (CPFC), Jon Noble (FNE), Tim Higgins (FNE), Susan Silsby (ES), Renee Fisher (ES), Carl Pufahl (LISS), Marci Poulin (LISS), Jerry Donovan (Robin Hill), Leslie Nelson (CSNH/CRJ), Chet Bowen (CIS), Hannah Reed (CIS), Alison Kraft (CIS), Terry Blaisdell (CMRS), Lorrie Winslow (NEURO), Pat Ciarfella (NEURO), Kelly Davies (BFS), Julie Redlon (RMCC), Kari Thompson (BECKET)

One Sky: Chris Muns (CEO), Victoria Putnam (Manager of Quality Innovation), Keryn Bernard-Kriegl (Director of Service Coordination), Tina Holmes (Director of Human Resources), Cassie Travers (HR Assistant), Kelly Scanlon (Quality Improvement Specialist)

MINUTES:

1. Introduction
    - New service coordination team managers Cara Baker (Traditional Service Coordination) and Anthony MacConnell (PDMS Service Coordination) were introduced to the group. They, along with Sharon Richey (ITS Service Coordination) will serve as internal leads to their respective groups and as additional points of contact for provider agencies.

2. Staffing
    - Tina Holmes introduced Cassie Travers (HR Assistant) and addressed the group. She noted that One Sky is almost fully staffed, though DSP hires are still a struggle.
    - CSNI has a new initiative this year starting with 2 NH high schools to begin a DSP integration program for those students not pursuing post-secondary education after graduation. All NH area agencies are helping to promote the program, and CSNI is looking for provider agency involvement as well.
    - The state has continued an education reimbursement program for staff to pursue various degree programs. Tina Holmes will be the Region 8 liaison for provider agency staff who wish to apply for this reimbursement.
    - One Sky is looking for provider agency input as to how we can help support staff recruitment. Jon Noble (Farmsteads) noted that his agency looks at regional recruitment as a best strategy. If he encounters potential staff that live closer to another agency, he will refer them to that agency.
    - An obstacle providers struggle with to retain staff is limitations with transportation reimbursement. Updating the reimbursement model may produce more successful

they cannot assume those costs up front. Neither providers nor area agencies can assume costs of supporting an individual before PA approval.

- Chris noted that there needs to be a mechanism within the RFP process that holds a spot for an individual after submission of the PA. (Is there a way to integrate "pre-funding" by the state?). Programs are not always able to hold residential slots for that entire time if another individual needs to be placed within that timeframe.
- Providers will still be communicating with service coordinators and team managers during this RFP process. Final budgets and approvals must come from the One Sky Business Office.

4. Region 8 Re-designation
    - One Sky's efforts to implement the Corrective Action Plan (CAP) are ongoing. Providers have been sent a copy of One Sky's CAP, and BDS and One Sky's Board of Directors are getting frequent progress updates. There were approximately 25-26 required recommendations given by the state, and the agency has already completed approximately half of these.
    - The biggest issue for remediation was the staffing shortage experienced by the agency last year. The agency hopes to be fully staffed by September. Our conditional re-designation period ends November 27, and One Sky has requested a status from the bureau at that time.
    - A forum held in November 2018, along with electronic survey responses, yielded some negative feedback by external stakeholders last year. There was concern expressed regarding the agency's financial stability. Chris assured the group that the agency is financially stable with a solid line of credit. Any financial questions that come up can be directed to Chris and he will address. An updated survey is expected to be disseminated to stakeholders again this fall, and Chris asked that those completing the survey focus on work performed by the agency over the past year as the point of reference for their feedback.
    - Victoria Putnam has been designated as the Senior Manager for Provider Relations. She is currently working on a communications matrix for the agency that will outline protocols and escalation procedures. A new "Quality" email portal (quality@oneskyservices.org) has been created by One Sky that will send/receive updates related to quality initiatives and tasks.
    - One Sky will also be sending out quarterly updates to provider agencies, including current service coordination contacts for the individuals each agency serves.
    - The Master Agreements have two exhibits (B and C) that outline communication and documentation requirements. One Sky is working to ensure that all current forms for use by the provider agencies are updated and available on One Sky website.

Exhibit DD

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ALL-VENDOR MEETING
Thursday, September 12, 2019 (3:00PM)

LOCATION:
One Sky Community Services (755 Banfield Rd, Portsmouth)

ATTENDEES:
Katie Kelly (IPPI), Jon Noble (FNE), Joseph Ntengeri (CPFC), Marci Poulin (LISS), Terry Blaisdell (CMRS), Kenda Howell (RRI), Chris Bertoncini (RRI), Scott Dow (RRI), Michael McKenna (MAY), Peggy Small-Porter (RMCC), Michelle Donovan (LISS), Patten Lohmann (WOU)

One Sky: John Ford (Director of Organizational Development), John Moran (Chief Financial Officer), Victoria Putnam (Manager of Quality Innovations), Lenore Sciuto (Senior Policy Advisor), Cara Baker (SC Team Manager, Traditional Services), Sharon Richey (SC Team Manager, ITS), Anthony MacConnell (SC Team Manager, Family Services), Kelly Scanlon (Quality Improvement Specialist).

MINUTES:

1. Introduction & Updates
    - John Moran, One Sky's new Chief Financial Officer, was introduced to the group. John has over 25 years' experience working with organizations specializing in serving DD populations both in Massachusetts and Rhode Island. He is learning NH-specific processes. His main focus since joining the agency has been to speed up cash flow process and get out late payments. There has been concern among provider agencies regarding delayed invoice payment, and many stress that transparency and communication by the area agency is needed during this time. Victoria noted that there was a shift in philosophy when the CFO change occurred earlier this year that focused on getting processes established which may have contributed to a slowdown in payment dissemination.
    - John Ford (Director of Organizational Development) will be leaving the agency effective tomorrow (9/13/19) due to health reasons. The agency is working on a transition plan to address his departure.
    - One Sky is close to fully staffed. A second part-time Nurse Trainer has started this month. As of 10/15/19 the traditional Service Coordination department will be fully staffed.

2. Communication Review
    - The One Sky service coordination team managers Cara Baker (Traditional Service Coordination), Anthony MacConnell (PDMS Service Coordination), and Sharon Richey

months to discuss the findings of this review and review proof of corrective actions that the agencies reported to BDS.

- One Sky will also be reinstating quarterly Nurse Trainer meetings. The first meeting is slated to occur sometime in late October (exact date TBD). The purpose of these meetings will be to discuss issues, share information, and document trends experienced by Nurse Trainers across the region, with the goal of creating a stronger community among nurses. Both of the new One Sky Nurse Trainers have a wealth of experience working in this field, and will be a welcome resource for the provider agencies.
- Additional positive outcomes noted by One Sky during the Corrective Action Plan (CAP) implementation:
    - Overdue ISAs have dropped by a rate of 41%
    - Approximately 53% of the 88 CAP action steps have already been implemented, and we are projected to have all CAP requirements completed prior to the state deadline of November 27, 2019.
- The state is still expected to release a survey to affected stakeholders sometime in November. It was suggested that another All-Vendor Meeting occur prior to that time in order to have a real-time update regarding the progress of the CAP. Victoria noted that another CAP update will be disseminated within the next month to keep provider agencies informed of progress.

5. Resources
    - There will be scheduled trainings hosted by the Region 8 START coordinator (Justin Smith) at the One Sky main office the third Friday of every month starting this September. An outline of topics for these trainings was given to the group and attendance was encouraged.

Next All-Vendor Meeting:
Thursday, December 12, 2019 at 3:00pm
One Sky Community Services main office

external stakeholders. Trainings will be held the last Friday of each month (next four months have been scheduled).

3. Overview of One Sky Service Coordination Re-Training / Quality Assurance (Victoria Putnam / John Ford)
    - Victoria informed the group that One Sky mgmt. is currently working on developing a new internal training model for Service Coordination that both ensures compliance with state regulations as well as follows best (and consistent) practices. Acknowledged past issues with inconsistent/lacking service delivery and training.
    - Victoria's role will be as an internal advocate for vendors and well as an internal auditor for One Sky's own processes.
    - One Sky is adopting a proactive approach and will be aggressive in the rollout timeline for training. An all-day internal training for Service Coordination is scheduled for Thursday, March 28. Many new staff will benefit from this more comprehensive training and a shift in cultural thinking towards a team-focused/proactive service delivery that is person-centered rather than diagnosis driven.
    - Another focus for SC training will be for timeliness of documentation (ISAs, contact notes, QSSs).
    - John reiterated that, in the past, training has been deficient for Service Coordination and stressed that the vendor/SC relationship will be more team-focused. He also encouraged vendors to do a "sales pitch" to new SCs to sell what they do and the services they provide.
    - Katie Kelly (IPPI) noted that vendor promo packages, which are intended for families, may also be beneficial for SCs to review. She also noted that SCs have visited the vendors in the past to meet the full program coordination team and found this beneficial.

4. RFP Process (Victoria Putnam / John Ford)
    - One Sky will be adopting a more proactive role regarding RFPs. Service Coordinators will be using a updated template for the RFP that will add more detailed "person-focused" client information, such as medical needs, known behaviors, skills and interests, likes and dislikes, etc. The goal is to roll out this new template by April 1. Kelly Touhey-Childress (One Sky Futures) circulated the tool when in draft form and asked for vendor feedback. John encouraged additional vendor feedback as well.

- Meeting concluded around 3:45pm.

Next All-Vendor Meeting:
June 2019 (exact date TBD)
One Sky Community Services main office

that there have been a number of new service coordination staff hired over the last month, and new staff coming aboard at the end of June/early July. They are striving for full service coordinator capacity of approximately 18 service coordinators as well as an agency nurse that will be tasked with outreach to vendors and more oversight of med training (out in the field directly with providers and/or through quarterly in-house nurse trainer meetings).

2. Master Agreements for FY 2020 (Victoria Putnam)
    - Victoria highlighted some changes to the Master Agreement language per CSNI that will be implemented for the upcoming fiscal year. There are updated requirements surrounding criminal background checks and non-renewal of agreements.
    - Revisions/additions have been made to Exhibits C, E and F as noted on the supplied handout, and some exhibits have been re-ordered.

3. Internal Prior Authorization System / Upcoming Fiscal Year (Vin DiPiero / Victoria Putnam / Keryn Bernard-Kriegl)
    - Vin noted that prompt payment to vendors is an ongoing issue that One Sky is working to address. The goal is to adhere to the standard of payment 30 days from date of invoice. Providers are encouraged to contact the Business Office directly if there are any ongoing payment issues, and face-to-face meetings can be scheduled to discuss issues for quick resolution.
    - Victoria informed the group that One Sky is implementing a new internal electronic PA completion system that will increase accountability for tracking while decreasing missing paperwork.
    - Vin is looking to get more detail from providers as to why there are various fixed costs listed within budgets (ex. payroll taxes, benefits) and how those figures can be standardized. One Sky will be auditing budgets more closely and asking questions about figures listed in budgets to ensure accountability to the state as needed.
    - Various provider agency reps noted that it can be difficult to get official budget approval by the agency Business Office, and in some cases will only get approval by a service coordinator (which increases the chance for budget discrepancies). **Budget approvals and budget increases should only be obtained from the agency Business Office.** Timelines for approval tend to be different across area agencies.
    - Keryn stressed that money released does not mean that authorization is approved, and mentioned that the FY20 waitlist has already been submitted. Additions can be made but they will be placed to the bottom of the list.
    - Back-dated authorizations have been problematic for vendors in regards to start of services.
    - If there is any anticipation for crisis funding for an individual, a standard budget as well as a crisis budget can be submitted. Service coordinators will be trained on projected

Exhibit XXX

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CAP UPDATES TO PROVIDER AGENCIES
Thursday, October 17, 2019 (3:00PM)

LOCATION:
One Sky Community Services (755 Banfield Rd, Portsmouth)

ATTENDEES:
Jon Noble (FNE), Michael McKenna (MAY), Peggy Small-Porter (RMCC), Melissa Hugener (Waypoint), Michelle Donovan (LISS), Lisa Evans (CIS), Hannah Reed (CIS), Susan Silsby (Easter Seals).

***One Sky*: Chris Muns (Chief Executive Officer), John Moran (Chief Financial Officer), Victoria Putnam (Director of Quality Improvement), Lenore Sciuto (Senior Policy Advisor), Kelly Scanlon (Quality Improvement Specialist).**

MINUTES:

1. **Introductions / Emergency Contacts & On-Call / Certification Support (Victoria Putnam)**
    - **Victoria welcomed the group and recapped the materials that were sent to provider agencies prior to the meeting. Each agency received a list of individuals served with the current Service Coordinator and SC Team Lead assigned. Victoria asked that providers notify her of other individuals at their agencies that should also receive these lists as they are updated (Nurse Trainers requested copies of these assignments at the Quarterly Nurse Trainer meeting held on 10/10/19).**
    - **An up-to-date One Sky organizational chart and a listing of upcoming START Training presentations were distributed. One Sky is fully staffed for Service Coordination assignments, though one more PDMS service coordination staff will be sought. The START Training series presentations will be monthly between now and April (with the exception of December). Attendance has been sparse – provider agency staff/DSPs are encouraged to attend.**
    - **The sign-in sheet for today's meeting included a request for On-Call / Emergency contact information for your agency. Please make sure to list this information for our records.**
    - **Victoria noted that One Sky wants to be a helpful resource in prepping for scheduled certification inspections and fill in any gaps for needed materials. However, advance notice is requested as much as possible since guardian follow-up may be needed for some documentation. Ideally, service coordination would be notified a week or two in advance of a scheduled inspection.**

- Allocation of new dollars will be prioritized as follows (across state; competition for $$):
    a. Students graduating or exiting the school system ("A"s)
    b. Those new to services ("B"s) – 18 ppl at R8 starting Jan 2020
    c. People receiving services but have additional needs ("C"s) – 23 ppl at R8
- One Sky will need to work with provider agencies to determine how to justify needs for wait list; have to justify with our Bureau Liaison before even getting on list.
- Transitional services begin when the individual turns 21 or when they graduate high school, whichever comes first. The challenge still remains that we need to prove the person is waiver-eligible if they completed traditional high school courses.

4. Billing & Invoicing Process (John Moran)
    - The agency is committed to timely communication with provider agencies going forward regarding billing/financial status updates. John is accessible to all provider agencies for status updates.
    - Payments are run each Friday – agencies can expect to see payment in their accounts Monday mornings.
    - The agency is working to resolve pending claims, which are dependent on status of PA processing at the state. The state has limited resources to process PAs for all area agencies. There are currently $5 million in pending claims statewide.

5. Requests for Additional Funding (Chris Muns)
    - One Sky recognizes the struggle that provider agencies have experienced with limited funds available, but communicated that they would like to collaborate with provider agencies as much as possible to avoid any termination of services due to the disruption it causes to the individual's we mutually serve.
    - The agency has ability to supplement short-term, temporary funding but not long-term funding.
    - One Sky wants to be a helpful resource to agencies by helping communicate to families that their budget limitations will limit the services they are eligible to receive.

6. Final Comments (Chris Muns)
    - One Sky has distributed handouts that outline helpful resources for individuals and families:
        a. special needs planning/law services
        b. dental care options

Remediation Action #25

One Sky Community Services, Inc.
2019 Redesignation Review
Corrective Action Plan

COMPLIANCE WITH REMEDIATION RESULTING FROM STAKEHOLDER ENGAGEMENT - PROVIDER RELATIONS

STANDARD

Regulatory	He-M 505.08 (f) Redesignation (see Appendix A, Exhibit 6)
Contractual	None Referenced

FINDING

- Provider Agencies at the forum reported lack of and inconsistent communication from the agency.
- Many indicated that they don't know who to call and that turnover is a challenge and those staff that are available are not experienced enough to do the job.
- Concerns regarding the financial stability of the agency include reduction in payment, inconsistent or no payment/billing and delays in contract execution.
- Some providers feel that families may not be given choice of provider or educated about their options.
- Providers feel that One Sky has a good understanding of the Conflict of Interest Requirements by Medicaid.
- Providers expressed appreciation for One Sky's legislative efforts and advocacy.
- Of the providers that replied to the survey, 75% reported inconsistent communication.
- 63% of providers who responded did not have an identified contact person at One Sky.
- Providers indicated that One Sky has made efforts to educate them about changes within their organization.
- Providers also indicated that One Sky supports individuals and families to advocate for themselves.

REQUIRED REMEDIATION

25. Create and implement provider payment policies.

REMEDIATION PLAN OF ACTION THAT HAS BEEN IMPLEMENTED

In the FY 2019 Master Agreement for Services, the payment policies were outlined under Exhibit B (see Exhibit 31). In an effort to better communicate these requirements as we entered Fiscal Year 2020, in the new Master Agreement the language in these policies was updated to more clearly communicate the process and was reviewed at multiple opportunities with provider agencies. At the June 2019 Vendor Meeting, our CFO was in attendance to review and answer questions about the payment process (see Exhibit X). To continue to provide opportunities for vendors to review the payment policies and process, after the Master Agreement for FY20 was distributed, at the August 2019 Vendor Meeting, a sample of Exhibit B to the Master Agreement; Method, Schedule, and Conditions Precedent to Payment (see Exhibit A) was given to vendors and time was offered during the meeting to review and discuss the reporting requirements (see Exhibits Y & F).

FY 19 MASTER AGREEMENT FOR SERVICES
Between
One Sky Community Services, Inc. and <Name of Service Provider>

EXHIBIT B

METHOD, SCHEDULE, AND CONDITIONS PRECEDENT TO PAYMENT

1) Subject to the satisfactory completion of the services to be performed under this Agreement and the receipt by the AA of sufficient revenues from the State of New Hampshire Bureau of Developmental Services, under its contract, and from Medicaid for the service (s), if applicable, to reimburse the Contractor, the AA agrees to purchase services from the Contractor, which are specified in The Master Agreement and, Exhibit "A".

2) PAYMENT TO THE CONTRACTOR WILL BE BASED UPON SIGNED BULK BILLING INVOICE/FORM "A" AGREEMENTS AS FOLLOWS:

A. Residential Programs

Residential program payments to the Contractor will be made following service delivery. Payments will be made on a per diem basis based on invoices for services delivered submitted by Contactor. The rate paid will be the annual residential budget divided by 365. The reimbursement for a Consumer will not exceed their annual budget (prorated for a mid-year start date) subject to the conditions below and provided Contractor has delivered to Consumer 327 days of services over the course of a twelve month period. Payments will be made within 30 days of invoice date or three weeks after receipt of Invoice or Bulk Billing Invoice. Invoice date cannot be earlier than the last date of Service Delivery Dates covered within the invoice.

At the end of each calendar quarter (ending September 30, December 31, March 31 and June 30) AA will reconcile YTD payments made to Contractor to actual days services were delivered to Consumer by Contractor. If Contactor has delivered the following days of services through each quarter end, AA will make a Quarterly Adjustment Payment to Contractor as follows

Quarter Ending	If YTD Days of Services Delivered Equals or is Greater Than:	Quarter Adjustment Payment Will Equal:
September 30	81 days	25% of Annual Budget Minus Actual YTD Payments
December 31	162 days	50% of Annual Budget Minus Actual YTD Payments
March 31	243 days	75% of Annual Budget Minus Actual YTD Payments
June 30	327 days	100% of Annual Budget Minus Actual YTD Payments

B. Community Participation Programs (CPS)

Day program payments to the Contractor will be made following service delivery. Payments will be made based on invoices for services delivered in ¼ hour units submitted by Contactor. The rate paid will be the annual day budget divided by the ISA expected hours of service to be delivered multiplied by 4 (For example: the ¼ hour unit rate paid for 30 hours of services per week for a program with an annual budget of $20,000, would be $20,000 divided by 1,560 hours times 4 or $3.21 per unit). The

unable to reach Consumer's Service Coordinator by phone, Contractor should call AA's On-Call Service at (603) 436-6111 which is available between 4:30 PM and 8:30 AM weekdays and 24/7 on weekends.

D. Daily Notes

Contactor recognizes and acknowledges that they are required to take and maintain Daily Notes of Consumer activity. Contractor will maintain all Daily Records such that if requested by AA to provide copies of Daily Notes for any day or period of days, they will be able to do so within 24 hours. Contractor understands and acknowledges that AA may from time to time request Daily Notes for purposes of ensuring that Contractor is complying with this request.

E. Rep Payee Reporting

Monthly Financial records related to consumer for whom AA is the Representative Payee, including employment and wage reports

F. Other Documentation; such as the following, all of which shall be produced / maintained by Contractor delivered to AA as needed. Failure to provide such documentation on a timely basis may result in a delay in payment to Contractor for services delivered:

i. Consumer Behavior Plans-Receipt of required signatures and other needed documentation to complete and submit the Behavior Plan for prior approval by the Contractor's Human Rights Committee at least three weeks prior to each Human Rights Committee meeting which are generally scheduled on first Tuesday of every month

ii. Certification Documentation (He-M 1001 and He-M 507 Programs)

a. To be eligible for reimbursement by the State of New Hampshire or by Medicaid, Contractor must ensure that any community residence they operate is to be certified in accordance with He-M 1001 and/or He-M 507. To that end, Contractor must provide to AA the following information for each certified community residences:

- Life Safety Report
- Certificate (Emergency/Temp/New/Renewal)
- Self-Reports
- Results of Inspection
- Plan of Correction
- Appeals
- Closure Letters
- Skip Year Packet

b. Emergency Certifications

If an individual has an unanticipated move, and Contractor needs an emergency certification, Contractor must provide AA with the following within 7 days.

- Completed Emergency Certification for Community Residences – 3 or fewer beds
- Floor Plan with bedrooms and smoke detectors

for Medicare &Medicaid Services (CMS) . At the present time CMS permits the use of Citrix Right Signature, DocuSign and eSignSystems. Any of these electronic/digital services will be accepted by AA.

5) Termination

In the event a consumer terminates services, for any reason, during the contract year the AA reserves the right to recalculate the payments made year to date to the Contractor and adjust future payments to reflect any short fall in revenue received, by the AA, as compared to payments made to the Contractor for the terminated individual's services. These adjustments may be made against the overall future contract payment not only payments for the terminated consumer.

B. Community Participation Programs (CPS)

Day program payments to the Contractor will be made following service delivery. Payments will be made based on actual Daily Attendance Records submitted in ¼ hour units. The rate paid will be the annual day budget divided by the ISA expected hours of service to be delivered multiplied by 4 (For example: the ¼ hour unit rate paid for 30 hours of services per week for a program with an annual budget of $20,000, would be $20,000 divided by 1,560 hours times 4 or $3.21 per unit). The reimbursement for a Consumer will not exceed their annual budget (prorated for a mid-year start date) subject to the conditions below and provided Contractor has delivered to Consumer 89% of the ISA expected units of service over the course of a twelve month period. Payments will be made within 30 days of invoice date or three weeks after receipt of Invoice or Bulk Billing Invoice. Invoice date cannot be earlier than the oldest date of Service Dates covered with in the invoice.

At the end of each calendar quarter (ending September 30, December 31, March 31 and June 30) AA will reconcile YTD payments made to Contractor to actual units of services delivered to Consumer by Contractor. If Contactor has actually delivered 89% or greater of the YTD ISA expected units of service, AA will make a Quarterly Adjustment Payments to Contractor as follows:

Quarter Ending	**If YTD Units of Services Delivered as a Percentage of YTD ISA Expected Units of Services**	**Quarter Adjustment Payment Will Equal:**
September 30	89%	25% of Annual Budget Minus Actual YTD Payments
December 31	89%	50% of Annual Budget Minus Actual YTD Payments
March 31	89%	75% of Annual Budget Minus Actual YTD Payments
June 30	89%	100% of Annual Budget Minus Actual YTD Payments

3) Documentation

AA participates in the Community Support Network Inc. (CSNI) Uniformity of Practice and requires the use of all mandatory forms developed by this committee. Copies of these forms and instructions for their use can be found at: http://www.csni.org/uniformity-of-practice-committee

The Contractor agrees to submit the following documents on the following dates, without delay. Failure to do so will result in payments to Contractor being withheld until the required documentation is satisfactorily delivered to the AA:

A. Daily Attendance Records and Bulk Billing Invoices

Contractor's Human Rights Committee at least three weeks prior to each Human Rights Committee meeting which are generally scheduled on first Tuesday of every month

ii. Certification Documentation (He-m 1001 and He-m 507 Programs)

a. To be eligible for reimbursement by the State of New Hampshire or by Medicaid, Contractor must ensure that any community residence they operate is be certified in accordance with He-m 1001 and/or He-m 507. To that end, Contract must provide to AA the following information for each certified community residences:

- Life Safety Report
- Certificate (Emergency/Temp/New/Renewal)
- Self-Reports
- Results of Inspection
- Plan of Correction
- Appeals
- Closure Letters
- Skip Year Packet

b. Emergency Certifications

If an individual has an unanticipated move, and Contractor needs an emergency certification, Contractor must provide AA with the following within 7 days.

- Completed Emergency Certification for Community Residences – 3 or fewer beds
- Floor Plan with bedrooms and smoke detectors
- Completed and signed Emergency Certification Residence Review Form this verifies that "the home meets the requirements of He-m 503, He-m 1001, He-m 1201 and He-m 507, as applicable."

iii. Waivers - If a program needs to request a waiver for specific He-m the, Contractor must provide AA with a completed NHBDS Waiver Request Form dated January, 2018 or later signed by the individual/guardian, along with any supporting documentation.

iv. Employment Tracking – Contractor shall update the Employment Data System (EDS) on the following dates, such that AA will be able to extract timely and up-date information on the employment status of Consumers served by Contractor:

Right Signature, DocuSign and eSignSystems. Any of these electronic/digital services will be accepted by AA.

1) Termination

In the event a consumer terminates services, for any reason, during the contract year the AA reserves the right to recalculate the payments made year to date to the Contractor and adjust future payments to reflect any short fall in revenue received, by the AA, as compared to payments made to the Contractor for the terminated individual's services. These adjustments may be made against the overall future contract payment not only payments for the terminated consumer.

Exhibit DD

One Sky Community Services, Inc.
755 Banfield Road | Suite 3 | Portsmouth | New Hampshire | 03801

Phone: (603) 436-6111 | Voice/TDD: (800) 660-4103
Fax: (603) 436-4622 | Visit us online: www.oneskyservices.org

ALL-VENDOR MEETING
Thursday, September 12, 2019 (3:00PM)

LOCATION:
One Sky Community Services (755 Banfield Rd, Portsmouth)

ATTENDEES:
Katie Kelly (IPPI), Jon Noble (FNE), Joseph Ntengeri (CPFC), Marci Poulin (LISS), Terry Blaisdell (CMRS), Kenda Howell (RRI), Chris Bertoncini (RRI), Scott Dow (RRI), Michael McKenna (MAY), Peggy Small-Porter (RMCC), Michelle Donovan (LISS), Patten Lohmann (WOU)

One Sky: John Ford (Director of Organizational Development), John Moran (Chief Financial Officer), Victoria Putnam (Manager of Quality Innovations), Lenore Sciuto (Senior Policy Advisor), Cara Baker (SC Team Manager, Traditional Services), Sharon Richey (SC Team Manager, ITS), Anthony MacConnell (SC Team Manager, Family Services), Kelly Scanlon (Quality Improvement Specialist).

MINUTES:

1. Introduction & Updates
    - John Moran, One Sky's new Chief Financial Officer, was introduced to the group. John has over 25 years' experience working with organizations specializing in serving DD populations both in Massachusetts and Rhode Island. He is learning NH-specific processes. His main focus since joining the agency has been to speed up cash flow process and get out late payments. There has been concern among provider agencies regarding delayed invoice payment, and many stress that transparency and communication by the area agency is needed during this time. Victoria noted that there was a shift in philosophy when the CFO change occurred earlier this year that focused on getting processes established which may have contributed to a slowdown in payment dissemination.
    - John Ford (Director of Organizational Development) will be leaving the agency effective tomorrow (9/13/19) due to health reasons. The agency is working on a transition plan to address his departure.
    - One Sky is close to fully staffed. A second part-time Nurse Trainer has started this month. As of 10/15/19 the traditional Service Coordination department will be fully staffed.

2. Communication Review
    - The One Sky service coordination team managers Cara Baker (Traditional Service Coordination), Anthony MacConnell (PDMS Service Coordination), and Sharon Richey

months to discuss the findings of this review and review proof of corrective actions that the agencies reported to BDS.

- One Sky will also be reinstating quarterly Nurse Trainer meetings. The first meeting is slated to occur sometime in late October (exact date TBD). The purpose of these meetings will be to discuss issues, share information, and document trends experienced by Nurse Trainers across the region, with the goal of creating a stronger community among nurses. Both of the new One Sky Nurse Trainers have a wealth of experience working in this field, and will be a welcome resource for the provider agencies.
- Additional positive outcomes noted by One Sky during the Corrective Action Plan (CAP) implementation:
    - Overdue ISAs have dropped by a rate of 41%
    - Approximately 53% of the 88 CAP action steps have already been implemented, and we are projected to have all CAP requirements completed prior to the state deadline of November 27, 2019.
- The state is still expected to release a survey to affected stakeholders sometime in November. It was suggested that another All-Vendor Meeting occur prior to that time in order to have a real-time update regarding the progress of the CAP. Victoria noted that another CAP update will be disseminated within the next month to keep provider agencies informed of progress.

5. Resources
    - There will be scheduled trainings hosted by the Region 8 START coordinator (Justin Smith) at the One Sky main office the third Friday of every month starting this September. An outline of topics for these trainings was given to the group and attendance was encouraged.

Next All-Vendor Meeting:
Thursday, December 12, 2019 at 3:00pm
One Sky Community Services main office

Below this email is a correspondence about **CPS Training from Jay Kurinskas and Peter Bacon at the Office of Legal and Regulatory Services.**

Thank you,

Victoria Putnam, MBA
Manager of Quality Innovations
One Sky Community Services, Inc.
755 Banfield Road, Suite 3
Portsmouth, NH 03801
Office: (603) 436-6111, ext. 160
Cell: (603) 812-3247
Fax: (603) 436-4622

From: Bacon, Peter [mailto:Peter.Bacon@dhhs.nh.gov]
Sent: Wednesday, August 14, 2019 5:54 PM
Subject: Community Participation Services (CPS) Trainings
Importance: High

Due to many requests from the provider community over the past few years, we have developed a training for Community Participation Services (CPS). This training would be useful for anyone involved in providing CPS services, or managing a CPS program, as we will be reviewing and answering questions related to the CPS service principles, covered services, the 80/20 rule, etc.. We will be conducting these trainings on the following dates at the Brown Building, at 129 Pleasant St in Concord:

Monday, September 30, 2019 from 10:00am to 12:00pm

Monday, October 28, 2019 from 10:00am to 12:00pm

If you will be attending one of the trainings at Brown Building, please let Jay or I know which date you would like to attend. Also, I have attached a map of the state office park, as Brown Building can be difficult to find if you have not been here before. As I do not have everyone's e-mail address, please forward this e-mail to anyone who you feel would benefit from this training. Please do not hesitate to contact me if you have any questions or concerns

Jay Kurinskas
Licensing and Evaluation Coordinator
Office of Legal and Regulatory Services
Bureau of Licensing and Certification
129 Pleasant Street. Brown Building
Concord, NH 03301-3857
(603) 440-3009
(603) 271-4968
Jay.Kurinskas@dhhs.nh.gov

Peter E. Bacon
Community Residence Coordinator
Health Facilities Administration
Office of Legal and Regulatory Services
129 Pleasant Street, Brown Building
Concord, New Hampshire 03301
peter.bacon@dhhs.nh.gov
(603) 271-9044
(603) 333-6259
(603) 271-4968

that there have been a number of new service coordination staff hired over the last month, and new staff coming aboard at the end of June/early July. They are striving for full service coordinator capacity of approximately 18 service coordinators as well as an agency nurse that will be tasked with outreach to vendors and more oversight of med training (out in the field directly with providers and/or through quarterly in-house nurse trainer meetings).

2. Master Agreements for FY 2020 (Victoria Putnam)
    - Victoria highlighted some changes to the Master Agreement language per CSNI that will be implemented for the upcoming fiscal year. There are updated requirements surrounding criminal background checks and non-renewal of agreements.
    - Revisions/additions have been made to Exhibits C, E and F as noted on the supplied handout, and some exhibits have been re-ordered.

3. Internal Prior Authorization System / Upcoming Fiscal Year (Vin DiPiero / Victoria Putnam / Keryn Bernard-Kriegl)
    - Vin noted that prompt payment to vendors is an ongoing issue that One Sky is working to address. The goal is to adhere to the standard of payment 30 days from date of invoice. Providers are encouraged to contact the Business Office directly if there are any ongoing payment issues, and face-to-face meetings can be scheduled to discuss issues for quick resolution.
    - Victoria informed the group that One Sky is implementing a new internal electronic PA completion system that will increase accountability for tracking while decreasing missing paperwork.
    - Vin is looking to get more detail from providers as to why there are various fixed costs listed within budgets (ex. payroll taxes, benefits) and how those figures can be standardized. One Sky will be auditing budgets more closely and asking questions about figures listed in budgets to ensure accountability to the state as needed.
    - Various provider agency reps noted that it can be difficult to get official budget approval by the agency Business Office, and in some cases will only get approval by a service coordinator (which increases the chance for budget discrepancies). **Budget approvals and budget increases should only be obtained from the agency Business Office.** Timelines for approval tend to be different across area agencies.
    - Keryn stressed that money released does not mean that authorization is approved, and mentioned that the FY20 waitlist has already been submitted. Additions can be made but they will be placed to the bottom of the list.
    - Back-dated authorizations have been problematic for vendors in regards to start of services.
    - If there is any anticipation for crisis funding for an individual, a standard budget as well as a crisis budget can be submitted. Service coordinators will be trained on projected

Exhibit XXX

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CAP UPDATES TO PROVIDER AGENCIES
Thursday, October 17, 2019 (3:00PM)

LOCATION:
One Sky Community Services (755 Banfield Rd, Portsmouth)

ATTENDEES:
Jon Noble (FNE), Michael McKenna (MAY), Peggy Small-Porter (RMCC), Melissa Hugener (Waypoint), Michelle Donovan (LISS), Lisa Evans (CIS), Hannah Reed (CIS), Susan Silsby (Easter Seals).

One Sky: Chris Muns (Chief Executive Officer), John Moran (Chief Financial Officer), Victoria Putnam (Director of Quality Improvement), Lenore Sciuto (Senior Policy Advisor), Kelly Scanlon (Quality Improvement Specialist).

MINUTES:

1. Introductions / Emergency Contacts & On-Call / Certification Support (Victoria Putnam)
    - Victoria welcomed the group and recapped the materials that were sent to provider agencies prior to the meeting. Each agency received a list of individuals served with the current Service Coordinator and SC Team Lead assigned. Victoria asked that providers notify her of other individuals at their agencies that should also receive these lists as they are updated (Nurse Trainers requested copies of these assignments at the Quarterly Nurse Trainer meeting held on 10/10/19).
    - An up-to-date One Sky organizational chart and a listing of upcoming START Training presentations were distributed. One Sky is fully staffed for Service Coordination assignments, though one more PDMS service coordination staff will be sought. The START Training series presentations will be monthly between now and April (with the exception of December). Attendance has been sparse – provider agency staff/DSPs are encouraged to attend.
    - The sign-in sheet for today's meeting included a request for On-Call / Emergency contact information for your agency. Please make sure to list this information for our records.
    - Victoria noted that One Sky wants to be a helpful resource in prepping for scheduled certification inspections and fill in any gaps for needed materials. However, advance notice is requested as much as possible since guardian follow-up may be needed for some documentation. Ideally, service coordination would be notified a week or two in advance of a scheduled inspection.

- Allocation of new dollars will be prioritized as follows (across state; competition for $$):
    a. Students graduating or exiting the school system ("A"s)
    b. Those new to services ("B"s) – 18 ppl at R8 starting Jan 2020
    c. People receiving services but have additional needs ("C"s) – 23 ppl at R8
- One Sky will need to work with provider agencies to determine how to justify needs for wait list; have to justify with our Bureau Liaison before even getting on list.
- Transitional services begin when the individual turns 21 or when they graduate high school, whichever comes first. The challenge still remains that we need to prove the person is waiver-eligible if they completed traditional high school courses.

4. Billing & Invoicing Process (John Moran)
    - The agency is committed to timely communication with provider agencies going forward regarding billing/financial status updates. John is accessible to all provider agencies for status updates.
    - Payments are run each Friday – agencies can expect to see payment in their accounts Monday mornings.
    - The agency is working to resolve pending claims, which are dependent on status of PA processing at the state. The state has limited resources to process PAs for all area agencies. There are currently $5 million in pending claims statewide.

5. Requests for Additional Funding (Chris Muns)
    - One Sky recognizes the struggle that provider agencies have experienced with limited funds available, but communicated that they would like to collaborate with provider agencies as much as possible to avoid any termination of services due to the disruption it causes to the individual's we mutually serve.
    - The agency has ability to supplement short-term, temporary funding but not long-term funding.
    - One Sky wants to be a helpful resource to agencies by helping communicate to families that their budget limitations will limit the services they are eligible to receive.

6. Final Comments (Chris Muns)
    - One Sky has distributed handouts that outline helpful resources for individuals and families:
        a. special needs planning/law services
        b. dental care options

Exhibit Y

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"EXTRAORDINARY" ALL-VENDOR MEETING
Thursday, August 15, 2019 (1:00PM)

LOCATION:
One Sky Community Services (755 Banfield Rd, Portsmouth)

ATTENDEES:
Katie Kelly (IPPI), Scott Slattery (CPFC), Jon Noble (FNE), Tim Higgins (FNE), Susan Silsby (ES), Renee Fisher (ES), Carl Pufahl (LISS), Marci Poulin (LISS), Jerry Donovan (Robin Hill), Leslie Nelson (CSNH/CRJ), Chet Bowen (CIS), Hannah Reed (CIS), Alison Kraft (CIS), Terry Blaisdell (CMRS), Lorrie Winslow (NEURO), Pat Ciarfella (NEURO), Kelly Davies (BFS), Julie Redlon (RMCC)

One Sky: Chris Muns (CEO), Victoria Putnam (Manager of Quality Innovation), Keryn Bernard-Kriegl (Director of Service Coordination), Tina Holmes (Director of Human Resources), Cassie Travers (HR Assistant), Kelly Scanlon (Quality Improvement Specialist)

MINUTES:

1. Introduction
    - New service coordination team managers Cara Baker (Traditional Service Coordination) and Anthony MacConnell (PDMS Service Coordination) were introduced to the group. They, along with Sharon Richey (ITS Service Coordination) will serve as internal leads to their respective groups and as additional points of contact for provider agencies.

2. Staffing
    - Tina Holmes introduced Cassie Travers (HR Assistant) and addressed the group. She noted that One Sky is almost fully staffed, though DSP hires are still a struggle.
    - CSNI has a new initiative this year starting with 2 NH high schools to begin a DSP integration program for those students not pursuing post-secondary education after graduation. All NH area agencies are helping to promote the program, and CSNI is looking for provider agency involvement as well.
    - The state has continued an education reimbursement program for staff to pursue various degree programs. Tina Holmes will be the Region 8 liaison for provider agency staff who wish to apply for this reimbursement.
    - One Sky is looking for provider agency input as to how we can help support staff recruitment. Jon Noble (Farmsteads) noted that his agency looks at regional recruitment as a best strategy. If he encounters potential staff that live closer to another agency, he will refer them to that agency.

- One Sky asks providers to include a written timeline in their proposal (60-90 days to become operational?) as to when the provider can start services assuming their proposal and budget are approved, as the state has a 90-day window to approve PA's. The issue that providers are facing is hiring staff prior to a program being approved, as they cannot assume those costs up front. Neither providers nor area agencies can assume costs of supporting an individual before PA approval.
- Chris noted that there needs to be a mechanism within the RFP process that holds a spot for an individual after submission of the PA. (Is there a way to integrate "pre-funding" by the state?). Programs are not always able to hold residential slots for that entire time if another individual needs to be placed within that timeframe.
- Providers will still be communicating with service coordinators and team managers during this RFP process. Final budgets and approvals must come from the One Sky Business Office.

4. Region 8 Re-designation
    - One Sky's efforts to implement the Corrective Action Plan (CAP) are ongoing. Providers have been sent a copy of One Sky's CAP, and BDS and One Sky's Board of Directors are getting frequent progress updates. There were approximately 25-26 required recommendations given by the state, and the agency has already completed approximately half of these.
    - The biggest issue for remediation was the staffing shortage experienced by the agency last year. The agency hopes to be fully staffed by September. Our conditional re-designation period ends November 27, and One Sky has requested a status from the bureau at that time.
    - A forum held in November 2018, along with electronic survey responses, yielded some negative feedback by external stakeholders last year. There was concern expressed regarding the agency's financial stability. Chris assured the group that the agency is financially stable with a solid line of credit. Any financial questions that come up can be directed to Chris and he will address. An updated survey is expected to be disseminated to stakeholders again this fall, and Chris asked that those completing the survey focus on work performed by the agency over the past year as the point of reference for their feedback.
    - Victoria Putnam has been designated as the Senior Manager for Provider Relations. She is currently working on a communications matrix for the agency that will outline protocols and escalation procedures. A new "Quality" email portal (quality@oneskyservices.org) has been created by One Sky that will send/receive updates related to quality initiatives and tasks.